WALLOWA COUNTY HEALTH CARE DISTRICT

ADMINISTRATIVE POLICY **July 1, 2014**

SUBJECT: **Financial Assistance Policy**

PHILOSOPHY:

Wallowa Memorial Hospital is committed to granting *financial assistance* when the patient is unable to pay for treatment and services. It is the intent of this policy to comply with all federal, state and local regulations. If any regulation conflicts with this policy the regulation will supersede the policy.

POLICY:

These guidelines are to be followed consistently in reviewing and approving applications for financial assistance for patients unable to pay.

Any self-pay or uninsured patient who indicates an inability to pay will be offered an application for financial assistance. In addition, any insured patient who indicates an inability to pay their deductable and co-insurance will also be offered an application for financial assistance.

Eligibility Requirements: The Federal Poverty Level guidelines will be used to determine income guidelines. If the patient is at 200% or below the income level (based on family size), 100% of the account will be written off. In addition, in instances where the patient does not meet the guidelines for income to qualify but has a patient liability that exceeds 20% of their total annual income, they will be eligible for a discount in the amount that exceeds the 20%. Patients who reside outside of Wallowa County will not be eligible for Financial Assistance, except when the patient requires emergent services while visiting Wallowa County. Financial assistance is granted for medically necessary services only as defined by Wallowa Memorial Hospital. Financial assistance will be denied for patients who are eligible for insurance but fail to apply.

How to file: The application for Patient Financial Assistance can be downloaded from the hospital web site (wchcd.org), or picked up at the hospital in Registration or Billing. The patient may also call 541.426.5304 and have the application mailed to them. Both pages of the application need to be completed. Documents that need to be included with the application include proof of income (W-2 or payroll stubs), the last income tax return that was filed (1040); and the last three bank statements. If there are multiple bank accounts, statements need to be included for each account. This information will be kept confidential by the hospital. When the information is complete it needs to be submitted to the Patient Accounts Specialist (541.426.5304) at 601 Medical Parkway, Enterprise, Oregon or other available staff in the Business Office or Registration.

Notification Period: Begins the 1st day of care and ends on the 120th day after first billing statement. The notification period is completed when the application is received. If the patient fails to submit the financial assistance application by the end of the notification period, extraordinary collection efforts may begin.
Notification is met if:

- Summary of financial assistance policy is distributed or offered to patient before discharge
- Summary of financial assistance policy is included with 3 billing statements
- The patient is informed orally about the policy; and
- Written notice is provided 30 days before the end of the notification period that includes the collection efforts that will occur if hospital does not receive an application.

Application Period: Begins the 1st day of care and ends on the 240th day after the first billing statement. If a complete or incomplete application is received during this time any extraordinary collection efforts must be suspended while the application is processed. If additional information is needed a written notification must be sent to the patient asking for the specific information. A notice must be provided to the patient (with an incomplete application) listing the collection efforts that will be taken if a completed application isn't received by the deadline. The notice must be provided at least 30 days before the application period ends.

Billing Procedures: A summary of the Financial Assistance Policy must be included with each of the first 3 billing statements that are mailed to the patient. Extraordinary collection efforts (garnishing wages, liens on property, beginning civil actions, etc) cannot be started until after the third statement.
If a completed application is received during the application period the following procedures will be followed:

- Extraordinary collection efforts will be ceased;
- A determination of eligibility will be made; and
- The applicant will be notified in writing the determination and the basis for the determination

If an incomplete application is received during the application process:

- Extraordinary collection efforts will be suspended
- A written notice will be sent that describes the additional information required
- A written notice will be provided about the collection actions that may be taken if a completed application isn't received; and
- A notice will be provided at least 30 days before the deadline of the application period ends.

If Portion of Bill written off for Financial Assistance:
In cases where the patient will owe a portion of the bill after receiving Financial Assistance, the remaining portion of the bill will be adjusted by the amount generally paid by Medicare and the major insurance carriers. The amount must be calculated every 12 months by taking the total charges from Medicare and the major insurance payors, running a report to determine the amount of payment received on those accounts, and the amount of the write-offs for contractual adjustments. Apply the percent of adjustments to the balance owed and reduce by that amount. A summary of the current calculation and how it was derived can be requested from our Patient Accounts Specialist (541.426.5304) or other available staff in the Business Office or Registration. If the application process determined the patient owed 50% of the total charges, the remaining 50% of the bill (the patient's portion) must be further decreased by this adjustment percent.

Patients without Required Documentation:
In some cases when the patient is unable to provide documentation for verifying income; they do not file income taxes, or they do not have bank accounts, the hospital will attempt to verify the information presented. Public assistance or verification by a caregiver or friends will be taken into account. The application needs to be signed in this case attesting to the accuracy of the information. If a patient is unwilling to provide the required information financial assistance will not be offered. Expired patients may be deemed to have no income for purposes of meeting the requirements if there are no assets to satisfy the account.

Review of Applications:
The Patient Accounts Specialist and CFO will review applications and patients will be notified within 21 days of the completion of the application.

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Larry Davy, CEO

Origin:	May 2014
Revised:	June 23, 2014
Approved:	
Effective:	July 1, 2014
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