



VALOR HEALTH Financial Assistance Policy Plain Language Summary

Policy Summary

VALOR HEALTH has adopted a program for Financial Assistance based on how a patient's family yearly income compares to the **Federal Poverty Guidelines and the Sliding Fee Scale Discount Guide for Critical Access Hospitals**.

- Family Yearly Income up to 100% of poverty guideline will receive 100% financial assistance
- Family Yearly income between 101% - 150% of poverty guideline will receive 75% financial assistance
- Family Yearly Income between 151% - 200% of poverty guideline will receive 50% financial assistance
- Family Yearly Income between 201% – 300% of poverty guideline will receive 25% financial assistance

Financial assistance is generally forgiveness of a percentage of billed charges on **eligible services** as indicated in the chart above. In addition to financial assistance, patients receiving financial assistance will also be billed at a lower rate known as the "**Amount Generally Billed**" equal to the average of the three best negotiated contract rates between commercial insurance payers and the hospital.

Financial assistance provided under this policy is done so with the expectation that patients/guarantor will cooperate with the policy's application procedures and those of state or county programs that may be available to cover the cost of care; as well as, contribute to the cost of their care based on the outcome of the application and their individual ability to pay. Valor Health will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Who Is Eligible for Assistance?

Financial assistance will be provided to patients who **meet program qualifications and live in the VALOR HEALTH service areas**. Financial assistance will also be provided, without discrimination, to patients from outside the VALOR HEALTH service areas, who otherwise qualify for the program, and who present with an urgent, emergent, or life threatening condition.

What Services Are Covered Under This Program?

Services eligible under this financial assistance policy include the following:

- Trauma and emergency medical services provided in an emergency setting
- Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient as determined by the ordering provider
- Other medically necessary services ordered by a medical provider

What Services Are Not Covered?

Financial assistance is not available for every service offered by VALOR HEALTH. Examples of non-eligible services include but, are not limited to the following:

- Elective procedures (not medically necessary)
- Cosmetic services
- Accounts paid prior to Financial Assistance award
- Charges from providers not billed through VALOR HEALTH such as independent physician services or Ambulance transport

Patients must contact independent service providers directly to inquire about assistance and negotiate payments with these practices. A list of VALOR HEALTH Providers can be found in the “Valor Health List of Covered Providers Under the Financial Assistance Policy”.

How Do I Apply?

Applications can be downloaded from the VALOR HEALTH Website at <http://www.valorhealth.org/> or received in person at the Hospital Business Office, 1202 East Locust, Emmett, ID 83617.

What if I Don't Understand the Application or I Need Help?

- VALOR HEALTH will provide financial counseling to patients about their hospital bills including any questions or help with the Financial Assistance Application. **It is your responsibility to schedule assistance with a financial counselor and cooperate in the counseling process. Call 208-365-3561 to schedule an appointment.** A request for financial assistance can be made by a patient, responsible party, family member, or friend of the patient, subject to applicable privacy laws. VALOR HEALTH will also respond to any written requests for information on the financial assistance policy.
- VALOR HEALTH recognizes that not all patients/responsible parties, are able to complete the financial assistance application or provide required documentation. For those individuals who are unable to provide required documentation but meet certain financial need criteria, VALOR HEALTH may decide to grant financial assistance even in the face of a partially or completely incomplete application. Presumptive eligibility may be determined on the basis of the following life circumstances:
 - Homeless
 - Patient is deceased with no known estate
 - Patient is eligible in another state's Medicaid program
 - Patient is unable/incompetent to comply with the application requirements but has no known financial resources

How Long is My Financial Assistance Award Effective?

Patients determined to be eligible may be granted financial assistance for a **period of up to six(6) months**. Financial assistance **may** also be applied to eligible accounts up to 240 days prior to the application date, as long as the eligible services were received after 1/1/2016 and eligibility for that period is determined.



Can I Appeal?

Disputes and appeals to the application process or the determination may be filed with the VALOR HEALTH Business Office Manager. The dispute or appeal should be in writing and submitted within 30 days of the patient's experience giving rise to the dispute or notification of the decision on financial assistance eligibility.

Can I Ever Be Sent to Collections?

- Under the policy, no extraordinary collection actions will be pursued against any patient within 120 days of issuing the initial bill without first making reasonable efforts to determine whether that patient/responsible party is eligible for financial assistance.
- VALOR HEALTH may pursue collections actions against
 - Patients/responsible parties found ineligible for financial assistance
 - Patients/responsible parties who received discounted care but are no longer cooperating in good faith to pay the remaining balance
 - Patients/responsible parties who have established payment plans but are not in compliance with the agreement

Where Can I get More Information?

Call 208-365-3561 and speak to the Valor Health Financial Counselor.