

Great Plains Regional Medical Center

Policy and Procedure

PA-002 Financial Assistance Policy

Approved by Administration: Department Director, Administration, Hospital Board of Directors

1. PURPOSE:

- a. To provide guidance on granting and recording financial assistance for services which have been deemed as emergent or non-elective by the physician.

2. SCOPE:

- a. This Policy applies to services provided by the Great Plains Regional Medical Center (GPRMC) and all physicians covered under this policy, which are listed under (**Addendum A**).

3. DEFINITIONS

- a. **Application Period:** Defined as the time provided to patient/responsible party by the hospital (GPRMC) to complete the Financial Assistance application, it begins on the first day care is provided and ends on the 240th day after the hospital has provided the patient/responsible party with the first post-discharge billing statement for the care provided. This could be subject to certain exceptions for incomplete applications or presumptively determined individuals.
- b. **Non-Elective Services:** Non-elective procedures are procedures that must be performed in order to maintain life and gross quality of life. These procedures could result in one of the following actions:
 - i. Emergent care(Emergency room visit)
 - ii. Admitting patient to inpatient status
 - iii. Placing patient in outpatient Observation status
 - iv. Emergent surgery procedures
 - v. High cost Radiology services
- c. **Elective Service:** Elective procedures are planned procedures, rather than procedures done in an emergency.
- d. **Uninsured:** patient/guarantor has no level of insurance or third party assistance to assist with the payment obligations.
- e. **Underinsured:** The patient has some level of insurance or third party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
- f. **Financial Assistance:** Is defined as free or discounted health care services provided to person(s) who meet the Federal Poverty guideline to be eligibility for discounted care up to and including 100% discount.
- g. **Federal Poverty Level (FPL):** Is a set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. It is determined by the Department of Health and Human Services and is adjusted for inflation and reported annually in the form of poverty guidelines.

Great Plains Regional Medical Center

Policy and Procedure

PA-002 Financial Assistance Policy

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- h. **Financial Indigence:** Financially indigent persons include uninsured and underinsured persons who meet an institution's eligibility for discounted care up to and including a 100% discount.
- i. **Medical Indigence:** Medically indigent patients include person(s) with catastrophic medical costs for whom payment of medical bills would threaten the household financial viability. Qualifying as a medically indigent patient does not require qualification as financially indigent. Generally, medically indigent persons qualify for reductions in their obligations to pay for medical services rendered. The Medical Indigence program considers the patient's ability to pay without liquidating assets critical to living or earning a living, such as home, car personal belongings, etc. All patients are eligible to be considered for medically indigent status with the exceptions of patients with income below 200% of the FPL, a these patients are considered eligible for 100% financial assistance under the financially indigent definition.
- j. **Family Size:** Family size is defined by the Internal Revenue Service and is equal to the number of individuals for whom the taxpayer is allowed a deduction on their federal tax return. If IRS tax documentation is not available, family size will be determined by the number of family members documented and verified on the Financial Assistance application.
- k. **Family Income:** is determined using the Census Bureau definition, which uses the following income when computing Federal Poverty Guidelines (FPL):
 - i. includes earnings, unemployment compensation, worker's compensations, social security supplemental security income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estate, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources
 - ii. Non-cash benefits (such as food stamps and housing subsidies) do not count
 - iii. Determined on a before-tax basis
 - iv. Includes the income of all family members who are included in the family size, (non-relatives such as housemates, do not count).
- l. **Gross Charges:** The total charges at the organization's full-established rates for the provision of patient care services before discounts are applied.
- m. **AGB –** Stands for the Amount Generally Billed.
- n. **Medical necessary:** Defined by Medicare as services or items reasonable and necessary for the diagnosis, prevention, or treatment of an illness, injury, or disease.
- o. **Patient Liability:** This is the amount a patient is personally responsible for paying after all available discounts, including uninsured discount, financial assistance discount and discount due to limitation on charges to patients per 501(r) regulations.

Great Plains Regional Medical Center

Policy and Procedure

PA-002 Financial Assistance Policy

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- p. **Presumptive Charity Eligibility:** GPRMC may utilize predictive analytical software or other criteria to assist in making a determination of financial assistance eligibility in situations where the patient qualifies for financial assistance but has not provided the necessary documentation to make a determination.

4. POLICY

- a. Great Plains Regional Medical Center (GPRMC) is committed to providing financial assistances to person(s) who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor, Great Plains Regional Medical Center (GPRMC) strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Great Plains Regional Medical Center (GPRMC) will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

5. Procedure

- a. **Services Eligible under this Policy:** For purposes of this policy, all emergency, non-elective services provided by the Great Plains Regional Medical Center (GPRMC) and the physicians covered under this policy.
 - i. Please see Addendum A for the list of physicians covered and not covered under this policy
- b. **Services not eligible for Charity Care**
 - i. Elective Services
 - ii. Sterilizations
 - iii. Cosmetic
 - iv. Any other service or procedure determined by a licensed physician to be not medically necessary.
- c. **Eligibility for Financial Assistant:** Eligibility for financial assistance will be considered for those individuals who:
 - i. Have limited or no health insurance
 - ii. Cooperate with GPRMC's policies and procedures
 - iii. Demonstrate financial need
 - iv. Supply all required information to process the application
 - v. Reimburses GPRMC for any monies paid directly to patient by insurance
 - vi. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Great Plains Regional Medical Center

Policy and Procedure

PA-002 Financial Assistance Policy

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- vii. A determination of financial assistance will be effective for a period of up to six (6) months from the date the application was approved and will include all outstanding receivables including those at bad debt agencies. After the six (6) months, the patient/guarantor will need to complete another Financial Assistance application in its entirety.
 - viii. This policy does not apply to non-US citizens
- d. Financial need and eligibility will be determined in accordance with the following procedures:
- i. **Application:** In order to be eligible for financial assistance consideration, the patient/responsible party must complete the Patient Financial Assistance Application form and submit the documentation requested to support reported income and expenses. One application will cover the unpaid patient liability for all open accounts for the same patient/responsible party. Applications for financial assistance should be completed accurately and include verifiable proof of income and/or assets as well as unusual expenses. **(See Exhibit A)**
 - ii. Patients can submit an application by one of the following methods:
 - (1) Verbally, either over the phone or face to face with the Financial Assistance Representative:
 - i. The Financial Assistance Representative will document the patient/responsible party responses onto the application form
 - ii. The patient will verify and attest to all the information
 - (2) Print application from the Great Plains Regional Medical Center (GPRMC) website: <http://www.gprmc-ok.com>, complete the application, make copies of all required documents and mail to:
PO Box 2339
Elk City, OK 73647
Attn: Business Office
 - (3) Obtain a copy of the financial assistance application at Great Plains Regional Medical Center (GPRMC) Admission Department or at the Emergency Room Registration area. complete the application, make copies of all required documents and mail to:
PO Box 2339
Elk City, OK 73647
Attn: Business Office
 - iii. All supporting documentation must be supplied for the application to be considered completed.
 - iv. Applications will not be considered complete unless the required documentation is received and evaluated by the Financial Assistance Representative. Applicants will receive written notice regarding the decision of their application. The applicant will receive an updated statement(s) reflecting any financial assistance discounts during their next regular billing cycle.
 - v. Application information shall be provided in the primary language spoken and any other language spoken by 5% of the community population serviced by Great Plains Regional Medical Center (GPRMC).

Great Plains Regional Medical Center

Policy and Procedure

PA-002 Financial Assistance Policy

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- e. **Required documentations include:**
 - i. Completed written/verbal application
 - ii. Bank/Savings Statements for most recent three (3) months
 - a. An explanation of any unusual deposits/expenses on the bank/savings statements
 - b. Documents must reflect all deposits.
 - iii. Income verification for applicant: If guarantor filed married, filing joint on most recent income taxes, the guarantor must send income verification for spouse as well.
 - a. Verification of income can include (not an inclusive listing); pay stubs, unemployment checks, social security award letters/checks, disability award letters, child support documentation, and pension verification
 - iv. Tax Return Documentation
 - a. Most recently filed tax return or Non-Filing Letter from the IRS. Taxes must be accompanied by all supporting schedules (A-F) and documents (W-2s,1099s) to be considered complete
 - v. Medicaid Approval/Denial Letter
 - a. All financial assistance applications must be evaluated for Medicaid and an approval or denial letter must be obtained
 - i. If the patient/responsible party is pre-screened as potentially eligible, they must cooperate with Medicaid with the application process to be eligible for financial assistance with Great Plains Regional Medical Center (GPRMC)
 - vi. Documents that are altered will not be accepted
 - vii. If documents are original, copies will be made and originals will be returned to the patient/guarantor.
 - viii. Additional documents that may be requested (to qualify patient for medical indigence) include:
 - a. Verification of monthly expenses
 - i. All medical bills, housing bill, and any other bill essential to the basic needs of living
 - ix. If living with someone who is supporting you, they must write a letter stating that they are supporting you with a place to sleep and food.
- f. **Incomplete Applications:**
 - i. All incomplete applications will receive a letter of notification that will detail the information that is needed to satisfy the documentation requirements for eligibility. If the applicant sends in incomplete documentation a second time, the applicant will receive a letter and a phone call attempt to notify the patient that their application is not complete, and that they have sixty, (60) days to submit a completed application to be considered eligible for financial assistance.

Applications for financial assistance can be returned to GPRMC Financial Representative at the facility or mailed to:

GPRMC

Great Plains Regional Medical Center

Policy and Procedure

PA-002 Financial Assistance Policy

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Attention: Business Office
PO Box 2339
Elk City, OK 73648
Fax: (580) 821-5524

Questions about the Financial Assistance Policy may be directed to GPRMC Business Office,
Patient Financial Representative – (580) 821-5519

- g. Great Plains Regional Medical Center (GPRMC) 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 GPRMC shall notify the patient/responsible party in writing within 30 days of a receipt of a completed application
- h. Each patient has the opportunity to apply for financial assistance prior to treatment and throughout the Application Period. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six (6) months prior, or any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

6. Presumptive Financial Assistance Eligibility:

Great Plains Regional Medical Center (GPRMC) provides 100% financial assistance for non-elective services under the presumptive guidelines if the patient/responsible party meets any of the below listed criteria:

- a. Is uninsured and has an estimated family income of less than 200% FPL, and a Health Care Credit score of less than 620 as determined by externally available data sources such as credit agencies
- b. Is Homeless or received care from a homeless clinic
- c. Is deceased with no known estate or living spouse

7. Amount Generally Billed (AGB)/Limitation of Charges:

- a. Great Plains Regional Medical Center (GPRMC) limits the amount charged for emergency and non-elective services provided to patients who are eligible for financial assistance. The current AGB percentage is 42 (**See Exhibit C**)
- b. The AGB percentage is calculated at a hospital facility level, at a minimum annually, with implementation not more than one hundred twenty days (120) days after the end of the twelve (12) month period utilized above.

8. Charity Discounts:

- i. Great Plains Regional Medical Center (GPRMC) provides a charity discount for eligible patients based on Federal Poverty Level Guidelines. The charity care discount is applied to the patient's remaining liability after insurance for insured patients and after the uninsured discount is applied for uninsured patients. (**See Exhibit B**)

Great Plains Regional Medical Center

Policy and Procedure

PA-002 Financial Assistance Policy

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9. Relationship to collection Policies:

- a. Patients/guarantors are expected to pay the amount of their account that is not eligible for assistance under this policy. Patients/guarantors who fail to pay their balance after the associated discounts have been applied will be subject to normal collection procedures. Please see GPRMC Billing and Collection Policy for a comprehensive schedule of collection activities to which an account will be subject. A copy of the GPRMC Billing and Collection Policy may be obtained at no charge by either calling GPRMC Customer Service Center at (580)-821-5519 or from our Patient Financial Representative located at the facility.

10. Providers Covered:

- a. Addendum A of this policy lists the providers who are covered under this policy and the providers who are not covered under this policy. This list is updated every quarter of the calendar year. Patient/responsible party may request this list at any time from the staff in Admissions or they can obtain a copy of the list by going to the Great Plains Regional Medical Center website: <http://www.gprmc-ok.com>. Any questions about inclusion or exclusion of providers that are covered under this policy can be directed to GPRMC Patient Financial Representative at 580-821-5519

11. Regulatory Requirements:

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

12. Documentation:

- a. GPRMC Patient Business Office will maintain records of its financial assistance applications, determinations of financial assistance and notices to patients to adequately document its fair and consistent application of this policy in accordance with our policy on record retention and destruction

13. Addendum and Exhibits

Documents listed below can be found on the Shared Drive under Business Office under Charity Care Document

- a. Addendum A – List of employed and non-employed physician's
- b. Exhibit A – copy of the financial assistance application
- c. Exhibit B - Federal Poverty Guideline (FPL)
- d. Exhibit C – AGB Limitation of Charges calculation
- e. A Plain Language Summary can be obtained
- f. On our website: <http://www.gprmc-ok.com>
 - i. In our Admission or ER Registration areas
 - ii. Call Patient Financial Representative at (580)-821-5519