

**Haxtun Hospital District
Financial Assistance Policy-Sliding Fee Scale**

I. Objective

To provide financial assistance for medically necessary health care in a fair, consistent, respectful and objective manner to our patients.

II. Policy Statement

- A. It is both the policy and practice of Haxtun Hospital District that medically necessary health care services are available to all individuals without delay, regardless of their ability to pay.
- B. Haxtun Hospital District assists eligible persons by waiving all or part of the charges for services provided by Haxtun Hospital District.
- C. A copy of Haxtun Hospital District Financial Assistance Policy is also available at www.haxtunhealth.org.

III. Procedure for Financial Assistance

A. Communication to Patients

- 1. Haxtun Hospital District communicates the availability of financial assistance if it has been determined that all other avenues have been exhausted.
- 2. Business office personnel are available to help patients understand and apply for the Haxtun Hospital District financial assistance program.
- 3. Prior to transfer to a collection agency, Haxtun Hospital District will attempt to contact the patient at the address and phone number provided by the patient. Statements and communications will inform the patient of the amount due, and of the opportunity to complete a financial assistance questionnaire.

B. Application Process

Patients wishing to apply for financial assistance are responsible for initiating and completing the financial assistance process in a timely fashion, preferably within 30 days after service. Completion includes filling out and submitting a Financial Assistance Application along with all requested documentation of income. The application is based on the financial information for the individual and all household members claimed as exemptions on the most recent tax return.

- 1. If the patient fails to initiate the financial assistance process, Haxtun Hospital District may choose to begin collection activity, including possible transfer to a collection agency.

2. Patients will be expected to file for Medicaid through their county social services department. A financial assistance determination will not be made until patient has received a notification from Medicaid regarding eligibility. The Medicaid application process is mandatory.
3. Haxtun Hospital District will inform patients of the results of their application within 30 days of receiving a completed application and all requested documentation. A final decision on financial assistance is provided to the patient in a written Notice of Determination.
4. Haxtun Hospital District will continue to work with patients to resolve the remainder of their balance after financial assistance. Patients are responsible to make mutually acceptable payment plan arrangements with Haxtun Hospital District within 30 days of their Notice of Determination.
5. Haxtun Hospital District will make an attempt to contact patients who have failed to make payment arrangements after Notice of Determination and/or who do not comply with mutually agreed to payment plans. The Notice of Determination will alert patients to their balance and tell them that if their financial situation has changed, they may have the opportunity for a new payment plan. This communication attempt will take place prior to transfer to a collection agency.
6. Haxtun Hospital District and collection agencies will not provide assistance after an account has entered legal court proceedings.

C. Eligibility Criteria for Uninsured Patient Financial Assistance

1. Haxtun Hospital District financial assistance employs a sliding scale discount that takes into consideration a patient's household size and income.
2. Eligible patients are uninsured persons who receive inpatient or outpatient medically necessary services from Haxtun Hospital District and who are not eligible for coverage that would otherwise pay for these services. In addition, the patient's household income (as defined below) must be less than 250 percent of the most current Federal Poverty Level guidelines.
3. Financial assistance determinations will be consistent among patients, regardless of their age, sex, race, creed, disability, sexual orientation, or national origin.
4. Financial assistance is generally secondary to all other financial resources available to the patient, including insurance, government programs, third-party liability and qualified household assets. Individuals with access to health insurance, COBRA coverage, and third party reimbursement for health services or governmental assistance, who elect not to enroll, fail to take advantage of or fail to maintain eligibility for such coverage may be excluded from receiving financial assistance.

D. Financial Assistance/Sliding Fee Determination Process

1. **Sliding Scale Levels.** Financial assistance is determined based upon a **sliding-fee scale** and is subject to the patient's income and family size. In order to obtain financial assistance, the patient must establish (through completion of a Financial Assistance Application and submission of required documentation) that the patient's annual household income is below 250 percent of the Federal Poverty Level.

The discount provided per Federal Poverty Guidelines income is provided below:

Household Size	2018 Federal Poverty Guidelines (FPG)	Income of 0% - 125% of FPG	Income of 126 - 150% of FPG	Income of 151 - 175% of FPG	Income of 176 - 250% of FPG
1	\$12,140	\$15,175	\$18,210	\$21,245	\$30,350
2	\$16,460	\$20,575	\$24,690	\$28,805	\$41,150
3	\$20,780	\$25,975	\$31,170	\$36,365	\$51,950
4	\$25,100	\$31,375	\$37,650	\$43,925	\$62,750
5	\$29,420	\$36,775	\$44,130	\$51,485	\$73,550
6	\$33,740	\$42,175	\$50,610	\$59,045	\$84,350
7	\$38,060	\$47,575	\$57,090	\$66,605	\$95,150
8	\$42,380	\$52,975	\$63,570	\$74,165	\$105,950
ADJUSTMENT					
		100%	75%	50%	25%

2. Documents used for income verification for all household members may include, but will not be limited to:
 - Copies of payroll stubs, Social Security checks, or unemployment checks for the most recent 90 days.
 - Copy of the most recent IRS tax return filed.
 - Current bank statements.
 - In the absence of income, a letter of support from individuals providing for the patient’s basic living needs may be required.

Haxtun Hospital District may require additional verification of income.

3. “Household income” includes all pre-tax income however derived by all persons at least 18 years old who reside in the household and are contributing to the basic living expenses of the patient. Consideration may be extended for temporary living situations.
4. Haxtun Hospital District may request a credit history report to confirm the financial assistance information.
5. Incomplete financial assistance applications may be denied. Haxtun Hospital District will retain the incomplete application and send a letter to the patient outlining the information needed along with an explanation of how to submit the necessary paperwork.
6. Haxtun Hospital District may choose to provide charity beyond the stated guidelines in exceptional circumstances. Exceptions beyond the stated guidelines for on-going care longer than 60 days will go through a secondary review process.

E. Notification of Financial Assistance Determination

1. Haxtun Hospital District will make assistance determinations within 30 days of receiving a completed Financial Assistance Application and all required documentation.
2. Notification of financial assistance determinations will be mailed to the patient or responsible party.
3. Haxtun Hospital District keeps all applications and supporting documentation confidential.

F. Payment Plans for Financial Assistance

1. Haxtun Hospital District will offer payment plans to households that qualify for financial assistance. Payment plans will not exceed 10 percent of the patient's household income per year. If the household has qualified assets, a higher payment plan may be requested.
2. Patients are responsible for communicating to the business office anytime an agreed-upon payment plan may be broken. Lack of communication by the patient may result in further account collection action.
3. Payment plans extending beyond the recommended timeframe will be considered based upon extenuating circumstances.

G. Collections Policy

1. Haxtun Hospital District makes reasonable attempts to confirm that patients are not eligible for assistance programs prior to collection agency assignment.
2. If all previous attempts to contact a patient have failed, by phone and through mail, and the patient has multiple outstanding accounts due to Haxtun Hospital District that have been forwarded to the collection agency, the business office may omit future phone attempts prior to sending the account to a collection agency.

H. Appeals of Assistance Determinations

1. Patients or their representatives can appeal a financial assistance determination (decision) by providing additional information, or a written explanation of extenuating circumstances, to the Haxtun Hospital District Chief Executive Officer within 30 days of receiving the NOTICE OF DETERMINATION. Haxtun Hospital District will notify the responsible party of the outcome. One appeal for each determination will be accepted.

IV. Terms and Definitions

- A. Medically Necessary - refers to inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms, which otherwise left untreated, would pose a threat to the patient's ongoing health status. Services must be clinically appropriate and within generally accepted medical practice standards; represent the most appropriate and cost effective supply, device or service that can be safely provided and readily available at a Haxtun Hospital District hospital, with a

primary purpose other than patient or provider's convenience. Expressly excluded from medically necessary services are health care services that are:

- cosmetic;
- experimental or part of a clinical research program;
- private and/or non-Haxtun Hospital District medical or physician professional fees; or
- Services and/or treatments not provided at a Haxtun Hospital District hospital.