



PATIENT ACCOUNTS FINANCIAL ASSISTANCE/CHARITY CARE SUMMARY

Mid-Columbia Medical Center's **Philosophy** is to humanize, personalize, and demystify the healthcare experience for patients and their families. Our **Values** are high quality, cost effective healthcare services for every patient regardless of ability to pay. In keeping with this Philosophy, we recognize that medical bills for medically necessary services are often unexpected and, at times, difficult to pay.

If you are unable to pay for your medically-necessary services, due to limited financial resources, you may qualify for our Financial Assistance Program. This is a hospital based program which may reduce the amount you owe us. If you feel you may qualify, please contact a Personal Pay Representative at 541-296-7500 for more information.

General Guidelines

- Any patient can apply after all other payment resources (such as Government Programs, Insurance, Third-Party Liability, and Personal Liquid Assets) are exhausted for each specific admission.
- Each patient will be asked to complete a financial questionnaire and provide copies of documentation such as household income, monthly expenses, bank accounts, tax forms, etc.
- Full Financial Assistance will generally be provided when gross household income is less than 150 percent of the Federal Poverty Guideline. A sliding-fee scale discount will be applied when household income is above 150 percent of the Federal Poverty Guideline.

Balances that remain after Financial Assistance is applied may be paid on a monthly payment plan over a period of 10 months.



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**PATIENT ACCOUNTS
FINANCIAL ASSISTANCE/CHARITY CARE PROCEDURE**

I. PURPOSE

Mid-Columbia Medical Center will not exclude any person from being admitted on the grounds that such person is unable to pay for needed medical services. The following procedure will be used to determine eligibility for persons requesting services who are unable to pay in part or in full.

II. POLICY

Sound financial management clearly distinguishes between charity care and bad debt. This assures accurate measurement of collection efforts and to what extent the hospital's resources are used by patients that are unable to pay.

To distinguish the difference between these two designations, we use the following definitions:

BAD DEBT is a result of a patient's unwillingness to pay.

FINANCIAL ASSISTANCE (CHARITY) is where a patient is willing to pay, but does not have the resources to do so.

III. PROCEDURE

Patients to be considered for charity care may be identified by the admissions department, patient accounts department, physician office, or by a request from the patient.

- A. Patient identifies self as needing assistance through a written or verbal request.
- B. Personal Pay Representative identifies patient. Possible circumstances may include:
 - 1. Current medical assistance (welfare) recipients and service is non-covered. i.e. dental pain or the service is below the line for the Oregon Health Plan.
 - 2. Patient is uninsured and has no ability to pay.
 - 3. Patient is unemployed with no foreseeable income in the near future.
 - 4. Patient applied and is determined ineligible for Supplemental Security Income (SSI) and has limited or no income.
 - 5. Mr. or Mrs. deceased, leaving spouse with diminished income.
 - 6. Life circumstances change affecting payments on established contract accounts:
 - a. Unemployment
 - b. Death of spouse
- C. Initial Contact
 - 1. If patient writes requesting assistance, Personal Pay Representative contacts the patient by phone and mails financial assistance letter and application.
 - 2. If Personal Pay Representative identifies patient as possible candidate, the patient is contacted by phone and financial assistance letter and application is mailed.
- D. Follow Up
 - If information is not received back within 14 days, a phone call is made to the patient by the personal pay representative.



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E. Review by Personal Pay Representative

1. The Financial Assistance package is completed as follows:

- a. Print a status of all accounts.
- b. Verify application completion and supporting documents including: payroll stubs, income tax forms, employer verification, monthly payments, and any other reasonable mechanism that may be of help in verifying information given.
- c. Refer applicant information to the Director or Assistant Director of Patient Accounts for determination based on the established charity care policy.

IV. REVIEW CRITERIA

The Director or Assistant Director of Patient Accounts will review the financial assistance application based on the following criteria:

- A. **Expenses:** Reviewed for reasonableness and if they are out of the ordinary the applicant will be asked to provide an explanation.
- B. **Income:** All income must be reported and verified using payroll stubs and/or the most recent tax return. The current Federal Poverty Guidelines will be used for income comparisons. The effect of the hospitalization in relation to the future earning capabilities of the applicant will be considered.
- C. **Family Size:** Family size will be reviewed in relation to income. Determinations will be made as to the number of working dependents adding to the support of the household.
- D. **Employment Status:** Employment status will be considered along with future earning capacity. If it appears that the applicant has the likeliness of future earnings to meet the obligation within a reasonable period of time then the applicant may be denied or reviewed again at a future time.
- E. **Elective medical treatment:** Elective medical treatment with established payment-in-full policies prior to the performance of the treatment will not be considered for financial assistance. An exception may be made if significant complications arise in an elective medical treatment and the amount of the bill becomes unreasonable in relation to the patient's financial condition.
- F. **Financial obligations:** Financial obligations including assets, expenses of a reasonable and necessary nature will be analyzed. The time period of each obligation as well as the feasibility of obtaining additional funds from any source will be considered.
- G. **Medical Expenses:** The amount of the medical expenses and prescriptions incurred from all providers along with the future expected medical expenses will be considered.
- H. All sources of possible payment must be exhausted before financial assistance will be approved.
- I. The refusal of an applicant to provide any reasonable information requested will result in a denial of financial assistance.



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V. FINAL DETERMINATION

Based on the Review Criteria in Section IV, the Financial Assistance application may be approved for a full write-off, a partial write-off based on the sliding scale financial care guidelines, reduced payments, extended payments, or a denial of the application. The applicant will be notified by phone or by mail of the determination.