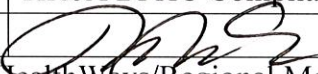


**HEALTHWAYS/REGIONAL MEDICAL CENTER AT LUBEC
POLICY & PROCEDURE**

Policy	Sliding Fee Discount Program Policy	Policy Number	FB002I
Department/Function	Finance	Policy Owner	Reimbursement Supervisor
Effective Date	1/25/12	Last Reviewed	01/05/2023
Last Revised	2/26/2020; 1/27/21; 3/30/22, 01/05/23	Next Review Date	02/01/2024
Approvals Required	Executive/Finance, CEO and Board		
References	HRSA BPHC Compliance Manual: revised August 2018.		
CEO Signature			

POLICY STATEMENT: HealthWays/Regional Medical Center at Lubec (HW/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 HW/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 HW/RMCL sites. Information about the SFDP will be available in languages and at the appropriate literacy levels consistent with HW/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, HW/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
*Temporary Devices and Maintenance	\$200	\$300	\$400	\$500	Full
*Crowns, Fixed Prosthodontics, Bridges, & Partial	\$400	\$600	\$800	\$1,000	Full
*Dentures (full set)	\$800	\$1,200	\$1,600	\$2,000	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.

- 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)
 - III. Temporary Devices and maintenance care includes, but is not limited to, occlusal guards, reline or rebase of partial dentures, and reline and rebase of complete dentures.
 - IIII. Partial dentures and crowns include but are not limited to; partial upper denture, complete upper denture, partial lower denture, complete lower denture, and crowns
 - V. Dentures (full set)

Please note: Patients receiving both a preventive dental service and a restorative service on the same day will be assessed separate fees for each service.

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.

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. HW/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. 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.

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.
 - o 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 detail 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.

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. 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.

12. Applicant notification:

- a. The SFDP determination letter will be provided within 2 weeks of receiving the completed application and all necessary backup. 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 application date.

13. Refusal to pay:

- a. If a patient verbally expresses an unwillingness to pay for services, 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.

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 / Regional Medical Center at Lubec

Effective February 1, 2022

Procedure Code	Procedure Description	Current Price
Vaccines & Medicine Services		
90471	ADMINISTRATION (1 VAC)	32.00
90472	ADMINISTRATION (2+ VAC)	25.00
Q0091	CERVICAL /VAGINAL CANCER SCREEN PELVIC&BREAST EXAM	81.00
J3420	B-12 INJ	10.00
Lab Services		
36415	ROUTINE VENIPUNCTURE	15.00
88141	CYTOPATH C/V INTERP	42.00
86580	TB INTRADERMAL TEST	18.00
Medical Procedures		
10040	ACNE SURGERY	220.00
10021	FINE NEEDLE ASPIRATION BIOPSY W/O IMAGING, 1ST LESION	195.00
10004	FINE NEEDLE ASPIRATION BIOP W/O IMG EA ADD'L	98.00
10060	DRAINAGE OF SKIN ABSCESS/ SIMPLE	234.00
10061	DRAINAGE OF SKIN ABSCESS/ COMPLEX	234.00
10120	INCISION/REMOV FOREIGN BODY SUBCU TISSUE	289.00
10121	INCISION/REMOV FOREIGN BODY SUBCU TISSUE	513.00
10140	INCISION/DRAIN HEMOTOMA, SEROMA, OR FLUID	325.00
11000	DEBRIDE INFECTED SKIN WOUND	110.00
11305	SHAVE SKIN LESION 0.5 CM/<	204.00
11306	SHAVE SKIN LESION 0.6-1.0 CM	236.00
11042	DEBRIDE SKIN TISSUE	245.00
11051	PARING & CUTTING OF BENIGN HYPERKER.CORN/CALLOUS	245.00
11101	SECOND AND SUBSEQUENT BIOPSIES	64.00
11102	Tangential biopsy of single lesion)	195.00
11104	PUNCH BIOPSY OF SINGLE SKIN LESION INCL. CLOSURE	244.00
11105	ADD'L PUNCH BIOPSY OF SINGLE SKIN LESION INCL. CLOSURE	115.00
11106	INCISIONAL BIOPSY OF SKIN (eg. WEDGE) SINGLE LESION	298.00
11200	REMOVAL OF SKIN TAG	170.00
11300	SHAVE SKIN LESION/TRUNK/ARMS/LEGS	194.00
11301	SHAVE SKIN LESION/FACE	235.00
11307	SHAVE EPIDERMAL OR DERMAL LESION 1.1 TO 2.0 CM	274.00
11400	EXCISE,BENIGN LESION EXC S.TAG MARGINS,TRUNK,ARMS,LEGS .5 CM	243.00
11401	EXCISION OF BENIGN LESION	296.00
11402	EXCISION OF BENIGN LESION	327.00
11421	EXCISION OF BENIGN LESION	305.00
11426	EXCISION OF LESION, DIAMETER OVER 4.0 CM	641.00
11600	EXCISION, MALIG. LESION MARGINS,TRUNK,ARMS,LEGS .5 CM OR LES	379.00
11601	EXCISION, MALIG LESION, MARGINS, 0.6-1.0 cm	438.00
11602	EXCISION, MALIG. LES MARGS,TRNK,ARMS,LEGS 1.1-2.2 CM	468.00
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	27.00
11720	DEBRIDE NAIL, 1-5	63.00
11721	DEBRIDE NAIL, 6 OR	84.00

11730	REMOVAL OF NAIL PLATE	221.00
11750	REMOVAL OF NAIL BED	308.00
11981	INSERT DRUG, IMPLANT (Nexplanon - Arm)	196.00
11982	REMOVAL OF NON-B.Degradable implant	221.00
11983	INSERTION AND REMOVAL OF NEXPLANON	276.00
12001	REPAIR SUPERFICIAL WOUND < 2.5 CM	177.00
12002	REPAIR SUPERFICIAL WOUND, < 7.5 CM	214.00
12004	REPAIR SUPERFICIAL WOUND < 12 CM	249.00
12011	REPAIR SUPERFICIAL WOUND FACE,EARS,EYELID,NOSE,LIPS 2.5 CM O	214.00
12020	CLOSURE OF SPLINT WOUND	571.00
15852	DRESSING CHANGE	89.00
16020	BURN DEBRIDEMENT	160.00
16025	DRESSING DEBRIDE PART.THICKNESS BURNS 5%TO10% BODY	295.00
17000	DESTROY PREMALG LESION (1)	125.00
17003	DESTROY PREMALG LESION (2-14)	13.00
17110	DESTRUCT benign LESION (1-14)	213.00
17111	DESTRUCT benign LESION (15 OR MORE)	250.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE "Proud Flesh"	168.00
17340	CRYOTHERAPY OF SKIN	100.00
19000	PUNCTURE ASPIRATION OF CYST OF BREAST	203.00
19020	MASTOTOMY W EXPLORATION/DRAINAGE	907.00
20520	REMOVAL OF FOREIGN BODY/SKIN	411.00
20550	LIGAMENT INJECTION	107.00
20552	TRIGGER POINT INJECTION	103.00
20600	SMALL BURSA INJECTION	99.00
20605	DRAIN INJECTION, JOINT	103.00
20610	BURSA INJECTION	122.00
20612	ASPIRATE/INJ GANGLION CYST	120.00
25028	DRAINAGE OF FOREARM LESION	1,254.00
29125	APPLICATION OF SHORT ARM SPLINT STATIC	121.00
29580	APPLICATION OF PASTE BOOT	121.00
51701	INSERT BLADDER CATHETER	87.00
51702	INSERT TEMPORARY BLADDER CATHETER (FOLEY)	120.00
58300	IUD INSERTION	141.00
58301	IUD REMOVAL	206.00
64450	NERVE BLOCK PERIPHERAL	148.00
64455	INJECTIONS ANESTHETIC AGENT (MORTONS NEUROMA)	94.00
65205	REMOVE FOREIGN BODY/EYE	57.00
69200	REMOVE FOREIGN BODY EXT AUD. CANAL W/O ANESTHESIA	154.00
69210	REMOVE IMPACTED EAR WAX	90.00
69209	REMOVAL IMPACTED CERUMEN W IRRIGATION	28.00
Medical Visits (E&M)		
99201	NEW PATIENT OFFICE VISIT <= 10 MINUTES	88.00
99202	NEW PATIENT OFFICE VISIT </= 20 MINUTES	138.00
99203	NEW PATIENT OFFICE VISIT </=30 MINUTES	214.00
99204	NEW PATIENT OFFICE VISIT </= 45 MINUTES	320.00

99205	NEW PATIENT OFFICE VISIT <=/= 50 MINUTES	423.00
99211	EST PATIENT OFFICE VISIT /NURSE	43.00
99212	EST PATIENT OFFICE VISIT <=/= 10 MIN	107.00
99213	EST PATIENT <=/= 20 MINUTE	174.00
99214	EST PATIENT OFFICE VISIT <=/= 30 MIN	247.00
99215	EST PATIENT OFFICE VISIT <=/= 45 MIN	346.00
99241	OFFICE CONSULTATION - 15 MIN	92.00
99242	OFFICE CONSULTATION - 30MIN	174.00
99243	OFFICE CONSULTATION 40 MIN	247.00
99305	1ST NURSING FACILITY VISIT 35 MIN	247.00
99307	NURSING FACILITY VISIT /10 MIN	84.00
99308	NURSING FACILITY VISIT /15 MIN	131.00
99309	NURSING FACILITY VISIT /25 MIN	173.00
99327	DOMICILIARY/REST HOME VISIT NEW PAT 60 MIN	355.00
99334	DOMICILIARY/REST HOME VISIT EST PAT 15 MIN	115.00
99336	HIGH LEVEL HOME VISIT EST PT 40 MINUTES	259.00
99337	DOMICILIARY OR REST HOME VISIT EST PAT 60 MIN	370.00
99342	HOME VISIT, NEW PATIENT	148.00
99347	HOME VISIT, EST PATIENT	105.00
99349	HOME VISIT 40 MINUTES	246.00
99350	HOME VISIT FOR EVAL OF EST PAT	341.00
99355	PROLONGED SERVICE	184.00
99381	NEW PATIENT CPE <1 YR	214.00
99382	NEW PATIENT CPE, 1-4 YRS	224.00
99383	NEW PATIENT CPE, 5-11 YRS	234.00
99384	NEW PATIENT CPE, 12-17 YRS	263.00
99385	NEW PATIENT CPE, 18-39	255.00
99386	NEW PATIENT CPE, 40-64 YRS	296.00
99387	NEW PATIENT CPE, >/= 65 YRS	321.00
99391	EST PT CPE < 1 YR	192.00
99392	EST PT CPE, 1-4 YRS	205.00
99393	EST PT CPE, 5-11 YRS	205.00
99394	EST PT CPE, 12-17 YRS	225.00
99395	EST PT CPE, 18-39 YRS	230.00
99397	EST PT CPE, >/= 65 YRS	263.00
99406	TOBACCO COUNSELING 3-10 MINS	30.00
99407	TOBACCO COUNSELING > 10 MINS	55.00
G0101	Pap Smear	74.00
G0402	WELCOME TO MEDICARE	321.00
G0403	SCREENING EKG FOR MEDICARE	28.00
G0438	ANNUAL WELLNESS VISIT-INITIAL	320.00
G0439	ANNUAL WELLNESS VISIT-SUBSEQUENT	252.00
99348	HOME VISIT 25 MINUTES	160.00
99396	EST PT CPE, 40-64 YRS	245.00
Counseling Services		
90785	Interactive complexity add-on	30.00

90832	PSYTX OFFICE, 30 MIN	151.00
90834	PSYTX OFFICE 45 MIN	200.00
90837	PSYTX OFFICE 60 MIN	296.00
90839	60 MINUTE CRISIS PSYCHOTHERAPY SESSION	281.00
90840	Add-on to 90839 each addl. 30 mine	134.00
90846	FAMILY PSYTX W/O PATIENT	194.00
90847	FAMILY PSYTX W/ PATIENT	201.00
90853	GROUP PSYCHOTHERAPY	54.00
90887	CONSULTATION	173.00
92551	PURE TONE HEARING EXAM	23.00
93000	ELECTROCARDIOGRAM	28.00
93005	ELECTROCARDIOGRAM /W INTERPRETATION	12.00
93268	ECG EVENT MONITOR	366.00
94010	BREATHING CAPACITY TEST	55.00
94640	AIRWAY INHALATION/ NEBULIZER	26.00
94644	AIRWAY INHALATION/ CONTINUOUS	111.00
94664	EVALUATE PT USE OF INHALER	31.00
94760	MEASURE BLOOD OXYGEN	5.00
95115	ALLERGY INJECTION (1)	17.00
95117	ALLERGY INJECTION (2+)	21.00
96127	BRIEF EMOTIONAL/BEHAV. ASSESSMENT W/SCORING&DOC	9.00
96372	THERAPEUTIC INJ (SPECIFY)	27.00
97605	Neg. Press. Wound therapy. Less than or equal to 50 SQ CM	82.00
97606	Neg. Press. Wound therapy. Greater than 50 SQ CM	97.00
99000	SPECIMEN HANDLING	17.00

HealthWays / Regional Medical Center at Lubec		
Dental Fees		
Effective March 1, 2022		
Procedure Code	Procedure Description	RMCL 2022
Dental Services		
D0120	Periodic oral eval-established patient	52.00
D0140	Limited Oral Evaluation-Problem Focused	86.00
D0150	Comprehensive oral eval, problem-focused	90.00
D0170	Limited re-eval-est. patient-not post-operative	65.00
D0171	Re-evaluation-post-operative visit	11.00
D0180	Comprehensive periodontal evaluation	115.00
D0210	Intraoral-Complete Series Radiographic Images	151.00
D0220	Intraoral-Periapical, 1 st Radiographic Image	33.00
D0230	Intraoral-Periapical, each additional Image	28.00
D0270	Bitewing - 1 Radiographic Image	46.00
D0272	Bitewings - 2 Radiographic Images	51.00
D0273	Bitewings - 3 Radiographic Images	60.00
D0274	Bitewings - 4 Radiographic Images	74.00
D0330	Panoramic Radiographic Image	134.00
D0460	Pulp vitality tests	68.00
D1110	Prophylaxis - Adult	107.00
D1120	Prophylaxis - Child	81.00
D1206	Topical application of fluoride varnish	45.00
D1208	Topical application fluoride	44.00
D1330	Oral hygiene instructions	40.00
D1351	Sealant – per tooth	62.00
D1354	Interim caries arresting med. application	53.00
D1510	Space maintainer-fixed, unilateral – per quad	349.00
D1515	Space maintainer – fixed bilateral	489.00
D1999	Unspecified preventive procedure, by report	11.00
D2140	Amalgam-1 surface, primary or permanent	149.00
D2150	Amalgam-2 surfaces, primary or permanent	185.00
D2330	Resin-based composite-1 surface, anterior	182.00
D2331	Resin-based composite-2 surfaces, anterior	222.00
D2332	Resin-based composite-3 surfaces, anterior	264.00
D2335	Resin-based compos 4+ surf or w/incisal angle, ant	328.00
D2391	Resin-based composite-1 surface, posterior	195.00
D2392	Resin-based composite-2 surfaces, posterior	254.00
D2393	Resin-based composite-3 surfaces, posterior	308.00
D2394	Resin-based composite-4+ surfaces, posterior	372.00
D2920	Re-cement or re-bond crown	119.00
D2940	Protective Restorative-Not covered w/ Pulpotomy	132.00
D2950	Core Buildup, including any pins when required	336.00
D2951	Pin retention – per pin	75.00
D2954	Prefabricated post only	391.00

D3110	Pulp cap-direct (excluding final restoration)	79.00
D3120	Pulp cap-indirect	78.00
D3310	1 canal (excel. final restor.)	869.00
D3320	2 canals (excel. final restor.)	900.00
D3330	3 canals (excel. Final restor.)	1,170.00
D4212	Gingivectomy/oplasty access for rest proc. per th	220.00
D4321	Provisional splinting - extracoronal	419.00
D4341	Perio scaling & root planing, 4+ teeth, per quad	289.00
D4342	Perio. scaling & root planing, 1-3 teeth, per quad.	205.00
D4346	Scaling gen, mod, or severe gingival inflammation, full mouth, after oral eval	149.00
D4355	Full mouth debridement to enable comp eval and dx subsequent visit	188.00
D4381	Loc del-antimicrobial agent, cont release, per tooth	125.00
D4910	Periodontal Maintenance	149.00
D5410	Adjust complete denture, maxillary	93.00
D5411	Adjust complete denture, mandibular	93.00
D5421	Adjust partial denture, maxillary	93.00
D5422	Adjust partial denture, mandibular	93.00
D5640	Replace broken teeth, per tooth	153.00
D7111	Extraction, coronal remnants, primary tooth	139.00
D7140	Extraction, erupted tooth or exposed root	194.00
D7210	Extraction, erupted tooth w/removal of bone &/or sectioning etc.	307.00
D7220	Remo-impact tooth soft	385.00
D7251	Coronectomy, intentional partial tooth removal	382.00
D8210	Remove appliance therapy	250.00
D9110	Palliative (emergency) treatment of dental pain, minor procedure	126.00
D9310	Consultation	103.00
D9630	Drugs or medicaments dispensed in office for home use	16.00
D9944	Occlusal guard, hard appliance, full arch	550.00
D9210	Local anes. not in conjunction w/operative or surgical procedures	60.00
D9920	Behavior management, by report	169.00
D9940	Occlusal guards, by report	547.00
D9970	Enamel microabrasion	97.00
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	163.00
D0470	Diagnostic Casts	121.00
D5110	Complete denture – Maxillary	1,818.00
D5120	Complete denture – Mandibular	1,821.00
D5130	Immediate Upper	1,962.00
D5140	Immediate Lower	1,963.00
D5211	Upper part – acrylic base	1,387.00
D5212	Lower part – acrylic base	1,379.00
D5213	Upper part – base cast base	1,899.00

D5214	Upper part – base cast base	1,900.00
D5225	Valplast upper	1,578.00
D5226	Valplast lower	1,581.00
D5421	Denture adj. partial – maxillary	93.00
D5510	Denture repair	186.00
D5520	Replace teeth – complete denture	185.00
D5710	Rebase complete upper denture	601.00
D5711	Rebase complete lower denture	606.00
D5750	Reline complete lower denture - Lab	499.00
D5751	Reline complete lower denture – Lab	499.00
D5760	Reline upper partial denture – Lab	498.00
D5761	Reline lower partial denture – Lab	511.00
D5820	Flipper	753.00
D6241	Pontic-porcelain fuse/B.M.	1,272.00
D6545	Cast Metal Retain/ACIDAC	765.00

HealthWays/Regional Medical Center at Lubec (RMCL) Sliding Fee Discount Program

What is the Sliding Fee Discount Program? RMCL offers a Sliding Fee Discount (SFD) program to provide accessible and affordable healthcare to patients regardless of their ability to pay. When you apply to participate in this program, we will review your application and assess your level of income to determine which income category best applies to the amount you pay for your services.

All of your information is reviewed internally by our Outreach and Enrollment Specialist. RMCL does not report your personal information to any outside entity without your written consent.

What services are covered in the SFD program? Sliding fee rates are determined by your approved income category: A, B, C, or D. The rates you pay for services you receive per provider apply to the following services:

- **Medical care:** All examinations and other medical services provided internally by RMCL medical staff.
- **Counseling:** All services provided by RMCL Behavioral Health and Substance Use Disorder Counselors.
- **Dental:** All preventive exams, cleanings, hygiene, x-rays, emergency dental services, restorative fillings, extractions, deep root scaling, pain relief, root canals, occlusal guards, relin or rebase of partial and complete dentures, *full/partial dentures, and crowns.

You receive the same quality care and services whether you receive the discounted rates or not. Your provider does not consider your sliding fee category when providing care to you.

What services are not covered in the SFD program? Excluded services include, but are not limited to specimens sent to outside labs, diabetic shoes, and orthotics.

What are the categories? Based on your approved income category, you will only pay the following amounts per provider encounter:

Service	Category A	Category B	Category C	Category D
Medical, Counseling, and Preventive Dental Services	\$15.00	\$25.00	\$35.00	\$45.00
Restorative Dental Services / Other Dental	\$15.00	\$45.00	\$55.00	\$75.00
Root Canals	\$180.00	\$360.00	\$540.00	\$720.00
Temporary Dental Devices and Maintenance	\$200.00	\$300.00	\$400.00	\$500.00
Crowns, Fixed Prosthodontics, Bridges, and Partial Dentures	\$400.00	\$600.00	\$800.00	\$1,000.00
Full Dentures	\$800.00	\$1,200.00	\$1,600.00	\$2,000.00

What category would apply to my income based on my household size?

Estimated yearly income by household size (circle household size and income category):					
Household Size	Category A	Category B	Category C	Category D	Category E
1 Person →	\$0.00 - \$14,580	\$14,581 - \$18,225	\$18,226 - \$21,870	\$21,871 - \$29,160	\$29,161 or more
2 People →	\$0.00 - \$19,720	\$19,721 - \$24,650	\$24,651 - \$29,580	\$29,581 - \$39,440	\$39,441 or more
3 People →	\$0.00 - \$24,860	\$24,861 - \$31,075	\$31,076 - \$37,290	\$37,291 - \$49,720	\$49,721 or more
4 People →	\$0.00 - \$30,000	\$30,001 - \$37,500	\$37,501 - \$45,000	\$45,001 - \$60,000	\$60,001 or more
5 People →	\$0.00 - \$35,140	\$35,141 - \$43,925	\$43,926 - \$52,710	\$52,711 - \$70,280	\$70,281 or more
6 People →	\$0.00 - \$40,280	\$40,281 - \$50,350	\$50,351 - \$60,420	\$60,421 - \$80,560	\$80,561 or more
7 People →	\$0.00 - \$45,420	\$45,421 - \$56,775	\$56,776 - \$68,130	\$68,131 - \$90,840	\$90,841 or more
8 People →	\$0.00 - \$50,560	\$50,561 - \$63,200	\$63,201 - \$75,840	\$75,841 - \$101,120	\$101,121 or more
Add per additional member	\$5,410	\$6,763	\$8,115	\$10,820	N/A

February 1, 2023-Approved by the RMCL Board of Directors: 2023.01.31 Based on 2023 DHHS Poverty Guidelines Published Resource: Federal Register, 01/19/2023

We encourage all patients to apply for this beneficial program. You may apply if you are employed, self-employed, unemployed, retired, etc., even if you already have insurance coverage. Start your enrollment today by completing the application on the third page of this packet.

Proof of Income

We cannot process your application until we have appropriate proof of income.

Conditional Approval: This application can be completed by you at any time during the year. You may apply for the SFD program even if you have insurance coverage. If your expected income appears to show you are eligible for the SFD program at the time you complete the form in our office, we will grant you conditional approval for up to 30 days; however, if you do not submit proof of income within two (2) weeks of the application date, we will assume that you are declining participation in the SFD program and will send you a denial letter.

This application and proof of income must be returned to RMCL within two (2) weeks of your visit. Your application will be returned to you for correction if any required information is missing. **Eligibility will be delayed until all information is corrected and re-submitted for approval.**

All applicants are screened by our Outreach Coordinator for eligibility for other services such as MaineCare. We do not submit any official screening documents to MaineCare. If you are eligible, we can assist you applying for these additional services.

What Proof of Income Documents do I need to send with the form?

One or more of the following for each eligible/countable household member is accepted as valid proof of income:

- W-2 or tax return for the most recent year (with applicable backup schedules)
- Paycheck stubs (or proof of income from an employer) for the four (4) most recent weeks from the date of this application
- Letter from the employer
- Statements from social service agencies such as unemployment, Social Security, TANF, etc.
- Proof of Deductions to total income, such as (HSA/FSA) deductions, and pre-tax health/dental insurance premiums paid, alimony paid, student interest, tuition fees, and self-employment tax.
- **Self-employed:** If you are self-employed, please submit the following:
 - a detail of the most recent three (3) months of income and expenses for your business; **or,**
 - a copy of your completed and signed tax return for the most recent year including Schedule C.
- **No income:** If you are unable to provide proof of income, you may submit the following:
 - a signed statement from the person(s) who provides you with food and shelter; **or,**
 - sign a statement of income stating why you are unable to provide verification.

You may receive a letter from RMCL requesting additional information, if needed.

How do I return the form?

You may complete the attached application in our office or at home. Completed applications and proof of income documents must be mailed or delivered to:

**The Regional Medical Center at Lubec
Attention: Angela Dubey
43 South Lubec Rd.
Lubec, Maine 04652**

What happens next?

You will receive a letter within two (2) weeks after we received your completed application and proof of income documents to let you know whether you are approved and the fee category you qualify for, or to provide a reason for denial. Everyone you list as an eligible/countable family member is considered for coverage. If you are approved, they will receive the same level of discount as you receive for each appointment during the year. Sliding fee approval expires and must be renewed after one full year. We will send a reminder to you each year in advance of the expiration date so that you will not experience a lapse in discount coverage.

Thank you for applying for the Sliding Fee Discount Program. If you have any questions or concerns, please do not hesitate to call Angela Dubey, Outreach and Enrollment Specialist at 207-733-5541.



**Regional Medical Center at Lubec (RMCL)
Sliding Fee Discount Program (SFD) Application**

Version 02/01/2023

Instructions: Read and complete sections 1-13 and include the **Proof of Income** documents listed on the prior page.

RMCL Office Use Only
SF Level: A B C D E
Income: \$ _____
Coverage Begins: ___/___/___
Coverage Expires: ___/___/___
Supervisor: ___ ___/___/___

1. Name of Applicant (Please Print) _____
2. Date you are completing this application: ___/___/___
3. Type of request (circle one): New Request Annual Renewal

4. Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____
5. Current home phone #: (____) _____ - _____ **Current cell phone #:** (____) _____ - _____
6. E-mail Address: _____

Complete the information below for yourself and all eligible/countable family members:

“Eligible/countable family members” include spouses/domestic partners; biological/adopted/unborn children under age 21 living in the household or away at school and claimed as tax dependents; and unmarried fathers of unborn children.

Do not include roommates, friends, and others who are not self-declared partners living in the home.

7. The number of eligible/countable family members in my household is: _____

8. Enter the names of each household member in the table below:

<i>Last Name</i>	<i>First Name</i>	<i>Relationship to You</i>	<i>Date of Birth</i>

List ALL income for you and each person listed above:

“Income” includes all income (taxable & non-taxable) and amounts are before and not after tax. Income consists of wages, tips, profit/loss from self-employment, unemployment compensation, Workers’ Compensation, all Social Security benefits, all veterans’ benefits, pension, retirement, interest, dividends, rental income, royalties, alimony received, trusts, Temporary Aid for Needy Families (TANF), and child support.

9. The Income Amounts I am Entering in the Table Below Are (Circle one): Weekly Monthly Annually

10. Source of Income	Your Income	Family Member	Family Member
Wages, salaries, tips, etc.			
Business and/or rental income			
Social Security and veteran’s benefits			
IRAs, pensions, annuities, and trusts			
Alimony and child support received			
Interest, royalties, and dividends			
Workers’ comp., unemployment or TANF			

List ALL deductions for you and each person listed above:

“Deductions” to total income include any Health Savings Account/Flexible Spending Account (HSA/FSA) deductions, and pre-tax health/dental insurance premiums paid, alimony paid, student interest, tuition fees, and self-employment tax.

11. Source of Deduction	Your Deductions	Family Member	Family Member

12. If you would like assistance completing applications for MaineCare coverage, please check this box

13. I hereby request that the RMCL make a written determination of my eligibility for the Sliding Fee Discount. I affirm that all the above information is complete and true to the best of my knowledge. I understand that I will be held liable for charges if the information supplied is false. I agree to immediately notify RMCL of any changes to my income or family size.

Sign Here: _____ **Date:** ___/___/___

Healthways/Regional Medical Center at Lubec Sliding Fee Discount Program

February 1st, 2023 Approved by the RMCL Board of Directors 2023.01.31 **Attachment C**

In order to provide accessible and affordable health care, RMCL offers reduced fees through the Sliding Fee Program.

family size		CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	Ineligible
		up to 100%	101% - 125%	126% - 150%	151% - 200%	over 201%
1	Monthly	\$ 1,215 or Less	\$ 1,216 - \$ 1,519	\$ 1,520 - \$ 1,823	\$ 1,824 \$ 2,430	\$ 2,431 or more
	Yearly	\$14,580 or Less	\$ 14,581 - \$18,225	\$18,226 - \$21,870	\$21,871 \$ 29,160	\$ 29,161 or more
2	Monthly	\$ 1,643 or Less	\$ 1,644 - \$ 2,054	\$ 2,055 - \$ 2,465	\$ 2,466 \$ 3,287	\$ 3,288 or more
	Yearly	\$19,720 or Less	\$ 19,721 - \$24,650	\$24,651 - \$29,580	\$29,581 \$ 39,440	\$ 39,441 or more
3	Monthly	\$ 2,072 or Less	\$ 2,073 - \$ 2,590	\$ 2,591 - \$ 3,108	\$ 3,109 \$ 4,143	\$ 4,144 or more
	Yearly	\$24,860 or Less	\$ 24,861 - \$31,075	\$31,076 - \$37,290	\$37,291 \$ 49,720	\$ 49,721 or more
4	Monthly	\$ 2,500 or Less	\$ 2,501 - \$ 3,125	\$ 3,126 - \$ 3,750	\$ 3,751 \$ 5,000	\$ 5,001 or more
	Yearly	\$30,000 or Less	\$ 30,001 - \$37,500	\$37,501 - \$45,000	\$45,001 \$ 60,000	\$ 60,001 or more
5	Monthly	\$ 2,928 or Less	\$ 2,929 - \$ 3,660	\$ 3,661 - \$ 4,393	\$ 4,394 \$ 5,857	\$ 5,858 or more
	Yearly	\$35,140 or Less	\$ 35,141 - \$43,925	\$43,926 - \$52,710	\$52,711 \$ 70,280	\$ 70,281 or more
6	Monthly	\$ 3,357 or Less	\$ 3,358 - \$ 4,196	\$ 4,197 - \$ 5,035	\$ 5,036 \$ 6,713	\$ 6,714 or more
	Yearly	\$40,280 or Less	\$ 40,281 - \$50,350	\$50,351 - \$60,420	\$60,421 \$ 80,560	\$ 80,561 or more
7	Monthly	\$ 3,785 or Less	\$ 3,786 - \$ 4,731	\$ 4,732 - \$ 5,678	\$ 5,679 \$ 7,570	\$ 7,571 or more
	Yearly	\$45,420 or Less	\$ 45,421 - \$56,775	\$56,776 - \$68,130	\$68,131 \$ 90,840	\$ 90,841 or more
8	Monthly	\$ 4,213 or Less	\$ 4,214 - \$ 5,267	\$ 5,268 - \$ 6,320	\$ 6,321 \$ 8,427	\$ 8,428 or more
	Yearly	\$50,560 or Less	\$ 50,561 - \$63,200	\$63,201 - \$75,840	\$75,841 \$ 101,120	\$ 101,121 or more
add per additional member	Monthly	\$451	\$564	\$676	\$902	N/A
	Yearly	\$5,410	\$6,763	\$8,115	\$10,820	N/A

Service	Category A	Category B	Category C	Category D	Ineligible
Medical Care	\$15	\$25	\$35	\$45	Full
Counseling Services	\$15	\$25	\$35	\$45	Full
Preventive Dental	\$15	\$25	\$35	\$45	Full
Restorative/ other	\$15	\$45	\$55	\$75	Full
Root Canals	\$180	\$360	\$540	\$720	Full
Temporary Devices	\$200	\$300	\$400	\$500	Full
Partial Dentures and	\$400	\$600	\$800	\$1,000	Full
Dentures	\$800	\$1,200	\$1,600	\$2,000	Full

BASED ON 2023 DHHS POVERTY GUIDELINES PUBLISHED SOURCE: Federal Register, January 19, 2023.

An application for the program can be obtained from one of our reception or billing staff.

Revised 02/01/2023