

Fee Assessment Guidelines Policy

Lebanon Family Health Services: **Fee Schedule Policy**

Development & Date of Modification: **July 2017**

Policy Description:

Clients will not be denied services or be subjected to any variation in quality of services because of inability to pay as defined by Federal Poverty Income Guidelines. A sliding fee scale is used to ensure that the fees clients pay are fair and equitable across all services and supplies by developing fees that are reasonable to the clients' income. Clients are responsible for any fees for services that are determined to be fair and equitable based on the sliding fee scale. Fees can be waived for clients with family income above 100% FPL if the billing manager determines that the client is unable, for good cause, to pay.

Individual income assessments are made using the declaration method, which is the acceptance of the client's statement that he/she meets the applicable eligibility criteria. This requires completion of a signed and dated eligibility assessment form. Proof of income is not required for the family planning program.

Client income must be re-evaluated at least every 12 months. If the client reports a change in their family size or income a new assessment form will be completed.

The Family Planning Program is a "payer of last resort," so every effort must be made to bill either government programs or insurance carriers before billing services and/or supplies to family planning allocations.

A cost analysis will be completed every two years or as needed. The results of the analysis will be utilized to assist in setting patient fees. Full fee is determined by information including but not limited to, the cost analysis, review of reimbursement from insurance providers and review of competitive pricing by other local providers. A minimum of four fee levels are determined based on a sliding fee scale according to household size and income as defined in the Family Planning Program Manual.

The analysis is completed to ensure that fees reflect the reasonable costs of the family planning services, labs and supplies.

Fee Determination:

Age eligible:

All clients 17 years of age or younger may qualify for free services.

Income eligible:

All clients must complete an income eligibility form. If the client declines or refuses to provide income information then the client will be charged the full fee on the sliding fee scale. For un-emancipated, unmarried individuals 17 or younger, only the individual's income is used to

assess eligibility, not the income of other family members. The adolescent's own income is applied to the size of the family as recorded on the eligibility form.

Insurance eligible:

Lebanon Family Health Services only accepts commercial insurance from those companies with whom it has a contract. In the event that a client has a co-payment, deductible, or co-insurance, the client's income assessment form will be consulted to determine what amount – if any- of the client's charges will be billed to the client.

Confidentiality:

All clients are offered confidential services. If the client does not want to use his/her insurance due to confidentiality issues (i.e. does not want an EOB sent to his/her home), then the insurance should not be billed and the client will be charged based on his/her assessment determination form.

Definitions:

Family: A social unit composed of one person, or two or more persons living together.

Income: All income received must be included. Income is calculated before taxes (gross). Income includes all sources of household income.

Fee Collection Procedures:

Fee collection procedures abide by the client eligibility and income determination guidelines as outlined in the Family Planning Program Manual.

Financial assessment is performed at the time of appointment scheduling so patient knows what fees (if any) to expect at the time of the visit. Financial assessment is performed according to Title X guidelines. An eligibility determination form is placed in all patient records and is signed by the patient.

- Patients 17 and younger will complete a fee assessment form. If patient has insurance coverage and confidentiality is not a concern for the teen, the insurance will be billed for services provided. If teen does not have adequate insurance coverage and/or confidentiality is a concern, the teen will be assessed for free or reduced fee services based on fee assessment form. For teens requesting confidentiality, insurance cards will not be copied and kept in the patient's record.
- Patients 18 and older will be informed of patient fees based on the income assessment form when scheduling an initial appointment. Patients will be asked if they have insurance or Medicaid coverage. If they have insurance, State Plan Amendment (SPA) or Medicaid, they are instructed to bring their current card to the appointment. If patient

has no insurance or Medicaid, it is explained that an income assessment will be performed and charges may occur based upon a sliding fee scale. The maximum fee for the exam and lab work is noted on the Patient Fee Schedule, as updated. It will be suggested that payment for services be paid at the time of the visit. If patient is unable to comply, payment arrangements will be made (Attachment A-1).

- If a patient has insurance with a co-pay or deductible, the insurance is billed first. Upon receipt of payment from insurance company and any applicable adjustments, the patient is billed for any remaining co-pay or deductible, based on income assessment and qualification for free or reduced fee services. i.e. a patient eligible for free services would not be billed for co-pay or deductible.
- If patient requests confidentiality for services received at LFHS, insurance cards will not be copied and kept in the patient's record to assure that the insurance company is not billed and an EOB (Explanation of Benefits) statement is not generated.

No patient will be refused services or be subjected to any variation in quality of services due to inability to pay. Services may be refused due to patient's non-compliance with medical recommendations. Inability to pay for services is based upon the federal poverty guidelines.

There may be occasions when a patient's outstanding balance may be purged. As a general rule, unpaid balances in excess of 2 years may be written off as "uncollectable debt" and will be purged. Extenuating personal circumstances may determine additional occasions when outstanding balances are purged. The Billing Specialist, in consult with the Office Manager and/or the Chief Operating Officer, may determine such occasions and will deal with such on a case-by-case basis.

Check-in/Check-out:

A record for current patient is checked for any balances due.

Patient will pay on balance and/or sign fee payment contract (Attachment A-1) for balances unable to be paid. Copy of contract will be maintained in the patient's record.

Patient's insurance coverage will be checked. Verify MA and MA/HMOs for eligibility.

Determine eligibility for SPA.

Income assessment form will be completed by each patient to determine fee level. Assessment is performed every 12 months or earlier if patient has a change in income status.

All patients will receive a bill documenting charges for services rendered; payment made and balances due at the time of service. A copy is maintained in the record.

7/2017

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Attachment C

FEE PAYMENT CONTRACT

Name: _____

Date: _____

Amount Owed: _____

Chart # _____

Date Paid in Full By: _____

Amount Received	Date Received	Remaining Balance

I agree to pay this amount by the date listed. Final payment is not to exceed (6) months from date of service, unless otherwise arranged.

My signature acknowledges my obligation to pay the accumulated balance noted above. I understand that future services may be denied if I fail to make payments as established.

Date

Patient Signature

Date

Staff Signature

If you would like to *mail* payments, please send a check to the address below. Checks may be made payable to LFHS. Make sure that your name and /or chart number is noted on the check. Payments may also be made over the phone by using a credit card.

10/2014
VLD