

**VALLEY COUNTY HEALTH SYSTEM
ORD, NEBRASKA**

CATEGORY: Fiscal
EFFECTIVE DATE: 03/22
LATEST REVISION: 09/26

POLICY NUMBER: FI-09 - B
REPLACES:
RESPONSIBLE PARTY: CFO

**TOPIC: FINANCIAL ASSISTANCE POLICY FOR RURAL HEALTH CLINICS –
Sliding Fee Discount Program**

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

PURPOSE: All patients seeking health care services at Valley County Health System (VCHS) are assured that they will be served regardless of ability to pay. No one is refused service 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).

VCHS Rural Health Clinics will offer a Sliding Fee Discount Program to all who are unable to pay for their services. VCHS Rural Health Clinics will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. 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: VCHS Rural Health Clinics will notify patients of the Sliding Fee Discount Program by:

Sliding Fee Discount Program application will be included with collection notices sent out by VCHS Rural Health Clinics.

An explanation of our Sliding Fee Discount Program and our application form are available on the VCHS website.

VCHS Rural Health Clinics 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, 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 Front Desk and the Business Office.

3. Administration: The Sliding Fee Discount Program procedure will be administered through Patient Accounts or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer

assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.

4. Completion of 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, persons are confirming their income to VCHS as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only.

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. VCHS will also accept non-related household members when calculating family size.

b. Income includes: 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 will provide their prior year tax return, three most recent pay stubs or other. Adequate information must be made available to determine eligibility for the program.

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 sliding fee schedule. The sliding fee schedule 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 sliding fee schedule 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 VCHS'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, VCHS 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 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.

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 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, VCHS can explore options not limited to, but including offering the patient 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, in an effort 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 VCHS's practice management system, noting names of applicants, dates of coverage and percentage of coverage.

b. Patient Accounts 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. VCHS 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 service will be placed into the budget as a deduction from revenue.

Chief Financial Officer <i>Chelsea Ostmeier</i>	Date <i>9-1-26</i>
Chief Executive Officer <i>Ashley Woodward</i>	Date <i>9-1-26</i>

SFS Application - Valley County Health System Rural Health Clinics in Ord, Burwell, and Loup City.

Sliding Fee Discount Information

It is the policy of VCHS Rural Health Clinics to provide essential services regardless of the patient's ability to pay. VCHS offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
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			
Total Income			

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Office Use Only

Patient Name:

Approved Discount:

Approved by:

Date Approved:

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

Self-declaration of income may also be used.

Valley County Health System											
Sliding Fee Schedule											
Based on Federal Poverty Guidelines											
Annual Income Thresholds by Sliding Fee Discount											
2026											
VCHS Discount	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	10%
Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	> 200%
Family Unit Size											
1	\$ 16,960	\$ 17,666	\$ 19,162	\$ 20,748	\$ 22,344	\$ 23,940	\$ 25,536	\$ 27,132	\$ 28,728	\$ 30,324	\$ 31,920
2	\$ 21,640	\$ 23,804	\$ 25,968	\$ 28,132	\$ 30,296	\$ 32,460	\$ 34,624	\$ 36,788	\$ 38,952	\$ 41,116	\$ 43,280
3	\$ 27,320	\$ 30,062	\$ 32,784	\$ 35,516	\$ 38,248	\$ 40,980	\$ 43,712	\$ 46,444	\$ 49,176	\$ 51,908	\$ 54,640
4	\$ 33,000	\$ 36,300	\$ 39,600	\$ 42,900	\$ 46,200	\$ 49,500	\$ 52,800	\$ 56,100	\$ 59,400	\$ 62,700	\$ 66,000
5	\$ 38,680	\$ 42,648	\$ 46,616	\$ 50,584	\$ 54,552	\$ 58,520	\$ 62,488	\$ 66,456	\$ 70,424	\$ 74,392	\$ 78,360
6	\$ 44,360	\$ 48,796	\$ 53,232	\$ 57,668	\$ 62,104	\$ 66,540	\$ 70,976	\$ 75,412	\$ 79,848	\$ 84,284	\$ 88,720
7	\$ 50,040	\$ 55,044	\$ 60,048	\$ 65,052	\$ 70,056	\$ 75,060	\$ 80,064	\$ 85,068	\$ 90,072	\$ 95,076	\$ 100,080
8	\$ 55,720	\$ 61,292	\$ 66,864	\$ 72,436	\$ 78,008	\$ 83,580	\$ 89,152	\$ 94,724	\$ 100,296	\$ 105,868	\$ 111,440