

Harney County Health District – Harney District Hospital
Burns, Oregon

Subject: Financial Assistance	Policy Number:
Department: Administration	Origination Date: 12/1/2014

PURPOSE:

Harney County Health District is committed to providing financial assistance to improve access to care for patients who are unable to pay for hospital services.

It is the practice of Harney County Health District to provide emergency or other medically necessary care, without discrimination, to all patients regardless of ability to pay.

A patient is eligible for financial assistance consideration based upon meeting certain income eligibility criteria, which is derived from the Federal Poverty Income Guidelines posted annually in the Federal Register by the Department of Health and Human Services.

POLICY:

To be considered for financial assistance, the patient and/or guarantor must submit a complete Harney District Hospital Financial Assistance Application form to the hospital's patient financial services department with supporting documentation as outlined on the form. The form can be obtained by calling 541-573-8638, downloaded from the hospital web site (www.harneydh.com), or picked up at the hospital's Patient Financial Services office.

Financial assistance will be applied to accounts receivable of uninsured patients and will be secondary to all other financial resources available to the patient including insurance, government programs, third party liability, and patient's liquid assets. Financial Assistance amounts are based on the patient's total household income and the patient's cooperation in applying for Medicaid or other third party payment options that may be available to the patient.

Upon receipt of complete application, hospital will notify patient of financial assistance determination within 21 calendar days.

A sliding scale will be used to determine discounts when gross family income is over 200% of Federal Poverty Level. Financial assistance will be granted for the patient as follows:

Income as a Percent of Federal Poverty Level	Charity Care % Discount of Total Patient Responsibility on Account
0% - 200%	100%
201% - 205%	90%
206% - 210%	80%
211% - 215%	70%
216% - 220%	60%
221% - 225%	50%

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226% - 230%	40%
231% - 240%	30%
241% - 250%	20%
251% - 400%	10% for payment in full within 45 days

Patient financial responsibility for all amounts owed to hospital after third-party payments may not exceed 20% of the patient's annual household gross income in a calendar year. It is the responsibility of the patient to notify the hospital when net due exceeds 20% of gross income.

Patient net amount due after charity care discount is to be paid within 30 days from notice of financial assistance determination.

Harney County Health District has developed policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity care, a patient's good faith effort to apply for government programs, and a patient's good faith effort to comply with any payment arrangements with Harney District Hospital. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their outstanding bills, Harney District Hospital may offer extended payment plans and will not impose extraordinary collections actions such as wage garnishments, liens on primary residences, or actions that force bankruptcy.

District may grant extended payment arrangements for patient responsibility after Charity Care is applied to include monthly payments of at least 5% of the original patient responsibility, but no less than \$25 per month and will be documented in the patient account. All extended payment arrangements will comply with Federal and State guidelines and disclosures.