FINANCIAL ASSISTANCE POLICY	**Policies**
	Title: Financial Assistance
	Created **Revised 11/2019**
	Distribution: Billing Offices Hospital Corporate Finance

POLICY

Kedren Community Health Center (KCHC), Inc., shall provide financial assistance to patients who either do not have health insurance or are underinsured, and may not be able to pay in full for their care based on their income, assets and needs. Uninsured or underinsured patients will be treated fairly and with respect during and after their treatment. Patients with high medical costs may also be eligible for a discounted rate if they meet the eligibility requirements. KCHC will provide financial counseling to all patents requiring financial assistance. This will include help in understanding and applying for local, state and federal healthcare programs such as Medicaid All patients requiring financial assistance will be offered discounted pricing for the services provided at rates comparable to Medicare. All patients will be offered reasonable payments plans and, subject to their acceptance of the offer, will be billed at discounted rates. Whenever possible, this will occur before the services are provided or patients leave the hospital, as part of the financial counseling process. KCHC will not pursue legal action for non-payment of bills against any patient who is unemployed and without other significant income or assets.

PURPOSE

The purpose of this policy is to define the eligibility criteria for Charity Care services and to provide administrative and accounting guidelines for the identification, classification and reporting of patient accounts as Charity Care.

Self-Pay Patients: A self-pay patient means a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare or Medicaid and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance or other insurance as determined and documented by the hospital Self-pay patients may include Charity Care patients

Charity Care for Self-Pay Patients. A self-pay patient is eligible for Charity Care (free care) or a discount payment plan based upon meeting the eligibility criteria established by the hospital. Financial eligibility criteria is derived from the most recently published US Department of Health and Human Services Annual Update of the HHS Poverty Guidelines, also referred to as the Federal Poverty Level (FPL).

Discount Payment Plan for Patients with High Medical Costs: An insured patient is eligible for a discount plan based on meeting the income eligibility criteria and has high medical costs The income eligibility criterion is defined as the patient's family income that is at or below 350% of the FPL. High medical costs are defined as out-of-pocket medical expenses in the prior twelve (12) months that exceed 10% of the family's income, and does not otherwise receive a discount as a consequence of a third party coverage.

Patient's Family: (1) For persons 18 years of age or older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not. (2) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

PROCEDURE

Eligibility Criteria:

1. Charity Care and Discount Payment Plans Application (See Attachment A)
   a. A low income self-pay patient or a low income insured patient with high medical costs who indicates the financial inability to pay a bill for a medically necessary service shall be evaluated for financial assistance.
   b. The Financial Assistance Application (Attachment A) will be used to document each patient's overall financial situation
      i. Last three (3) months pay stubs are required for the purpose of documenting income and the tax return from the previous year.
      ii Income and monetary assets are taken into consideration however, monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Code, or non-qualified deferred-compensation plans. Additionally, the first $10,000 of a patient's monetary assets shall not be counted in determining financial eligibility, nor shall 50% of the patient's monetary assets over the first $10,000 be counted in determining eligibility.
      iii The patient will need to apply for Medicaid eligibility and must be turned down for reasons other than not following through with the application process.
   c. Once a determination has been made, a notification form will be sent to each applicant advising them of the facility's decision and the reason for the denial if denied
   d. A patient may request an appeal of a denial of eligibility. These requests are directed to the CFO of the hospital The CFO will review the information submitted and/or request additional allowable documents to be submitted by the patient. A written decision regarding the appeal is provided by the CFO to the patient within 72 hours of the receipt of the request.
   e. A patient's employment status may be taken into consideration when evaluating Charity Care status as well as potential payments from pending litigation, and third party liens related to the incident of care.
   f. Interest free extended payment plans are also offered by the hospital to assist patients with payment and are subject to negotiation with the patient.
   g A deposit may be required from self-pay patients prior to determination that a patient qualifies for Charity Care or discounted payment. The hospital will refund to the patient any amount collected from a financially qualified patient in excess of the amount due under the hospital's Charity Care or discounted payment policy
   h. If the hospital bills a patient who has not provided proof of third party coverage, the hospital shall provide the patient with a notice of the following
      1. A statement of charges
      2 A request to inform the hospital of coverage
      3 Notice of eligibility requirements for Medicaid etc.
      4. Instructions on how to obtain applications for Medicaid, and other governmental programs; and will be given copies of above mentioned applications
      5. A copy of the Patient Financial Assessment Application (Attachment A), the Sliding Scale Discount chart (Attachment B), and the Review Process and Eligibility notice.