



YAKUTAT COMMUNITY HEALTH CENTER
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Policy 5.01

POLICY: Sliding Fee Discount Program
AREA: Finance
NUMBER: FIN 200
APPLIES TO: YCHC Patients

Approved Date: November 3, 2016	Effective Date: November 3, 2016
Created By: YCHC - Finance	Review/Revision Dates:
Reviewed By: Rhoda Jensen	8/4/15 / 2/17/16 /10/17/16 /11/3/16

Purpose and Summary:

To establish and implement a sliding scale discount schedule that will allow Yakutat Community Health Center to provide services to patients regardless of their ability to pay.

To provide eligibility guidelines for staff to accurately assign a discount level.

Policy Statement:

Yakutat CHC will offer a sliding scale discount to patients who qualify based on family size and income in accordance with the Federal Poverty Guidelines for the state of Alaska, updated and published annually in the Federal Register.

This policy applies to all patients seen at Yakutat CHC for all services rendered. The sliding scale discount will be applied to all balances that are the responsibility of the patient. This includes all charges for uninsured patients, as well as co-payments, deductibles and other amounts due from insured patients. Patients are responsible for payment of balances after the discount has been applied.

<u>Poverty Level</u>	<u>Discounted Fee Per Visit*</u>
>200%	No discount applied
176-200%	25%
151-175%	50%
101-150%	75%
100% or below	\$15.00 nominal fee

* Patient shall be responsible for the lesser of the actual patient portion of charges or the applicable discounted fee.

Discounted Fee: Yakutat CHC requires that patients who are eligible for a sliding fee discount pay a discounted fee for each clinic visit. Patients will be charged one discounted fee inclusive of clinic professional services, supplies, in-house laboratory tests and medications provided at the clinic.

Amounts due may be further discounted or waived in emergency situations in which the discounted patient responsibility amount would create a barrier to care. Any special discounts or waivers must be approved by the Health Director.

Procedures:

1. A prominent sign announcing the availability of discounts will be posted in the lobby and at the reception desk, in all languages appropriate for health center patients. A similar announcement will also be posted on the YCHC Facebook page and future websites.
2. The Front Office staff will be responsible for administering the sliding fee discount program in compliance with this policy under the authority and direction of the Health Director.
3. The Front Office, and other, staff members will receive training (from Finance Director and Medical Biller) regarding the discount program. All registration personnel will be familiar with the discount program and its policies and procedures. They will receive training by the Finance Director and/or the Medical Biller to answer questions about the program and why the collection of information is necessary.
4. All patients will be informed of the availability of the sliding fee discount program and those who are interested will be offered an application.
5. The patient's amount due for their first visit will be determined based on a self-declaration of information. Patients requesting discounts must provide to the Front Office staff within 30 calendar days the name, relationship to the patient, age, gender, date of birth, annual income and employer of every IRS recognized individual in the household, and sign a statement certifying this information is correct. IRS recognized household members include: patient, spouse, children and other IRS recognized dependents.

Front Desk staff shall indicate the one-time self-declaration discount in the billing system at the time of service as a patient payment and post a comment to the patient account.

6. Eligibility documentation shall be verified by the Front Office staff at the time of initial application, annually or with a significant change in circumstances. Verification of eligibility will be made by the Finance Director and/or the

Medical Biller. Exceptional cases or cases with unique circumstances may be reviewed for approval by the Health Director.

7. The patient must submit proof of income and documentation of family size to qualify for discounts for future visits within 30 calendar days of submitting a signed application.
8. The sliding fee discount shall be effective for dates of service 90 days prior to the eligibility determination date and one year after the determination date. Application of the discount outside of the 15-month period shall be approved by the Health Director.
9. Documentation of eligibility: In addition to a completed and signed application, a discount to a patient account requires verification of annual income and family size of all IRS recognized persons living in the household by submitting the following:
 - a. Prior year's Federal tax return (using the Adjusted Gross Income line from the IRS form 1040), and;
 - b. Alaska Permanent Fund Dividend (if applicable).
 - c. If a tax return has not been filed, is not available, or if circumstances have changed significantly, alternate methods include review of current pay stubs (3 pay stubs or if recently hired 1 pay stub plus letter from employer), verification of employment or verification of special circumstances (such as no income or no reportable income).
 - d. Family size will be verified through a tax return showing number of dependents and/or a list of family members which includes name and date of birth.
10. Income eligibility verification by Front Office staff:
 - a. If the patient is able to provide a Federal tax return, Front Office staff and/or the Medical Biller will verify eligibility, determine the appropriate Federal Poverty Level and the discount fee amount, create a note of verified eligibility in the practice management system, and make adjustments to their accounts accordingly.
 - b. If the patient provides alternative documentation other than a Federal tax return, then Front Office staff and/or the Medical Biller will calculate an estimated annual income amount based on the documented information provided as follows:
 - i. Calculate the average hours worked per week

- ii. Multiply the average weekly hours worked by their current hourly rate of pay to determine average weekly gross pay
 - iii. Multiply the average weekly gross pay by the number of weeks worked in a year as self-reported by the patient or as noted in the letter from their employer to determine the estimated annual income.
- 11. Patients can appeal the eligibility decision by filing a patient grievance.
- 12. All patients who are enrolled in the Alaska Medicaid or Denali KidCare Programs are presumed to be eligible for the YCHC Sliding Fee Discount Program, and will be assigned to the 151% to 175% of Federal Poverty Level discount level unless they bring in documentation which qualifies them for a different category.
- 13. Retention of Eligibility Documents:
 - a. The discount eligibility letter shall be filed in the insurance section of the medical record. The discount application and copies of eligibility source documents shall be retained in confidential and secure files by the Finance Director.
 - b. Original source documents (tax returns, etc.) shall be returned to the patient after Front Office staff confirms information, and scan in the Insurance section of the medical record.
 - c. Application documents shall be retained for a period of three years.
- 14. Refusal to Pay
 - a. Yakutat CHC will make efforts to collect all amounts due from patients, including balances after the sliding scale discount has been applied.
 - b. Patients may request an emergency waiver or additional discount of amounts due if payment of those amounts is a barrier to care.
 - c. Patients will be offered the ability to set up payment plans on outstanding balances.
 - d. The Finance Director and Health Director are authorized to develop and approve patient payment plans. Emergency waivers or additional discounts must be approved by the Health Director.
 - e. If the patient does not make payment, the account will be subject to the collections process and may result in the account being turned over to a collection agency.

15. The Sliding Fee Discount Program will be updated and review will be done annually after the publication of the Federal Poverty Guidelines from the Federal Register.

References and Attachments:

Definitions

Family/Household: All IRS recognized individuals residing in the same home and sharing expenses.

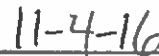
Income: Income includes, but is not limited to, wages, self-employment net income and Alaska State Permanent Fund Dividend.

Proof of income may be in the form of weekly, bi-weekly, semi-monthly, monthly, seasonal or annual pay stubs or other financial documentation.

Approval Signatures:



Finance Director



Date



Health Director



Date



Council President or Secretary



Date (of Council
Action)

Confidential Submissions—To submit an application with confidential information that you do not wish to be made publicly available, submit your application only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states “THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.” The Agency will review this copy, including the claimed confidential information, in its consideration of your application. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on <https://www.regulations.gov>. Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your application and you must identify this information as “confidential.” Any information marked as “confidential” will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA’s posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: <https://www.gpo.gov/fdsys/pkg/FR-2015-09-18/pdf/2015-23389.pdf>.

Docket: For access to the docket, go to <https://www.regulations.gov> and insert the docket number, found in brackets in the heading of this document, into the “Search” box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852 between 9 a.m. and 4 p.m., Monday through Friday. Publicly available submissions may be seen in the docket.

FOR FURTHER INFORMATION CONTACT: Julie Finegan, Office of Scientific Integrity, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 1, Rm. 4218, Silver Spring, MD 20993, 301-796-8618.

SUPPLEMENTARY INFORMATION:

I. Background

On June 24, 2013, the U. S. District Court for the Eastern District of Tennessee entered a criminal judgment against William Ralph Kincaid pursuant to his guilty plea. Kincaid pled guilty to a felony under the FD&C Act, namely receiving in interstate commerce a misbranded drug with intent to defraud or mislead, in violation of sections 301(c) and 303(a)(2) of the FD&C Act (21 U.S.C. 331(c) and 333(a)(2)) and 18 U.S.C. 2. The basis for this conviction

was Kincaid’s admission that he obtained drugs from Quality Specialty Products (QSP), a foreign company, for use at East Tennessee Hematology-Oncology Associates, P.C. (McLeod Cancer). These drugs were not FDA approved and were misbranded in that they lacked adequate directions for use and were manufactured in an establishment that was not registered with FDA and that did not list with FDA the drug products it manufactured. From approximately September 2007 to early 2008 and from August 2009 to February 2012, McLeod Cancer purchased more than \$2 million in misbranded unapproved drugs for use at McLeod Cancer. Additionally, Kincaid and McLeod Cancer billed Medicare, TennCare, and other government health benefit programs approximately \$2.5 million for these unapproved drugs.

Kincaid is subject to debarment based on a finding, under section 306(a)(2) of the FD&C Act (21 U.S.C. 335a(a)(2)), that he was convicted of a felony under Federal law for conduct relating to the regulation of a drug product under the FD&C Act. By the letter dated May 20, 2015, FDA notified Kincaid of a proposal to permanently debar him from providing services in any capacity to a person having an approved or pending drug product application. The proposal also offered Kincaid an opportunity to request a hearing, providing him 30 days from the date of receipt of the letter in which to file the request and 60 days from the date of receipt of the letter to support that request with information sufficient to justify a hearing. In a letter dated June 17, 2015, Kincaid requested a hearing and indicated that the information justifying the hearing would be forthcoming. More than 60 days have passed from the date Kincaid received FDA’s letter, and Kincaid has not filed any additional information to support his request.

Under the authority delegated to him by the Commissioner of Food and Drugs, the Director of the Office of Scientific Integrity (OSI) has considered Kincaid’s request for a hearing. Hearings will not be granted on issues of policy or law, on mere allegations, denials, or general descriptions of positions and contentions, or on data and information insufficient to justify the factual determination urged (see 21 CFR 21.24(b)).

Because Kincaid has not presented any information to support his hearing request, OSI concludes that Kincaid failed to raise a genuine and substantial issue of fact requiring a hearing. Therefore, OSI denies Kincaid’s request for a hearing.

II. Findings and Order

Therefore, OSI, under section 306(a)(2) of the FD&C Act and under the authority delegated, finds that William Ralph Kincaid has been convicted of a felony under Federal law for conduct relating to the regulation of a drug product under the FD&C Act.

As a result of the foregoing findings, William Ralph Kincaid is permanently debarred from providing services in any capacity to a person with an approved or pending drug product application under section 505, 512, or 802 of the FD&C Act (21 U.S.C. 355, 360b, or 382), or under section 351 of the Public Health Service Act (42 U.S.C. 262), effective (see **DATES**) (21 U.S.C. 335a(c)(1)(B) and (c)(2)(A)(ii) and 21 U.S.C. 321(dd)). Any person with an approved or pending drug product application who knowingly uses the services of Kincaid, in any capacity during his period of debarment, will be subject to civil money penalties. See section 307(a)(6) of the FD&C Act (21 U.S.C. 335b(a)(6)). If Kincaid, during his period of debarment, provides services in any capacity to a person with an approved or pending drug product application, he will be subject to civil money penalties. See section 307(a)(7) of the FD&C Act (21 U.S.C. 335b(a)(7)). In addition, FDA will not accept or review any abbreviated new drug applications submitted by or with the assistance of Kincaid during his period of debarment.

Dated: January 10, 2018.

G. Matthew Warren,

Director, Office of Scientific Integrity.

[FR Doc. 2018-00719 Filed 1-17-18; 8:45 am]

BILLING CODE 4164-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year’s increase in prices as measured by the Consumer Price Index.

DATES: Applicable beginning January 13, 2018, unless an office administering a program using the guidelines specifies a different applicability date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 422F.5, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 690-7409—or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-275-4772. You also may visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by Medicaid and a number of other Federal programs. The

poverty guidelines issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2018 notice reflect the 2.1 percent price increase between calendar years 2016 and 2017. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. In rare circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2018 guidelines are roughly equal to the poverty thresholds for calendar year 2017 which the Census Bureau expects to publish in final form in September 2018.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$12,140
2	16,460
3	20,780
4	25,100
5	29,420
6	33,740
7	38,060
8	42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

2018 POVERTY GUIDELINES FOR ALASKA

Persons in family/household	Poverty guideline
1	\$15,180
2	20,580
3	25,980
4	31,380
5	36,780
6	42,180
7	47,580
8	52,980

For families/households with more than 8 persons, add \$5,400 for each additional person.

2018 POVERTY GUIDELINES FOR HAWAII

Persons in family/household	Poverty guideline
1	\$13,960
2	18,930
3	23,900
4	28,870
5	33,840
6	38,810
7	43,780
8	48,750

For families/households with more than 8 persons, add \$4,970 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the "OMB" (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the Federal Register by

the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

Note that this notice does not provide definitions of such terms as "income" or "family," because there is considerable variation in defining these terms among the different programs that use the guidelines. These variations are traceable to the different laws and regulations that govern the various programs. This means that questions such as "Is income counted before or after taxes?", "Should a particular type of income be counted?", and "Should a particular person be counted as a member of the family/household?" are actually questions about how a specific program applies the poverty guidelines. All such questions about how a specific program applies the guidelines should be directed to the entity that administers or funds the program, since that entity has the responsibility for defining such terms as "income" or "family," to the extent that these terms are not already defined for the program in legislation or regulations.

Dated: January 12, 2018.

Eric D. Hargan,

Acting Secretary of Health and Human Services.

[FR Doc. 2018-00814 Filed 1-12-18, 4:15 pm]

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DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Automated Commercial Environment (ACE) Becoming the Sole CBP-Authorized Electronic Data Interchange (EDI) System for Processing Electronic Drawback Filings

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.

ACTION: General notice.

SUMMARY: This document announces that the Automated Commercial Environment (ACE) will be the sole electronic data interchange (EDI) system authorized by U.S. Customs and Border Protection (CBP) for processing electronic drawback filings under part 181 (NAFTA drawback) and part 191 (non-TFTEA drawback) of Title 19 of the Code of Federal Regulations. This document also announces that the Automated Commercial System (ACS) will no longer be a CBP-authorized EDI system for purposes of processing such filings. This notice further announces the deployment of a new ACE filing code for all electronic drawback filings, replacing the six distinct drawback codes previously filed in ACS.

DATES: As of February 24, 2018, ACE will be the sole CBP-authorized EDI system for processing drawback filings under part 181 (NAFTA drawback) and part 191 (non-TFTEA drawback) of Title 19 of the Code of Federal Regulations, and ACS will no longer be a CBP-authorized EDI system for such purpose.

FOR FURTHER INFORMATION CONTACT: Randy Mitchell, Commercial Operations and Entry Division, Trade Policy and Programs, Office of Trade at (202) 863-6532 or RANDY.MITCHELL@CBP.DHS.GOV.

SUPPLEMENTARY INFORMATION:

I. Background

Section 484 of the Tariff Act of 1930, as amended (19 U.S.C. 1484), establishes the requirement for importers of record to make entry for merchandise to be imported into the customs territory of the United States. Customs entry information is used by U.S. Customs and Border Protection (CBP) and Partner Government Agencies (PGAs) to determine whether merchandise may be released from CBP custody. Importers of record are also obligated to complete the entry by filing an entry summary declaring the value, classification, rate of duty applicable to the merchandise and such other information as is necessary for CBP to properly assess duties, collect accurate statistics and determine whether any other applicable requirement of law is met.

The customs entry requirements were amended by Title VI of the North American Free Trade Agreement Implementation Act (Pub. L. 103-182, 107 Stat. 2057, December 8, 1993), commonly known as the Customs Modernization Act, or Mod Act. In particular, section 637 of the Mod Act amended section 484(a)(1)(A) of the

Tariff Act of 1930 (19 U.S.C. 1484(a)(1)(A)) by revising the requirement to make and complete customs entry by submitting documentation to CBP to allow, in the alternative, the electronic transmission of such entry information pursuant to a CBP-authorized electronic data interchange (EDI) system. CBP created the Automated Commercial System (ACS) to track, control, and process all commercial goods imported into the United States. CBP established the specific requirements and procedures for the electronic filing of entry and entry summary data for imported merchandise through the Automated Broker Interface (ABI) to ACS.

II. Transition Into the Automated Commercial Environment

In an effort to modernize the business processes essential to securing U.S. borders, facilitating the flow of legitimate shipments, and targeting illicit goods pursuant to the Mod Act and the Security and Accountability for Every (SAFE) Port Act of 2006 (Pub. L. 109-347, 120 Stat. 1884), CBP developed the Automated Commercial Environment (ACE) to eventually replace ACS as the CBP-authorized EDI system. Over the last several years, CBP has tested ACE and provided significant public outreach to ensure that the trade community is fully aware of the transition from ACS to ACE.

On October 13, 2015, CBP published an Interim Final Rule in the *Federal Register* (80 FR 61278) that designated ACE as a CBP-authorized EDI system. The designation of ACE as a CBP-authorized EDI system was effective November 1, 2015. In the Interim Final Rule, CBP stated that ACS would be phased out and anticipated that ACS would no longer be supported for entry and entry summary filing. Filers were encouraged to adjust their business practices so that they would be prepared when ACS was decommissioned.

CBP developed a staggered transition strategy for decommissioning ACS. The phases of the transition were announced in several *Federal Register* notices. See 81 FR 10264 (February 29, 2016); 81 FR 30320 (May 16, 2016); 81 FR 32339 (May 23, 2016); 82 FR 38924 (August 16, 2017); and 82 FR 51852 (November 8, 2017). This notice announces another transition as the processing of electronic drawback filings under parts 181 and 191 of title 19 of the Code of Federal Regulations (CFR) is transitioning into ACE.