

# PORTER HOSPITAL, INC.

Subject: Financial Assistance Policy & Procedure	
Department: Patient Financial Services – Porter Hospital and Porter (Physician) Practice Management	
Original Effective: January 2012	Last Revised: 10/16

## MISSION:

- Porter Hospital will provide emergency care to patients regardless of their ability to pay.
- Porter Hospital will accept a variety of payment methods and will offer resources to assist in resolving any outstanding balance. We will define the standard to be used by any outside agencies that are collecting on our behalf and will ensure that these policies are incorporated throughout the entire collection process.
- We will communicate our policy to those in need accurately and consistently. We will assist patients in applying for known programs of financial assistance that may be applicable. We will treat all patients with dignity, respect, and compassion.
  1. Patients may call 802-388-8808 option 5 Monday – Friday 8am-4pm
  2. Patients may talk to someone at any of our registration windows for an application
  3. Patients may visit our website for an application at <http://www.portermedical.org>
  4. Patients will be notified by registration and outsourced self pay staff of availability of FAP
- Financial assistance will be based solely on ability to pay and will not be judged on the basis of any particular race, color, religion, national origin, ancestry, creed, handicap, sex, age, marital status, or sexual orientation.

## PURPOSE:

This policy will define the eligibility criteria for financial assistance and provide administrative guidelines for identification, evaluation, and documentation of eligibility.

## POLICY:

It is the policy of Porter Hospital to have an organized financial assistance program designed to support the healthcare needs of the community, specifically the uninsured, underinsured, those ineligible for a government program, or otherwise unable to pay. This policy will include eligibility criteria for financial assistance, describes the method by which patients may apply for financial assistance, and describes how the hospital will widely publicize the policy within the community served.

## DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

- **Bad Debt:** the charges incurred by a patient who based on available financial information, appears to have the financial resources to pay the charged healthcare services, but who has demonstrated by their actions an unwillingness to resolve the bill.
- **Family:** Using the Census Bureau definition, a group of two or more people who reside together and are related by birth, marriage, or adoption.
- **Income:** Using the Census Bureau definition, the following income is used when computing federal poverty guidelines:
  - Includes earnings, unemployment compensation, workers compensation, Social Security benefits, Supplemental Security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources,
  - Non-cash benefits such as food stamps and housing subsidies do not count,
  - Excludes capital gains or losses,
  - Determined on adjusted gross income,
  - Determined upon an individual patients income and assets.

- Do not include non-dependents who reside in your household. You may include dependent students (21 & under) for which are reflected as dependents on your Federal Income Tax Returns.
- **Federal Poverty Income Guidelines:** The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.
- **Gross Charges:** The total charges at full established rates before deductions are applied.
- **Medically Necessary:** As defined by Medicare, services or items reasonable and necessary for the diagnosis or treatment of illness or injury. (Does NOT include elective surgical services)
- **Monetary Assets:** Assets which can be turned into cash quickly with little or no loss of value.
- **Underinsured:** Some level of insurance or third-party assistance but has an out-of-pocket expense that exceeds a patient's financial abilities.
- **Uninsured:** No level of insurance or third-party assistance to help with meeting payment obligations.

## PROCEDURES:

Porter Hospital will provide a discount to any qualified patient/family who applies for financial assistance, has a family or individual income of not more than 350% of the federal poverty income guidelines for all medically necessary healthcare services, and meets our policies liquid asset limitation.

### Method by Which Patients May Apply For Financial Assistance

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 responsible party is required to cooperate by supplying personal, financial, and other information and documentation relevant to making a determination of financial need,
- Include the use of publically available data that provides information on a responsible party's ability to pay,
- Include reasonable efforts by Porter Hospital to explore alternative sources of payment from public and private payment programs,
- Take into account assets available to the responsible party,
- Include a review of the patient's outstanding accounts and their payment histories.

It is preferred but not required that a request for financial assistance occur prior to the rendering of non-emergent medically necessary services. However, the request and determination may be done at any point. The need for financial assistance shall be reevaluated at each subsequent time of service if the last financial evaluation was completed more than one year prior, or at any time additional information relevant to the eligibility of financial assistance becomes known.

### Eligibility Evaluation Process

For the purpose of financial assistance, all sources of income and monetary assets will be included in the calculation of financial need.

Examples of income include, but are not limited to: wages and salaries before deductions, self-employment income, Social Security benefits, pensions and retirement distribution, unemployment compensation, workers compensation, Veteran's payments, Supplemental Security income, public assistance, alimony, child support, assistance from outside the household, military family allotments, regular insurance or annuity payments, income from dividends, interest, rents, royalties, estates, trusts, and legal settlements, and gambling or lottery winnings. Food or rent in lieu of wages, non-cash benefits, and payments from student loans and grants will not be considered income.

A patient whose income is documented as "\$0" **must** complete a "Statement of Zero Income" (Attachment A).

Examples of monetary assets include, but are not limited to: cash, checking and savings accounts, certificates of deposit, stocks, bonds, mutual funds, cash value of life insurance policies, and other investments. Primary places of residence, automobiles, personal property, and assets held in pension plans or retirement accounts will not be considered as monetary assets.

Each household member is allowed liquid assets limited to \$7,160 for a single person and \$10,750 for married couples. (CMS website-Medicare low income beneficiary's limitation)

## Verification of Income and Assets

For determining eligibility, a patient who is requesting financial assistance must provide documentation of family income and monetary assets.

Requested information for eligibility verification may include, but is not limited to one of the below, where applicable: a copy of the most recent tax return, W-2, 1099 forms, a statement of earnings from the Social Security Office (800-772-1213), copies of two- four of the most recent pay stubs or last paystub of calendar year, income statement from self-employed persons, written income verification from an employer (if paid in cash), recent statements from financial institutions or other third parties verifying an asset's value, and/or evidence that all possible third party payers have been exhausted and the balance is due from the responsible party. Written documentation from the Open Door Clinic of financial information will be accepted in lieu of the above income verification. If ineligible for government program, a copy of letter or notice received from government office documenting ineligibility.

## General Application Guidelines

- Services eligible under this policy:
  - Emergency medical services provided in an emergency room,
  - 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.
  - Medically necessary services, as defined by CMS.
  - Porter owned physician practice visits
- 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.
- For younger patients and Adults; they can apply for low cost plans available applying through the Vermont Health Connect and/or meeting with a Navigator which is preferred before applying for a slide.
- Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Porter Hospital'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.
- It is crucial that applicants' cooperate with Porter Hospital's need for accurate and detailed information within a reasonable time frame. Applications with information that is not legible or incomplete may be considered denied or returned until such time that all crucial information can be obtained. Applications should contain the applicant's signature or a signature of a representative acting on behalf of the applicant (i.e. power of attorney).
- Only patient balances will be considered for financial assistance.
- Once financial assistance eligibility is determined, if done prior to 240 days of last statement date retroactively to all qualifying accounts that were incurred 8 months before approval of the application. This includes any outstanding balance with a collection agency. The patient shall not receive any future bills based on undiscounted gross charges for the time the financial assistance is in effect. Any payments made in excess of the FAP-eligible amount will be refunded unless it is \$5 or less. If the application applied after the 240 day of last statement date and qualified it will only be for dates going forward.
- Requests for financial assistance shall be processed promptly and Porter Hospital will notify the applicant of the financial assistance decision in writing within 30 days of receipt of a completed application.
- This policy applies only to Porter Hospital services, Porter Hospital employed Physicians and Porter owned physician practice services. (see attached)
- Once the final balance is determined the patient may set up a payment plan, if the balance on the account is not paid within the allot time frame the account may be sent to one of our outside collection agencies.
- Patients are eligible for an AGB (amount generally billed) discount by applying for our financial assistance program and qualifying for our sliding fee scale thus ensuring that no self-pay patient is charged more than an amount generally billed to the average insured patient.

This discount, or the average AGB, was determined by the look-back method using Medicare fee-for –service with all private insurers’ contractual amounts. This discount will be applied to all gross charges prior to the sliding fee scale discount being adjusted.

Inpatient charges	50%
Outpatient charges	40%
Porter Medical Group	29%

### **Financial Assistance Discounts**

Services eligible for financial assistance under this policy will be discounted on a sliding schedule, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination. The basis for the amounts Porter Hospital will discount is as follows:

- Patients whose family income is at or below 200% of the FPL are eligible to receive financial assistance.
- Patients whose family income is at or above 201% but not more than 350% of the FPL are eligible to receive discounts based on the sliding scale matrix ( see schedule A):
- Patients whose family income is above 350% of the FPL may be eligible to receive assistance on a case-by-case basis based on their specific circumstances at the discretion of Porter Hospital.

### **Catastrophic Financial Assistance**

In the event of a catastrophic illness where proper documentation has been submitted, but the patient still has a responsible balance from Porter Hospital bills that causes an undue hardship upon the household, the Patient Financial Services Director along with Senior Leadership may review and determine if additional discounts are merited.

### **Relationship to Collection Policies**

Porter Hospital has developed policies and procedures for internal and external collection practices that include actions the hospital may take in the event of non-payment, including credit agency reporting. These collection policies take into account the extent to which a patient qualifies for financial assistance, a patient’s effort to apply for a governmental program/financial assistance, and a patient’s effort to comply with his or her payment arrangements with Porter Hospital.

If a patient is requesting financial assistance and/or applied for other coverage and is cooperating with the hospital, the hospital will not pursue collection action until a decision has been made that there is no longer a reasonable basis to believe the patient may qualify for financial assistance.

For patients who qualify for financial assistance discounts and who are cooperating in good faith to resolve their discounted hospital bills, Porter Hospital may offer extended payment plans and will not send unpaid bills to outside collection agencies. However, the financial assistance application period will end 240 days from the 1<sup>st</sup> post discharge statement for pre dated services.

Porter Hospital will not impose extraordinary collections actions such as wage garnishments, liens on residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this policy. Extraordinary collection action will not engage until 120 days after the 1<sup>st</sup> post discharge statement.

### **Communication of the Financial Assistance Policy to Patients and the Community**

Notification of the Financial Assistance policy which shall include a contact number along with a provider list of covered and non-covered providers and will be distributed by various means including, but not limited to, posting notices in prominent patient locations and placing information on patient statements. Porter Hospital will also publicize a summary of the Financial Assistance policy on the facility website. Such notices and summary information will be provided in the primary languages spoken by the population served by Porter Hospital.

## **Confidentiality**

All information relating to financial assistance applications will be kept confidential.

Financial assistance applications and supporting documentation will **be kept for approximately 7 years** to allow for subsequent retrieval and review.

## **Regulatory Requirements**

In implementing this policy, Porter Hospital will comply with all other federal, state, and local laws and regulations that may apply to activities conducted pursuant to this policy.

\*\* A note will be placed into the patient's account stating that we have sent out an application to the patient. There is a spread sheet on the U Drive that will be updated with dates of approved or denied applications. \*\*