

Northwest Neurobehavioral Health, LLC Business Office Policies

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: November 10, 2022

POLICY: To make available free or discounted services to those in need.

PURPOSE: All patients seeking health care services at Northwest Neurobehavioral Health, LLC (NNH) are assured that they will be served regardless of their ability to pay. No one is refused services because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

NNH will offer a Sliding Fee Discount Program to all who are unable to pay for their services. NNH will base program eligibility on a person's ability to pay and will not discriminate based on an individual's inability to pay; whether payment for services would be made under Medicare, Medicaid, or CHIP; and the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, gender identity, or veteran status. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: NNH will notify patients of the Sliding Fee Discount Program by:
 - a. Notification of the Sliding Fee Discount Program will be listed in the patient packets provided to each patient upon admission.
 - b. An explanation of our Sliding Fee Discount Program and our application form are available on NNH's website.
 - c. NNH places notification of Sliding Fee Discount Program in the clinic waiting area.
2. Request for discount: Requests for discounted services may be made by patients, family members, or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. A clinic visit refers to any discrete office visit with a provider at NNH. A non-exhaustive list of examples of appointment types include Comprehensive Diagnostic Assessment, Medication Management Services, Individual/Group/Family Psychotherapy, and Psychological/Neuropsychological Assessment. Information and forms can be obtained from the Front Desk and the Business Office and from our website nnhidaho.com.
3. Administration: The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance with the completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided with health care services.
4. Completion of the application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist

patient/responsible party with applications. By signing the Sliding Fee Discount Program application, people are confirming their income to NNH as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only. There are no prerequisites for application for the Sliding Fee Discount Program at NNH.
 - a. 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. NNH will also accept non-related household members when calculating family size.
 - b. Income will include gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit details 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 be used. Patients who are unable to provide written verification may provide a signed statement of income.
7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee according to the attached SFS. The SFS will be updated during the first quarter of every calendar year with the latest FPL Guidelines.
8. Nominal fee: Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached SFS and based on their family size and income. 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.
9. Waiving of charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by NNH's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
10. 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, NNH will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to the application date and any balances incurred within 6 months after the approved date unless their financial situation changes significantly. The applicant has the option to reapply after the 6 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.

11. 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 does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, NNH can explore options not limited to, but including offering the patient a Sliding Fee Discount, a payment plan, waiving of charges, or referring the patient to collections.
12. 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, to preserve the dignity of those receiving free or discounted care.
 - a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in NNH's practice management system, noting names of applicants, dates of coverage, and percentage of coverage.
 - b. The Business Office Manager or their designee will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
13. Policy and procedure review: The SFS will be updated based on the current Federal Poverty Guidelines. NNH will also review 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.
14. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program services will be placed into the budget as a deduction from revenue.

ATTACHMENTS:

2022 Sliding Fee Schedule (SFS)

Patient Application for the Sliding Fee Discount Program

APPROVAL: _____

REVISED: _____

REVIEWED BY: _____

Sliding Fee Schedule (SFS)

Maximum Annual Income Amounts for Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	100% Discount	90% Discount	80% Discount	70% Discount	60% Discount	50% Discount	40% Discount	30% Discount	20% Discount	15% Discount	10% Discount	0% Discount
1	\$13,590	\$14,949	\$16,308	\$17,667	\$19,026	\$20,385	\$21,744	\$23,103	\$24,462	\$25,821	\$27,180	\$27,181+
2	\$18,310	\$20,141	\$21,972	\$23,803	\$25,634	\$27,465	\$29,296	\$31,127	\$32,958	\$34,789	\$36,620	\$36,621+
3	\$23,030	\$25,333	\$27,636	\$29,939	\$32,242	\$34,545	\$36,848	\$39,151	\$41,454	\$43,757	\$46,060	\$46,061+
4	\$27,750	\$30,525	\$33,300	\$36,075	\$38,850	\$41,625	\$44,400	\$47,175	\$49,950	\$52,725	\$55,500	\$55,501+
5	\$32,480	\$35,717	\$38,964	\$42,211	\$45,458	\$48,705	\$54,952	\$55,199	\$58,446	\$61,693	\$64,940	\$64,941+
6	\$37,190	\$40,909	\$44,628	\$48,347	\$52,066	\$55,785	\$59,504	\$63,223	\$66,942	\$70,661	\$74,380	\$74,381+
7	\$41,910	\$46,101	\$50,292	\$54,483	\$58,674	\$62,865	\$67,056	\$71,247	\$75,438	\$79,629	\$83,820	\$83,821+
8	\$46,630	\$51,293	\$55,956	\$60,619	\$65,282	\$69,945	\$74,608	\$79,271	\$83,934	\$88,597	\$93,260	\$93,261+
For each additional person, add	\$4,720	\$5,192	\$5,664	\$6,136	\$6,608	\$7,080	\$7,552	\$8,024	\$8,496	\$8,968	\$9,440	\$9,440

*Based on the 2022 Federal Poverty Guidelines (FPG) for the 48 continuous states and the District of Columbia.

Northwest Neurobehavioral Health, LLC Sliding Fee Discount Application

Northwest Neurobehavioral Health, LLC prohibits any discrimination based on an individual's inability to pay; whether payment for services would be made under Medicare, Medicaid, or CHIP; and the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, gender identity, or veteran status. It is the policy of Northwest Neurobehavioral Health, LLC (NNH) to provide essential mental health services regardless of the client's inability to pay. Discounts are offered based upon household income and size. There are no prerequisites for applying for a sliding-fee discount at NNH. The NNH Sliding Fee Schedule (SFS) is used to calculate the basic discount and is updated each year using the current Federal Poverty Guidelines (FPG). Once approved, the discount will be honored for the date range listed below or for six (6) months from the approval date, after which the patient must reapply.

Please complete the following information and return it to NNH to determine if you or members of your family are eligible for a discount. The discount will apply to all mental health services received at this clinic, but not those services for which you may be referred. Please notify us immediately if your financial situation changes. Payment for discounted services is expected at the time of service.

Patient's Name: _____ **DOB:** _____

Number of related persons living in your household: _____

Total household income: Complete one of the columns below

Household Member	Gross Annual Income	Gross Monthly Income	Gross Bi-Weekly Income
Self			
Spouse			
Dependent children (under the age of 18)			
TOTAL			

Note: Include income from all sources including gross wages, tips, social security, disability, Supplemental Security Income, survivor benefits, retirement income, interest, dividends, rents, income from estates, trustees, educational assistance, pensions, annuities, veteran's payments, net business or self employment, alimony, child support, military, unemployment, and Workers' Compensation.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income will be required before a discount is approved. If not earning an income, please provide a brief statement explaining how living expenses are being covered.

Name of responsible party (please print) **Signature** **Date**

Office Use Only			
Approved Discount: _____	Approved by: _____		
Date approved: _____	Patient Responsibility: _____	Write-off Amount: _____	
Effective Dates: _____	Service(s): _____		

Income				Total
Household Gross Monthly Income \$	Monthly Take Home Income\$	Other (list) \$	Other (list) \$	N/A
Alimony \$	Child Support \$	Disability \$	SS Benefits \$	N/A
Retirement/Pension \$	Unemployment \$	Food Stamps \$	Welfare \$	N/A
Total of Income				\$
Expenses	Paid to Whom	Owing	Value	Payment
Rent or Mortgage		\$	\$	\$
Power		\$	N/A	\$
Gas		\$	N/A	\$
Water		\$	N/A	\$
Trash & Sewer		\$	N/A	\$
Telephone/Cell		\$	N/A	\$
Cable		\$	N/A	\$
Medical Insurance		\$	N/A	\$
Auto Insurance		\$	N/A	\$
Life Insurance		\$	N/A	\$
Prescriptions		\$	N/A	\$
Medical Bills (list on separate sheet)		\$	N/A	\$
Total Vehicle Payment		\$	\$	\$
Transportation Cost		\$	N/A	\$
Credit Cards (list additional on separate sheet)		\$	Available Credit Limit \$	\$
Student Loan		\$	N/A	\$
Child Care Cost		\$	N/A	\$
Food/household Supplies		\$	N/A	\$
Other Expenses (explain)		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total of Expenses				\$
Subtract Income from Expenses				\$