



TITLE: FINANCIAL ASSISTANCE POLICY	EFFECTIVE/REVISED DATE: 11/20/2019
LAST REVIEWED WITHOUT CHANGES DATE: 11/21/2018	
RESPONSIBLE DEPARTMENT/COMMITTEE: FISCAL DEPARTMENT	
APPROVED BY: FINANCE COMMITTEE; ON BEHALF OF THE BOARD	
CITATION/REFERENCE: IRC Sec 501(r)	
REPLACES/PREVIOUS TITLE: N/A	

POLICY:

To have a formal Financial Assistance Program for patients to apply for reduced payments for health care services based on income levels and family size. The program will include a formal application process for review and approval by Hospital administration after all other resources exhausted. The program will cover bills for medically necessary patient care services at the Hospital’s inpatient locations and outpatient clinics that are delivered by healthcare practitioners employed by the Hospital.

Bills from independent physicians, practitioners and other specialized services that are not provided by an employee of the Hospital are not covered under this policy.

The program does not cover services that are not related to a patient care admission, such as community gym membership in the Aquatics Rehab Center or fees for participation in events offered to the community.

PURPOSE:

To provide reduced payments for health care services for the uninsured and underinsured patients that meet eligibility criteria established by this Hospital policy. Eligibility criteria will utilize the annual update of the U.S. Department of Health and Human Services Poverty Guidelines.

Financial assistance is provided only after all third party payment possibilities available to the patient have been exhausted or denied. Hospital for Special Care (HSC) will make reasonable efforts to explain the benefits of Medicaid and other available public and private coverage programs to patients and to assist patient to apply for such benefits. Patients identified as potentially eligible will be expected to apply for such programs. Patients choosing not to cooperate in applying for the programs may be denied financial assistance.

Uninsured Patients: For uninsured self-pay patients or patients who have exhausted their healthcare benefits, HSC will limit the patient payment to the amount generally billed or allowed under the Prospective Medicare Payment System (PPS). The PPS reimbursement rate is based on the Medicare fee schedule, APC or DRG calculations. If in the event there is not a comparable Medicare service/fee, the State of Connecticut Medicaid fee schedule will be used to determine the uninsured self-pay rate.

Insured Patients: For patients with insurance, financial assistance is not provided for amounts that are due after insurance if the patient fails to obtain the necessary referrals or approvals as required by the insurer. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account, will be expected to use the account funds prior to being granted financial assistance.

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HSC's financial assistance policy will be available in English, Spanish, and Polish as well as available in other primary languages if necessary. If needed, translation services are available, at no charge to the patient.

PROCEDURE:

1. Patients will be informed of the financial assistance policy and application process. Copies of this policy, a plain language summary, application and translated materials (as needed) are offered to every patient at the time of inpatient admission or prior to outpatient initial visit for each episode of care. All statements sent to patients contain a summary of the Financial Assistance Policy and direct the patient on how to locate the policy and application. In addition, all documents are made available on the Hospital's website at www.hfsc.org.

These documents will be made available upon request, without charge, in paper or electronic formats by calling the Hospital's patient account representatives or by speaking with admissions/registration staff, Case Managers or Social Workers.

2. Applications are to be returned to the Patient Financial Services department for processing. When a completed application & required support is received in the Patient Financial Services department, staff will complete a review of the information and follow up with the applicant if further information is required.

No patient accounts will be forwarded to collection while an application for financial assistance is pending. If accounts are currently in collections, Patient Financial Services staff will notify the collection agency to hold on further collection activity until financial assistance application has been processed.

3. Hospital for Special Care requires proof of income for the previous three (3) months in the form of:
 - Original or copies of pay stubs.
 - Signed statement from the applicants' employer on company letterhead, detailing job title and gross income of applicant;
 - Benefit Verification Letter from the federal Social Security Administration which provides an accounting of any social security, disability or Medicare benefits received by the applicant(s);
 - Detail printout of unemployment benefits from the State of Connecticut Department of Labor (available at local offices or at <http://www.ctdol.state.ct.us/UI-Online/index.html>);
 - Bank statements showing monthly interest payments;
 - Signed & notarized statements of financial support from any person living in same household;
 - Signed & notarized statement from absent family member providing financial support to family;
 - Copy of financial aid award for college students that are claimed as a dependent by applicant(s);
 - W-2 or income tax forms for all adults living in the household;
 - For Self-Employed persons, the prior years' income tax return should be submitted for consideration;
 - Denial notice from Public program or insurance resource.

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4. When application is received by HSC – Patient Financial Services Department:
 - a. If the application is incomplete the applicant should be notified via phone and in writing within two (2) working days of the review by the reviewing Patient Account Representative. Applicant will have fifteen (15) working days from the dated notification, to provide the requested information. If no response within the time frame, application will be denied as incomplete.
 - b. If the application is complete, the Patient Account Representative will complete the Financial Assistance Worksheet, review the application for conformance with HSC’s eligibility guidelines and recommend approval or denial of application within five (5) working days of receipt of application or follow-up information.
5. Determination of Financial Assistance utilizes the following factors:
 - a. Calculation of income:
 - Calculation is based on income for the three (3) months preceding the application (i.e. for April applications use January, February, and March).
 - To project the 12-month information when only 3 months is provided, multiply the 3-month total gross income by four (4).
 - If both the 3-month and the 12-month information are available, use the lower amount of the two provided.
 - b. Calculation of eligibility is determined by utilizing the current poverty guidelines issued by the U.S. Department of Health & Human Services, which are updated periodically in the Federal Register. The discount rate to be granted to the patient will be determined using these guidelines.
 - c. HSC will limit the patient payment to the amount generally billed or allowed under the Prospective Medicare Payment System (PPS). The PPS reimbursement rate is based on the Medicare fee schedule, APC or DRG calculations. If in the event there is not a comparable Medicare service/fee, the State of Connecticut Medicaid fee schedule will be used to determine the uninsured self-pay rate.
6. Patient Account Representatives will submit the completed Financial Assistance Worksheet to the Manager of Patient Accounts and Reimbursement and/or Sr. Vice President of Finance/CFO for final approval or denial:
 - a. A denial will be issued when:
 - The family is over the eligible income level;
 - Incomplete information is provided and patient does not respond to request for additional information within required timeframe;
 - Patient is deemed to have significant assets to meet debts.
7. Patient may request an appeal of the denial or approved level of Financial Assistance by completing the Appeal of Eligibility Determination for Financial Assistance form:
 - a. The appeal form must be filed with HSC within thirty (30) days of original decision. Patient will receive notification of receipt of appeal within two (2) weeks.
8. All determinations will be in writing and on printed forms:
 - a. Financial Assistance Allowances are listed by account number on a detailed allowance form prepared by Patient Account Representative. Once completed, this form will be reviewed and signed by Manager of Patient Accounts and Reimbursement.
 - b. The Cash Control Analyst will enter the Financial Assistance allowance on the patient’s account within two (2) days of receipt using the proper transaction code for reporting.

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9. The approved or denied applications and documentation will be filed by fiscal year in the patient financial services department. They will also be scanned into HSC's storage solution.
10. The Financial Assistance approval for the reduced payment will be effective for the duration of continuous services or one (1) year whichever ceases first.
11. Subsequent Medicaid determination approval will potentially qualify patients for full financial assistance on open accounts either retained at HSC or at the collection agency.
12. The Manager of Patient Accounts and Reimbursement or their designee will reconcile the Financial Assistance accounts quarterly to ensure the accuracy of the amounts approved as documented in the folder, completed allowance forms, and the amounts in the general ledger.
13. The Hospital's Financial Assistance Policy and associated forms are posted on HSC's intranet and website.
14. Reference the Billing and Collection Policy for procedures related to the collection of balances after the Financial Assistance adjustment is applied.

SUMMARY OF FINANCIAL ASSISTANCE ELIGIBILITY GUIDELINES:

- Financial Assistance is available to cover hospital charges for patient care services provided by employees and employed health care practitioners of HSC
- Applications for Financial Assistance can be requested before or after the services have been provided.
- To be eligible for the Hospital *for Special Care* Financial Assistance Program, the applicant must meet the financial criteria established for the program by the Hospital.
- Applicants must meet or speak with a Patient Account Representative, Social Worker, or Program Manager to determine financial resources, income, assets, and ability to pay. The Patient Account Representative, Social Worker, or Program Manager will use this information to recommend a plan which will be reviewed by the Manager of Billing and Reimbursement and/or the Sr. Vice President of Finance/CFO.
- Patients are required to provide personal and financial information in order to determine eligibility for the program.
- Documents and information to support income and asset verification must be attached to the completed application. Incomplete applications will not be processed.

When an application is approved for reduced payments under the Financial Assistance Program, the discount rate to be charged will be the applicable percentage to the U.S. Department of Health and Human Services Poverty Guidelines based on the current year that has been published in the Federal Register.

For assistance or additional information on your application call Hospital for Special Care's Patient Financial Services Department at 860-827-4900. Representatives are available Monday – Friday from 8:00am to 4:30pm.