

**Falls Community Hospital  
& Clinic**

**Financial Assistance Policy**

Effective: 01/01/2019

Revision: 04/01/2019

Reviewed:



**Purpose:**

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

FALLS COMMUNITY HOSPITAL & CLINIC will offer a Sliding Fee Discount Program for clinic visits to all who are unable to pay for their services.

FALLS COMMUNITY HOSPITAL & CLINIC will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, gender identity creed, religion, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

**Policy:**

To make available discount services to those in need.

**Procedure:** The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. **Notification:** FALLS COMMUNITY HOSPITAL & CLINIC will notify patients of the Sliding Fee Discount Program by:
  - Payment Policy Brochure will be available to all uninsured patients at the time of service.
  - Notification of the Sliding Fee Discount Program will be offered to each patient upon registration for clinic visit.
  - Sliding Fee Discount Program application will be included with collection notices sent out by FALLS COMMUNITY HOSPITAL & CLINIC.

- An explanation of our Sliding Fee Discount Program and our application form are available on FALLS COMMUNITY HOSPITAL & CLINIC'S website.
  - FALLS COMMUNITY HOSPITAL & CLINIC will place notification of Sliding Fee Discount Program in the clinic waiting area.
2. All patients seeking healthcare services at FALLS COMMUNITY HOSPITAL & CLINIC are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
  3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship.
  4. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services. Upon approval patients will be issued an identification card noting their name, date of birth, discount percentage and expiration date. Patients must present the card at each visit or the discount will not apply. Patients will receive the first card free, lost cards will be replaced for a \$2.00 fee.
  5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.
  6. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize FALLS COMMUNITY HOSPITAL & CLINIC access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

7. **Eligibility:** Discounts will be based on income and family size only. FALLS COMMUNITY HOSPITAL & CLINIC uses the Census Bureau definitions of each.
  - a. **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
  - b. **Income** includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count.*
8. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. **Self-declaration of Income** may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to FALLS COMMUNITY HOSPITAL & CLINIC'S CEO or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
9. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
  - a. Discounts may not apply to all services provided by FCHC. Types of services that will not be discounted are prescriptions, reference lab testing, x-ray interpretation performed by a consulting radiologist, or services performed by an outside firm/consultant. This list is not all inclusive and serves as an example. The business office will determine if a service qualifies for the discount.
10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$20 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by FALLS COMMUNITY HOSPITAL & CLINIC CEO, CFO, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
12. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with **FALLS COMMUNITY HOSPITAL & CLINIC**. Sliding Fee Discount Program applications cover outstanding patient balances for three months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, FALLS COMMUNITY HOSPITAL & CLINIC can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.
14. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.
  - a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on FALLS COMMUNITY HOSPITAL & CLINIC shared directory, noting names of applicants, dates of coverage and percentage of coverage.
  - b. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.

15. **Policy and procedure review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and/or Controller. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
16. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.
17. **Presumptive Financial Assistance Eligibility:** There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Falls Community Hospital & Clinic could use outside agencies in determining estimate of income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include, but are not limited to:
- State-funded prescription programs
  - Homeless or received care from a homeless clinic
  - Participation in Women, Infants and Children programs (WIC)
  - Food stamp eligibility
  - Subsidized school lunch program eligibility
  - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
  - Low income/subsidized housing is provided as a valid address
  - Patient is deceased with no known estate
  - Medicaid Program participants where coverage is denied for

maximum confinement, or non-covered services

- Bankruptcy declared and confirmed within the prior (12) months of Falls Community Hospital & Clinic services being rendered
- Any uninsured account returned from a collection agency as uncollectable
- Participation in Temporary Assistance for Needy Families (TANF) Program
- Participation in Children's Health Insurance Program (CHIP)
- Participation in Free lunch program at children's respective school
- Participation in County Indigent Health Care programs
- Falls Community Hospital & Clinic services provided with no history of payments
- Patient has stated that he/she does not have the resources to pay
- Patient has been given an indigent or charity care application but has not returned the application or the necessary documentation
- The address on file is no longer a good address
- Other factors that are useful information an expectation of payment

Patients who provide false information or who do not cooperate will not be eligible for charity care or discounted care assistance.

18. **Communication of the Charity Program to Patients and Within the Community:** Notification about charity care available from Falls Community Hospital & Clinic shall be disseminated by Falls Community Hospital & Clinic by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at admitting and registration departments, and patient financial services offices that are located on the Falls Community Hospital & Clinic's campuses, and at other public places as Falls Community Hospital & Clinic may elect. Falls Community Hospital & Clinic may also provide a summary of this charity care policy on facility websites, in brochures available in patient access sites and at other places within the community served by the Falls Community Hospital & Clinic as Falls Community Hospital & Clinic may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Falls Community Hospital &

Clinic. Referral of patients for charity may be made by any member of the Falls Community Hospital & Clinic's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for charity.