

GMC
GLENN MEDICAL CENTER

POLICY & PROCEDURE

SUBJECT:
Financial Assistance Program

Department: Business Office
Formulated: 05/01/2005
Reviewed:
Revised: 12/01/2009
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POLICY:

Glenn Medical Center is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, ineligible for a government program and are otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, GMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with GMC procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

PROCEDURE:

Eligibility for Patient Financial Assistance:

1. Eligibility for financial assistance will be considered for those individuals who are uninsured, under-insured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
2. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, socio-economic or immigrant status, sexual orientation or religious affiliation.

Determination of Financial Need:

1. Financial need will be determined through an individual assessment of financial need, including an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need; a reasonable effort by the GMC facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. The need for financial assistance shall be re-evaluated at each subsequent rendering of services, if the last financial evaluation was completed more than a year prior, and/or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
3. GMC's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for

financial assistance shall be processed promptly, and the GMC facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Financial Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Levels (FPL) in effect at the time of the determination as follows:

1. Patients whose net income is at or below 300% of the FPL are eligible to receive free care.
2. Patients whose net income is above 300% but not more than 400% of the FPL are eligible to receive services at rates not to exceed what Medicare would pay for the same services.
3. Patients whose net income is above 400% but not more than 500% of the FPL are eligible to receive services at the average prevailing rate paid by managed care and commercial insurance programs to the GMC facility for the same services, and not more than 50% higher than the rate at which Medicare would make payment for the same services;
4. Patients whose net income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the GMC facility.

Communication of the Financial Assistance Program to Patients and the Public:

1. Information about patient financial assistance available from GMC shall be disseminated by the GMC facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the GMC facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the GMC facility.
2. Any member of GMC facility staff or medical staff may make referral of patients for financial assistance. The patient, a family member, or a close friend of the patient may also make a request for financial assistance

Budgeting and Reporting:

1. Specific dollar amounts and annual plans for patient financial assistance will be included within the Budget of GMC. GMC will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
2. Patient financial assistance statistics shall be disclosed in annual financial statements but not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

1. GMC Management shall develop policies and procedures for internal and external collection practices by GMC that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from GMC, and a patient's good faith effort to comply with his or her payment agreements with the GMC facility.
2. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, GMC may offer interest-free extended payment plans to eligible patients and will not impose wage garnishments or liens on primary residences will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, GMC management and GMC facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Summary of Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Levels (FPL) in effect at the time of the determination as follows:

1. Patients whose net income is at or below 300% of the FPL are eligible to receive free care.
2. Patients whose net income is above 300% but not more than 400% of the FPL are eligible to receive services at rates not to exceed what Medicare would pay for the same services.
4. Patients whose net income is above 400% but not more than 500% of the FPL are eligible to receive services at the average prevailing rate paid by managed care and commercial insurance programs to the GMC facility for the same services, and not more than 50% higher than the rate at which Medicare would make payment for the same services;
5. Patients whose net income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the GMC facility.
6. No third party coverage (auto insurance, or other liability insurance)
7. The patient has insurance but is unable to pay that portion of the bill designated patient responsibility.
8. The service rendered was medically necessary but is excluded from the patient's insurance scope of benefits.
9. The patient has applied for MIA/CMSP and/or Medi-Cal but has been denied solely on the basis of assets.
10. The patient does not qualify for MIA/CMSP and or Medi-Cal due to immigration status.
11. Financial assistance does not cover elective surgeries, well checks, or screening procedures.
12. Private pharmacy, private physician, Emergency Room physician fees, Radiologist, Pathologist and fees bill privately by any other professional are not covered by this program.
13. Services provided by FCC & GFMG providers are covered under this program with exception of certain outpatient professional services that are billed by the physician.
14. Medicare deductibles and co-pays are not covered by this program. (this is covered under other area's)

Financial Assistance/Charity Care should in no way be a program for which a patient may become eligible for any extended period of time, nor does it grant eligibility for services rendered by any provider except Glenn Medical Center, Family Care Center or Glenn Family Medical Group.

Financial Assistance/Charity Care eligibility will be established on a visit-by-visit basis, limited to a single course or treatment, or applied to a specific predefined service or time frame.

Applications for Financial Assistance will be given to a patient that request assistance when the above conditions have been met. The application will be reviewed by the Director of Patient Financial Services for completeness and accuracy to determine the extent of Financial Assistance. Once the application has been reviewed and approved the Director of Patient Financial Services will prepare an adjustment sheet to be turned in to Data and the approved amount taken off the patient's account. All documentation will be kept in the Charity Care file for reference when needed. Accounts over Two Thousand dollars \$2,000.00 must also be

approved by the Administrator and Chief Financial Officer prior to the adjustment and any determination notice to the patient.

Attachment: Notice to patient
Application for Financial Assistance
Calculation of Financial Assistance adjustment
Sliding Fee Application
2004 Poverty guidelines
Signature page (approval)
Approval Letter for patient
Denial Letter for patient
Charity Log

** From CHA Assisting Low-Income, Uninsured Patients
2005

Financial Assistance Program, sign off sheet

Approved By:

Woody Laughnan, Administrator

Gary Pea, Chief Financial Officer

Joseph Kenyon, Director of Patient Financial Services