

MORROW COUNTY HEALTH DISTRICT

CODE: AR-DS1

DEPARTMENT: Patient Business Office

EFFECTIVE: 01/01/02

CATEGORY: Accounts Receivable

REPLACES: 07/01/94

SUBJECT: Discounted Services Program

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PURPOSE: To ensure that the Morrow County Health District provides financial assistance to their patrons in a fair, consistent, and objective manner. It is both the philosophy and the practice of the District that medically necessary healthcare services be available to all individuals, regardless of their ability to pay. The Discounted Services program assists persons with financial need by waiving all or part of the charges for services provided. Extended payment plans are also available

HISTORY: In 1980, the Pioneer Memorial Hospital received a Hill-Burton grant for a modernization project under Title 16 of the Public Health Service, therefore, the Hospital is obligated to provide an uncompensated services program indefinitely. The hospital is certified under the Public Facility Compliance Alternative (PFCA), which is a substitute method for meeting certain qualifications of the Hill-Burton uncompensated services program that allows us to establish our own uncompensated services program, as approved by the U.S. Department of Health and Human Services.

ELIGIBILITY CRITERIA:

- 1) The Discounted Services program is available to all patrons of the Morrow County Health District that have a gross family income at or below 150% of the Federal Poverty Guidelines as established by the U.S. Department of Health and Human Services. The District's sliding scale used in making determinations will be adjusted accordingly when any change is made to the Federal Poverty Guidelines.
- 2) The program applies to all non-elective, medically necessary hospital, ambulance, home health and clinical services provided.
- 3) Financial assistance of this kind is secondary to all other financial resources available to the patient, including insurance, government programs, third-party liability, and assets.
- 4) This program is specific to each admission of the patient. New or re-admission will be screened for changes in eligibility for financial assistance and the responsible party may be asked to complete a new application.

ELIGIBILITY DETERMINATIONS:

- 1) Requests for financial assistance and/or discounts may be made at any point before, during or after the provision of care. Patients will be charged in accordance with the standard fee schedules of the District and if a discount is approved, then the approved amount will be adjusted off of the patients account at the time of approval.
- 2) Discounted Service requests may be proposed by sources other than the patient, such as physician, family members, social services, or district personnel, however, the financial application and supporting documents must be submitted for consideration.
- 3) Anyone requesting to make application for the program, will be given an application and instructions on how to apply.
- 4) Consideration for a discount will occur once the applicant supplies a completed Application with supporting documentation to the Business Office.
- 5) Consideration for assistance includes a review of the responsible party's annual gross household income, number of dependents, monthly expenses, existing debt, and other indicators of the party's ability to pay. Allowances may be made for extenuating circumstances.
- 6) District personnel will make every attempt to make a determination on the amount of discount to be allowed within 14 days of receiving a **complete** application and will notify the applicant in writing of the determination and discount amount. A reasonable monthly payment agreement consistent with the party's ability to pay will be included for any remaining amounts owed.
- 7) Determinations may be made prior to the delivery of non-emergent care as long as the responsible party is available to complete an application or provide the required information.
- 8) Applicants may Appeal a program determination by providing additional information, such as income verification or an explanation of extenuating circumstances, to the District Administrator, within 30 days of receiving their notification. The responsible party will be notified of the Appeal outcome in writing within 14 days. Collection proceedings will be suspended during the appeal process.

NOTIFICATION TO POTENTIAL APPLICANTS:

1. The District will post signs and have brochures available in admission areas, reception areas, the emergency room, and near the business office, in both English and Spanish. The signs and brochures will inform patients and responsible parties that services are offered without charge or at a discounted rate for people who cannot afford care.