

Doctors Community Hospital & Physician Affiliates

Financial Assistance Policy

SUBJECT: Financial Assistance Policy

Policy Number 050

Prepared by: Patient Financial Services

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Approved by

PURPOSE

To provide general information and guidelines to identify indigent persons who have no means of paying for medical services or treatments.

POLICY

General Statement:

The Patient Financial Services Department of the hospital & physician affiliates is responsible for determining the eligibility for Financial Assistance patients. Referral for Financial Assistance is made by Registration, Billing, and Financial Counseling Staff within the department or by other departments such as, Nursing, Quality Assurance, Social Services, Physician Offices or the patient or a patient's family member with legal authority to act on behalf of the patient. Referral for Financial Assistance is also made by Medicaid Advocates and Collection Agents. The hospital & physician affiliates will consider all medical debts for services provided within the hospital & physician affiliates excluding purely cosmetic services.

1. Patient Education

Doctors Community Hospital & & Physician Affiliates recognizes its charitable mission to provide reasonable care to those patients who cannot afford healthcare and has provided the following methods to communicate the Financial Assistance Program.

- a. Published notices of available Financial Assistance are printed in local newspapers annually,
- b. Signs are posted at emergency registration, outpatient registration and the hospital's business office in patient waiting areas,
- c. Financial policy brochures written in English and Spanish, specifying who to call for Financial Assistance, medical assistance and billing questions, is available in patient lobby waiting areas of the hospital & physician affiliates,
- d. Financial policy brochures are provided to every inpatient at time of admission. The information is a hand-out as part of the Hospital's admission package,

- e. Financial policy is provided to every patient with their initial summary bill,
- f. Financial policy is provided to every patient upon patient request by the business office,
- g. An overview of Financial Assistance is provided to all hospital & physician affiliates employees as part of the annual employee orientation in order to provide direction or assistance to patients.

2. Eligibility Criteria

Patients will be considered for Financial Assistance regardless of race, sex, national origin or creed. To qualify for Financial Assistance, the following areas of eligibility must apply:

- a. Free Care will be given to patients whose gross income is at or below 200 percent of the Federal Poverty Guidelines when considering number of family members in the household.
- b. Reduced Cost Program is available with a 25% balance bill reduction when the family unit income is between 200 to 300 percent of the Federal Poverty Guidelines. Reduced cost program includes patient liability after third party payment such as deductible, coinsurance and co-payment amounts.
- c. Medical Hardship is available for patients whose gross family income is between 200 and 500 percent of the Federal Poverty Guidelines, when hospital & physician affiliates debt exceeds 25% of the family gross income for the family unit. and such eligibility will remain active during a 12 month period beginning on the date which the reduced cost medically necessary care was initiated. All immediate family members within the family household who have medical debts at Doctors Community Hospital & Physician Affiliates will be considered. However, debts for other providers or account balances for patient deductible, coinsurance or copayments will be excluded under the Medical Hardship Program.

3. Other Eligibility Consideration:

- a. Self-pay patients enrolled in certain means-tested programs will qualify as presumptive Financial Assistance eligibility for free care by submitting proof of enrollment in a social service program within 30 days of request for free care. If the patient fails to submit the means-tested documentation within 30 days, upon patient request an additional 30 days will be granted for documentation. No formal application by the patient or family household will be required as long as there is evidence for the means-tested program. Programs that should be considered for presumptive assistance are as follows:
 - 1. Household with children in the free or reduced lunch program,
 - 2. Supplemental Nutritional Assistance Program (SNAP),
 - 3. Low income household energy assistance program,
 - 4. Primary Adult Care Program,
 - 5. Womens, Infants and Children program (WIC),
- b. In addition to programs listed in means-test for presumptive charity, the hospital & physician affiliates will consider all accounts as free care without patient application or further proof when such patients' insurance eligibility through the hospital & physician affiliates eligibility verification system indicate that the patient qualifies for a program such as pharmacy only or physician only coverage, partial coverage for care provided in the emergency room by Medicaid MCO and other state programs. Financial Assistance will be granted as fee care, when the patient is eligible for spin down amounts not covered by Medical Assistance.

- c. Patients who qualify against credit bureau Propensity to Pay scoring when considering income estimates, household size and up to 200 % of federal poverty levels will have patient liability written off in full to presumptive charity.
- d. The hospital & physician affiliates may apply discretion and approve patients beyond the 12 month medical bill period when the patient's health status is severe or other financial circumstances prevent payment from the patient.

4. Ineligible Patients

The following is a list of situations where patients will not qualify for Financial Assistance.

- a. Patients who have health insurance and services are payable by other third-party insurance,
- b. Patients who refuse to complete the hospital & physician affiliates' s Financial Screening Application, when presumptive free care is not warranted,
- c. A non U S citizen who traveled to the US primarily for the purpose of receiving medical services at no cost,
- d. Patients whose credit bureau report validates the patient's application was false or misleading,
- e. Patients who fail to provide supporting information to validate information contained on the Financial Assistance Application,
- f. Patients whose monetary assets exceed \$10,000 excluding up to \$150,000 in a primary residence and retirement benefits where the IRS has granted preferential treatment.

5. Application Inquiry

Patient inquiries for financial assistance may be made by phone, in person at any hospital registration location or by a letter requesting assistance which should be mailed to: Doctors Community Hospital, Patient Financial Services, 8118 Good Luck Road, Lanham, Maryland 20706. Upon a patient inquiry, when it is determined patients do not meet presumptive means-test, an application is required. A Financial Screening Application (see Exhibit A) is given to the patient when one of the following situations occurs:

- a. Patient requests Financial Assistance,
- b. Patients or family member expresses inability to pay for medical debts,
- c. Other hospital or physician affiliates staff request Financial Assistance for the patient,
- d. Medicaid advocates or collection agents request Financial Assistance Application.

6. Application Process

Applicants are requested to complete the Financial Screening form and a cover letter listing documents to support program eligibility will be attached (see Exhibit B). Listed below is the required information, which must be received and verified prior to consideration for Financial Assistance, when presumptive meant test programs do not apply

- a. All gross income for all family members of the household unit,
- b. Other income such as, Alimony, Child support and stipends,
- c. Assets as listed in Section Item 4, "Ineligible Patients" under section F of this document,
- d. Monthly expenses for immediate family members of the household,
- e. List of outstanding debtors,
- f. List of medical debts owed or paid for the past 12 months for services at Doctors Community Hospital and or physician affiliates.

7. Notification of Eligibility Determination

The length of time required to review the application and provide a decision to the patient is provided at time of application.

- a. Probable Eligibility Determination will be made within two (2) business days following a patient request for charity or medical assistance
- b. Final Determination will be made within 30 days of a completed application.

8. Approval Process

Excluding presumption programs, prior to approving patient applications, information is reviewed and additional verification of eligibility may be made by obtaining a credit bureau application. Notification will be made the same day if the patient calls or makes a visit to the business office. Patients are advised of the amount of eligibility and if there is any patient liability and who to call to make payment arrangements. Approval for write-off for Financial Services is made by the Director of Patient Financial Services with additional approval of the Vice President of Finance for account balances greater than \$5,000.

The patient record will be reviewed to determine if the physician of record is a paid hospital physician. If the physician is employed by the hospital, the physician will be contacted and advised of the program and amount of assistance that the patient qualified for. The physician's office will be instructed to write off their bill with the same level of approval.

9. Denial Process

Upon final review of the application and patient income and expense documents, patient's who do not qualify for the program are notified by letter indicating the reason for denial and how to request reconsideration if the patient disagrees with the hospital & physician affiliates decision (see Exhibit D).

10. Patient Refund

If it is determined that the patient qualified for Financial Assistance for the period of time of the debt, the hospital & physician affiliates will refund the patient any payments exceeding \$25.00 within a 2 year period from the date of service he/she was found to be eligible for Financial Assistance.

