

Policy: Non-Discrimination	Department: RFC LRHC
Effective Date: 08/03/2003	Approved By: 
Revision Date: 12/28/2016	

**POLICY:**

Northeast Montana Health Services (NEMHS) together with its Rural Health Clinics, Riverside Family Clinic (RFC) and Listerud Rural Health Clinic (LRHC) will charge persons receiving health care services at the usual and customary rate. Health Services will be provided at no charge or at a reduced charge to persons unable to pay and who complete the required forms. In addition, persons may be charged for services to the extent that payment will be made by a third party payer authorized or under legal obligation to pay those charges.

Individuals who are eligible for health care at the Indian Health Clinic will not be seen unless they have a third party payer.

We will not discriminate against any person receiving health services because of his/her inability to pay for services, or because payment for health services would be made under Part A of Title XVIII Medicare, or title XIX, Medicaid or the Social Security Act, Children's Health Insurance Plan (CHIP); or based on the individuals race, color, national origin, disability, religion, age, or sexual orientation.

No one will be denied access to services due to inability to pay and discounts are available based on family size and income.

We will accept assignment under the Social Security Act for a services for which payment may be made under Part B of Title XVIII.

We have an agreement with the Department of Health & Human Services who administers the State Plan for medical assistance under Title XIX (Medicaid) to provide services entitled to medical assistance

Persons may be required to pay the minimum associated co-pay at the time the health services was provided. These monies will be used to off-set the balance of the person's charge for service. .

The Business Office Manager will meet with the individual if requested. Patients have the right to write the NHSC if they believe our policies are not being met.

They may write to: National Health Service Corp  
DHHS/HRSA/BPHr/NHSC  
Mailstop 8-a555  
5600 Fishers Lane  
Rockville, MD 20857  
1-800-221-9393





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
  - Inability to pay
- ✓ **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](http://NHSC.hrsa.gov).



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION





***Public Notice Signage Example One***

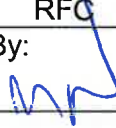
**NOTICE TO PATIENTS:**

This practice serves all patients regardless of inability to pay.  
Discounts for essential services are offered based on family size and income.  
For more information, ask at the front desk or visit our website.  
Thank you.

**AVISO PARA PACIENTES:**

Esta práctica sirve a todos los pacientes, independientemente de la incapacidad de pago.  
Descuentos para los servicios esenciales son ofrecidos dependiendo de tamaño de la familia y de los ingresos.  
Usted puede solicitar un descuento en la recepción o visita nuestro sitio web.  
Gracias.



Policy: Sliding Fee Discounted Services	Department: Business Office LRHC RFC
Effective Date: 08/03/2003	Approved By: 
Revision Date: 12/30/2016	

POLICY:

It is the policy of Listerud Rural Health Clinic (LRHC) and Riverside Family Clinic (RFC) to make available discounted services to those in need.

PURPOSE:

Discounted services are designed to provide free, or discounted care to those who have no means, or limited means to pay for their medical services (uninsured and underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for who cannot pay in full; who will act as the patient's advocate; one who will work with the patient or the patient's guarantor to find reasonable payment alternatives.

Listerud Rural Health Clinic and Riverside Family Clinic will offer a Sliding Fee Discount Program to all who are unable to pay for their services. LRHC will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The most current Federal Poverty Guidelines will be used in creating and annually updating the sliding fee schedule to determine eligibility.

PROCEDURE:

The following are guidelines to use when applying the Discounted Sliding Scale Program.

1. Notification: LRHC or RFC will notify patients of the Sliding Fee Discount Program by:

- Payment Policy Brochure will be available to all uninsured patients at the time of service.
- Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
- Sliding Fee Discount Program application will be included with collection notices sent out by LRHC or RFC.
- An explanation of the sliding Fee Discount Program and the application form are available on NEMHS's website, [www.nemhs.net](http://www.nemhs.net)
- LRHC and Riverside Family Clinic will place notifications of the Sliding Fee Discount program in the clinic waiting room.

2. All patients seeking healthcare services at LRHC or RFC are assured that they will be served regardless of ability to pay. No one will be refused service because of lack of financial means to pay.

3. Request for discount:

Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program **will only be made available for clinic visits**. Information and forms can be obtained from the Clinical Director of either LRHC, RFC or the Business Office of Northeast Montana Health Services.

4. Administration:

The Sliding Fee Discount Program procedure will be administered through the Business Office. Information about the Sliding Fee Discount Program 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.

5. Alternate payment sources:

All alternate payment resources must be exhausted, including all third party payments and state and federal programs.

6. Completion of Application:

The patient/responsible party must complete the Sliding Fee Discount Program Application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize LRHC or RFC access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

7. Eligibility:

Discounts will be based on income and family size only. LRHC and RFC will use the Census Bureau definitions of each.

- Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
- Income includes: earnings, 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. *Noncash benefits (such as food stamps and housing subsidies) do not count.*

#### 8. Income verification

All applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from their employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why he/she is unable to provide independent verification. This statement will be presented to NEMHS CEO or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

#### 9. Discounts:

Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines, <http://aspe.hhs.gov/poverty>.

#### 10. Nominal Fee:

Patients receiving a full discount may be assessed a \$10 nominal charge per visit. 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.

#### 11. Waiving of Charges:

In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by NEMHS's CEO or CFO. 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).

#### 12. Applicant notification:

The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with LRHC or RFC. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply

after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

13. Refusal to Pay:

If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, LRHC or RFC can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.

15 Record Keeping:

Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.

15. Policy and procedure review:

Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and/or CFO. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

16. Budget:

During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.

## DISCOUNTED/SLIDING FEE APPLICATION

It is the policy of Northeast Montana Health Services', Inc. subsidiary clinics to provide essential services regardless of the patient's ability to pay. Discounts are offered will be set at 200% of the federal poverty guidelines as set forth by the Department of Health & Human Services. Discounts will be offered based on family income and size. Please complete the following information and return to either the Business Office or the clinic receptionist to determine if you are eligible for a discount.

The discount will apply to all services received at this clinic with the exception of cosmetic services. Services which are purchased from outside the clinic including laboratory, reference laboratory, radiology, pharmacy and other services are excluded. In the hope that your financial situation improves, discounts only apply to current, not future services.

You must apply for Medicaid, or SCHIPS and be denied before discounted services will apply. A written letter of denial must be available.

\*\*\*\*\*  
 Number of related persons living in your household:

Have you applied and been denied Medicaid, SS disability or SCHIPS:  yes  no

HOUSEHOLD MEMBERS	HOUSEHOLD INCOME (COMPLETE ONE COLUMN)		
	Annual	Monthly	Bi-Weekly
SELF			
SPOUSE			
Dependent Children Under age 18			
TOTAL			

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veterans payments, alimony, child support, military, unemployment and public assistance.

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



## Appendix A: Two Sample Sliding Fee Schedules

### Sliding Fee Schedule (SFS) Example One

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 (\$5)	Charge				
		20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$12,060	\$12,061-\$15,075	\$15,076-\$18,090	\$18,091-\$21,105	\$21,106-\$24,120	\$24,121+
2	0-\$16,240	\$16,241-\$20,300	\$20,301-\$24,360	\$24,361-\$28,420	\$28,421-\$32,480	\$32,481+
3	0-\$20,420	\$20,421-\$25,525	\$25,526-\$30,630	\$30,631-\$35,735	\$35,736-\$40,840	\$40,841+
4	0-\$24,600	\$24,601-\$30,750	\$30,751-\$36,900	\$36,901-\$43,050	\$43,051-\$49,200	\$49,201+
5	0-\$28,780	\$28,781-\$35,975	\$35,976-\$43,170	\$43,171-\$50,365	\$50,366-\$57,560	\$57,561+
6	0-\$32,960	\$32,961-\$41,200	\$41,201-\$49,440	\$49,441-\$57,680	\$57,681-\$65,920	\$65,921+
7	0-\$37,140	\$37,141-\$46,425	\$46,426-\$55,710	\$55,711-\$64,995	\$64,996-\$74,280	\$74,281+
8	0-\$41,320	\$41,321-\$51,650	\$51,651-\$61,980	\$61,981-\$72,310	\$72,311-\$82,640	\$82,641+
For each additional person, add	\$4,180	\$5,225	\$6,270	\$7,315	\$8,360	\$8,360

\* Based on [2017 Federal Poverty Guidelines](#)

