

Document Title	Sliding Scale - NHSC Discount Program	Version	4
Approved By	Chief Finance Officer	Approval Date	03/22/2023
Reviewed By	Director of Clinic Operations, SMH Director of Clinics	Reviewed Date	03/22/2023

“The policies, procedures and forms in the manual are intended as guidelines. It is recognized that situations can be unique. Personnel are expected to use established practice and sound judgment in making decisions during their daily activities.”

SCOPE: St. Mary’s Health/Clearwater Valley Health and Clinics

PURPOSE:

- I. Scope: National Health Service Corp clinic locations.
- II. To outline how St. Mary’s Health/Clearwater Valley Health and Clinics will meet the requirements of the National Health Services Corps when providing healthcare services for free or on a sliding fee scale for low-income patients seeking services at a NHSC approved location.

DEFINITIONS:

- I. **Federal Poverty Guidelines (FPG)**: Income guidelines published annually by the U.S. Department of Health and Human Service that are used for determining financial eligibility for certain programs. Guidelines vary by family size.
- II. **Household Income**: Includes earnings, unemployment compensation, worker’s compensation, social security, supplemental security income, public assistance, veterans payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources
- III. **National Health Service Corp (NHSC)**: A network of primary health care professionals that provide medical, dental and mental and behavioral health services in communities, known as Health Professional Shortage Areas (HPSA’s) across the country that have limited access to health care.
- IV. **NHSC Approved sites**: Health care facilities that provide comprehensive outpatient, ambulatory, primary care services to populations residing in HPSA’s. Each site that would like to use the NHSC to recruit and retain health professionals must submit a Site Application and be approved as an NHSC site. NHSC sites are required to provide services for free or on a sliding fee scale for low-income individuals.
- V. **Underinsured Patient**: An individual, with private or other insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by SMH/CVH. This would also include benefit exclusions in the insurance policy such as pre-existing conditions or mental health benefits.
- VI. **Uninsured Patient**: An individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program such as Medicare, Medicaid, TriCare and CHAMPUS, Worker’s Compensation, third-party liability (e.g. auto), Medical Savings Accounts or other third-party assistance to assist with meeting their payment obligations.

POLICY:

- I. Patients seeking emergent or medically necessary care at SMH-CVH, NHSC sites, shall be treated without regard to their ability to pay for such care. Financial Assistance will be based on financial need and shall not take into account race, color, ethnicity, national origin, religion, creed, gender, age, social or immigration status, residency, disability, sexual orientation or insurance status.

- II. NHSC sites are required to provide services on a sliding scale discount program to low-income patients. Discounts will be offered based on patient's household income and family size. (Attachment A)
- III. A sliding fee schedule will be used to calculate the basic discount and is updated each year using the FPGs.
- IV. Patient will be required to complete an application to the NHSC Discount/Sliding Fee Scale Program. (Attachment B)
- V. The front desk/Registration staff will be responsible to offer patients information about the NHSC Discount/Sliding Fee Scale Program and screen them for eligibility, when applicable.
- VI. Patients who qualify for the NHSC Discount/Sliding Fee Scale Program will also be eligible for any and all other applicable SMH/CVH discounts. Patients may also apply for SMH/CVH Financial assistance programs.

PROCEDURE:

- I. To be eligible for the NHSC Discount/Sliding Fee Scale Program the patient must receive services at one of the NHSC approved locations, St. Mary's Health/Clearwater Valley Clinics and Clinics and qualify as low-income (can be uninsured or underinsured patients).
- II. Discount Application process
 - A. Applications will be available at the registration desk and given to the patient by staff at each NHSC location.
 - i. The Registrar will inform the presenting patient of this Program and provide the patient with the application package which includes the return envelope, contact information for a patient account representative, income guidelines, and instructions for the patient on how to submit the application and a return envelope at the time of service.
 - ii. The patient must provide verification of their home address: i.e. copy of driver's license or other I.D. This information will need to be scanned into the billing system by the Registrar.
 - iii. The patient must complete the application and provide verification of income. Verification should include two (2) of the most recent pay stubs for each adult household member, SSI or any other source of income for each adult member of the household.
 - iv. The patient must return the completed application along with the required documentation to the address listed below:

Clearwater Valley Health & Clinics	St. Mary's Health and & Clinics
Orofino ID 83544	Cottonwood ID 83522
Phone: 208-476-4555	Phone: 208-962-3251
Fax: 208-476-5385	Fax: 208-962-2478
 - B. If approved, the application will be approved for one year. Income and address verification must be updated annually along with the application.
 - C. If denied, the patient may re-apply at any time their financial situation changes.
 - D. Patient will be given 30 days to complete and return the application. If completed application is not returned, reasonable collection efforts will commence/continue according to the Collection Policy.
- III. Discount Calculation
 - A. The FPGs will be used when calculating the discount.

- B. Income guidelines will be adjusted at the beginning of the fiscal year (July) using the prevailing FPGs.
- C. All other applicable SMH/CVH financial assistance/discounts will be applied prior to the NHSC discount.
- D. When applying the NHSC Discount/Sliding Fee Scale Program the adjustment code A CV SLIDE for Clearwater Valley Health and A SM SLIDE for St. Mary's Health will be used. This will ensure separate tracking for reporting purposes.

IV. Discount Limitations

- A. This discount only applies to clinic services received at the NHSC designated sites.
- B. The discount does not apply to those services purchased outside of the clinic such as reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist and such other services.

Financial Assistance Authorization Matrix

Self-Pay Balance	Locations
	Cottonwood, Clearwater and Associated Clinics
\$0.01 - \$9,999	Financial Counselor Manager
\$10,000 - \$24,999	Financial Counselor Manager
\$25,000 - \$49,999	CFO
\$50,000 - \$99,999	CFO
\$100,001 +	CFO

Processing the application

- C. Designated Business Office Representatives will be responsible to:
 - i. Process application, ensuring that required documentation has been received.
 - ii. Patient Accounts Supervisor will approve and apply the appropriate discount based on household income and family size.
 - iii. Assist patient in completing the application when necessary.
- D. When patient is eligible for the discount, the Representative will:
 - i. Complete the section: "Office Use Only" that is found on the application.
 - ii. Provide the patient with a letter informing them of the approval. (Attachment D)
- E. When patient is not eligible for the discount, the Representative will:
 - i. Complete the section: "Office Use Only" that is found on the application.
 - ii. Complete the discount box with a note: "not eligible due to excess income" or other reason.
 - iii. Provide the patient with a letter stating the application was denied. (Attachment E).
- F. Applications will be scanned into folder. Copies of letters will be saved in the folder.

V. Communication

- A. All approved sites will have a notice posted in a clearly visible location. (Attachment G). At the minimum, the notice should be posted in the front office or waiting area at each site.

- B. The notice explicitly must state that no one will be denied access to services due to inability to pay; and there is a discounted/sliding fee schedule available.
- C. Postings and notices will be in English, and in any other language that is a prominent language of the communities in each NHSC site service area (defined as greater than 10% limited English proficiency in the area). Interpreter services will be available upon request as needed to discuss the Program further with patients or their guarantors.

VI. Staff Training

- A. Registration staff will be aware of the program and the Patient Financial Counselors will be trained upon the availability of the NHSC Discount Program.
 - i. New employees will receive information during their standard new hire training.
 - ii. Annual training will occur for registration staff working at an NHSC approved site.

Attachments:

Attachment A – Discount/Sliding Fee Schedule
Attachment B – Discount/Sliding Fee Application
Attachment D – Discount/Sliding Fee Approval Letter
Attachment E – Discount/Sliding Fee Denial Letter
Attachment F – Discount/Sliding Fee Needs Info Letter
Attachment G – Notice of NHSC Program

***Previous Revision Dates: 3/9/2016; 6/23/2016

Approval Dates:

04/01/2020

Attachment A

Discounted/Sliding Fee Schedule 01/19/2023-01/19/2024

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	Nominal Fee (\$0)	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	0-\$14,590	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161+
2	0-\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441+
3	0-\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721+
4	0-\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001+
5	0-\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281+
6	0-\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561+
7	0-\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841+
8	0-\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121+
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$9,252	\$10,281

* Based on 2023 [Federal Poverty Guidelines \(FPG\)](#)

Does your income fall anywhere on this table? If so you could qualify for this discount program.



**St. Mary's Health & Clearwater Valley Health & Clinics
Discounted/Sliding Fee Program
Attachment B**

Name of Head of Household		Place of Employment		
Street	City	State	Zip	Phone
Health Insurance Plan	Social Security Number (Optional)		Medical Record Number	

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support assistance from outside the household, and other miscellaneous sources				
Total Income				



Attachment B (continued):

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (Print)	Date
Signature	

Office Use Only

Patient Name	Discount
Date of Service	Approved by

Verification Checklist (attach copies)	Yes	No
Identification/Address: Driver's license, utility bill, employment ID or other		
Income: Prior tax year return, three most recent pay stubs or other		
Insurance: Insurance card(s)		

**If you have any questions regarding this application, please call our Business Office at
 Clearwater Valley Health & Clinics 208-476-4555
 St. Mary's Health & Clinics 208-962-3251**

02/2023



Attachment D

St. Mary's & Clearwater Valley Health & Clinics

Date

Gur Name
Gur Address
City State Zip

Guarantor Number

Dear Guarantor,

Thank you for applying to our Discount/Sliding Fee Program. We are happy to tell you that you have been approved for a ***% discount. In addition this discount will be effective until ***. (1 yr. from date of application)

<u>Location</u>	<u>Account Balance</u>	<u>Discount</u>	<u>Balance Due</u>
***	***	***	***

Please note: The "Balance Due" column tells how much you still owe. If you have a "Balance Due", please call to make payment arrangements.

If you have questions regarding your application please call our Business Office at the phone number listed below.

If you feel that your concerns have not been addressed, please contact our Business Office at one of the phone numbers at the bottom of this letter first and allow us the opportunity to try and address your concerns. If you continue to have concerns that have not been addressed, you may contact the Idaho Attorney General's Office at 208-334-2400.

Sincerely,

Discount/Sliding Fee Program
208-476-5777



Attachment E

ST. MARY'S HEALTH/CLEARWATER VALLEY HEALTH& CLINICS

Date

Gur Name
Address
City State Zip

Gur #

Dear Gur,

Thank you for taking the time to apply to our Discount/Sliding Fee Program.

We have reviewed your application and find that we must deny your requests. The reason for this decision is:

- Your income is over the Discount/Sliding Fee Program guidelines for your household size.
- We have not received the following information, which we need in order to process your application:
 - Identification (driver's license, utility bill, employment ID, or other, income verification
 - Prior tax year return, 3 most recent pay stubs, and verification of other income reported on your application
 - Insurance card, Medicaid -application made or denial)

If your financial circumstances change, you can apply again for financial help, just call our office and ask for a new application.

You will receive monthly bills from each SMH/CVH clinic if there is a balance due. Please call the phone number on your bill to make payment arrangements

If you have questions regarding your application, please call our Business Office at 208-476-5777

Sincerely,

Discount/Sliding Fee Program



Attachment F

ST. MARY'S HEALTH/CLEARWATER VALLEY HEALTH & CLINICS

Date

Gur Name
Address
City State Zip

Gur #

Dear Gur,

Thank you for taking the time to apply to our Discount/Sliding Fee Program.

We know that tracking down information can feel overwhelming, but spending some time collecting this information could ultimately reduce or eliminate your medical bill.

Please help us by providing the following information listed below:

- We have not received the following information, which we need in order to process your application:
 - Identification (driver's license, utility bill, employment ID, or other, income verification
 - Prior tax year return, 3 most recent pay stubs, and verification of other income reported on your application
 - Insurance card, Medicaid -application made or denial)

We look forward to receiving this information within 14 days from the date of this letter. If we do not receive this information from you we will continue to bill you for these services.

If you have questions regarding your application please call our Business Office at 208-476-5777.

If you feel that your concerns have not been addressed, please contact our Business Office first and allow us the opportunity to try & address your concerns. If you continue to have concerns that have not been addressed, you may contact the Idaho Attorney General's Office at 208-334-2400.

Sincerely,

Discount/Sliding Fee Program

AS A NATIONAL HEALTH SERVICE CORPS SITE,

WE PROMISE TO

- ✓ **Serve all patients**
- ✓ **Offer discounted fees for patients who qualify**
- ✓ **Not deny services based on a person's:**
 - Race
 - Color
 - Sex
 - National origin
 - Disability
 - Religion
 - Sexual orientation
- ✓ **Accept insurance, including:**
 - Medicaid
 - Medicare
 - Children's Health Insurance Program (CHIP)

This facility is a member of the National Health Service Corps: [NHSC.hrsa.gov](https://www.nhsc.hrsa.gov).



COMPLIANCE CRITERIA

List Departments affected by this document and which Committees approved this document (including your own service line committee).

Departments Affected	Approved by:	Date Approved
		04/01/2020