

CORDOVA COMMUNITY MEDICAL CENTER	POLICY # FS 150
SUBJECT/TITLE: Indigent Care/Sliding Fee	PAGE: 1
	OF: 2
DEPARTMENT/SCOPE: Financial Services	EFFECTIVE: 01/01/2021
	REVISED: 01/27/2022

Purpose and/or Policy Statement:

In keeping with the philosophy and mission of the Cordova Community Medical Center (CCMC), medically necessary health care services are available to all individuals, regardless of the ability to pay. CCMC assists persons with financial need, (as determined by family incomes and federally published indigent care guidelines relative to the Health and Human Services federal poverty guidelines,) by waiving all or part of the charges for services provided by CCMC based on a sliding payment scale. Patients otherwise approved for a full discount will be charged nominal fees. All services from all providers rendered at CCMC qualify for financial assistance under this policy, as long as they are determined to be medically necessary.

Definitions:

None

Policy:

- Patients may be pre-screened for eligibility during pre-registration, registration, discharge, or at any other time CCMC staff encounter information indicating a patient's financial need or upon patient request.
- The patient must meet the following criteria to be eligible for an allowance under the Indigent Care/Sliding Fee policy:
 - The service(s) being considered must be medically necessary; elective procedures are excluded.
 - The patient must be a self-pay patient or have a self-pay balance on the account after billing for insurances and determining patient responsibility based upon the Explanation of Benefits (EOB) or Remittance Advice information.
 - The patient's family income must be equal to or below 200% of the Federal Poverty Level at the time of application.
 - The patient must demonstrate an effort to qualify for other programs that would assist in repaying the hospital charges, (i.e. Medicaid).
 - In the case of a minor patient, the responsible party must meet the above criteria to qualify.
- Collection efforts will be made by CCMC every 30 days. When no payment is made after 180 days, CCMC will send a final demand for payment to the patient. Following the final demand, CCMC may refer the patient account to a third-party collection agency that may impact the patient's credit score.

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Procedure:

- CCMC will bill for services rendered at the usual and customary rate following standard billing practices. Financial assistance from CCMC is secondary to all other financial resources available to the patient, including insurance, government programs and third-party payers. These sources include, but are not limited to: Veteran’s Administration, Worker’s Compensation, Indian Health Services (IHS) and Third-Party Insurance. The patient may not withhold information regarding enrollment in or eligibility for these resources/programs.
- The patient may submit a completed Indigent Care/Sliding Fee application and all required verification documents upon receiving an EOB from their insurance carrier, or upon receiving a statement from CCMC.
 - The CCMC Patient Accounts Specialist will review the application within 15 days of receipt and notify the applicant of the result in writing.
- Upon approval, the billing office will apply the sliding fee discount to the appropriate charges. CCMC requires that patients who are otherwise eligible for a 100% discount pay a nominal fee of \$20.00 per visit with a medical provider or approved laboratory, radiology, rehab or mental health services.
- Because financial situations can change, the patient must re-apply every six months.

Documentation:

None

References:

- FY HHS Poverty Guidelines and Sliding Fee Schedule
- Sliding Fee Scale/Discounted Fee Application
- Sliding Fee Scale/ Discounted Fee Information Sheet
- Indigent Care/Sliding Fees Plain Language Summary
- Currently Published HHS Poverty Guidelines