

Document Title	Sliding Scale - NHSC Discount Program	Version	7
Approved By	Chief Finance Officer	Approval Date	05/21/2026
Reviewed By	*Policy Admin Group*, REVENUE CYCLE - FINANCIAL COUN, SMH Clinic	Reviewed Date	05/21/2026

POLICY:

St. Mary's Health and Clearwater Valley Health are committed to ensuring that medically necessary healthcare services are accessible to all individuals, regardless of age, sex, geographic location, cultural background, physical ability, or financial status.

Financial Assistance is based on demonstrated financial need and is determined by comparing household income to the current **Federal Poverty Level (FPL) Guidelines** established annually by the U.S. Department of Health and Human Services, along with consideration of eligible living and medical expenses.

PURPOSE:

This policy outlines the eligibility criteria and application process for Financial Assistance programs. Its purpose is to promote access to medically necessary care for individuals who are unable to pay.

SCOPE:

This policy applies to all entities operating under St. Mary's Health and Clearwater Valley Health, including hospitals, clinics, pharmacies, and affiliated care facilities billing under designated Tax IDs. This includes all National Health Service Corps (NHSC) approved clinic locations.

DEFINITIONS:

Federal Poverty Guidelines (FPG):

Income thresholds established annually by the U.S. Department of Health and Human Services used to determine eligibility for financial assistance programs.

Household Income:

Total gross income for all household members, including:

- Wages (before taxes)
- Social Security, disability, or unemployment benefits
- Child support or alimony
- Welfare payments
- Investment income

Business Income (calculated from Schedule C, excluding depreciation, interest, and amortization)

NHSC (National Health Service Corps):

A federal program supporting healthcare providers in underserved areas (HPSAs). NHSC Approved Site: A healthcare facility designated to provide services on a sliding fee scale to low-income patients.

Underinsured Patient:

An individual with insurance who cannot reasonably afford out-of-pocket costs.

Uninsured Patient:

An individual without third-party insurance coverage. Lack of insurance alone does not guarantee eligibility for financial assistance.

POLICY:

- Patients will receive emergent or medically necessary care regardless of their ability to pay.
- Financial Assistance determinations will not consider race, ethnicity, religion, gender, age, disability, immigration status, or insurance status.
- NHSC sites are required to provide a **Sliding Fee Discount Program** based on household income and family size. Discounts will be offered based on patient's household income and family size. (Attachment A)
 - Family: Family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family.
 - Family size: refers to the number of persons in the family. Economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law union, adoption or a foster relationship.
- A **Sliding Fee Schedule** will be updated annually using current FPG guidelines.
- Patients must complete an application to be considered for assistance. (Attachment B)
- Registration staff are responsible for informing and screening patients for eligibility.
- Patients approved for NHSC discounts may also qualify for additional SMH/CVH financial assistance programs.

PROCEDURE:

- **Eligibility**
 - Patients must:
 - Receive services at an NHSC-approved location
 - Meet low-income criteria (insured or uninsured)
- **Application Process**
 - **Application Distribution**
 - Applications are provided at registration.
 - Patients receive:
 - Application form
 - Instructions
 - Income guidelines
 - Return envelope
 - Contact information
 - **Required Documentation**
 - Proof of identity and address (e.g., driver's license)
 - Income verification:
 - Two recent pay stubs per adult household member
 - Documentation of all income sources
- **Submission**
 - Applications must be returned within **30 days** to:
 - Clearwater Valley Health & Clinics – Orofino, ID - Ph. 208-476-4555/Fax 208-476-5385
 - St. Mary's Health & Clinics – Cottonwood, ID - Ph. 208-962-3251/Fax 208-962-2478

CURRENT AT TIME OF PRINT ONLY

- **Determination**
 - Approved applications are valid for **one year**
 - Patients may reapply if financial circumstances change
 - Incomplete applications will proceed to collections per policy
- **Discount Calculation**
 - Based on Federal Poverty Guidelines
 - Updated annually at the start of the fiscal year (July)
 - Applied after all other eligible discounts
 - Adjustment codes:
 - **A CV SLIDE** (Clearwater Valley)
 - **A SM SLIDE** (St. Mary's)
- **Limitations**
 - Applies only to services at NHSC-designated clinic sites
 - Does not apply to:
 - External lab services
 - Medications
 - Radiology interpretation
 - Third-party services

Financial Assistance Authorization Levels

Balance	Approver Level
\$0.01 - \$9,999	Supervisor
\$10,000 - \$24,999	Manager
\$25,000 - \$49,999	Director
\$50,000 - \$99,999	CFO
\$100,001 +	CFO

- **Application Processing**
 - **Business Office Responsibilities:**
 - Review applications for completeness
 - Verify documentation
 - Apply appropriate discount
 - Assist patients as needed
 - **If Approved:**
 - Complete internal documentation
 - Send approval letter
 - **If Denied:**
 - Document reason (e.g., excess income)
 - Send denial letter
 - All applications and correspondence will be scanned and retained.

- **Communication Requirements**
 - Notices must be posted in visible patient areas (Attachment G)
 - Notices must state:
 - No patient will be denied care due to inability to pay
 - Sliding fee discounts are available
 - Materials must be available in English and other prevalent languages (>10% population)
 - Interpreter services must be available upon request
- **Staff Training**
 - Registration and Financial Counseling staff must be trained on this program
 - Training includes:
 - New hire onboarding
 - Annual refresher training

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, 2/5/2025,4/30/26

**Discounted/Sliding Fee Schedule
01/01/2026 – 12/31/2026**

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	(Nominal Fee \$0)	(20% Pay)	(40% Pay)	(60% Pay)	(80% Pay)	(100% Pay)
1	\$0–22,032	\$27,540	\$33,048	\$38,556	\$44,064	\$44,065
2	\$0–29,868	\$37,335	\$44,802	\$52,269	\$59,736	\$59,737
3	\$0–37,704	\$47,130	\$56,556	\$65,982	\$75,408	\$75,409
4	\$0–45,540	\$56,925	\$68,310	\$79,695	\$91,080	\$91,081
5	\$0–53,388	\$66,735	\$80,082	\$93,429	\$106,776	\$106,777
6	\$0–61,224	\$76,530	\$91,836	\$107,142	\$122,448	\$122,449
7	\$0–69,060	\$86,325	\$103,590	\$120,855	\$138,120	\$138,121
8	\$0–76,896	\$96,120	\$115,344	\$134,568	\$153,792	\$153,793
For families/households with more than 8 persons, add \$1183 for each additional person.						

- Family:**
 Two or more individuals related by birth, marriage, or adoption who live together and are considered one family unit.
- Family Size:**
 The total number of individuals in the family unit. An economic family includes those living together who are related by blood, marriage, common-law union, adoption, or foster relationship.
Based on 2025 Federal Poverty Guidelines (FPG).
- Nominal Fee:**
 Patients with incomes above 100% and up to 200% of the Federal Poverty Guidelines will be charged a nominal fee based on the sliding fee schedule, family size, and income.
 Patients will not be denied services due to inability to pay. This fee is not a minimum payment or condition of care.
- Refusal to Pay:**
 If a patient indicates unwillingness to pay or leaves without payment, they will be notified in writing. If not enrolled in the sliding fee program, an application will be included.

Failure to respond or make a good faith effort within 60 days will be considered refusal to pay. At that time, Clearwater Valley Health or St. Mary's Health may take appropriate action, including payment plans, adjustments, or referral to collections.

Eligibility Notice:

You may qualify for this program if your income falls within the sliding fee schedule.



**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 (Optional)		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				

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	



Attachment B (continued):

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) (Optional)		

**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**



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

Guarantor #

Dear Guarantor,

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

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

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).

