



Origination 09/2015
Last 05/2016
Approved
Effective 05/2016
Last Revised 11/2015
Next Review 05/2017

Owner **Melissa Turner**
Area **Patient Care
Policy Manual**

Financial Assistance Program

Purpose:

Warren General Hospital maintains a program to provide free or discounted medical services to qualifying individuals. Free and discounted care constitutes "Financial Assistance." This policy outlines the circumstances under which Financial Assistance discounts may be provided to qualifying low income patients for all emergency and medically necessary healthcare services, as determined by the examining physician, provided by Warren General Hospital.

Eligibility:

In order to make the best use of available resources, the Hospital requires that patients/families attempt to obtain any assistance potentially available from government and non-government assistance programs, including, for example, Medical Assistance (Medicaid) programs and the Children's Health Insurance Program (CHIP), and publically supported insurance Exchange Products. Financial assistance is secondary to all other financial resources available to the patient.

Financial assistance is available for any financial obligation of a patient/family, including financial obligations that arise because patients are uninsured or underinsured, or because patients have co-payment, co-insurance and/or deductible obligations under insurance arrangements. **Discounted care** is available to individuals whose household income is less than 300% of the Federal Government Poverty Income Guidelines. The level of discount will be based upon the individual's income, financial resources, and household size. **Free care** is available to individuals whose household income is less than 300% of the Federal Government Poverty Income Guidelines.

Notice: The Hospital will publicize this policy in the following manner:

1. Post notice of the availability of financial assistance in all patient registration areas of the Hospital and the financial counselor's office.

2. Provide paper copies of the Financial Assistance Policy upon request and without charge, by mail, in patient registration areas of the Hospital and in the Emergency Care Center.
3. Provide information about the policy in discharge paperwork and on patient invoices.
4. Annually publish notice of the policy in the local newspaper.
5. Annually notify the Warren General Hospital Medical Staff.
6. Post the Financial Assistance Policy, application and a plain language summary on the Warren General Hospital public web site.

Method for Applying for Financial assistance: Individuals may request an application within 120 days of the date of the first bill. Any employee or physician may refer an individual to the financial counselor for assistance in determining eligibility.

Individuals who desire to obtain financial assistance must complete the Hospital's Financial Assistance Application and provide all requested documentation of assets. Examples of documentation include, without limitation, proof of income, bank statements, county medical assistance denial form, proof of application to obtain government supported insurance exchange product.

Individuals also must make timely application for the Medical Assistance Program as a condition of obtaining free or discounted care. The financial counselor or the Patients Accounts Manager will review the application and make a determination as to eligibility and the amount of free or discounted care. The individual will be notified of the determination of eligibility within 30 days of submitting a complete application.

Basis for Calculating Amounts Charged to Patients: Warren General Hospital determines the basis for calculating amounts charged to patients by using the Look Back Method. Once per year, The Hospital calculates the Amount Generally Billed percentage, ("AGB") by Medicare fee-for-service. The AGB percentage is applied to gross charges for services provided to the patient. The patient will be required to pay the lesser of the AGB percentage of gross charges or the financial aid percentage of gross charges as determined by the financial counsellor.

Delinquent Accounts: The Hospital reserves the discretion to take any lawful measures to collect the debt, including the use of third-party collections agencies, reporting debts to credit agencies, and obtaining a lien or judgment on the individual's property if an individual does not pay (or set up a payment plan for) an outstanding balance. The Hospital will not take extraordinary collections actions until the Hospital has made a good faith effort to determine whether an individual is eligible for assistance under this financial assistance policy. Notwithstanding the foregoing, the Hospital may take extraordinary collections actions if an individual fails to supply information necessary to determine eligibility for financial assistance or fails to cooperate with the terms of the Hospital's financial assistance program.

Failure to Pay: If a patient fails to pay the self- pay portion of discounted care invoices the patient will be disqualified from receiving future financial assistance until the outstanding delinquency is paid in full.

Records: The Hospital will maintain documentation of each individual's application for the financial assistance program and the amount of financial assistance the applicant received. The Hospital will review an individual's prior Financial Assistance eligibility but will not use prior eligibility to presumptively

determine continued and ongoing eligibility.

Providers covered by the Financial Assistance Policy: Providers delivering emergency and medically necessary care and covered by the Financial Assistance Policy are listed in Appendix A.

Revision: 9

Approval Signatures

Step Description

Approver

Date

COPY