

Subject: Sliding Fee Discount/Financial Assistance Program Policy	Policy Number:
Department: Administration	Origination Date: 12/1/2014 Revised: 5/26/2017

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. (<http://aspe.hhs.gov/poverty-guidelines>)

Policy

All patients seeking healthcare services at Harney District Hospital are assured they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship.

To be considered for financial assistance, the patient and/or guarantor must submit a complete Harney District Hospital Sliding Fee Discount/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. By signing the Sliding Fee Discount Program application, persons authorize Harney District Hospital access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

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, and third party liability. Financial Assistance amounts are based on the patient’s total household size and 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 the completed application, hospital will notify patient of financial assistance determination within 21 calendar days.

Eligibility

Discounts will be based on income and family size only. Harney District Hospital uses the Census Bureau definitions of each.

- 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.
- Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

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 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%
226% - 230%	40%
231% - 240%	30%
241% - 250%	20%
251% - and above	15% for payment in full within 30 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.

Notification:

Harney County Health District will notify patients by posting notifications at the admitting desk informing them of the availability of sliding fee discounts and financial assistance. The applications will be available at the Patient Financial Services office or the hospital web page. This policy shall also be posted on the hospital web page.