



TITLE: NHSC Clinic Financial Assistance Screening	REFERENCE NUMBER: PMG.PDS.200
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SCOPE:	
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National Health Service Corps (NHSC) applies at approved clinic locations (see Appendix A)

PURPOSE:	
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As part of its purpose, Presbyterian endeavors to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving needed medical care. To that end, Presbyterian provides emergency and other medically necessary care free or at a discount if a patient is unable to pay.

This policy defines the process to determine whether Presbyterian patients, accessing care at a National Health Service Corps (NHSC) approved clinic location, will be eligible for full or partial financial assistance.

Patients accessing care through non-NHSC approved Presbyterian locations should refer to the Presbyterian [Financial Assistance Policy – PFS.PDS.116](#).

POLICY:	
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Presbyterian is committed to assisting patients with the financial aspects of the care they receive. As part of Presbyterian’s participation in the NHSC program, eligible clinics offer financial assistance to patients who express an inability to pay for their care.

The process for these locations varies from the PHS [Financial Assistance Policy – PFS.PDS.116](#).

PROCEDURE:	
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1. At or before the time of service, patients will be asked to pay any applicable out of pocket expenses related to their care. If the patient expresses an inability to pay due to financial hardship, the clinic staff will conduct a financial pre-screening process.
2. Clinic staff will complete the NHSC screening form to evaluate eligibility for discounted services. Patients must be able to provide information relative to their household income and family size in order for a determination to be made for full or partial financial assistance for the initial visit.
3. Eligibility determination is based on income and family size for the initial visit;
4. Income refers to “modified adjusted gross income” (MAGI). For most people, it is the same or very similar to adjusted gross income (AGI). MAGI is not a number on your tax return.



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5. Family size means the number of individuals considered when determining income eligibility and included the applicant, the other parent or responsible person and their dependent children who reside in the same household
6. Discounts will be calculated based on a sliding scale according to income and family size and is based on the Federal Poverty Level (FPL). The Federal Government updates this information annually. See **Appendix B** for current year guidelines.
7. Discounts will be applied to all services provided by a Presbyterian provider for the current date of service. Services provided from non-Presbyterian providers, such as laboratories, radiologist interpretations and referrals to other providers outside the clinic, are not billed by Presbyterian and may not be eligible for financial assistance (patients are encouraged to discuss arrangements directly with these providers).
8. Patients who qualify for sliding fee scale will qualify for a period of six (6) months, after the initial visit. After this initial period, verification of income must be provided to extend the sliding scale fee discount past the initial period. See [Financial Assistance Policy – PFS.PDS.116](#) for income verification requirements.
9. 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.
 - a. The patient may also work with a Financial Advocate to determine eligibility for NM Medicaid or other alternate resources if desired. If the patient is determined to be ineligible for NM Medicaid or other funding sources, the Financial Advocate will determine whether the patient may qualify for ongoing charity assistance under the PHS [Financial Assistance Policy – PFS.PDS.116](#).
 - b. If the patient has stated gross income below 400% of the Federal Poverty Level, the patient will be determined to be a potential candidate for some level of charity assistance and the Financial Advocate will assist the patient in completing the charity application and explain the process for approval.
 - c. Determinations made based on the information provided during the screening are only applicable to outstanding balances for PMG clinic services. Discounts under this policy do not apply to hospital, ambulance or any ancillary or affiliate services ordered by PMG providers.
10. Patients that do not cooperate with the financial counseling process, or whose application for financial assistance is denied based on information provided, will revert to standard billing and collection practices outlined in [Patient Billing and Collections – PFS.PDS.115](#).



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DEFINITIONS:	
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- **Underinsured:** Persons who have limited coverage for their medically necessary care insufficient to cover most expenses.
- **Uninsured:** Persons who have no third-party coverage for their medically necessary care

REFERENCES:	
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- [Financial Assistance Policy – PFS.PDS.116](#)
- [Patient Billing and Collections – PFS.PDS.115](#)
- Fair Debt Collection Practices Act (FDCPA)



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APPENDIX A:	
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NHSC Participating Clinic Locations

The following clinic locations and services are eligible for the sliding scale discount program:

Service / Location	Address	City
Family Medicine in Belen	609 S Christopher Rd	Belen
Internal Medicine in Belen	609 S Christopher Rd	Belen
Pediatrics in Belen	609 S Christopher Rd	Belen
Behavioral Health in Belen	609 S Christopher Rd, Suite B	Belen
Family Medicine in Capitan	405 Lincoln Way	Capitan
Family Medicine at Plains Regional Medical Center	710 Avenue E	Carrizozo
Dental at Carrizozo Healthcare Center	710 Avenue E	Carrizozo
Family Medicine at Plains Regional Medical Center	2200 W 21st St, Medical Office Building	Clovis
Internal Medicine at Plains Regional Medical Center	2200 W 21st St, Medical Office Building	Clovis
Pediatrics at Plains Regional Medical Center	2200 W 21st St, Medical Office Building	Clovis
Family Medicine in Corona	471 Main St	Corona
Pediatrics at Presbyterian Española Hospital	1010 Spruce St	Espanola
Obstetrics and Gynecology at Presbyterian Española Hospital	1010 Spruce St, 2nd Floor	Espanola
Family Medicine at Presbyterian Española Hospital	1010 Spruce St, 2nd Floor	Espanola



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Internal Medicine at Presbyterian Española Hospital	1010 Spruce St, 2nd Floor	Espanola
Obstetrics and Gynecology at Presbyterian Española Hospital	1010 Spruce St, 3rd Floor	Espanola
Family Medicine in Hondo	103 Don Pablo Ln	Hondo
Family Medicine in Logan	600 Gallegos St	Logan
Family Medicine in Los Lunas	200 Emilio Lopez Rd	Los Lunas
Obstetrics & Gynecology in Los Lunas	200 Emilio Lopez Rd	Los Lunas
Behavioral Health in Los Lunas	200 Emilio Lopez Rd, Suite B	Los Lunas
Family Medicine at Lincoln County Medical Center	121 El Paso Rd	Ruidoso
Internal Medicine at Lincoln County Medical Center	121 El Paso Rd	Ruidoso
Obstetrics and Gynecology at Lincoln County Medical Center	121 El Paso Rd	Ruidoso
Behavioral Health at Lincoln County Medical Center	121 El Paso Rd, Suite B	Ruidoso
Behavioral Health at Socorro General Hospital	1202 Highway 60 West, Building D	Socorro
Family Medicine at Socorro General Hospital	1202 Highway 60 West, Building D	Socorro
Internal Medicine at Socorro General Hospital	1202 Highway 60 West, Building D	Socorro
Obstetrics and Gynecology at Socorro General Hospital	1202 Highway 60 West, Building D	Socorro
Family Medicine at Dr. Dan C. Trigg Memorial Hospital	402 E Miel de Luna Ave	Tucumcari



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APPENDIX B:	
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People in Household	HHS Federal Poverty Amount	100%	75%	50%	0%
1	\$12,760 or less	\$25,520 or less	\$31,900 or less	\$51,040 or less	\$51,041 or more
2	\$12,761 - \$17,240	\$25,521 - \$34,480	\$31,901 - \$43,100	\$51,041 - \$68,960	\$51,042 - \$68,961
3	\$17,241 - \$21,720	\$34,481 - \$43,440	\$43,101 - \$54,300	\$68,961 - \$86,880	\$68,962 - \$86,881
4	\$21,721 - \$26,200	\$43,441 - \$52,400	\$54,301 - \$65,500	\$86,881 - \$104,800	\$86,882 - \$104,801
5	\$26,201 - \$30,680	\$52,401 - \$61,360	\$65,501 - \$76,700	\$104,801 - \$122,720	\$104,802 - \$122,721
6	\$30,681 - \$35,160	\$61,361 - \$70,320	\$76,701 - \$87,900	\$122,721 - \$140,640	\$122,722 - \$140,641
7	\$35,161 - \$38,640	\$70,321 - \$79,280	\$87,901 - \$99,100	\$140,641 - \$158,560	\$140,642 - \$158,561
8	\$39,641 - \$44,120	\$79,281 - \$88,240	\$99,101 - \$110,300	\$158,561 - \$176,480	\$158,562 - \$176,481
Each addl person (9+)	Add \$4,480	Add \$4,480	Add \$4,480	Add \$4,480	Add \$4,480

The source of the FPL is:
 2020 Health & Human Services Poverty Guidelines/Federal Poverty Levels (April 21, 2020).
 Retrieved from:
<https://www.payingforseniorcare.com/federal-poverty-level#title1>