



800 Raven Hill Dr., Atchison, KS 66002

POLICY NAME: Financial Assistance	EFFECTIVE DATE: 07/2011 REVISED: 12/2017
DEPARTMENT: Patient Financial Services	POLICY NUMBER: BO 03

PURPOSE: To outline the Financial Assistance program and guidelines

POLICY: Atchison Hospital provides care to patients in our service area without regard to their ability to pay for the services. Realizing that many in our service area need special consideration in this regard, this policy identifies the procedures and qualifications for patients to apply for and receive care without the requirement for full payment for those services. Waivers under this policy will only apply after all other payment sources have been exhausted.

PROCEDURE:

Financial assistance will be available to residents of Atchison Hospital’s service area as defined under eligibility listed below. Financial assistance will be for urgent or emergent (non-elective) procedures to persons who request such services and who are deemed unable to pay for the services. These services will be evaluated on a case by case basis in conjunction with the patient’s physician to determine medical necessity. Notification of the Financial Assistance program will be posted at the Registration desk in the Front Lobby and in the Emergency Department (Attachment #1). The Financial Counselor, Outpatient Registrar, and ED Unit Secretary will provide notification of the financial assistance policy. The notification starts with the date care is provided. Atchison Hospital provides notification of the financial assistance policy up through 120 days after the date of the first statement. Additional notification of the financial policy is provided in the patient statement and letter series, mailed to patients by Avadyne Health. All patients without regard to race, color, sex, age, handicap, religion, nation origin, political belief or payer source are eligible to apply for financial assistance.

Patients presenting for services who request consideration under the Hospital’s Financial Assistance Policy will be given an “Atchison Hospital Financial Assistance Application & Determination” form (Attachment #2) to complete, along with the Atchison Hospital Guidelines for Financial Assistance (Attachment #3). Once completed, the patient’s household income and family size will be evaluated against the Health and Human Services Federal Poverty Guidelines as published in the Federal Register, which are updated periodically. These guidelines are based on residency, gross income and family size.

Applications for financial assistance can be received within 240 days from the first statement after services are received. Applications will also be accepted prior to services being rendered, if possible.

A discount in 10% increments (ranging from 10% to 100%) is given on income up to 200% of Federal Poverty Guidelines. It is the patient's responsibility to present required documentation to substantiate a discount.

I Eligibility

A.

1. The discount is given only after all payment sources have been exhausted.
2. The discount applies to uninsured and insured patients.

B. The following definitions are pertinent to eligibility:

1. **Indigent:** A person who is a member of a family unit (if applicable) whose income falls within the applicable percentage of the current federal income poverty guidelines; **and** a person who is not eligible to receive benefits from other third party payment sources, including private insurance.
2. **Atchison Hospital service areas:** Primary service area in Kansas includes: Atchison, Bendena, Cummings, Denton, Easton, Effingham, Everest, Lancaster, Muscotah, Nortonville, Potter, Troy and Valley Falls. Primary service area in Missouri includes: Rushville.
3. **Indigent care bad debt:** Unpaid balance of patient's responsibility that remains unpaid after good faith effort to collect.

II Eligibility Guidelines

A. Eligibility is based on residency, income and family size.

1. **Residency:** The applicant must be a permanent resident of Atchison Hospital's service area to be eligible for discounted services.
 - a. If a person is an immigrant, to prove residency an applicant must have an "Alien Resident Card" or a "United States Citizen Identification Card".
 - b. Persons who are in the United States in a non-immigrant status are not eligible under any circumstances. Examples of this might be visitors, students or any other person with a "temporary" or "pending" status.
2. **Income Determination:** Eligible residents will be asked to disclose and document all sources of income received by the family unit. This includes an unmarried couple applying for assistance. If a patient is unable to provide documentation, staff will draw appropriate conclusions based on what the patient provides and/or documents on the discount application and will accept it as the truth.
 - a. No income: When a patient claims no income, a letter signed by the supportive person, will be accepted as a reasonable explanation.
 - b. Income sources: See Atchison Hospital Guidelines for Financial Assistance, (Attachment #3).and Federal Poverty Guidelines 20xx (Attachment #4).
 - c. Income calculations:
 - i. 3 months of income provided
 - Multiply total income by 4 to calculate annual income.

OR

- ii. 12 months of income provided
 - Total income listed will be annual income.
 - iii. Self Employed and all expenses for 3 full months provided
 - Total all income from the 3 months
 - Subtract all expenses from the income
 - Multiply by 4 to arrive at annual income
 - iv. Last check stub showing *Year to Date* income
 - Divide YTD by number of months to get a monthly average
 - Multiply monthly figure by 12 to calculate annual income.
3. Family Unit: A family is two or more persons related by marriage, birth, or adoption who reside together; all such related persons are considered as members of one family. This includes an unmarried couple applying for assistance if they have mutual children together.

B. Exclusions

1. Elective Procedures:

- a. Cosmetic type services
 - b. Fertility and Infertility Treatment and Procedures (including birth control)
 - c. Circumcision
 - d. Hearing aids and evaluations
 - e. Weight loss programs (unless diabetes related)
 - f. Sports Physicals
 - g. Sleep Studies
2. Non emergent services
 3. Non acute services such as epidural, cardiac rehab
 4. Home Health (except for the first 45 days after discharge from Atchison Hospital.)
 5. Collection agency accounts that have incurred legal fees
 6. Persons not cooperating to obtain eligibility or payment assistance from third party resources.

C. Presumptive Financial Assistance Eligibility

1. There are instances when a patient may appear eligible for financial discounts, but there is no financial assistance form on file or a lack of supporting documentation. In the event there is no evidence to support a patient's eligibility for financial assistance, Atchison Hospital may use outside agencies or vendors in determining eligibility and potential discount amounts. These resources may use demographic and household information and/or credit scoring technology to determine the percent of assistance to apply to the patient's account.
2. Patients who meet presumptive eligibility criteria may be granted financial assistance without completing the application.

D. Definition of Household

1. A family is two or more persons related by marriage, birth or adoption who reside together; all such related persons are considered as members of one family. This definition includes an unmarried couple applying for assistance. For instance, if an older married couple, their daughter and her husband and two children and the older couple's nephew all live in the same house, they would be considered a family of seven. If a household includes more than one family that is not related the poverty guidelines are applied separately to each family and not to the household as a whole. The same house, they would be considered a family of seven. If a household includes more than one family that is not related, the poverty guidelines are applied separately to each family and not to the household as a whole.
2. Family unit of one individual: Following with the poverty income guidelines, a family unit of one is an unrelated individual. An unrelated individual may be the sole occupant of a housing unit, or may be residing in a housing unit in which one or more persons also reside who are not related to the applicant by marriage, birth or adoption. Examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.
3. In certain instances, a copy of divorce decree or court documents substantiating legal separation may be required. If married, but not living together, income documents will be required from both individuals.

E. Definition of Income

1. Income is the total annual cash receipts before taxes from all sources, for all persons in the family unit, with the exceptions noted. Income data for a part of a year may be annualized in order to determine eligibility – for instance, by multiplying four the amounts of income received during the most recent three months. Income includes money, wages (including overtime), and salaries before any deductions. Income also includes gross receipts from non-far or farm self-employment. Income includes (but not limited to) regular payment from social security, railroad retirement, unemployment, compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance.

2. Supplemental Security Income, General Assistance or General relief money payments, training stipends, alimony, child support and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, stocks, bonds, government employee pension (including military retirement pay) and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividend, interest, net rural income, net royalties, receipts from estates or trusts, inheritance and net gambling or lottery winnings.

3.

**Please refer to “FEDERAL POVERTY GUIDELINES 20xx”
Attachment #4 for the current income levels for financial assistance**

Family Size	10% to 100% Discount if income is equal to or below:
1	See “Federal Poverty Guidelines 20xx”
2	See “Federal Poverty Guidelines 20xx”
3	See “Federal Poverty Guidelines 20xx”
4	See “Federal Poverty Guidelines 20xx”
5	See “Federal Poverty Guidelines 20xx”
6	See “Federal Poverty Guidelines 20xx”
7	See “Federal Poverty Guidelines 20xx”
8	See “Federal Poverty Guidelines 20xx”
9	See “Federal Poverty Guidelines 20xx”
10	See “Federal Poverty Guidelines 20xx”

III Financial Assistance Application Processing:

- A. If patient meets criteria to apply for any 3rd party coverage, the patient must provide the approval or denial before an application will be considered for Financial Assistance.

IV Approval or Denial of Financial Assistance Application

- A. Final determination of eligibility will be made by the Chief Financial Officer, with input/review by the Financial Counselor, and Revenue Cycle Director. Falsification of application or refusal to cooperate will result in denial of financial assistance. If needed, Atchison Hospital reserves the right to obtain a credit report.

- B. Written determination shall be made to the applicant within 30 business days from the date all required documentation has been received by the Hospital. Any remaining unpaid balance will be set up on payment terms.
- C. Patients who have been recognized as deceased with no estate or surviving spouse may be deemed eligible for Financial Assistance without having to meet the normal documentation requirements. A copy of the patient's obituary or death certificate will be required. The Revenue Cycle Director or CFO will give the final approval.
- D. Original, signed application will be stored at Atchison Hospital Business Office.
- E. If the application is denied, patient cannot reapply for 60 days after the date of notification of the denial.
- F. Approval period shall be for a three month period from the approved date.
- G. Financial assistance will apply to all previous account balances including those accounts listed with collections agencies, with the exception of accounts that have accrued collection fees.

V Calculating Amounts Charged to Patients

- A. Total charges will first be reduced by the average % of contractual adjustments (write offs) across all payers.
- B. The % of contractual adjustments (write offs) for all payers will be reviewed and updated annually.

VI Collection Efforts for Any Remaining Balances on Accounts

- A. After Financial Assistance discounts have been applied, any remaining self-pay balances will be the responsibility of the patient/guarantor, and subject to the Hospital's normal statement process. The patient/guarantor will receive a statement from our billing company, Avadyne Health. They will continue to receive monthly statements from Avadyne Health as well as intermittent phone calls for approximately 120 days or until the balance is paid in full or a payment plan has been set up. If payment plan arrangements or payment in full has not been received, they will receive a final notice and be subject to further collection processes. We encourage payment in full but understand that is not always possible, and offer payment plans.

VI. Accounts Placed with Collection Agency

- A. Financial assistance may be applied on any account(s) that has been assigned to an outside collection agency. Atchison Hospital can place accounts with a collection agency within 120 days, however, the collection agency cannot begin any extraordinary collection actions as defined by the Patient Protection and Affordable Care Act Subsection 501(r) such as legal process, selling debt, reporting adverse information on credit bureaus, commence civil action, garnish wages, complete a lien or cause an arrest before the first 240 days from the date of the first statement. Accounts assigned to an outside agency will be reviewed on a case by case basis.