

## FINANCIAL ASSISTANCE POLICY: NON-HOSPITAL FACILITIES

DEPARTMENT: Commonwealth Financial Resources	POLICY DESCRIPTION: Guidelines for granting charity write-offs at CHC non-hospital facilities.
Page: 1 of 5	REVIEW DATES: September 2017, July 2019, May 2022
EFFECTIVE DATE: January 1, 2016	REVISION DATES: September 2017, July 2019
REVIEW RESPONSIBILITY: Director, CFR	REFERENCE NUMBER: N/A

### **PURPOSE**

In order to provide the members of the communities we serve with the care they need while staying within the parameters of reason, law, regulation and fiscal responsibility, Commonwealth Financial Resources (CFR) will process and grant Financial Assistance to patients of CHC's non-hospital affiliated practices and facilities.

The specific CHC affiliates that are covered by this policy and those non-CHC related entities which are not covered by this policy are listed on the Financial Assistance: Participating Non-Hospital Facilities Attachment.

### **DEFINITIONS**

- A. Catastrophic Assistance means discounted services provided to Patients who are not eligible for Financial Assistance but qualify for adjustments under the Catastrophic Assistance Guidelines.
- B. Financial Assistance means the free services provided to patients who have been determined to be eligible for such adjustments under this Financial Assistance Policy (FAP).
- C. Financial Assistance Policy (FAP) means this Financial Assistance Policy which includes eligibility criteria, the method for applying the policy, the measures to publicize the policy, and sets forth the Financial Assistance Program available to patients who meet certain income guidelines.
- D. Patient means the person receiving medical care or the person who is financially responsible for the person receiving medical care (i.e. guarantor).

### **POLICY**

This policy is to be applied to all active, non-bad debt accounts for Medically Necessary procedures or treatments, as defined in this policy, including accounts for non-covered Medicaid services that are less than six months since the balance was determined to be Patient responsibility. Patients may apply for Financial Assistance as indicated in this policy below. Approved applications will be valid for qualifying charges incurred within six months after approval. Once approved, these qualifying charges will be adjusted off the patient account consistent with this policy. This policy will be applied to bad-debt accounts by our collection agency.

#### **1. Services Eligible under this Policy**

**Medically Necessary care** means those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be medically necessary taking into account the most appropriate level of care. To be medically necessary, a service must:

1. Be required to identify, treat or prevent an illness or injury;
2. Be consistent with the diagnosis and treatment of the Patient's conditions;
3. Be in accordance with the standards of good medical practice in the community;
4. Be provided for medical reasons rather than primarily for the convenience of the Patient, the Patient's caregiver, or the Patient's physician; and

## FINANCIAL ASSISTANCE POLICY: NON-HOSPITAL FACILITIES

DEPARTMENT: Commonwealth Financial Resources	POLICY DESCRIPTION: Guidelines for granting charity write-offs at CHC non-hospital facilities.
Page: 2 of 5	REVIEW DATES: September 2017, July 2019, May 2022
EFFECTIVE DATE: January 1, 2016	REVISION DATES: September 2017, July 2019
REVIEW RESPONSIBILITY: Director, CFR	REFERENCE NUMBER: N/A

5. Be the level of care most appropriate for the Patient as determined by the Patient's medical condition and not the Patient's financial or family situation.

**The following services are not eligible for Financial Assistance under this Policy, unless otherwise noted:**

- Cosmetic surgery unless it is considered medically necessary
- Bariatric and all related services unless it is considered medically necessary
- Elective reproduction-related procedures including but not limited to: in-vitro fertilization, vasectomies, etc.
- Experimental procedures including non-FDA approved procedures, devices, or implants
- Package pricing or services billed as a bundle and subject to an inclusive rate which is not subjected to any other forms of discounting.
- Services provided by a non CHC entity
- Cost of specialty replacement lenses
- Hearing aids and hearing aid repair
- Other elective procedures not considered medically necessary

**II. Methods for Applying for Financial Assistance:** Patients may apply for Financial Assistance by any of the following means:

- a. Notifying CFR or CHC personnel at or prior to the time of registration that they are an uninsured or under insured Patient or in need Financial Assistance.
- b. Downloading and printing the Financial Assistance Application from the CHC website and mailing a completed application form to the address on the website. The link to the Financial Assistance Application is: <https://medcenterhealth.org/cfr/billing-policies/financial-assistance>.
- c. Request a Financial Assistance Application form by phone: 800-786-1581 or 270-745-1100. The Financial Assistance Application and a Plain Language Summary (PLS) of the FAP will be mailed to Patients, free of charge.

**III. Eligibility Criteria and Determination:**

- A. CFR's Financial Assistance guidelines are based on a percentage of the Federal Poverty Level (FPL) as published in the Federal Register, in or around February of each year.
- B. Eligibility will be based on documented household income or proof of participation in in public assistance programs described in III C below. In order to qualify for Financial Assistance based on income level, copies of following documents must be provided:
  - a. Pay stubs (3 most recent), Social security benefits letter, alimony checks (3 most recent), etc.

## FINANCIAL ASSISTANCE POLICY: NON-HOSPITAL FACILITIES

<b>DEPARTMENT: Commonwealth Financial Resources</b>	<b>POLICY DESCRIPTION: Guidelines for granting charity write-offs at CHC non-hospital facilities.</b>
<b>Page: 3 of 5</b>	<b>REVIEW DATES: September 2017, July 2019, May 2022</b>
<b>EFFECTIVE DATE: January 1, 2016</b>	<b>REVISION DATES: September 2017, July 2019</b>
<b>REVIEW RESPONSIBILITY: Director, CFR</b>	<b>REFERENCE NUMBER: N/A</b>

- b. Federal tax return including W-2's and all pertinent pages of the Federal tax return as determined by CFR.
- c. Bank statements: all open bank accounts showing beginning and ending balance.

Such documentation may be verified through the purchase of credit reports, telephone verification, or other means if the amount of the requested Financial Assistance is greater than \$1,000, and we have obtained authorization from the Patient to take such steps.

- C. Persons or families who qualify for Medicaid, food stamps, and other indigent care programs that can be and are independently verified will be deemed to meet the Financial Assistance guidelines, as will accounts identified through tools or programs which provide reasonable assurance that the account meets our Financial Assistance guidelines.
- D. The Financial Assistance Application requires documents to verify liquid assets: cash balances in checking accounts, savings accounts, CDs, stocks and bonds. With authorization, such documentation may be verified through credit reports, telephone verification or other means.
- E. Asset Test: From the asset information provided above, household liquid assets in excess of \$5,000 will be considered income in determining a Patient's income for Financial Assistance eligibility. Patients who do not supply the asset information required for this calculation will not be eligible for Financial Assistance adjustments.
- F. Persons in the household for purposes of determining family size for FPL include spouses and total dependents in the household.
- G. Financial Assistance adjustment of 100% are to be granted, subject to satisfactory proof of income level, for those with income of 200% or less of FPL for the documented family size. Those with incomes of more than 200% of FPL do not qualify for Financial Assistance, except as covered in the Catastrophic Guidelines section below.
- H. In determining the amount of adjustment, the larger of the adjustment under the Financial Assistance Policy or the Catastrophic Assistance adjustment is to be taken.
- I. A Financial Assistance Application may be obtained at any hospital facility registration area, by calling Commonwealth Financial Resources at 270-745-1100 or 800-786-1581, or by visiting our website.

For accounting purposes, the Financial Assistance adjustment amount is the total adjustment on the account. All Self-Pay and Quick Pay Discounts are to be reversed prior to calculating the Financial Assistance adjustment.

## FINANCIAL ASSISTANCE POLICY: NON-HOSPITAL FACILITIES

DEPARTMENT: Commonwealth Financial Resources	POLICY DESCRIPTION: Guidelines for granting charity write-offs at CHC non-hospital facilities.
Page: 4 of 5	REVIEW DATES: September 2017, July 2019, May 2022
EFFECTIVE DATE: January 1, 2016	REVISION DATES: September 2017, July 2019
REVIEW RESPONSIBILITY: Director, CFR	REFERENCE NUMBER: N/A

### IV. Catastrophic Assistance Guidelines

Because there may be circumstances where a Patient may end up owing an amount that is large in relation to his/her income, but still not meet our Standard Financial Assistance Guidelines, and because we do not want to create what is commonly known as “medical indigency,” we will also apply the following guidelines to Financial Assistance Applications:

- A. Eligibility: Patients who meet the following guidelines may have discounts applied to specific accounts:
  - a. Patients who are determined to not be eligible for Financial Assistance;
  - b. Patients whose household income is less than 20 times (2000%) of the FPL. The purpose of this requirement is to limit the incentive to not purchase health insurance if a person can afford it.
  - c. The healthcare services rendered must be Medically Necessary Care as defined in this policy.
  - d. The Patient responsibility portion of the bill must be greater than 20% of household annual income
  - e. Patients are required to apply to public programs for coverage, if they are determined to be eligible.
- B. Catastrophic Assistance Amounts: The amount due from approved Catastrophic Assistance applicants will be capped at 50% of their documented and verified household annual income plus the amount the Patient’s liquid assets exceed their immediate needs as per the Asset Test above. Amounts greater than this calculation will be adjusted off the Patient’s account.
- C. We will allow payment of this capped amount over a period of up to 10 years, with up to 15 years available with the approval of the Director of CFR.
- D. The payments will be treated as long-term pay, i.e. they will require a written agreement, and the payments will be interest free for the remaining portion of the balance due.

### V. Other Considerations

This Financial Assistance Policy: Non-Hospital Facilities is not a Financial Assistance Policy (FAP) under IRS Regulation 501(r).

The Financial Assistance, Catastrophic and Medicare Worksheets are tools used by CHC to apply the guidelines in this policy and are to be revised as needed by CFR personnel and approved by the Director, CFR. They are to be approved only if they accurately implement the requirements of this policy.

## **FINANCIAL ASSISTANCE POLICY: NON-HOSPITAL FACILITIES**

<b>DEPARTMENT: Commonwealth Financial Resources</b>	<b>POLICY DESCRIPTION: Guidelines for granting charity write-offs at CHC non-hospital facilities.</b>
<b>Page: 5 of 5</b>	<b>REVIEW DATES: September 2017, July 2019, May 2022</b>
<b>EFFECTIVE DATE: January 1, 2016</b>	<b>REVISION DATES: September 2017, July 2019</b>
<b>REVIEW RESPONSIBILITY: Director, CFR</b>	<b>REFERENCE NUMBER: N/A</b>

The Financial Assistance Application used in conjunction with this policy is to accurately reflect the requirements of this policy and will be approved by the Director, CFR.

The related Financial Assistance: Participating Non-Hospital Facilities Attachment is to be updated quarterly as needed and approved by the Director, CFR.

It is the Patient's responsibility to complete the Financial Assistance Application, provide accurate information, work with us to get the applications and supporting documents to us in a timely manner and to inform us of any changes in their financial situation.

The correction of minor errors, updating the listing of Participating Entities, Federal Poverty Guidelines, location of policies on websites, and changes to the Financial Assistance Application and worksheets do not require board approval. Unless specifically stated otherwise in this policy, such changes are to be approved by the Director, CFR.