



SUBJECT: Financial Assistance Policy	REFERENCE #
DEPARTMENT: Patient Accounting REVIEWED LAST: 6/7/2016	EFFECTIVE: 11/07/13
APPROVED BY: CCMC Board of Trustees	REVISED: Kimberly Thomas, Sharon Wachslicht, Yvonne Bartley, Jim Garbarino, Austin Gillard

**Statement of Policy:**

In accordance with the mission and goals of Clay County Medical Center (CCMC), this Financial Assistance Policy (FAP) is in place to assist qualified patients with the bills from their Emergent Care & Treatment and Medically Necessary services.

Financial Assistance is defined as the value of healthcare services provided at no charge or at a reduced charge to patients who do not have, or cannot obtain, adequate financial resources to pay for their care.

**Financial Assistance Application Policy:**

1. All CCMC patients seeking emergency care/treatment for medical problems must receive an appropriate medical screening/assessment. Medical screening examination/treatment is not to be delayed by inquiring about an individual's ability to pay or the registration process. For more information, see the medical center's EMTALA General Guideline on public display in the Emergency Services area.
2. The FAP notification is posted in public displays at patient access areas and in Patient Guestbooks. The FAP is included with discharge packets for inpatients and on the CCMC website. Notification that CCMC has an FAP is printed on patient statements.
3. Financial Assistance Applications (FAA) are available at Admissions, from registration staff, with inpatient discharge packets, from Patient Accounts Representatives, and on the website. Requests for mailing an application should be made to the Patient Accounts Representatives at 785-632-2144 x 471. The application may be made before, during or after services are received.
4. Method of Applying for Financial Assistance
  - a. To be eligible for financial assistance under this FAP, individuals must apply by submitting a completed CCMC Financial Assistance Application (FAA) with requested documentation. Cooperation with CCMC and its agents is required to assist in determining whether the



patient is eligible for other sources of payment or if the individual is eligible for assistance under this FAP. Those that meet the definition for Medically Indigent must still submit an FAA.

b. Proof of income and financial documentation will be required based on the patient's Annual Family Income at the time of service.

c. Should the guarantor wish for their outstanding medical bills to be considered in the financial assistance determination they must include the most current CCMC medical bills with their application and other documentation. Accounts that have already been moved to a collection agency will not be included in the consideration for financial assistance unless they are within the last 240 days.

d. Reconsideration of financial assistance for additional service dates must be performed every 3 months. Subsequent accounts that occur or are billed during this 3-month period will be processed at the same level of qualified assistance. Patient/Guarantor is responsible for alerting CCMC Patient Account Representatives to these new accounts.

e. CCMC Patient Account Representatives may assist Patient/Guarantor in completing the FAA and answer questions the Patient/Guarantor may have regarding same.

f. Once the FAA has been given/sent to the Patient/Guarantor the completed and signed application is due within 14 days along with required documentation to CCMC Patient Accounts Representatives at 617 Liberty St Clay Center, Kansas 67432.

5. CCMC staff or, in some cases, a third-party vendor will interview the Patient/Guarantor to identify other sources of payment for the bill. Patients or representatives must agree to a screening to meet the requirements of the financial assistance process.
6. Persons who qualify for alternative programs, such as Medicare, Medicaid or Crime Victims relief, but refuse to take advantage of them will not be considered for financial assistance.
7. All services provided and billable by CCMC may be eligible for Financial Assistance. Application for assistance must be completed and received by CCMC within 240 days from the first post-discharge billing statement date.



Services provided by community physicians, radiologists and/or outside laboratories are not eligible for this program.

8. Eligibility for Financial Assistance is determined by family size and income in comparison to the Federal Poverty Guidelines. Proof of Household Income will be required in the form of either a pay stub showing Year-To-Date information or proof of the last 3 months of income in the household for each member of the household and the most recent federal tax return, if filed.
9. If the household income is less than or equal to 100% of the Income Poverty Guidelines, care will be made available at no charge; if the family income is greater than 100%, discount will be given based on a sliding scale. See the chart that follows:

0 – 100% of Poverty Guidelines	>100% to 140% of Poverty Guidelines	>140% to 170% of Poverty Guidelines	>170% to 200% of Poverty Guidelines
100% Charity	75% Charity	50% Charity	25% Charity

10. If Completed Application is received:

- a. Patient Account Representatives will examine all documents and prepare file for Financial Assistance Committee (FAC) review.
- b. FAC will review file and render decision following the weekly meetings.
- c. After the FAC meeting, Patient Accounts Representatives will notify the patient of the committee’s decision via a letter that explains FAC decision and a Payment Agreement Letter (PAL) will be included if needed.
- d. PAL should be signed and returned to CCMC within 10 business days. If PAL is not signed and returned to CCMC, then the account will continue to follow the Collections Process.
- e. Financial Assistance will only be applied to patient responsibility amounts. Any payments received prior to the FAC decision that are greater than the percentage that is designated as due by the FAC will either be applied to other accounts (if applicable) or returned to the Patient/Guarantor.

11. If Incomplete Application is received:

- a. Patient Account Representatives will examine all documents and prepare file for Financial Assistance Committee (FAC) review.
- b. If application is found to be incomplete, a letter will be mailed to the address on the application giving the applicant 10 business days to respond.
- c. If no response is received from applicant, then the application and all documents will be kept by the Patient Accounts Representative.



12. Following a determination of FAP eligibility, an FAP-eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (AGB).
13. AGB is based on the look-back method. The AGB percentage with a description of how it is calculated can be requested from the medical center.
14. CCMC will initiate 5 notifications. The Patient/Guarantor will be notified of the action that will be taken if there is nonpayment of the bill prior to an FAC decision. The collections process may involve an outside agency. Once an account passes 240 days from the initial bill, and a FAA is not accepted, legal action may be taken for collection.
15. If a patient has prior CCMC accounts with a past-due balance the patient is receiving non-emergent services, then the patient can be required to complete and submit an FAA prior to receiving services.

## **Definitions**

**AGB** – Amounts generally billed. CCMC will charge the amounts generally billed to individuals with Medicare.

**Annual Family Income** – Includes but is not limited to assets such as bank account balances, trusts and investments but excludes primary residence.

**CCMC** – Clay County Medical Center

**Community Health Needs Assessment** – Survey of Clay County residents and their concerns about medical issues in the community that is conducted at least once every three years by CCMC.

**Emergency Care or Emergency Treatment** – An acute medical condition that, if not given immediate medical attention, could reasonably be expected to result in a) Placing the health of the individual in serious jeopardy; b) serious impairment of bodily functions; or c) serious dysfunction of any bodily organ or part.

**EMTALA** – The Emergency Medical Treatment and Active Labor Act (42 U.S.C. §1395dd).

**FPG** – The Federal Poverty Income Guidelines (FPG) that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for award of financial assistance under this Policy.

**FAA** – Financial Assistance Application

**FAC** – Financial Assistance Committee



**FAP** – Clay County Medical Center Financial Assistance Policy.

**Guarantor** – Person responsible for paying amount due.

**Household** – The patient, patient’s spouse (regardless of whether they live in the home) and all of the patient’s children, natural or adoptive, under the age of eighteen who live at home. If the patient is under the age of eighteen, the “family” shall include the patient, the patient’s natural or adoptive parent(s) (regardless of whether they live in the home), and the parent(s)’ children, natural or adoptive under the age of eighteen who live in the home. In the case of unmarried adults living together all adults’ income will be considered as income in financial assistance determination. The exception would be an adult child living in the home of his or her parents. In this case, the parental income and expenses would not be requested.

**Medically Indigent** – Guarantor with current self-pay medical balances at CCMC that equal or exceed 25% of Annual Household Income.

**Medically Necessary Care** – Medically necessary care are those services reasonable and necessary to diagnose and provide preventive, curative or restorative treatment for physical conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.

**PAL** – Payment Agreement Letter that is signed by the Patient/Guarantor and reflects an agreed upon payment arrangement between Clay County Medical Center.

**Under-insured Patients** – Patient who are insured or qualify for governmental or private programs that provide coverage for the services rendered but do not have resources to pay the private portion of the bill.

**Uninsured Patients** – Individuals who do not have governmental or private health insurance or whose insurance benefits have been exhausted.