

GRANDE RONDE HOSPITAL

Department: **FINANCIAL SERVICES**

No. **6.03.16**

Procedure for: **FINANCIAL ASSISTANCE**

PURPOSE:

To ensure that Grande Ronde Hospital meets its community obligations to provide financial assistance in a fair, consistent and objective manner.

POLICY:

It is both the philosophy and practice of Grande Ronde Hospital that medically necessary healthcare services should be available to all individuals, regardless of their ability to pay. We will assist persons with financial need by waiving a percentage of the charges for services provided by the hospital.

PROCEDURE:

A. Eligibility Criteria

1. Admitting and Business Office personnel are available to help patients identify financial options or assistance programs.
2. Financial assistance is generally secondary to all other financial resources available to the patient, including insurance, government programs, third-party liability and assets.
3. Full financial assistance usually will be provided to a responsible party with gross family income at or below 150 percent of the Federal Poverty Guidelines.
4. A sliding-fee scale will be used to determine financial assistance discounts when gross family income is above 150 percent of the Federal Poverty Guidelines.
5. Notification of financial assistance determinations will be mailed to the responsible party. Payment arrangements will be extended for balances remaining after financial assistance determinations are completed.

B. Eligibility Determinations

1. The provision of healthcare will not be delayed pending an assistance determination.
2. Requests for financial assistance may be made at any point before, during or after the provision of care.
3. Financial assistance requests may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social services or hospital personnel.
4. Anyone wishing to apply for financial assistance will be given an application, which includes instructions on how to apply.
5. Consideration for financial assistance will occur once the applicant supplies a completed application with supporting documents to the hospital Business Office.

6. Generally assistance determinations will be made within twenty days of receiving the completed application.
7. Consideration for assistance includes a review of the responsible party's annual household income, number of people in the home, assets, credit history, existing debt and other indicators of the party's ability to pay. These are merely guidelines; each individual situation should be reviewed independently. Allowances may be made for extenuating circumstances.
8. Acceptable verification of income includes the following: the most current payroll stubs; a copy of the most current year's tax return; verification of Social Security or unemployment benefits. In the absence of income, a letter of support from individuals providing for the patient's basic living needs will be accepted.
9. All applications and supporting documentation will be kept confidential. Incomplete applications may be denied and returned with a statement of what information is needed and how to re-apply.
10. Financial assistance may be denied if the application is not completed and returned to the hospital within 20 days of receipt by the responsible party.
11. Financial assistance will not be considered without a completed Financial Assistance Application unless sufficient like information can be obtained that allows for a final determination without an application. In extenuating circumstances, where it can be determined that a financial hardship exists the hospital may offer financial assistance at its own determination.
12. Financial assistance is not granted for some procedures, such as normal newborn delivery, elective services or for an individual who is eligible for insurance but has refused to apply.
 - A. A Business Office representative should be consulted in these special situations.
 - B. Appeals: The responsible party may appeal a financial assistance determination by providing additional information, such as income verification or an explanation of extenuating circumstances, to the Business Office Manager within 30 days of receiving notification. The Business Office Manager will review all appeals. The responsible party will be notified of the appeals outcome. Collection follow-up on accounts will be suspended during the appeal process.
 - C. Approval limits.
 1. The Business Office Manager will approve all applications that meet income guidelines and the account balance does not exceed \$5000.00; and
 2. Requests over \$5000.00 or earnings over the poverty guidelines will be approved by the Business Office Manager and the Vice President Finance.
13. Balances remaining after financial assistance may be paid in monthly installments with a payment of no less than \$25 per month or 1/24th of the remaining balance, whichever amount is greater. Exceptions to this payment amount must be approved by the Business Office Manager.
14. Accounts that remain unpaid after financial assistance will be subject to the hospital's collection policy and practices. If the account is referred to a collection agency the total amount of financial assistance granted will be re-applied to the patients account.

EFFECTIVE DATE: 11/01/78	REVIEW DATE: 5/83,3/86,10/88,3/92,6/93,4/95
SIGNED:	REVISED DATE: 5/20/81, 3/28/86,3/25/97,2/4/98,8/13/02
Business Office	
SIGNED:	
Vice President	
SIGNED:	

2004-2005 FINANCIAL ASSISTANCE INCOME GUIDELINES

Family Size	Yearly Gross Income	Percent of Bill Eligible for Assistance
1	\$13,965	100
1	18,620	80
1	23,275	60
1	27,930	40
2	18,735	100
2	24,980	80
2	31,225	60
2	37,470	40
3	23,505	100
3	31,340	80
3	39,175	60
3	47,010	40
4	28,275	100
4	37,100	80
4	47,125	60
4	56,550	40
5	33,045	100
5	44,060	80
5	55,075	60
5	66,090	40

For each additional family member above five, add \$4,770 to the 100% category. For each step within a family size add \$3,180.

All other means of payment must be exhausted to be eligible for Financial Assistance. Applications can be obtained in Admitting or the Business Office. The application must be completed and returned to the Business Office with **proof of income**. Proof of income can be tax returns, pay stubs, bank statements or any other documents that show income received.

For further information call the Business Office at 963-1400 or come in to the Business Office between 8am and 5pm Monday through Friday.