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Printed copies of this policy are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:
It is the mission of Grande Ronde Hospital and Clinics (GRH) to compassionately care for its community by providing access to healthcare services for all those in need, regardless of their ability to pay for these services.

POLICY:
If you are a patient who does not have medical insurance or is in financial need, GRH financial counselors and assisting language interpreters will help you with the financial assistance application process. This may result in the waiving of part or all of your bill for medically necessary healthcare services provided by GRH.

PROCEDURE:

Here to Assist You
Patients receiving care at GRH or its facilities are informed about the financial assistance policy at key areas of the hospital: the admitting department, emergency department, and outpatient registration offices. Financial assistance offices are also located at the hospital, the GRH Pavilion, the GRH Regional Medical Clinic and the GRH Regional Medical Plaza.

Following a discharge from GRH care, patients will receive information on the financial assistance policy along with their billing notifications and in all verbal communications with GRH staff during the first 120 days of a billing cycle.

GRH's financial counselors, registration staff and case managers are all trained to answer your questions about the GRH Financial Assistance Policy. Anyone in the community may request and receive a copy of the financial assistance application and instructions at any point before their account is sent to a collection agency.

How Does This Work?
Each calendar year, GRH publishes the financial assistance discount scale. That discount is then applied to the cost of medically necessary healthcare services provided to a qualifying patient during the application period, which starts on the date care is provided and ends on the 240th day after the first billing for care.

GRH defines medically necessary services as those covered by the Oregon Division of Medical Assistance Programs (Oregon Medicaid), with the exception of sterilization procedures, preventative care, and medications which are not covered by Financial Assistance.

How Discounts Are Calculated and Applied

The discount is based on household income and the number of individuals in a household. The sliding discount scale includes 34%, 40%, 60% and up to a discount of 100% off total charges for medically necessary services. Qualifying income levels range from 100% to 400% of Federal Poverty Guidelines. The discount is based on the information a patient provides in the financial assistance application and on the current calendar year.

Federal Poverty Income Guideline Exceptions

A patient may also have significant personal circumstances that would qualify him/her for a discount even when the patient's family income exceeds GRH's financial assistance guidelines. The patient should disclose personal circumstances that impact his/her ability to pay in a letter along with the completed financial assistance application, and it will be considered by GRH's Senior Director Finance/CFO.

The financial assistance discount is applied to a patient's account after all other paying resources available to the patient including medical insurance, Medicare and Medicaid, government programs, health savings accounts (Health Savings Accounts /Health Reimbursement Arrangement/Flexible Spending Account), community or faith based collaboratives, third party liability coverage, and Qualified Assets.

Monetary assets will not be used to determine eligibility if a patient or guarantor's household income is at or below 200% of the federal poverty standard.

If there is still an amount owing after all paying resources have paid on the account and the amount is greater than 20% of the patient's annual household gross income, the patient should notify a GRH financial counselor for further assistance.

What if I don't have insurance?

Uninsured patients may qualify for a prompt pay discount of 34% if the full balance due is paid within 30 days of the first statement mailing date, as recorded in the GRH Health Information System.

If you are uninsured, tell your provider or the hospital staff when you check in for services or before you are discharged, and you will be offered the opportunity to apply for financial assistance.

If it hasn't been determined that you are uninsured until after you leave the hospital or clinic, you may still request a financial assistance application from a GRH financial counselor at that time.

If you are afterward approved for financial assistance, your billing account will be adjusted to reflect the after-discount balance owed, if any, and any discounted services will be recognized as charity care.

All patients whose accounts are handled by GRH's Internal Collections Department will receive a financial assistance application in the mail to assist them with their healthcare bills.

Uninsured Patients Can Qualify
A 100% discount of all qualified charges is available if the patient meets any of the following six guidelines: (1) the patient was the only individual in the household and is deceased with no money or property, (2) the patient is the only individual in the household and is mentally or physically incapable to act on his own behalf and has no one to represent him/her, (3) the household is enrolled in the Women, Infants and Children Nutrition Program, (4) All household members are enrolled in the Supplemental Nutrition Assistance Program or Food Stamp Program, (5) all household members are presumed eligible for Medicaid under the Medicaid presumptive eligibility guidelines, or (6) GRH has evidence from an independent reporting agency that indicates the patient's family income is 200% or less of the applicable Federal Poverty Income Guidelines.

Who Will Provide My Care?
GRH publishes a list, on their website, of healthcare providers who practice at the hospital and its facilities. This list indicates whether or not the providers' services are covered under financial assistance.

How Do I Apply For Assistance?
You may contact a GRH financial counselor Monday through Friday at (541) 963-1884 or you may visit www.grh.org/patients-visitors/patient-financial-services to print a financial assistance form and checklist, read through the Financial Assistance Policy Summary & Frequently Asked Questions and the Provider Coverage Guide.

All financial assistance applications and supporting financial documents are kept confidential to the extent allowed by law.

Completing the Assistance Application

The GRH Financial Assistance Application asks you to identify all members of your household, their employment information and year to date income before you received your healthcare service. It also asks you to list all your household expenses and assets. GRH will not use your asset information to determine your eligibility for the program if your household income is 200% or below the federal poverty guidelines. Be complete in disclosing your personal financial information so that the GRH Patient Financial Services Office can accurately assess your ability to pay and make the correct determination for you.

You can drop your application and supporting document off at any GRH location or mail it to:
Grande Ronde Hospital
Attention: Financial Assistance Program
PO Box 3290
La Grande, OR 97850
Your application will be date stamped upon receipt, and a determination letter will be mailed to you within the following 20 calendar days. With that correspondence, you will also receive the Financial Assistance Policy Summary & Frequently Asked Questions document.

Incomplete applications may be denied in which case GRH Business Services will send you a letter to explain how you can re-apply. In some instances, however, GRH Business Services just need additional financial information or verifying documents from you to complete your application. The letter will specify exactly what information you must submit.

Include Verifying Documents

Financial documents that verify your financial situation must be submitted with your completed financial assistance application. In most cases, you will need to submit documentation of all income sources, including three months of current pay stubs and bank statements, your most recent tax returns, W-2 forms and proof of social security benefits if you are receiving them. Self-employed applicants must provide a complete copy of current business tax returns.

If you are receiving any kind of government assistance, such as food stamps, WIC, housing assistance, unemployment compensation or financial aid for schooling, such as school loans and grants, you must submit verifying documentation.

If you have no income to report, then you must submit a “letter of support” from individuals who are paying for your basic living needs.

Any special circumstances that are affecting your ability to pay, such as a lack of income, should be explained in an attached letter with your application.

If you are an uninsured patient, you will be asked to apply for insurance coverage before the GRH Financial Assistance Application is processed.

Who Approves My Application?
The Patient Financial Services Manager or the Director of Business Services must approve determinations that meet income guidelines and the account balance does not exceed $5,000. Accounts over $5,000 and exceptions for earnings over the poverty guidelines must be approved by the Director of Business Services and the Senior Director Finance/CFO.

Approvals are active for 6 months from the approval date, after which the patient or guarantor may reapply with current supporting documentation.

If Your Application Is Denied
You may appeal a denial ruling by submitting a written letter that provides additional information, updated income verification or an explanation of significant personal circumstances or hardships that affect your ability to pay.

Your letter must be submitted to the Director of Business Services within 30 days of the date on the application determination letter. The Senior Director Finance/CFO will review and rule on your appeal, and you will be notified in writing of the final ruling.

After The Discount Is Applied
If you have been approved for financial assistance and you have an after-discount balance owing, contact GRH Business Services to set up a payment schedule. Payment plans generally do not exceed 36 months unless it is authorized by the Patient Financial Services Manager or Director of Business Services.

Account Balance	Minimum Monthly Payment
$0.00-$1,000	$50.00
$1,000-$2,000	$100.00
$2,000.01-$4,000	$150.00
$4,000.01- $6,000	$200.00
$6,000.01-$8,000	$250.00
$8000.01-$10,000	$300.00
$11,000 +	Balance divided by 36

If you have made payments after the application approval date and later learn that you have overpaid your balance on the account, it will be refunded to you.

Collections After Financial Assistance

If an application for financial assistance is submitted during the application period, then no collection efforts will be taken while the application is under consideration. If the application for assistance is approved, then the discount will be applied to the account, resulting in the waiving of part or all of the balance owed.

However, if there is an after-discount balance owed or if the assistance application is denied, then the patient or payor assumes responsibility for the account and he/she will begin receiving billing statements.

The statement schedules are generated by the Health Information System. If the account is not paid by the end of the collection schedule, a 10-day collection notice will be sent to alert the patient or payor that the account will go into collection.

If the minimum payment due has not been received on a patient account in the prior 2 months, the account will be turned over to an outside collection agency. The account may also be turned over to an outside collection agency if information is received that shows the account may be either uncollectible or difficult to collect.

Extraordinary Collection Efforts (ECE)
Once the unpaid account has been turned over to an outside collection agency, the agency will take stronger actions to collect payment(s) on the patient's past due account, including but not limited to a property lien, foreclosure on an individual's land and buildings, attachment to a bank account or personal property, a civil action, a warrant for civil arrest or garnishment of wages.

LEVEL OF APPROVAL:
Community Benefit Subcommittee – 09/14/2020
Board of Trustees – 09/19/2020