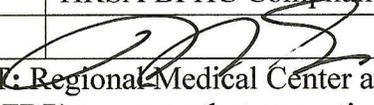


**REGIONAL MEDICAL CENTER AT LUBEC
POLICY & PROCEDURE**

| | | | |
|----------------------------|--|-------------------------|--------------------------|
| Policy | Sliding Fee Discount Program Policy | Policy Number | FB002J |
| Department/Function | Finance | Policy Owner | Reimbursement Supervisor |
| Effective Date | 1/25/12 | Last Reviewed | 1/28/26 |
| Last Revised | 2/26/2020, 1/27/21, 3/30/22, 01/05/23, 02/21/2024, 07/24/2024, 01/19/2026 | Next Review Date | 1/28/27 |
| Approvals Required | Executive/Finance, CEO and Board | | |
| References | HRSA BPHC Compliance Manual: revised August 2018. | | |
| CEO Signature |  | | |

POLICY STATEMENT: Regional Medical Center at Lubec (RMCL) has developed a Sliding Fee Discount Program (SFDP) to assure that our patients have access to all required and additional services in our approved scope of project, regardless of their ability to pay, while allowing RMCL to maximize reasonable revenue sources. The SFDP includes the following: (1) a schedule of fees for services; (2) a corresponding schedule of discounts for eligible patients that is adjusted based on the patient’s ability to pay; (3) Board of Directors-approved policies and supporting operating procedures, including procedures around billing and collections.

Implementation of the SFDP is intended to minimize financial barriers to care for patients at or below 200% of the Federal Poverty Guidelines (FPG). Therefore, neither the fees nor the supporting operating procedures for assessing patient eligibility and collecting payment will create barriers to care.

All aspects of the SFDP shall be applied uniformly to all patients.

PROCEDURE:

1. **Annual Review:** The first of each calendar year the Reimbursement Supervisor or their designee obtains the updated federal poverty guidelines from the Federal Register and updates the sliding fee discount schedule. All policies and procedures pertaining to the SFDP are reviewed and updated, if needed. The proposed updates are presented to the CEO for initial approval and then are presented to the Executive/Finance Committee for review before being sent to the full Board for final review and approval. The Reimbursement Supervisor shall ensure that all billing and reception staff receives annual training regarding the SFDP and related operating procedures.
2. **Notification:**
 - a. Signs advising of the availability of the SFDP, eligible income and family size, and how to obtain an application will be prominently posted in the waiting room areas at

all RMCL sites. Information about the SFDP will be available in languages and at the appropriate literacy levels consistent with RMCL’s target population.

- b. Notices regarding the availability of the SFDP are printed on the Patient Payment Policy form, initial and subsequent billing statements, RMCL website and all collection letters. Patients will be informed of the availability of the program throughout the registration process.
- c. As part of the intake process for patients, the Medical Center staff shall provide information regarding the availability of the SFDP, MaineCare, and other medical or legal assistance programs and shall offer the patient assistance in completing the application. Patient privacy and confidentiality shall be protected throughout the application process.

1. Scope of Service:

- a. The scope of services provided and the corresponding discounts are as follows:

| Service | Category A <u>100% or below</u> | Category B <u>101%-125%</u> | Category C <u>126%-150%</u> | Category D <u>151%-200%</u> | Ineligible <u>201% and above</u> |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|--|
| Medical Care | \$15 | \$25 | \$35 | \$45 | Full |
| Counseling Services | \$15 | \$25 | \$35 | \$45 | Full |
| Preventive Dental | \$15 | \$25 | \$35 | \$45 | Full |
| Restorative / other Dental Care | \$15 | \$45 | \$55 | \$75 | Full |
| Root Canals | \$180 | \$360 | \$540 | \$720 | Full |
| *Dental Temporary Devices & Maintenance | \$200 | \$300 | \$400 | \$500 | Full |
| *Crowns, Fixed Prosthodontics, Bridges, & Partial Dentures | \$400 | \$600 | \$800 | \$1,000 | Full |
| Dental Post or Other Labs | \$200 | \$300 | \$400 | \$500 | Full |
| *Dentures (full set) | \$800 | \$1,200 | \$1,600 | \$2,000 | Full |
| Medical Temp Devices (IUDs) | \$400 | \$600 | \$800 | \$1,000 | Full |
| Uninsured Vaccine/Drug (Pneumococcal, etc.) | \$400 | \$600 | \$800 | \$1,000 | Full |

- b. Prior to the provision of a service, patients must be informed of the following: a) when supplies or equipment related to a given service will be used resulting in separate charges

from the office visit; b) what the total amount of out-of-pocket costs for these supplies or equipment will be.

c. **Medical:** All medical services are covered except services that use an outside provider including, but not limited to, specimens sent to reference/outside labs, diabetic shoes, X-rays, and orthotics.

d. **Counseling:** All services provided by Behavioral Health and Substance Use Disorder Counselors are covered except Driver Education and Evaluation Program (DEEP) initial consultations and related specimen collections.

e. **Dental:** All services are covered based on the level of service defined as;

I. Preventative Services include, but are not limited to, exams, cleanings, hygiene, x-rays, and emergency dental services.

II. Restorative / other dental care includes, but is not limited to, fillings, extractions, deep root scaling, palliative care (temporary relief of pain), dental posts or other labs.

III. Root Canals

III. Temporary Devices and maintenance care includes, but is not limited to, occlusal guards, relines or rebase of partial dentures, and relines and rebase of complete dentures.

V. Partial dentures and crowns include but are not limited to; partial upper denture, complete upper denture, partial lower denture, complete lower denture, and crowns

VI. Dental Post or Other Labs

VII. Dentures (full set)

Please note: Patients receiving both a preventive dental service and a restorative service on the same day will be assessed for the higher of the two slide fees.

With the exception of MaineCare patients who receive an approved Prior Authorization, Patients will be required to pay half of the fee for these dental treatment related supplies before impressions are sent out to the lab. Once impressions are sent out to the lab, payment is non-refundable. Full payment is required prior to delivery of final treatment related supplies.

f. **Medical Temp Devices:** IUDs or other items which are temporarily implanted and/or removed in the office setting.

g. **Uninsured Vaccine/Drug:** Drugs such as the high-dose pneumococcal vaccines which exceed charges of \$400.

2. **Schedule of Fees:**

a. The Schedule of Fees (**attachment A**) covers the provision of services in our approved scope of project, and the reasonable costs of providing these services that are consistent with locally prevailing rates.

b. The Schedule of Fees is posted in the waiting area, exam rooms, and is available upon request.

- c. The Schedule of Fees shall be reviewed and approved annually by the Board of Directors.
3. **Administration:**
 - a. The SFDP procedure will be administered through the Reimbursement Supervisor or their designee. Information about the SFDP policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
 4. **Alternative payment sources:**
 - a. HW/RMCL will make every reasonable effort to obtain reimbursement from third party payers, including private health insurance and public health insurance such as MaineCare, and Medicare and any other program(s). Therefore, all SFDP applicants will automatically be screened for eligibility for these programs or other program(s). Applicants who appear eligible will be offered assistance in applying for the appropriate program. However, a patient's refusal to apply for MaineCare or other health insurances shall not be a disqualifying factor for eligibility for the Sliding Fee Discount Program.
 - b. RMCL patients who have insurance coverage but whose incomes are at or below 200% FPG are eligible for the SFDP. In this situation, the sliding fee discount program is the payment of last resort; however, the maximum amount an eligible patient shall be required to pay for a certain service (either as a co-pay or the patient's responsibility after insurance payment) shall not exceed the discounted amount they would have paid consistent with the SFDP. SFDP is applied after insurance payments have been made, and only applies to the portion for which the patient is responsible, as long as this is not precluded or prohibited by the applicable insurance contract.
 5. **Completion of Application:**
 - a. All patients who may be eligible for the SFDP shall complete an Application for the SFDP (**attachment B**) and provide proof of income **within 2 weeks (14 calendar days)**. Patients shall be informed of the requirement to immediately notify RMCL of any change in their family size or income and that applications must be reviewed and renewed at least annually.
 - b. Patients who choose not to provide the information which RMCL requires for assessing income and family size within 2 weeks shall be considered to be declining eligibility assessment and shall be deemed ineligible for participation in the SFDP.
 - c. The eligibility date will be set for 10 business days prior to the date of approval if proof of income information is received after the submission deadline.
 6. **Eligibility:**
 - a. Discounts will be based on family size and total household income only. RMCL uses the following definition for each:
 - o Eligible/countable family members include: spouses/domestic partners; biological or adopted children under age 21 (including unborn) living in the household or away at school and claimed as tax dependents; and unmarried fathers of unborn children. Non-eligible/not countable people living in the

household include: roommates, friends, and others who are not self-declared domestic partners.

- Household Income: The sum of all income for each eligible/countable family member consisting of wages, tips, profit (loss) from self-employment, unemployment compensation, workers' compensation, all Social Security benefits, all veteran's benefits, pension, retirement, interest, dividends, rental income, royalties, alimony received, trusts, Temporary Assistance for Needy Families (TANF) and child support. Any Health Saving Account/Flexible Spending Account (HSA/FSA) deductions, any pre-tax health/dental insurance premiums paid, alimony paid, student interest, tuition fees, and self-employment tax, are deductions to total income. Canadian income is accepted at par with US income.

7. Income Verification:

- a. Applicants must provide one of the following for every eligible/countable family member receiving income: W-2 or tax return for the most recent year (with applicable backup schedules), pay stubs for the four most recent weeks or letter from employer, and any statements from social service agencies such as unemployment, social security, TANF, etc. Self-employed individuals will be required to submit details of the most recent three months of income and expenses for business or a copy of their completed and signed tax return for the most recent year including Schedule C. Self-declaration of income may only be used in special circumstances such as when a patient is homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. The statement will be presented to the CEO or their designee for review and final determination as to the sliding fee percentage. Patients who are unemployed with no income must provide a statement from the person(s) who provide(s) them with food and shelter.
- b. All income presented in currency other than US dollars will be converted using the exchange rate as of the date of the application.

8. Discounts:

- a. The Sliding Fee Discount Schedule (SFDS) (**attachment C**) is applicable to all individuals and families with annual incomes at or below 200% of the FPG **unless specifically prohibited by the patient's insurance company**. Individuals and families with annual incomes at or below 100% of the FPG will receive a full discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will receive a discount according to the Schedule (**attachment B**) Individuals and families with annual incomes above 200% of the FPG will not receive a discount for services.
- b. The SFDS is evaluated biennially for reasonableness for our patient populations based on collection percentages.

9. Nominal Fee:

- a. The nominal fee was established for all patients at or below 100% of the Federal Poverty Guideline. RMCL has four nominal fee levels to cover patients at or below 200% of the Federal Poverty Guideline.

- b. The nominal fee was set after surveying local FQHCs and determining a flat rate which was commensurate with what other health centers were charging.
- c. RMCL conducts an annual patient survey to determine whether the nominal fee is limiting access to healthcare services. If the fee is not creating a barrier to care, the fee will continue to be considered nominal.
- d. RMCL is determined to keep the flat fee at a rate which makes healthcare accessible to all of our patients.
- e. Patients receiving a full discount will be assessed fees according to the SFDS. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

10. Waiving of Charges:

- a. In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of fees may only be used in special circumstances as outlined in the policy “Waiving of Fees Due to Special Circumstances”. The Fee Waiver Request form attached to that policy must be completed and forwarded to the CEO. Approvals can only be made by the CEO, or their designee. Any waiving of charges should be documented in the patient’s file along with an explanation (e.g., ability to pay, good will, health promotion event).

11. Conditional approvals:

- a. Patients who appear eligible for the sliding fee program, at the time of initial signed application, based on the unverified financial information supplied by the patient will be granted conditional approval for 30 days. Patients that do not supply the required income verification within 2 weeks will be presumed as declining participation under the sliding fee program. Patients may supply proof of income after the 2-week period; however, the application date may be modified to two weeks prior to receipt of the proof of income.

12. Applicant notification:

- a. The SFDP determination letter will be provided within 2 weeks of receiving the completed application and all necessary backups. The letter will include the beginning and ending dates of coverage, the approved category of SFDP, if applicable, or the reason for denial. If the application is approved for less than a full discount or denied, the patient and / or responsible party must immediately establish payment arrangements with HW/RMCL. SFDP applications cover outstanding patient balances for 3 months prior to application date and any balances incurred within 12 months after the approved application date.

13. Refusal to pay:

- a. If a patient verbally expresses an unwillingness to pay for services or intentionally does not respond to attempts by RMCL to discuss an overdue account balance, the patient will be contacted in writing regarding their payment obligations. If the patient has not already been assessed for eligibility in the SFDP, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes a refusal to pay. At that point, HW/RMCL can explore options included but not

limited to, offering the patient a payment plan, waiving charges, or referring the patient to collections.

- b. Patients who have qualified for Category A (income less than 100% of the Federal Poverty Level) are exempt from collection action. However, a patient's refusal to pay any slide level may be a disqualifying factor for eligibility for the Sliding Fee Discount Program.

14. Record keeping:

- a. Information related to SFDP decisions will be preserved in a confidential locked cabinet.
- b. Approved applications are maintained in eCW. Approved and denied applications are maintained in a locked file cabinet.
- c. Letters reminding patients of their expiration date of coverage will be sent, at least 30 days prior to expiration by the outreach and enrollment coordinator.

- 15. Evaluation of the SFDP:** The effectiveness of the SFDP will be evaluated through patient surveys at least once every 3 years.

16. Staff Training:

- a. New staff will be given orientation and all staff will be given annual training on the SFDP and its implementation. This is to ensure that the eligibility determination process will be conducted in an efficient, respectful, and culturally appropriate manner to assure that administrative operating procedures for such determinations do not themselves present a barrier to care.
- b. Patient privacy and confidentiality must be protected throughout the process.

17. Governing Board Oversight

- a. The Board will evaluate the SFDP annually to determine the effectiveness of the program and to ensure that the income levels are updated and approved prior to public posting.



HealthWays

The Regional Medical Center at Lubec, Inc.

Sliding Fee Discount Program Instructions

WHAT IS THE SLIDING FEE DISCOUNT PROGRAM?

The Sliding Fee Discount Program (SFDP) enables us to discount the medical, dental, and behavioral health services we provide as a Federally Qualified Health Center (FQHC). We encourage you to apply for the Sliding Fee Discount Program as many patients in our geographic area may be eligible to receive services at a discounted rate.

HOW IS YOUR SLIDING FEE DISCOUNT DETERMINED?

The Sliding Fee discount is determined based on your income level and members in your household as compared to the annual Federal Poverty Guidelines. The discount may apply to all qualified household members and may last up to one year with the appropriate documentation.

HOW CAN I QUALIFY FOR A SLIDING FEE DISCOUNT?

All individuals are eligible to apply for the SFDP. To qualify, your household income must be below 200% of the current Federal Poverty Guidelines. We request documentation of your income level and the number of eligible members in your household. You may qualify for the discount if you have insurance!

WHAT TYPE OF DOCUMENTATION DO I NEED TO PROVIDE?

Copies of wage statements, unemployment/pay stubs, tax returns, W-2s, social security benefit statements are all examples of acceptable forms of verification. If you do not currently have an income, a letter from a family member who is assisting you with income may be written on your behalf.

WHAT HAPPENS IF I DO NOT PROVIDE THE DOCUMENTATION?

Failure to provide income verification within 2 weeks (14 calendar days) of the date of your application will result in a denial of the discount program. We can update your application date once you provide the necessary documentation.

The amount you pay for services depends on which income category you qualify for below:

| Service | Category A | Category B | Category C | Category D | E (Ineligible) |
|---|------------|------------|------------|------------|----------------|
| Medical Care | \$15 | \$25 | \$35 | \$45 | Full |
| Counseling Services | \$15 | \$25 | \$35 | \$45 | Full |
| Preventive Dental | \$15 | \$25 | \$35 | \$45 | Full |
| Restorative/other Dental | \$15 | \$45 | \$55 | \$75 | Full |
| Root Canals | \$180 | \$360 | \$540 | \$720 | Full |
| Dental Temp Devices & Maintenance | \$200 | \$300 | \$400 | \$500 | Full |
| Partial Dentures & Crowns | \$400 | \$600 | \$800 | \$1,000 | Full |
| Dental Post or other labs | \$200 | \$300 | \$400 | \$500 | Full |
| Dentures (full set) | \$800 | \$1,200 | \$1,600 | \$2,000 | Full |
| Medical Temp Devices (IUDs) | \$400 | \$600 | \$800 | \$1,000 | Full |
| Uninsured Vaccine/Drug (Pneumococcal, etc.) | \$400 | \$600 | \$800 | \$1,000 | Full |

Turn the page to complete the application

SLIDING FEE DISCOUNT PROGRAM APPLICATION

Complete this application and return it to one of our offices. Remember to provide household income verification within 2 weeks of the application date. Examples of income verification may include copies of wage statements, unemployment/pay stubs, tax returns, W-2s, social security benefit statements are all examples of acceptable forms of verification. If you do not currently have an income, a signed letter from a family member who is assisting you with income may be written on your behalf.

Patient Information

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (____) _____ - _____ Birthdate: _____ Social Security # _____
Marital Status: _____ Alternative Contact Number: _____

Members of Household (Please include yourself)

| | NAME | BIRTHDATE | RELATIONSHIP |
|----|-------|-----------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Income Information

Monthly Income \$ _____ Annual Income \$ _____
Are you currently employed? YES NO

Source(s) of household income? _____

Do you have other health insurance, including Medical, Dental, Medicare, Medicaid, etc.? YES NO
Name of Insurance: _____ Policy ID: _____

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge. If the information provided on this form is false or information was deliberately withheld to become eligible, I acknowledge that I will be responsible for the total charges incurred.

Remember to provide your household income documents within two weeks of this application!

Signature

Date

Office Use Only:

- Approved for Slide Level: _____ Signature of Patient Outreach Coordinator: _____ Date: _____
- Denied (Reason): _____ Approved by: _____ Date: _____

Healthways/Regional Medical Center at Lubec Sliding Fee Program

February 1, 2026

APPROVED BY THE RMCL BOARD OF DIRECTORS:

2026.01.28

Attachment C

In order to provide accessible and affordable health care, RMCL offers reduced fees through the Sliding Fee Program.
Please see the chart below to determine your eligibility:

| Family size | | CATEGORY A up to 100% | CATEGORY B 101% - 125% | CATEGORY C 126% - 150% | CATEGORY D 151% - 200% | Ineligible over 201% |
|-------------|---------|--------------------------|---------------------------|---------------------------|----------------------------|-------------------------|
| 1 | Monthly | \$1,330.00 or Less | \$1,331.00 - \$1,662.50 | \$1,663.50 - \$1,995.00 | \$1,996.00 - \$2,660.00 | \$2,661.00 & up |
| | Yearly | \$15,960.00 or Less | \$15,961.00 - \$19,950.00 | \$19,951.00 - \$23,940.00 | \$23,941.00 - \$31,920.00 | \$31,921.00 & up |
| 2 | Monthly | \$1,803.33 or Less | \$1,804.33 - \$2,254.17 | \$2,255.17 - \$2,705.00 | \$2,706.00 - \$3,606.67 | \$3,607.67 & up |
| | Yearly | \$21,640.00 or Less | \$21,641.00 - \$27,050.00 | \$27,051.00 - \$32,460.00 | \$32,461.00 - \$43,280.00 | \$43,281.00 & up |
| 3 | Monthly | \$2,276.67 or Less | \$2,277.67 - \$2,845.83 | \$2,846.83 - \$3,415.00 | \$3,416.00 - \$4,553.33 | \$4,554.33 & up |
| | Yearly | \$27,320.00 or Less | \$27,321.00 - \$34,150.00 | \$34,151.00 - \$40,980.00 | \$40,981.00 - \$54,640.00 | \$54,641.00 & up |
| 4 | Monthly | \$2,750.00 or Less | \$2,751.00 - \$3,437.50 | \$3,438.50 - \$4,125.00 | \$4,126.00 - \$5,500.00 | \$5,501.00 & up |
| | Yearly | \$33,000.00 or Less | \$33,001.00 - \$41,250.00 | \$41,251.00 - \$49,500.00 | \$49,501.00 - \$66,000.00 | \$66,001.00 & up |
| 5 | Monthly | \$3,223.33 or Less | \$3,224.33 - \$4,029.17 | \$4,030.17 - \$4,835.00 | \$4,836.00 - \$6,446.67 | \$6,447.67 & up |
| | Yearly | \$38,680.00 or Less | \$38,681.00 - \$48,350.00 | \$48,351.00 - \$58,020.00 | \$58,021.00 - \$77,360.00 | \$77,361.00 & up |
| 6 | Monthly | \$3,696.67 or Less | \$3,697.67 - \$4,620.83 | \$4,621.83 - \$5,545.00 | \$5,546.00 - \$7,393.33 | \$7,394.33 & up |
| | Yearly | \$44,360.00 or Less | \$44,361.00 - \$55,450.00 | \$55,451.00 - \$66,540.00 | \$66,541.00 - \$88,720.00 | \$88,721.00 & up |
| 7 | Monthly | \$4,170.00 or Less | \$4,171.00 - \$5,212.50 | \$5,213.50 - \$6,255.00 | \$6,256.00 - \$8,340.00 | \$8,341.00 & up |
| | Yearly | \$50,040.00 or Less | \$50,041.00 - \$62,550.00 | \$62,551.00 - \$75,060.00 | \$75,061.00 - \$100,080.00 | \$100,081.00 & up |
| 8 | Monthly | \$4,643.33 or Less | \$4,644.33 - \$5,804.17 | \$5,805.17 - \$6,965.00 | \$6,966.00 - \$9,286.67 | \$9,287.67 & up |
| | Yearly | \$55,720.00 or Less | \$55,721.00 - \$69,650.00 | \$69,651.00 - \$83,580.00 | \$83,581.00 - \$111,440.00 | \$111,441.00 & up |

| | | | | | | |
|---------------------------|---------|------------|------------|------------|-------------|-----|
| add per additional member | Monthly | \$473.33 | \$591.67 | \$710.00 | \$946.67 | N/A |
| | Yearly | \$5,680.00 | \$7,100.00 | \$8,520.00 | \$11,360.00 | N/A |

| Service | Category A | Category B | Category C | Category D | E (Ineligible) |
|---|------------|------------|------------|------------|----------------|
| Medical Care | \$15 | \$25 | \$35 | \$45 | Full |
| Counseling Services | \$15 | \$25 | \$35 | \$45 | Full |
| Preventive Dental | \$15 | \$25 | \$35 | \$45 | Full |
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| Dental Temp Devices & Maintenance | \$200 | \$300 | \$400 | \$500 | Full |
| Partial Dentures & Crowns | \$400 | \$600 | \$800 | \$1,000 | Full |
| Dental Post or other labs | \$200 | \$300 | \$400 | \$500 | Full |
| Dentures (full set) | \$800 | \$1,200 | \$1,600 | \$2,000 | Full |
| Medical Temp Devices (IUDs) | \$400 | \$600 | \$800 | \$1,000 | Full |
| Uninsured Vaccine/Drug (Pneumococcal, etc.) | \$400 | \$600 | \$800 | \$1,000 | Full |

BASED ON 2025 DHHS POVERTY GUIDELINES PUBLISHED SOURCE: Federal Register, January 15, 2026.

A Sliding Fee application for the program can be obtained from one of our reception staff.
If you would like assistance with completing the application, please let one of our staff know.