

Hillsdale Hospital Financial Assistance Policy

Policy Definition:

Financial Assistance shall be defined as services rendered for which the patient shall not be held liable.

Policy Statement:

Hillsdale Hospital is committed to minimizing the financial barriers to health care that exist for certain members of our community, in particular those not adequately covered by health insurance or governmental payment programs. As such, financial aid to assist low income, uninsured or underinsured individuals with their hospital claims is available to all who qualify. The Financial Assistance Policy is applicable for all health care services provided by Hillsdale Hospital, including the "Mac" McGuire Skilled Nursing Facility, MacRitchie Skilled Nursing Facility, Dempster W. Muffitt Center for Psychiatric Care, Hillsdale Home Oxygen, Hillsdale Home Care, Three Meadows Physical Therapy, Three Meadows Laboratory, Three Meadows Infusion Center, Reading Health Clinic, physician professional services of Daniel Baxter, D.O., Dale McCririe, D.O., Norris March, D.O., Alex Janusz, D.O., Molly Parker, D.O., Barry Collins, D.O., Parthiv Patel, D.O., Kwasi Boakye, M.D., H.F. Brainard, M.D., Ravinder Sharma, M.D., and HCHC Pain Clinic.

Other health care providers delivering emergency or other medically necessary care in the hospital facility, and whose services are covered by this policy include Agility Health, Michigan Emergency Physicians, LLP (dba Michigan Hospitalist Physicians), Northern Michigan Emergency Physicians, LLP, Anesthesia Staffing Consultants, and Premier Radiology.

Other health care providers delivering emergency or other medically necessary care in the hospital facility, and whose services are not covered by this policy include Satya Chaparala, M.D., and Sparrow Hospital Pathology.

Responsibility:

It is the responsibility of the Chief Financial Officer to insure compliance with this procedure.

Procedure:

- Balances on services owed by patient/patient's guarantor shall be collected pursuant to Hillsdale Hospital's Billing and Collection Policy. A statement of amount owed will be mailed to the address on record within 30 days of account being determined to be self pay. Continued communication with patient/guarantor will be made until account is paid in full or sent to a collection agency in accordance with Hillsdale Hospital's Billing and Collection Policy, which includes subsequent billings, collection letters, and telephone calls. If the account is left unpaid after the mailing of four statements and two collection letters, the balance due will be put into the queue for submission to a collection agency. The collection agency may report the debt activity to consumer credit reporting agencies or credit bureaus. Debt collection actions are outlined in the Billing and Collection Policy, which may be obtained free of charge by contacting the Financial Counselor at 517-437-5222 or 517-437-1723.
- Upon receipt of a notice of balance due or anticipation of the same, a patient, patient guarantor, or legally authorized agent may make application for *financial assistance* if the criteria is met.
- Patient shall apply for *financial assistance* consideration by completing the Application for Financial Assistance within 270 days after the date of the first statement. No accounts over 270 days will be considered for the *financial assistance* discount. Request for application should be directed to the Financial Counselor at 517-437-5222 or 517-437-1723, or may be obtained by visiting the Financial Counselor office in the lobby of the Health Center. The Financial Assistance Policy as well as the Application for Financial Assistance may be downloaded at the Health Center website at www.hillsdalehospital.com.
- Application and required attachments shall be forwarded to the Financial Counselor for review.
 - Financial Counselor shall review the request and financial statement for completeness;
 - Additional documentation supporting expenses/income may be requested;
 - Application may be reviewed with the Social Worker/Case Worker for additional input and/or documentation for extenuating circumstances;
 - The Financial Counselor shall forward all such requests to the Chief Financial Officer with all supporting documentation and the recommendation for action;
 - The Chief Financial Officer shall make the final determination. When reviewing the request and all supporting documentation, the Chief Financial Officer shall take into account the following factors: (1) the acuity of the treatment received at the Health Center; (2) the priority of cases under determination; and (3) the Health Center's resources. The patient shall be advised in writing of the determination by the Financial Counselor. The notice shall clearly state approval or rejection of *financial assistance* application;
 - Accounts determined to qualify for *financial assistance* shall be discounted according to the income table, using the designated adjustment codes by the Financial Counselor;
 - Any remaining balance on accounts approved for financial assistance will not be billed at a rate higher than the amount generally billed to individuals with insurance after the *financial assistance* discount has

been applied. The charges billed will be discounted using the look-back method by applying the Medicare payment rate according to the Provider Statistical and Reimbursement Report (PS&R) issued by Medicare, reviewed annually. The current rate is 56.2%;

- Accounts not qualifying after notice to the patient/guarantor will proceed through a collection process per the procedure outlined within the Patient Accounts Department. Because the hospital makes many efforts to communicate to patients about the financial assistance program during the registration and billing processes, extraordinary collections actions will not occur on an account where the patient was not aware of the process for applying for financial assistance;
- *Financial assistance* will be re-evaluated every 180 days for visits after the initial approval. However, the need for *financial assistance* may be re-evaluated at any time additional information relevant to the eligibility of the patient becomes known.

Criteria:

- The Application for Financial Assistance must be completed in its entirety, which includes attaching the following documents:
 - Denial letter from Medicaid
 - Most recent W-2 and Federal and State tax return
 - Proof of all unearned income, Social Security, Pensions, etc.
 - Last three (3) paycheck stubs from employment for guarantor and spouse
 - Copy of checking account statement
 - Copy of savings account statement
 - Copy of driver's license
 - Copy of social security card
 - Copy of current utility bill
- The applicant's medical care must be emergent or medically necessary to be considered. Elective procedures will not be eligible for a *financial assistance* discount.
- Patient has no insurance coverage or benefits for services, or is underinsured for services. *Financial assistance* is generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services. All such financial resources must be exhausted.
- Medicaid denial letter must accompany the *financial assistance* application. Medicaid application requirement may be waived due to religious beliefs of the patient.
- Patient has no available income with which to make a payment and little or no prospects for finding future earnings.
- As of the date of services, a single person may not have liquid assets (cash, savings and checking accounts, CDs, stocks and bonds, etc.) of more than \$7,500.00. A family is not allowed more than \$15,000.00. If the available balances exceed this amount, patient or guarantor may "spend down" the assets by paying toward medical expenses until the limit is reached.
- Only accounts in good standing will be eligible for a *financial assistance* discount.
- The full amount of the Health Center's charges, based on the Health Center's charge master, will be determined to be *financial assistance* eligible for a patient whose gross family income is at or below 100% of the current federal poverty level. The following sliding fee schedule is used to determine the amount that shall be written off for patients with incomes between 101% and 300% of the current federal poverty level:

**INCOME AS A PERCENTAGE
OF FEDERAL POVERTY LEVEL PERCENTAGE DISCOUNT**

0 – 100% Federal Poverty Level	100% Discount
101 – 150% Federal Poverty Level	80% Discount
151 – 200% Federal Poverty Level	60% Discount
201 – 250% Federal Poverty Level	40% Discount
251 – 300% Federal Poverty Level	20% Discount

Notwithstanding the foregoing, in the case of emergency or other medically necessary care, Hillsdale Hospital will limit the amounts charged to individuals eligible under the Financial Assistance Policy to not more than the amounts generally billed to individuals who have insurance covering such care. In the case of all other medical care covered under the Financial Assistance Policy, Hillsdale Hospital will charge eligible individuals less than the gross charges for such care.

Communication to the Public:

- The Health Center shall post conspicuous notices regarding the availability of financial assistance to low-income, uninsured or underinsured patients. These notices shall be posted in the emergency department and admissions area and may also be posted in other visible locations throughout the Hospital such as the billing office, and other outpatient settings.
- Every posted notice regarding financial assistance policies shall contain brief instructions on how to apply for financial assistance or a discounted payment. The notices also shall include a contact telephone number that a patient or family member can call to obtain more information.
- Hillsdale Hospital shall ensure that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies. Training shall be provided to staff members (i.e., billing office, financial department, etc.) who directly interact with patients regarding their hospital bills.
- When communicating to patients regarding its financial assistance policies, Hillsdale Hospital will attempt to do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable federal and state laws and regulations.
- Hillsdale Hospital shall share its financial assistance policies with appropriate community health and human services agencies and other organizations that assist such patients.
- Hillsdale Hospital shall post its Financial Assistance Policy summary on its Internet website.
- Hillsdale Hospital shall include a copy of its Financial Assistance Policy in the Admission/Discharge packet supplied to all inpatients.
- Hillsdale Hospital shall offer a plain language summary of the Financial Assistance Policy to all outpatients at the time of admission.
- Hillsdale Hospital shall include conspicuous information regarding the availability of financial assistance and how to obtain a copy of its Financial Assistance Policy on the billing invoices.

Revised 05/06/2015
 02/26/2016