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POLICY

SLIDING FEE SCALE

4002

It is the policy of Bullhook Community Health Center, Inc. (BCHC) to accurately invoice all patients and third-party payers, and to keep accurate and timely accounts receivable records. It is the policy of Bullhook Community Health Center to charge only for services which are medically necessary. Evaluation and Management (E & M) coding will be completed in compliance with the current editions of American Medical Association's approved references for "Comprehensive Guide to Current Procedural Terminology" (CPT) and "Dental Terminology" (CDT).

A. Patient Fee Schedule

1. The Patient Accounts Manager (PAM) and the Chief Financial Officer (CFO) will annually review and, if necessary, adjust the Bullhook Community Health Center's patient fee schedule by June 30th of each year.
2. Adjustments to the patient fee schedule, as well as the establishment of charges for new and/or additional services, will take into consideration the cost of services, prevailing insurance allowable rates and patient fees charged in the service area based on the Physicians Fee Report published by the Context 4 Health.
3. BCHC will utilize results of patient satisfaction surveys, focus groups or surveys of patients at various income levels to evaluate the effectiveness of the sliding fee discount program at least once every three years, to seek patient's perspective of whether patient financial barriers to care are sufficiently reduced and determine if BCHC's nominal charges are in fact nominal from the perspective of the patient.
4. The CFO will recommend for the Board of Directors approval, adjustments to the patient fee schedule as well as the establishment of charges for new and/or additional services.

B. Discount Schedule and Application

1. Patients with household income above the current federal poverty level, but less than two hundred percent (200%), may apply for the discount program known as the sliding fee schedule.
2. Patients are required to fill out the Sliding Fee Scale Worksheet (SFS Worksheet) and bring in Proof of Income (POI) or self-attestation for zero income in order to apply.
 - a. If patient does self-attestation for income greater than 100% poverty level they must provide POI within twenty-four hours of their visit or the slide will be expired the following day.
 - A. If a patient has extenuating circumstances and has unsubstantiated income for income greater than 100% they will meet the POI requirements through a self-attestation letter verifying financial status, housing situation and how they cover expenses.
 - b. Patients are notified of SFS through signage, check in and check out.
3. Patients are notified of SFS through signage, at check in and check out.

4. Patient eligibility Family size and household income will include only the mother, father and dependent children under 18.¹ Other adults in the household, even though related, are considered separately. Possible inclusion of others in the household income computation will be administered on a case by case basis by the PAM and/or CFO.
5. The structure of the sliding fee scale shall progress with arithmetic (straight line) increments from a nominal charge to patients at or below one hundred percent (100%) of the federal poverty level to full charges for people at or above two hundred percent (200%) of the federal poverty level.
6. Patients who qualify below 100% on the sliding fee scale will be charged a nominal fee. Each department Medical, Dental, Mental Health and Addition Counseling will have nominal fees in line with the uniqueness of services provided and approved by the Board of Directors.
 - a. Lab fees and DME may have separate nominal fees and sliding fee scales. Health center services, laboratory services and/or medically related supplies and equipment may be combined into a single fee, consistent with both prevailing standards of care and locally prevailing charges.
7. Patients with incomes greater than two hundred percent (200%) of federal poverty level will be charged the full amount for each service rendered.
8. Patients who qualify for the sliding fee scale are eligible for one year from the date of qualification. At that time the patient will fill out a new SFS Worksheet and present current financial information in order to maintain qualification for the sliding fee scale.

C. Payment at Time of Service

1. When services are rendered, self-pay patients shall be urged to make payments for such services, as well as make payments on any outstanding balance. Patients will be asked to pay their expected nominal fee, co-pays, and/or their deductible at the time the patient checks-out. A credit or deferred payment plan should be extended to patients.
2. The collection policy will be reviewed with all patients annually.
3. A patient is deemed unwilling to pay if:
 - a. They are not paying on their bill and they refuse to sign a payment plan.
 - b. If a payment plan is in place and the patient refuses or fails to make a payment as agreed in the payment plan. If a patient chooses to ignore factual information regarding ability to pay or demonstrates an unwillingness to pay for services, Bullhook Community Health Center may choose to discontinue offering care. This decision will be made by the C-Suite.

D. Fee Disputes

1. Patient statements (Patient balances only) will be mailed on a twenty-eight-day (28) invoicing cycle.
2. If a patient disputes the accuracy of his/her invoice, an attempt shall be made to resolve the disputed balance by telephone or in person with the PAM who will access the complaint and

¹ “Discounted/Sliding Fee Schedule Information Package”, NHSC, HRSA, HHS, Revised February 2012.

work with the CFO to come up with a satisfactory resolution. If this does not settle the patient's dispute, the patient will be encouraged to utilize the patient grievance process.

E. Mail Receipts

1. Payments received in the mail are routed to the Billing and Collections office and posted to the electronic medical records system.
2. There will be no holding of cash receipts allowed.



 CHIEF EXECUTIVE OFFICER

DATE 7-11-18



 CHAIR, BOARD OF DIRECTORS

DATE 7-11-18

Date first adopted	01/2008
Date Revised/QI Board approval	12/2012, 10/2014, 01/07/2015, 08/31/2016, 01/31/2018, 04/25/2018, 07/11/2018
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