

	<b>Policy Number:</b> ADM.007	<b>Original Issue Date:</b> October 2004	<b>Last Review/Revision Date:</b> February 2018
<b><i>FINANCIAL ASSISTANCE AND UNINSURED GUIDELINES</i></b>		<b>BOD Approval Date:</b> February 27, 2018	
Accrediting/CMS References:			

***POLICY STATEMENT***

Gerald Champion Regional Medical Center (GCRMC) is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, GCRMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with GCRMC’s procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow GCRMC to provide the appropriate level of assistance to the greatest number of persons in need, GCRMC establishes the following guidelines for the provision of financial assistance.

***Definitions***

**GCRMC:** Includes services billed under both GCRMC and various employed physician practices.

**Financial Assistance:** Healthcare services that have been or will be provided but are never expected to result in cash inflows. Financial Assistance results from a provider's policy to provide healthcare services free of charges or at a discount to individuals who meet the established criteria.

**Family:** Using the Census Bureau definition, a group of two (2) or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, capital gains or losses, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, distributions from estates, trusts, educational assistance, alimony, child support, assistance from

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outside the household, and other miscellaneous sources. GCRMC will also include 10% of assets in calculating Family Income;

- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities

### ***POLICY***

1. **Services Eligible under this Policy.** For purposes of this policy, “financial assistance” refers to healthcare services provided without charge to qualifying patients. The following healthcare services are eligible for financial assistance:

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Medically necessary services, evaluated on a case-by-case basis at GCRMC’s discretion.

2. **Eligibility for Financial Assistance.**

Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

3. **Determination of Financial Need.**

- Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
  - Include an application process, in which the patient or the patient’s guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
  - Include the use of external publically available data sources that provide information on a patient’s or a patient’s guarantor’s ability to pay (such as credit scoring);
  - Include reasonable efforts by GCRMC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;

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- Take into account the patient’s available assets, and all other financial resources available to the patient; and
  - Include a review of the patient’s outstanding accounts receivable for prior services rendered and the patient’s payment history.
- It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.
  - GCRMC’s values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and GCRMC shall notify the patient or applicant in writing within thirty (30) days of receipt of a completed application.
4. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient’s eligibility for financial assistance, GCRMC could use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
- State-funded prescription programs;
  - Homeless or received care from a homeless clinic;
  - Participation in Women, Infants and Children programs (WIC);
  - Food stamp eligibility;
  - Subsidized school lunch program eligibility;
  - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
  - Low income/subsidized housing is provided as a valid address; and
  - Patient is deceased with no known estate.
5. **Financial Assistance Guidelines.** Services eligible under this Policy will be made available to the patient, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:
- Patients whose family income is at or below 300% of the FPL are eligible to receive free care;

- In certain circumstances, GCRMC will negotiate payment terms for patients whose incomes exceed 300% of FPL with catastrophic illnesses or unusual circumstances. Such determinations are made by the Patient Financial Services Department working with GCRMC management.
  - No patient eligible under this policy will be billed more than the amounts generally billed as calculated using the look-back method assuming Medicare, Medicaid and commercial payors. Information on the calculation and the AGB percentage can be obtained by contacting the Patient Financial Services Department at (575) 443-7400.
6. **Communication of the Financial Assistance Program to Patients and the Public.** Notification about financial assistance available from GCRMC, which shall include a contact number, shall be disseminated by GCRMC by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, urgent care centers, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places as GCRMC may elect. A copy of this policy shall be posted on and readily accessible from the GCRMC public website. Referral of patients for financial assistance may be made by any member of the GCRMC staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

Applications for financial assistance may be found at various locations throughout the main facility, including: the Front Lobby; the Emergency Department; the Behavioral Medicine waiting lobby; the Maternal Child waiting room; The ICU waiting room; the Med/Surg waiting room; the Inpatient Rehab Facility waiting room; the Cancer Center waiting room; and on the website at [www.gcrmc.org](http://www.gcrmc.org).

The information required to complete the application for financial assistance is: copy of most recent federal income tax return (including W-2 and 1099 Forms); copy of last three months' bank statements; copy of last three (3) months' pay stubs; copy of last three (3) months of statement from employer if paid in cash; proof of other income; documentation regarding any real estate or investments owned; letter from Social Security (Form SSA-4926 or other similar form) showing determination of income to be received during the current period. Individuals may be denied financial assistance if the documentation described above is not submitted or their application form is incomplete.

7. **Collection Policies.** GCRMC management has developed policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from GCRMC, and a patient's good faith effort to comply with his or her payment agreements with GCRMC. For patients who do not qualify for charity, GCRMC will submit accounts to an "early out" collection vendor. This vendor will attempt to contact guarantors to resolve billing questions, set up payment arrangements, and make sure the guarantor is aware of GCRMC's financial assistance plan and how to apply. Accounts that are not resolved during the early out collection process will be forwarded to a bad debt collection agency or agencies. These agencies will attempt to contact guarantors to collect balances in full, set up payment arrangements, and negotiate settlements under extenuating circumstances. Accounts that are not resolved during the bad debt collection process may be subjected to legal action, which could result in wage garnishment and/or judgements being obtained resulting in liens placed on real property.

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- 7. **Services by Non-GCRMC Providers Who Are Not Covered by This Financial Assistance Program:** GCRMC management has signed contracts with a number of independent provider organizations to provide the services necessary to meet the needs of GCRMC’s patient population. In some cases patients will receive a bill from these independent providers. The types of services currently provided and billed by independent providers include emergency room professional fees and hospitalist fees, which are billed by EmCare Physician Services, Inc. A list of the providers whose services are billed independent of GCRMC and are not subject to this policy will be provided on GCRMC’s external website and will be updated periodically.
- 8. **Services by Non-GCRMC Providers Who Are Covered by This Financial Assistance Program:** GCRMC management has contracted with Clinical Colleagues, Inc. for the provision of anesthesia services to GCRMC patients who undergo surgical procedures; Diamond Healthcare for the provision of behavioral medicine services; Restorix, Inc, for the provision of wound care services. These services are provided under this financial assistance program.
- 9. **Regulatory Requirements.** In implementing this Policy, GCRMC management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

**REVIEW/REVISION HISTORY**

<b>Date of Review/Revision</b>	<b>Prior Policy Name/Number (if applicable)</b>	<b>✓ If Reviewed</b>	<b>✓ If Revised</b>
October 2004		New	New
November 2009	911.007	✓	✓
February 2012		✓	
May 2015		✓	✓
December 2015		✓	✓
February 2018		✓	✓

This approved policy is posted on the GCRMC Intranet Website under Hospital Policies for Employee and Departmental access.

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