

Current Status: Active

PolicyStat ID: 3695947

Origination:	01/1999
Last Approved:	08/2017
Last Revised:	01/2016
Next Review:	08/2018
Owner:	Jackie Burdett: Patient Financial
	Services Manager
Policy Area:	Patient Financial Services
References:	

Dedicated. Compassionate. Healthcare.

vis Counti

Financial Assistance Program

Policy Number: BO 01.11.0

POLICY:

Financial Assistance will be available to residents of Davis County for non-elective procedures to persons who request such services and who are deemed unable to pay for them. These services will be evaluated on a case by case basis in conjunction with the patient's physician to determine medical necessity. Financial Assistance will be available to all emergency care patients regardless of residency. Notification of the Financial Assistance Program will be posted at the Front Desk by the Registration area, ER, and the Patient Accounts office. Applications will be made available at these locations. All patients without regard to race, color, sex, age, handicap, religion, national origin, political belief or payer source are eligible to apply for financial assistance.

PROCEDURE:

The guidelines used in determining eligibility for free or reduced services are based on family income levels. Specifically, persons must have an adjusted gross income less than 200% of the HSS Poverty Guidelines as defined annually by the Department of Health and Human Services. Another consideration is if the patient is eligible for any government assistance program through which any of the medical expenses could be paid.

The patient/guarantor must meet the following criteria and provide the following information established by the Davis County Hospital for consideration for financial assistance.

- A Davis County Hospital Application for Financial Assistance form must be completely filled out with all requested information received. Incomplete applications will be returned to the patient/guarantor with a list of the missing items needed.
- Patient/Guarantor must provide a copy of their current Federal Tax return and proof of income for their most recent past 3 months. Self-employed individuals must provide all schedules from their tax returns. Federal tax returns will not be required for those patients who do not file a return (i.e. elderly/disabled).
- Patient/Guarantor must provide copies of their most recent past 3 months bank statements.
- Applications for the Financial Assistance Program must be received within 1year from the first statement date or prior to services being rendered, if possible. The Financial Assistance decision is good for 6 months from approved date.
- In order to assure that all resources for payment are exhausted prior to the Financial Assistance review, a patient seeking Financial Assistance must first apply for State Assistance through the Department of Human Services Medicaid. The DHS Services Portal (www.dhsservices.iowa.gov/apspsplssp.portal)

may be used to pre-determine if a patient will qualify for benefits. If Patient will not qualify the results should be printed and retained with Financial Assistance Application. Consideration will be given to those patients who qualify for financial assistance by fail to apply for State Assistance due to their religious beliefs. Up to 20% discount will be applied to accounts meeting the above guidelines. Financial Assistance is available only after all other payment sources are reviewed and determined to have been exhausted.

• Liability claims (i.e. Motor Vehicle Accident Insurance, Workman's Compensation Insurance, or any other 3rd Party Liability Payer) must have written confirmation that the balance due is the patient's responsibility to pay for Financial Assistance to be applicable.

All services rendered by Davis County Hospital, Medical Associates and Specialty Physicians are addressed by this policy, excluding Specialty Physicians that billing is not completed by the PFS Department and employee purchased supplies.

Final determination of eligibility will be made by the Chief Financial Officer, with input/review from the Patient Accounts Manager. Falsification of application or refusal to cooperate will result in denial of financial assistance. If needed, Davis County Hospital reserves the right to obtain a credit report.

Approval or denial of requests will be communicated to the patient by letter within 10 working days of final determination. Any remaining unpaid balance will be set up on payment terms (see Credit Policy).

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 Patient Accounts Manager or CFO will give the final approval.

A log of all Financial Assistance furnished will be maintained by the hospital Patient Accounts Department.

These are general criteria for determining the amount of financial assistance that will be granted by DCH. Davis County Hospital reserves the right to deviate from the above criteria in unique situations. DCH will use the current available poverty guidelines as published yearly by the government at <u>www.aspe.hhs.gov/poverty-guidelines</u>. A example of the Poverty Guidelines Table is below:

Family Size	Maximum Income	200%
1	\$ 11,490	\$ 22,980
2	\$ 15,510	\$ 31,020
3	\$ 19,530	\$ 39,060
4	\$ 23,550	\$ 47,100
5	\$ 27,570	\$ 55,140
6	\$ 31,590	\$ 63,180
7	\$ 35,610	\$ 71,220
8*	\$ 39,630	\$ 79,260

Poverty Guidelines Table

*Add \$4,020 for each additional family member greater than 8.

Schedule for reducing charges

% above Poverty % of Charity

Allowed	
100%	
90%	
80%	
70%	
60%	
50%	
40%	
30%	
20%	
10%	
0%	
	100% 90% 80% 70% 60% 50% 40% 30% 20% 10%

Approval Signatures

pprover	Date
enyse Gipple: Quality, Risk, and Safety Director	08/2017
enyse Gipple: Quality, Risk, and Safety Director	08/2017
enyse Gipple: Quality, Risk, and Safety Director	08/2017
endra Warning: CFO	07/2017
ackie Burdett: Patient Financial Services Manager	07/2017
ngela Jones	06/2017