



Revised 10/17/13

Financial Assistance

Purpose

This program is designed to assist patients who are legal United States Citizens, insured\uninsured\under-insured, that are deemed to be medically or financially indigent. By "medically indigent", we mean patients whose health insurance coverage, if any, does not provide full coverage for all of their medical expenses and that their medical expenses in relation to their income, would make them indigent if they were forced to pay full charges for their medical expenses. By "financially indigent" we mean patients whose gross income falls within the Federal Poverty Guidelines but otherwise exceed eligibility requirements for State or local medical assistance. At the request of the patient, we will review the patients financial status and decide if a portion of their balance can be dismissed based on their financial or medical situation.

Policy

Clara Barton Hospital and Clinics will provide an application for Financial Assistance:

1. at the patient's request
2. by the request of any hospital\clinic personnel,
3. on a case by case basis, upon review of the billing managers for persons who have failed to uphold payment arrangements and have been sent a final notice
4. for services billed by either the Hospital or Clinics, this would not include any private physician or services fees.

Financial Assistance Program Funding will be reversed if patient becomes eligible for any Third Party funding source.

Financial Assistance applications will be held for patients that are referred to the Medicaid eligibility program until that process is complete.

If a patient does not fall within the guideline for "Medically or Financially Indigent" but the FC has deemed the patient cannot pay due to any viable reason and is approved by the Charity Committee, the balance due can be considered as a hardship and the balance can be written off to Charity. This will only be a one-time occurrence and any other encounters must be reviewed on a case by case basis.

If any information given in the application process proves to be untrue, Clara Barton Hospital and Clinics reserves the right to re-evaluate the financial status of the applicant and take whatever action becomes appropriate including reversing the decision to allow charity care. Clara Barton Hospital and Clinics may verify all information given in each application including employment history and may check the information given with available credit bureaus or other sources named in the application or available to the hospital.

Accounts already turned to collection will be processed for assistance pending

any court cost and fees that must be paid prior to any accounts written off.

Financial Counseling will be made available to any individual requesting assistance in the payment of their medical bills with Clara Barton Hospital, Clara Barton Medical Clinic, Russell Family Medical Care or Clara Barton Surgical Services.

Procedure

This section details the steps to determine a patients' medical and financial indigence and provides guidelines for subsequent actions to be considered for the patients account. Clara Barton Hospital and Clinics will ensure that appropriate referrals for Medical Financial assistance either State, Local or In-house programs have been made.

- A. A patient requests or is referred for Financial Assistance.
- B. A Financial Assistance Application and Letter regarding the cause for the letter is mailed to the patient for completion.
- C. A Presumptive Application can be completed by the patient or Hospital representative based on the patient's situation.

THE PATIENT MUST:

- 1. Submit a completed Financial Assistance application.
 - 2. Provide all requested information with the application including verifiable income.
 - 3. Ensure the application is signed by all adult household members.
- D. A designee from the Financial Assistance Committee will review the submitted application for completeness.
 - a. If the application is not returned within 30 days. The patients name will be submitted to the Financial Office to proceed with current collection practices.
 - b. If the application is incomplete, a letter requesting additional information will be sent to the applicant stating the information needed and a date in which to return the information. (10 business days).
 - c. If the requested information is not returned by the date specified, the patients name will be submitted to the Financial Office. The billing department will be notified to contact the patient for payment arrangements, not to exceed 20% of their monthly gross income, or pursue other collection efforts.
 - E. The information will be compiled in the Determination worksheet and submitted to the Charity Care Committee for review/approval/denial. The Federal Poverty Level used for the discount scale will be updated in accordance with the State of Kansas Medicaid Standards.

Based on patient income within the Federal Poverty Level the amount discounted would be 100%, 95%, 75%, 50%, 25% or 10% of their accumulated bills to date

of review. Uninsured patients will also receive an AGB (Amount Generally Billed) discount. AGB will be calculated based on the look back method. Data elements are extracted from income statement. (MEDR discount + BC discount + COMM discount + Clinic discount ÷ gross charges) The AGB will be re-evaluated at the end of each Fiscal Year.

- F. Once approved or denied the Financial Office(s) from the Hospital or Clinic will send a letter of approval or denial to the patient. This letter will include:
 - 1. The dollar amount written off of the account balance submitted, if applicable.
 - 2. The amount still owed towards their account.
 - 3. A payment arrangement, not to exceed 20% of their monthly gross income, if required.
 - 4. The reason for the denial; income or resources exceed limit etc.
 - 5. A contact name and number for any questions.
- G. Complete Applications submitted will be reviewed by the committee no less than once per quarter.
- H. **Uninsured/Self Pay patients** upon request will be eligible to receive a discount on services in the Hospital and Clinics as follows:
 - a. With approval of the Financial Office the Self Pay Discount Policy will be implemented.

Medical Indigence

An application submitted may also be reviewed for Medical Indigence. Proof of medical bills must be included in Financial Disclosure. This determination will follow the same guidelines listed in sections A – H. If an applicant exceeds the income limit and is determined not to be eligible for financial assistance, but the amount of their debt exceeds their annual income, the application will be reviewed for Medical Indigence. The chart listed on the next page will be used to determine the discount based on their need.

Income Level as a Percentage of Federal Poverty Level		Medical Liabilities as a Percent of Gross Income	Discount off Charges
100% - 132%	or	100% or greater	100%
133% - 149%	Or	99%- 80%	95%
150% - 199%	or	79% - 60%	75%
200% - 249%	or	59% - 40%	50%
250% - 299%	or	39% - 20%	25%
300%	and	19% - 0%	10%

Bad Debt

Once a patient has agreed to make payments towards their account or received approval of Charity Care, it is the patients' responsibility to pay the remainder of balance owed towards their account as agreed through the Financial Office on a monthly basis until their account is paid in full.

Once a payment arrangement has been made between the Financial Office and the patient, and the patient fails to make monthly payments or notify the Financial Office when such payment cannot be made, the Financial Office will send a letter notifying the patient not to miss their scheduled payments as per their agreement.

If after ten (10) days, a payment is not made on the patients' account, the Financial Office will send a Final Notice requesting a payment on their account within ten (10) days of such notice. The account may be turned over to a collection agency for payment 30 days after Final Notice has been sent.

If not already referred, on a case by case basis, at this time the patient may be sent a Financial Assistance application. If the patient does not return the application in thirty (30) days or notify the Financial Office of their inability to pay, the account will be turned to the collection agency.

All efforts are made to work with the patients to pay on their account. Collection efforts are a last resort for patient's unable to cooperate with our financial procedures.

EMTALA Policy

It's the Law If you have a medical emergency or are in labor

You have the right to receive, within the capabilities of this hospital's staff and facilities:

- An appropriate medical screening examination;
- Necessary stabilizing treatment (including treatment for an unborn child); and
- If necessary, an appropriate transfer to another facility — even if you cannot pay, you do not have medical insurance or you are not entitled to Medicare or Medicaid.

This hospital does participate in the Medicaid program.

La ley lo exige Si tiene una emergencia médica o está en trabajo de parto

Tiene derecho a recibir, dentro de las posibilidades del personal y las instalaciones de este hospital:

- Un examen médico de evaluación adecuado;
 - La atención necesaria para estabilizarlo/a (incluyendo la atención de un niño por nacer);
- y
- Si fuera necesario, la transferencia a otro centro adecuado — aunque usted no pueda pagar, no tenga seguro médico o no tenga derecho a recibir Medicare o Medicaid.

Este hospital participa en el programa Medicaid.