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Policy Area: Patient Accounts
References:

PATIENT FINANCIAL ASSISTANCE POLICY

I. Purpose

Provide detailed steps to determine a patients' eligibility for financial assistance under Grant Memorial Hospital's Charity (Financial Assistance) guidelines.

II. Applicability:

- Applicability will cover Grant Memorial Hospital and/or Hospital Based Clinics

III. Policy

Grant Memorial Hospital (GMH) recognizes that not all patients meet eligibility requirements for federal and state programs for the payment of inpatient and outpatient hospital services not including services provided on the extended care unit. Additionally, the Marketplace may provide insurance coverage; however, high dollar patient responsibilities may not be affordable to some patients. Therefore, in addition to assisting patients in determining eligibility for these programs and being consistent with its mission and values, GMH offers Financial Assistance (FA) to eligible individuals and families. As such, patients who do not have the ability to pay for services provided to the applicable GMH entities, noted within this policy, may request financial assistance for emergency and medically necessary care.

- GMH will make reasonable efforts to identify a patient who may need to apply for Patient Financial Assistance.
- The patient has 15 days to become aware of the hospital's FA Program and the completed application must be returned by the patient within thirty (30) calendar days from the date the FA application is mailed or handed to the patient.
- FA is based on income levels and liquid assets at the time of the initial application.
- GMH will require patients to be evaluated for Medicaid except for patients receiving Medicare and those whom do not live in the state of West Virginia.
- FA application may be retroactively approved for active accounts when the discharge date (uninsured) or last insurance payment date is not greater than six (6) months from the application date.
- FA determination must be returned to applicant within seven (7) calendar days of receipt of completed application and supporting documentation. Determination is valid for one year from the date the application is received and all required documentation is turned in to the Financial Counselor.
- Certain medical procedures are excluded; some examples include all types of cosmetic surgery, sterilization reversal, Cardiac Rehab Phase III and other procedures not deemed medically necessary.

- GMH's FA may include employed physicians' charges, as well as Hospital services. GMH does not have the authority to waive any charges from physicians or other health professionals who are not employed by GMH.
- Certain financial situations do not require a FA application, See D and E below.
- The Hospital reserves the right to determine the maximum amount of FA benefits granted in a given fiscal year.

IV Procedure

A. Process as Follows:

1. Patients may request a prior determination for FA within 30 days of treatment, throughout the course of treatment and/or up to the resolution of the account through the billing process.
2. Patients must complete a Financial Information Sheet (FIS) for GMH and provide supporting documentation of income. Acceptable documentation for validating income and liquid assets for the past two (2) months includes:
 - Copies of paystubs, Social Security Administration Letter, pension, disability, workers compensation or unemployment checks, VA benefit, IRA, and alimony and/or child support payments.
 - In rare situations, signed federal or state tax returns may be substituted for income verification. Also, employer statement and or letter from an employer may be used with approval.
 - Copies of liquid assets including bank accounts and certificates of deposits.
3. Patients applying for FA must provide proof of United States citizenship or legal immigration. Acceptable documents: driver's license, military identification, birth certificate, passport or approved legal immigration documents. In order to receive assistance in completing the Financial Assistance Application, call 1-304-257-1026 and ask to speak with the Enrollment Specialist/Financial Counselor. If the Enrollment Specialist/Financial Counselor is not available, you may ask to speak with a Patient Financial Services representative.
4. Applicants will have ten (10) calendar days to respond to any request for additional information. FA may not be approved, if no response is received. The Enrollment Specialist/Financial Counselor assigned to the account will evaluate the documentation for completeness and will work with the applicant to secure any missing documentation.
5. Once all documentation is complete, the Enrollment Specialist/Financial Counselor will compute the income, family size of the applicant and other relevant information. If the applicant falls within the criteria, all accounts within the time frame and approval levels specified in the guidelines will be adjusted at the approved rate. A letter will be sent to applicant outlining the approved assistance.
6. If patient's request of financial assistance is denied, a denial letter will be mailed informing the patient. A new application for financial assistance may be requested after six (6) months of denial.
7. In the event of a significant change in the financial status of a patient, the six (6) month waiting period requirement before reapplying for financial assistance can be waived by the CFO. This will be documented in writing and kept with the patient's financial assistance application.

B. The FA Income Guidelines will be adjusted annually to coincide with the poverty guidelines as published annually in the Federal Register and will be raised as illustrated below:

1. Patients with Gross Annual family Income less than or equal to 133% of the Current HHS Poverty Guidelines; these patients should apply for Medicaid. However, if the patient refuses to apply for

Medicaid, the patient should not qualify for FA and should be handled as a self pay patient. Exceptions may apply and the Hospital reserves the right to determine if exceptions will be granted.

2. Patients with Gross Annual Family Income up to 200% of Current HHS Poverty Guidelines will qualify for 100% Financial Assistance (Charity Care).
3. Patients with Gross Annual Family Income in excess of 200% of the current HHS Poverty Guidelines may qualify for a sliding scale discount on that portion of the charges for services provided for which the patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:
 - a. 201% - 250% Federal Poverty Level = 50% write off
 - b. 251% - 300% Federal Poverty Level = 25% write off
 - Note: if the patient's assets, less one month's income, exceed the hospital's current and active accounts, balance due, FA may be denied.
4. A patient qualifying for financial assistance may not be charged more than the Hospital Amounts Generally Billed (AGB) for other patients. In determining the AGB, the amount of discounts provided to the Medicare/Medicaid determined on a retrospective basis will be utilized and calculated on an annual basis.

If a patient does not complete a FA Application, the patient may be charged gross charges even though the hospital has made reasonable efforts to determine eligibility.

C. Catastrophic Events, Deceased Patients and Bankruptcies

1. Grant Memorial Hospital will consider FA for hardship cases that involve, but are limited to:
 - Extraordinary medical bills, extended unemployment that does not result in satisfying other income criteria, or projected, continued chronic medical care. Such cases must be approved by the entity's Chief Financial Officer or designee.
 - Deceased patients without an estate for payment or uncooperative and/or no family to assist with FA application process.
 - Notices of bankruptcy may qualify the patient and associated accounts balances as FA.

D. Self Pay Early Out Agency

1. Accounts returned by the Self Pay Early Out agency as qualifying presumptive charity will be adjusted off as charity via the Presumptive Charity write off code. The hospital uses a model provided by Pelitas (Presumptive to Pay) to determine patients beacon score. The accounts are ran as a batch through the model and a beacon score is provided. If the beacon score is 636 or less, account balances are adjusted to balance the account to zero. This policy is based upon proprietary data developed by the company that is based upon other data resources, scorecard development and other data elements that determines household number and income to adjust formulas to administer this program.

E. Management Approvals

1. FA write-offs approval levels are as follows:
 - Patient Balances > \$2,500 PFS Supervisor
 - Patient Balances > \$2,501 - \$10,000 Chief Financial Officer

- Patient Balances > \$10,001 - \$25,000 CEO
- Patient Balance > \$25,001 and Greater Board of Trustee

F. Supporting Documents

- Charity-Financial Assistance Approval Letter
- Charity-Financial Assistance Denial Letter
- Charity-Financial Assistance FIS Cover Letter
- Charity-Financial Assistance FIS
- Charity-Financial Assistance Income Guidelines Table
- Charity-Financial Assistance Letter for Application in Process

G. Communication

1. GMH's Financial Assistance Policy, Financial Assistance FIS Cover Letter, and Financial Assistance FIS are available to patients at no cost in English and Spanish. These documents are available free of charge at our facilities, by mail, and online at www.grantmemorial.com.
2. To access any of these documents at our facilities, please ask one of our registration representatives, Enrollment Specialist/Financial Counselor or call 304-257-5815 ext. 2161.
3. It may be beneficial to note internal financial counseling staff or external community representatives who are bilingual and able to help with the financial assistance application.
4. In addition to the above, GMH communicates the availability of financial assistance through means which include:
 - Grant Memorial website
 - Requested at any registration area
5. The Financial Assistance policy, application form, and the plain language summary can be offered in English and Spanish. For information about GMH's Financial Assistance Program and translation services, please call the Enrollment Specialist/Financial Counselor at 1-304-257-5815 Ext. 2161.
6. The actions the Hospital may take in the event of non-payment are described in a separate billing and collections policy. To obtain a copy of the billing and collections policy, please call a Patient Financial Services representative at 1-304-257-1026.

Attachments

- [2021 FA - Plain Language Summary](#)
- [2021 FA app Letter](#)
- [2021 FA Denial](#)
- [2021 FA Sample request for Information](#)
- [2021 Financial_Assistance_Application.pdf](#)
- [2021 Income FA Eligibility Chart](#)

Approval Signatures

Approver	Date
Bob Milvet: CEO	11/2021
Lynsey Berg: Director	06/2021

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