

TITLE: Financial Assistance Policy

PURPOSE:

To provide low income patients assistance in meeting their healthcare costs as part of Pike County Memorial Hospital's commitment to serve the people of Pike County and the surrounding areas regardless of ability to pay.

POLICY:

Pike County Memorial Hospital will offer financial assistance and counseling for uninsured people of limited means, without regard to race, ethnicity, gender, religion or national origin. Financial assistance will be available to patients receiving emergent or urgent care who seek, cooperate and qualify under specific program eligibility requirements. Financial assistance for elective care will be reviewed on a case-by-case basis.

All guarantors, with family income between 100% and 200% percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital-based medical services.

PCMH will allow a patient to apply for financial assistance at any point from pre-admission to final payment of the bill, recognizing that a patient's ability to pay over an extended period may be substantially altered due to illness or financial hardship, resulting in a need for financial assistant services. If the change in financial status is temporary, the organization can choose to suspend payments temporarily rather than initiate this policy.

Prior to consideration for financial assistance all possible payment avenues will be considered first.

In the case of emergency or other medically necessary care covered under the FAP, patients eligible under a hospital facility's FAP may not be charged more than the amounts generally billed to individuals who have insurance covering such care. All charges are usual and customary.

GUIDELINES AND PROCEDURES:

In order to be considered for financial assistance, the following conditions must be met:

- All other third-party payment sources has been exhausted or patient is not eligible for any other third-party payment sources
- All possible insurance payors have been billed.
- Patients requesting financial assistance on accounts may be required to apply for Medicaid benefits.
- Financial assistance may supplement Medicaid benefits, especially in the case of Family Planning Only benefits and non-covered services.
- Qualified patients will first be submitted to the Trimble Board before being considered for financial assistance. Qualified patients must turn in all necessary application forms.
- Eligibility shall be based on financial need at the time of application by comparing total household income with the current Federal Poverty guidelines. Family income between 100% and 200% of the Federal Poverty guideline can be eligible for discounted care ranging from 25% to 65%.
 - Income will be determined using all sources of income such as: wage, salary, interest, rent, social security benefits, winnings, etc.
- Exempt assets (based on Medicare exempted assets) listed below should not be added to family worth for financial assistance review:
 - Family's principal residence.
 - Necessary motor vehicle(s). (Required for employment; required for access to treatment; or modified for operation or transport of a disabled person.)
 - Personal effects and household goods.
 - Resources necessary for self-support. All resources of both spouses are considered together.
- Documentation will be requested and will be required to establish eligibility for financial assistance.
 - last 3 months of pay stubs,
 - current bank statements and income tax return from the previous year
- Patients that do not meet guidelines but have extenuating circumstances can be considered with final approval from the Administrator and CFO.

Further documentation or an interview may be requested in order to clarify accuracy and validity of the Financial Assistance Application.

PCMH will notify the patient of the organization's decision, approval or denial, and the grounds for reaching the decision within 60 days.

- Denial
 - PCMH will allow the patient thirty (30) calendar days within which to correct any deficiencies in documentation, request a review of the denial, or setup payment arrangements according to policy.
 - Approval
 - PCMH will apply discounts to all applicable accounts according to income guidelines using appropriate adjustment code.
 - Approved application will be good for current outstanding bills only. The assistance received is not intended for on-going medical care.
- The Financial Assistance Application is only eligible for services within twelve (12) months of discharge date.
 - Patients should still strive to make payments or setup an arrangement with the Business Office until a final decision has been made.

How to apply

Individuals may apply for financial assistance under the facility's FAP by mailing a completed application, along with proof of household income, to PCMH or by bringing the application and proof of household income to the Business Office located on the 2nd floor of the hospital. Patients may also call or visit the PCMH to receive assistance with the application process.

Covered/ Excluded Providers

Covered Services (as Deemed emergent and Medically Necessary)

Hospital-based medical services such as: Emergency Facility charges, Ambulance, Lab, Radiology, Other outpatient testing, Wound Care Services, Physical Therapy services

Covered Providers:

- Any CRNA or Anesthesiologist
- Dr. Venkat EKG readings

Excluded Providers

- Professional services billed by Dr. Melander
- Professional services billed by Dr. Freel
- Professional services billed by our Emergency Physician Group; EmCare
- Professional services billed by our Radiologists group; Clinical Radiologist
- Professional services billed by our Cardiologist group; St. Lukes and SSM

- Professional services billed by Dr. Onik
- Professional services billed by Dr. Pitney

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