

	<h1 style="margin: 0;">Granite County Hospital District</h1>	Phone: (406)-859-3271 Fax: (406)-859-3795
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Policy #:	Policy: Rural Health Discount Program
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Granite County Medical Center	Department: RHC, CAH, DENTAL
Administrative Approval _____	Effective Date:
Medical Staff Approval _____	Revision Date(s): 11/2020

Policy: It is the policy of GCMC to provide financial assistance to patients requiring medically necessary treatment. We will charge persons receiving health and dental services at the usual and customary rate prevailing in this area. Health and dental services will be provided at a reduced charge, to persons unable to pay for services. This will be implemented through a “Rural Health Discount Program” and discounts will be offered depending upon family income and size.

The discount will apply to charges for services incurred throughout the Granite County Hospital District including the Philipsburg Rural Health Clinic, Margo Bowers Rural Health Clinic, Hospital, Laboratory, X-ray and Physical Therapy. The applicants must have resided in Granite County no less than one full year.

We will not discriminate against any person receiving health services because of their inability to pay for services, or because payment for the health services will be made under Part A or B of Title XVIII (Medicare) of the Act.

We have an agreement with the State agency which administers the State plan for medical assistance under the Title XIX (Medicaid) of the Social Security Act to provide services to persons entitled to medical assistance under the plan.

Sliding Fees for Medical care are attached to this policy. When referencing the discount level based on income and family size.

Applicable nominal fee is due at the time of service. All discount categories will have a \$20 nominal fee at the time of service for Clinic visits, outpatient laboratory, x-ray and

physical therapy service. The final discounted amount will be determined at the time of billing depending on the type of service and level off discount for the patient.

Procedure:

1. Proof of financial status (income verification) will be obtained by the business office at the first visit or within five (5) business days of the first visit. If income verification is not obtained, the patient will be listed as full-fee on the sliding fee scale. Patient will be informed that they must bring proof within five (5) business days in order to receive sliding fee discount.
2. Proof of residency will be obtained by the business office. Acceptable forms of proof of residency include:
 - a. Voter registration
 - b. Utility bills
 - c. Rent receipt
3. If a patient has extenuating circumstances that prevent them from bring in proof within the five (5) business days, the individual will be counseled by the Business Office Manager to determine if any visit charges need to be adjusted according the sliding fee scale when proof is obtained.
4. The Financial Officer will make the final determination on questions of financial status.
5. Acceptable forms of proof of financial status include:
 - a. Paycheck stubs – enough to show one month’s income. *The business office may accept less than one month’s if the patient has a valid reason why other check stubs are not available.*
 - b. IRS Tax returns, W-2’s
 - c. Fixed Income Statement (Treasury Letter of bank statement)
 - d. Letter on letterhead from a social service agency (e.g. Human Resources Council, from a parole officer or other reputable source.
 - e. Student Grant Award Letters.
 - f. Some GCMC patients will not have desired proof of income, because the nature of their lack of income does not provide any type of proof. If no other type of financial status is available, the business office may accept: Self-declaration – the Affidavit of financial Status filled out and signed by the patient or person supporting the patient. The business office staff will be available to help patients fill out the form if necessary.
 - g. If a patient does not have a permanent home, the business office staff will ask questions to see if patients might qualify for Health Care of the Homeless (HCH) program. The business office will have HCH patients fill out the HCH form.
6. The proof of financial status will be valid for 12 months. Patients with no proof of financial status (using the Financial Status Affidavit) will expire after three (3)

- months. Exceptions to the twelve-month rule include Date of Service for several types of visits (e.g. Breast and Cervical Health Program, family planning).
7. Income verification should be calculated to show annual income. The calculation will be based on the proof provided. Calculations should be made on gross wages.
 8. Financial status will be determined on the information the patient provides. When determining the number in the household, adult children living at home may be counted as their own household (no need to obtain parent's information). If more than one adult is counted in the household, proof of financial status should be provided for each of those adults.
 9. Self-employed patients should provide their most recent tax return and a current Profit/Loss Statement to determine current income.
 10. If a patient is a seasonal employee, the patient needs to provide information that is for one month, and also report how many months they work out of the year. The total for one month will be needed to be multiplied by five and divided by twelve to find monthly income. The business office needs to trust the patient when they are reporting this type of information and flag the entry to show seasonal income that is valid for 12 months.
 11. If a patient recently lost employment or had another change in financial status, their income should be determined by their current day circumstances. For example, if a patient earned \$14,000 over the past year, but is presently unemployed with no income, they should be treated as having no income (not \$14,000).
 12. At each visit, the medical receptionist will print out a demographic information form and ask the patient to verify all information, including financial status, and sign off on the form. This process will be used for all patients, regardless of when their proof of income terminates.
 13. A change in financial status that impacts an established patient's position on the sliding fee scale must be CLEARLY indicated on the intake form. The receptionist noting the change should sign, date and circle the new information on the intake form. The patient will be referred to the business office staff for "Change in Status" verification and re-calculation process.
 14. Sliding Schedule and application process will be advertised on the GCMC website. Notice will be hung at the registration desk and all eligible patients will be given information on the program.
 15. Patients will not be denied care due to an inability to pay. The Business Office will provide any assistance possible to work with the individual.
 16. Patients will not be turned into collections for outstanding debt related to the sliding fee schedule.