



Athens-Limestone Hospital

Athens-Limestone Hospital Patient Accounts

Title: Financial Assistance and Financial Discount Policy
Approval: Randy Comer, CFO_____

Revisions:
07/07: 10/09
01/13 01/16
09/13
12/13
04/14
02/16

Our Purpose:

Athens-Limestone Hospital (ALH) is committed to providing quality healthcare that improves the health of those we serve.

Our Policy:

This policy sets forth the eligibility procedures for financial assistance in compliance with applicable federal, state and local law. Patients seeking emergent care at ALH shall be treated without regard to their ability to pay for such care. ALH shall operate in accordance with all federal, state and local requirements under the Emergency Medical Treatment and Active Labor Act (EMTALA).

Request for Financial Assistance:

The Patient Accounts Department utilizes Federal Poverty Income Guidelines plus 400%.

Financial Assistance Guidelines:

1. Financial counseling will be provided to determine a patient's eligibility to government sources of medical assistance including but not limited to, Medicaid, AllKids and other state and local programs.

2. All claims must be filed against any/all patient/guarantor owned insurance policies and paid directly to Athens-Limestone Hospital before any portion of the account balance can be forgiven.
3. The Financial Assistance application must be completed, signed by the patient/guarantor and returned to the Patient Accounts Department within (10) business days from the date of the letter accompanying the application.
4. The patient/guarantor must present written verification of his/her total gross income and other resources available.
5. If the patient/guarantor files income taxes, copies of the previous year's returns must be presented with the application.
6. If the patient/guarantor has a checking and/or savings account, copies of the three most recent bank statements for each account will be required.

I. Eligibility Methodology for Financial Assistance

- A. ALH shall adhere to an established methodology to determine eligibility for financial assistance or partial financial assistance. The methodology shall consider whether health services meet Medically Necessary criteria. Financial Assistance is not available for elective procedures.
- B. All available financial resources shall be evaluated before determination regarding financial or partial financial assistance is made. ALH shall consider the financial resources of the patient, as well as other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse).
- C. Copies of documents substantiate income levels and assets shall be provided by the patient/guarantor (e.g. W-2's, Current Tax Returns, Pay Stubs, Bank statements).
- D. Copy of approval letter if receiving food stamps or other assistance.
- E. The patient/guarantor shall be required to provide information sufficient to ALH to determine whether he/she is eligible for benefits available from insurance, Medicare, Medicaid, Worker's Compensation, Third-party liability, and/or other federal, state, and local programs.
 1. If in the course of evaluating the patient's financial circumstances it is determined by ALH that the patient may qualify for federal, state, or local programs or insurance coverage, financial counseling will be provided to assist patients in applying for available coverage.
 2. Patients with a Medical Savings Account are insured for the purpose of this policy, and the amount of the deposit will be considered as an available resource toward payment for Medically Necessary services.
 3. If a patient has a claim (or potential claim) against a third-party from which the hospital's bill may be paid, the hospital will defer its Financial Assistance determination pending deposition of the third-party claim.

- F. All information obtained from patients and guarantors shall be treated confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

II. Financial Assistance Approval/Denial Process

- A. The Financial counselor will review the completed applications daily. The applications are then approved/denied based on the guidelines set forth in this policy.
- B. Under no circumstances will emergency treatment be delayed due to financial considerations.
- C. If the application is approved, the financial counselor will ask for the established dollar amount to be paid before the service is rendered. (Elective procedures will be postponed until payment is received.)
- D. If the dollar amount can not be paid then the ordering physician will be contacted by the financial counselor and will be asked if the treatment may be postponed. The patient will be registered if the physician indicates treatment is necessary, without delay. If the physician indicates the treatment can be delayed, the situation will be explained to the patient and treatment postponed. The medical necessity of services ordered by the physician is subject to review by Administration.
- E. Patients may apply for financial assistance if a financial hardship exists. The patient should complete a financial assistance application and supply the required information. Each application will be reviewed for medical necessity guidelines.
- F. Adjustments will be posted to each account and the balance should be paid if full, if possible. If not, then an appropriate payment plan will be established.
- G. If financial assistance is granted or denied the patient will be notified.

III. Financial Assistance Guidelines:

- A. Patients at or below 200% of the Federal Poverty Level Guidelines (FPLG) will be eligible for 100% discount of the Medicare Rate of Reimbursement.
- B. 201%-250% poverty level: 50% discount of the Medicare Rate of Reimbursement.
- C. 251%-300% poverty level: 40% discount of the Medicare Rate of Reimbursement.
- D. 301%-350% poverty level: 25% discount of the Medicare Rate of Reimbursement.
- E. 351%-400% poverty level: 15% discount of the Medicare Rate of Reimbursement.

IV. Deviations

- A. Situations which require deviations from the established guidelines will require approval from the CFO or Business Office Director.