

SUBJECT: Financial Assistance Policy	POLICY # 8221.01
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DEPARTMENT: Business Office	EFFECTIVE: Prior to 2/2012
APPROVED BY: BMHD Board of Directors	REVISED: 6/28/2018; 6/27/2019; 11/21/2019; 11/19/2020
REGULATION/REFERENCE:	KEY WORD: Financial

## Financial Assistance

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### Purpose

In accordance with our Mission, Vision, and Values Statement, Blue Mountain Hospital District (BMHD) believes it is important to provide our patients with the best medical care and accessibility that we can provide. Blue Mountain Hospital District is committed to providing emergency and medically necessary care to all patients without regard to race, creed, sex, national origin, disability, age, sexual orientation or ability to pay. This policy sets forth the Blue Mountain Hospital District's policy and procedures to offer and provide financial assistance to all qualified patients receiving emergency and medically necessary care at Blue Mountain Hospital District.

### Policy

Patients receiving emergency or medically necessary care and services at BMHD have the opportunity to apply for financial assistance. For patients who meet the eligibility criteria established in the policy, Blue Mountain Hospital District will offer financial assistance that can reduce their financial obligations for payment of these services. This program will be used for patient services at Blue Mountain Hospital District including Strawberry Wilderness Community Clinic. Financial assistance covers emergency and other medically necessary care provided by employed and/or contracted providers performing services in our facilities and billed by BMHD. Any services deemed as cosmetic or not medically necessary, will not be covered under Patient Financial Assistance. Patients will be required to obtain written documentation from their provider verifying the medical necessity of an elective procedure (i.e. hysterectomy) to be considered for financial assistance.

### Definitions

For purposes of this policy, the following definitions apply:

**Emergency Care and Services:** Individuals who present to emergency departments seeking emergency care shall receive a medical screening examination by a qualified medical person to determine if an emergency medical condition exists as defined in the BMHD EMTALA Policy. (Exhibit B).

Net Charges: Gross Charges x Hospital's estimated overall Contractual Allowance %.

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**Medically Necessary Care and Services:** Medically necessary care and services include procedures and treatments necessary to diagnose and provide care and comfort for physical or mental conditions in accordance with professionally recognized standards of health care. The term “medically necessary” does not include, for example, cosmetic procedures, birth control, fertility treatments, gastric by-pass procedures, non-emergency dental services, experimental or non-traditional care, tests, or treatment, hearing aids, and retail services such as pharmacy, or durable or home medical equipment. For purposes of this policy, Blue Mountain Hospital District reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and standard of “medically necessary” for the purpose of eligibility for financial assistance.

**Financial Assistance - Procedure**

**Eligibility Criteria for Financial Assistance:** In order to apply for assistance through BMHD, the applicant must meet the following criteria:

- A patient or responsible individual(s) with a household income between:
  - 201% and 300% of the Federal Poverty Guidelines is eligible for a 75% financial assistance discount off of the estimated net charges.
  - 301% and 350% of the Federal Poverty Guidelines is eligible for a 50% financial assistance discount off of the estimated net charges.
  - 351% and 400% of the Federal Poverty Guidelines is eligible for a 25% financial assistance discount off of the estimated net charges.
  - A patient or responsible individual(s) with a household income of 200% or less of the Federal Poverty Guidelines may qualify for a 100% discount off of estimated net charges. A copy of BMHD’s most up-to-date Federal Poverty Guidelines can be found on Exhibit A;
    - Household income includes members and dependents in your household claimed on your income tax returns.
- Patients who have exhausted any third-party sources, including Medicare and Medicaid and have been denied assistance;
- Provide current employment payroll information for last 90 days that will be annualized for 12 months;

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- The applicant may be required to furnish bank statements or other additional financial documentation to determine eligibility, including pension benefits or VA benefits;
- Applications should also include the previous years' return (IRS Form 1040) and Oregon 40 only. An Income Statement (Schedule C) for self-employment applicants is required;
- Applications should also include copies of the most recent social security checks, or unemployment checks;
- Information can be provided by individuals in the following forms of communication:
  - a. Written
  - b. Oral
  - c. Telephone
  - d. In person

Financial assistance may be denied if all information is not provided.

### **Financial Application Process**

Financial Assistance Applications are available upon request, either written or verbal, which includes the application instructions, and a copy of the Financial Assistance Policy (FAP). Business Office personnel are available to assist Responsible Individual(s) to identify financial options or answer questions regarding the program. You may contact the Business Office in person or by phone at 541-575-1311 X2237 or 541-575-4156

Consideration for eligibility will occur once the applicant submits a completed application with all supporting documentation to the Business Office as outlined above. Applications are to be completed and signed by the Responsible Individual(s) if patient is unable to sign or is a dependent minor.

In instances where the Responsible Individual(s) does not complete the application for financial assistance, the hospital may choose to grant financial assistance without a formal request based on presumptive circumstances as approved by the Chief Executive Officer and/or Chief Financial Officer.

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Examples of presumptive circumstances are:

- Patient is deceased with no known estate.
- Patient is homeless and /or mentally incapacitated.
- Family/friends or advocate provide undocumented information establishing the patient’s inability to pay.

**Availability of Financial Assistance**

Blue Mountain Hospital District takes efforts to fully inform all patients and the public of the availability of financial assistance in a manner that can reasonably be expected to reach individuals who will benefit from financial assistance.

Blue Mountain Hospital District uses the following means of communication surrounding the availability of financial assistance:

- Posting of signs in all patient registration areas and in other public areas of the facility.
- Posting of information, including Financial Assistance Policy, Plain Language Summary and the Financial Assistance Application on the BMHD website – [www.bluemountainhospital.org](http://www.bluemountainhospital.org).
- Provide written notification on Responsible Individual(s) billing statements.
- Mention the availability of financial assistance when discussing the billing statement over the telephone with Responsible Individual(s).
- Provide information to local social service’s agencies.

Blue Mountain Hospital District’s Financial Assistance Policy, the Financial Assistance Application, and a Plain Language Summary are available free of charge. Individuals may obtain these documents through the following means:

- Hard copies are offered as part of the discharge process.
- Hard copies can be provided in person or can be mailed to the Responsible Individual(s) upon request.
- Hard copies may be accessed, downloaded, and printed from the BMHD website under the patient info tab. (<http://www.bluemountainhospital.org/docs/finance.html>).

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Once Blue Mountain Hospital has provided emergency or medically necessary services, the Responsible Individual(s) may submit a Financial Assistance Application. The right to apply for financial assistance consideration begins on the date of service and extends through the 240<sup>th</sup> day after the first billing statement is sent to the Responsible Individual(s). However, Responsible Individual(s) are encouraged to submit their Financial Assistance Applications as soon as possible.

For Responsible Individual(s) who are deemed qualified for financial assistance, Blue Mountain Hospital District will send a written notification by mail within 30 days of that determination.

For Responsible Individual(s) who is deemed ineligible for financial assistance, Blue Mountain Hospital District will send a written notification by mail within 30 days of that determination.

**Process for Eligibility Determination**

1. At the time of the initial patient interview, the Collection Specialist will gather routine demographic information and information regarding all existing third-party coverage. In cases where a patient has limited or no third-party coverage, the Collection Specialist will determine if the patient qualifies for financial assistance from other existing financial resources such as Medicare, Medicaid, crime victim’s compensation funds, Oregon Marketplace, or other state and federal programs. The Collection Specialist will be available to assist the patient with enrolling in the Oregon Health Plan or Oregon Market Place. If the patient refuses to apply for or provide information necessary to the application process, he or she will be ineligible for financial assistance pursuant to this policy. If the application(s) to the above-mentioned medical financial assistance resource(s) is(are) denied, not adequate, or was(were) previously denied, or if the Hospital has not received a response from the applicable medical financial assistance resource within 7 months of submission of a completed application, consideration for financial assistance will then be given. In cases where third-party coverage (including private insurance or payment by governmental program) is nonexistent or likely to be inadequate, the Collection Specialist will inform the patient of the availability of financial assistance. However, in cases where third-party coverage is denied because the patient failed to comply with the insurer’s stated precertification requirements and/or

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coordination of benefit requirements, the patient will be ineligible for financial assistance according to this policy.

2. Patients seeking financial assistance will be asked to provide a complete and accurate Financial Assistance Application. Copies of the application form are available from any Financial Service Representative and at <http://www.bluemountainhospital.org/docs/finance.html>. Applications may be completed directly by the Responsible Individual(s), or by a Financial Service Representative based on information derived from any of the foregoing through an interview either in person or by telephone, or reliable information provided in writing. If assistance is needed with gathering necessary information or materials requested as part of the financial assistance qualifying process, patients are encouraged to contact Patient Financial Assistance at 541-575-4156 or 541-575-1311 ext. 2237.
3. Financial Assistance Applications will be considered if received at any time during the 240-day period following the first post-discharge billing statement issued by the District to the patient for such care. Responsible Individual(s) completing the Financial Assistance Application must return the signed form and require supporting materials through any of the following measures:
  - Hand deliver to Patient Financial Assistance at BMHD.
  - Mail to BMHD, ATTN: Business Office Financial Assistance; 170 Ford Road, John Day, OR 97845.
4. Eligibility for financial assistance is based upon: (i) A complete and accurate Financial Assistance Application; (ii) The Responsible Individual(s) participation in an education session with the Collection Specialist regarding insurance options available through the Oregon Insurance Marketplace (health insurance exchange), Oregon OHP and; (iii) the Responsible Individual(s) timely cooperation throughout the financial assistance application process. In connection with determining the Responsible Individual(s) eligibility for financial assistance, Responsible Individual(s) may voluntarily provide additional information that they believe to be pertinent to eligibility. If BMHD contacts the Responsible Individual(s) to request missing information, the Responsible Individual(s) will have a period of 30 days to respond. Failure to respond within that

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30-day period will result in the application being suspended from further processing; the Responsible

Individual(s) may re-activate the application by providing the requested information at any time during the 240-day period following the first post-discharge statement issued by the hospital to the patient for such care. If a Responsible Individual(s) provides information that is inaccurate or misleading, he or she may be deemed ineligible for financial assistance and, accordingly, may be expected to pay his or her bill in full.

5. In the event that the Responsible Individual(s) applies for financial assistance after an unpaid account has been referred to an external collection agency, Blue Mountain Hospital District will refrain from any extraordinary collection actions while the application remains incomplete and awaiting all required documents. However, in the event that a pending Financial Assistance Application is cancelled for a reason stated in the above paragraph, the unpaid account shall be subject to the terms and provisions of Blue Mountain Hospital District's Billing and Collection Policy.
6. Upon receipt of a Financial Assistance Application that is deemed "complete", Blue Mountain Hospital District will:
  - Suspend all collection activity until such time that Blue Mountain Hospital District makes a final determination on the eligibility for financial assistance;
  - Make a determination of the eligibility for financial assistance within 30 days of receipt of a completed Financial Assistance Application;
  - Notify the Responsible Individual(s) by mail within 30 days of Blue Mountain Hospital District's determination to approve or deny the Financial Assistance Application;
  - When financial assistance is approved, the appropriate adjustments will be made to the account to reflect financial assistance.
7. Subject to Blue Mountain Hospital District's discretion, once the Responsible Individual(s) has qualified for financial assistance, the eligibility can be extended up to a maximum of six months (180 days) from the approval date to cover future qualified care or services. To be eligible for this

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extended term, Blue Mountain Hospital District may require Responsible Individual(s) to provide updated financial information.

8. Financial assistance can be granted solely for services and care performed by Blue Mountain Hospital District’s providers. **A list of providers can be found at <http://www.bluemountainhospital.org/docs/finance.html>.** Locum Medical Providers and Residents providing care in the clinic or hospital will also be covered under this policy. Services by non-Blue Mountain Hospital District employed or contracted physicians, provider’s facilities or organizations are not eligible for financial assistance granted through this policy. (Exhibit C).
9. Blue Mountain Hospital District shall maintain confidentiality for all Financial Assistance Applications and supporting documents and may share this information outside of Blue Mountain Hospital District only upon written or verbal request from the Responsible Individual(s), or upon request by Blue Mountain Hospital District external auditors, collection agencies, or law firms.

**Eligible Discounts and Amounts Generally Billed**

1. For Responsible Individual(s) who are deemed qualified for financial assistance, Blue Mountain Hospital District will send a written notification by mail within 30 days of that determination.
2. All Responsible Individual(s) who qualify for financial assistance may receive a full or partial discount on net charges associated with emergency and medically necessary care as defined and determined eligible within the guidelines and timelines required by the policy. Under no circumstances will a financial assistance eligible individual be charged gross charges for any medical care.
3. In all cases, the amount accepted for payment for emergency or other medically necessary care will not exceed the amount BMHD accepts as “Payment in full” or the Amounts Generally Billed for the same services provided to patients who are insured by third party payers (including Medicare, Medicaid, and all private health insurers).



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- “Payment in full” for insured patients has two components: the amount required to be paid by the third-party insurer plus the amount required to be paid by the Responsible Individual(s).
- The “payment in full” amount is established by BMHD by calculating the weighted average of discounts provided to Medicaid and all private commercial health insurers. The “payment in full” or Amounts Generally Billed calculation is established on a twelve-month basis by using the “look back” method to annually analyze the actual claims paid to BMHD by insured patients and their third-party payers for the selected twelve month time period and is available in writing upon requests.

This requirement is met by ensuring that all financial assistance eligible patients are charged less than gross charges and/or the Amounts Generally Billed for all eligible care as defined in this policy.

### **Collection Practices**

Blue Mountain Hospital District expects payments from Responsible Individual(s) who have the ability to pay. In the event such Responsible Individual(s) fail or refuse to fulfill their financial obligation, Blue Mountain Hospital District may engage in collection actions including the referral of unpaid accounts to external collection agencies. Blue Mountain Hospital District will not engage in extraordinary collection actions before taking reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance.

Any payments received on an account approved for financial assistance will be refunded or transferred to an account balance prior to the application approval time period. Financial assistance is the last resort in the settlement of an account balance. **This discount does not apply with any other program.**

For more information please see our Billing and Collection Policy available by hardcopy or on our BMHD website at <http://www.bluemountainhospital.org/docs/finance.html>.

### **Administration of this Policy**

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It is the responsibility of Blue Mountain Hospital District to develop local operating procedures to administer this policy, including the following:

- Determination of local multi-lingual requirements for signage and other documents, and arrangements for interpreters if deemed necessary;
- Education and training of staff for communicating financial assistance availability for patients served in our facility; and
- Tracking procedures and account adjustment codes for Blue Mountain Hospital District.