St. Alexius Hospital

DEPARTMENTAL POLICY

Departments: Patient Access and Patient Accounts		Page 1 of 3		Policy #
Title: **FINANCIAL ASSISTANCE GUIDELINES**	Review Frequency: Annual	Last Review Date: January 1, 2011	Last Revision Date: January 1, 2011	Effective Date: January 1, 2011
Recommended By:	Director Patient Services			
Authorized By:				

I. Policy:

Financial assistance will be provided for medically necessary healthcare services, as determined in conjunction with input from the attending physician taking into account all relevant facts and circumstances, free of charge to individuals who meet certain financial criteria based upon income, assets and family size.

II. Key Words

Financial assistance
Financial evaluation
Uninsured
Medically necessary

III. Definitions

Financial assistance is the portion of patient care services provided by a facility for which a third-party payer is not responsible and the patient has demonstrated the inability to pay. Financial assistance does not include bad debt or contractual allowances. The term medically necessary is used to define that services are necessary in the continued treatment of the patient's condition and are emergent.

IV. Procedure

Every effort will be made to insure that patients with an inability to pay are provided Financial Evaluation Forms and information regarding financial assistance available. Financial Evaluation Forms (Attachment 1) are to be provided to any responsible party upon request. Patients will be instructed to complete the forms and return them by mail or in person to a Patient Accounts representative.

Financial Evaluation Forms are to be completed and returned with supporting documentation within 30 days from receipt. Supporting documentation includes verification of income. Verification of income includes (1) the most recent Federal income tax return or Form 1722 from the Internal Revenue Service confirming no tax return was filed and/or (2) check stubs from the last month or a letter from the employer confirming income. Information on dependents, expenses and assets should also be provided. Lack of supporting documentation or failure to complete all information on the Financial Evaluation form can result in denial of financial assistance. The Medicaid application or the Medicaid eligibility screening application can be used in lieu of the Hospital Financial Evaluation Form. Documentation exceptions may be made for homeless patients. Information can be independently verified; misrepresentation can result in denial of financial assistance.

Financial assistance determination is based upon income, assets and family size utilizing the Department of Health & Human Services Annual Poverty Guidelines published in the Federal Register. Financial assistance is provided for 100% of the patient's responsibility when their income is less than 200% of the Annual Poverty Guidelines. A reduced fee schedule is available from 200% to 400% of the Annual Poverty Guideline. Patients' responsibility may not exceed the Medicare reimbursement amount for a similar service and encounter. Patient's annual out-of-pocket liability to the hospital shall not exceed 30% of their annual gross income. Patients must be ineligible for coverage by Medicaid to be considered for financial assistance. While the Poverty Guidelines are the primary determinant of eligibility, financial assistance may include evaluation of assets, whether for the wage-earner, small business owner or farmer. Financial evaluations forms are active for one year of approval date and will be applied across all hospitals during this period.

Reduced Fee Schedule

Federal Poverty Guideline	200%	300%	400%
Fee Reduction	100%	80%	68%

Financial assistance may be provided for the entire account balance for uninsured patients or for coinsurance, deductibles and non-covered, non-elective services, if the patient meets the eligibility criteria.

Determination of eligibility or denial of financial assistance will be communicated to the responsible party within 30 days of receipt of all required documentation Services not covered by non-par MC+ plans, out-of-state Medicaid programs and non-covered Medicaid services are also classified as financial assistance. Accounts falling within 90 days of Medicaid eligibility can be considered for financial assistance without completion of a financial evaluation form.

Accounts previously placed with collection agencies will be given consideration for financial assistance.

This Policy addresses only the most common situations that may arise and it is not intended to be all-inclusive. This Policy is intended to describe the hospital's general financial assistance guidelines.

V. Emergency Care Policy

In addition to the Emergency Department Core Policy in compliance with EMTALA, All Hospitals will provide, without discrimination, care for Emergency Medical Conditions(within the meaning of section 1867 of the Social Security Act (42 USC 1395dd)) to all individuals seeking such care regardless of their eligibility under the this Financial Assistance Policy.