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Owner: Financial Services / CFO
Policy Area: Patient Financial Services
Scope: Hospital Wide

Patient Financial Services – Financial Assistance Program

POLICY:

As part of its mission and commitment to provide access to health care for all people, Coffeyville Regional Medical Center (hereinafter referred to as CRMC) provides financial assistance to patients who are eligible pursuant to this Financial Assistance Policy.

This policy applies to all emergency and other medically necessary services provided by CRMC, including employed physician services and emergency services. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.

PROCEDURE:

1. Scope

This Financial Assistance Policy applies to the following providers or practices who deliver emergency or other medically necessary medical care in the hospital facility:

- Coffeyville Regional Medical Center
- Coffeyville Regional Medical Center Medical Group
- Coffeyville Regional Medical Center Emergency Department
- Green Country Physician Group

2. Purpose

This policy is intended as a guideline to define the parameters of the eligibility requirements and assistance offered under the Policy. This Policy also serves to meet the requirements set forth in the Internal Revenue Code Section 501(r).

3. Eligibility Criteria

Eligibility for financial assistance under the Financial Assistance Program will be based on a number of factors, including, but not limited to: Citizenship or legal permanent resident status in the United States, community residency, income level and household size.

- a. Patients who are determined to be financially indigent with a gross household income of 0% to 250% of the HHS Federal Poverty Guidelines, as updated by the Federal Register Annual Update of the HHS Poverty Guidelines, may be eligible for a financial assistance reductions off Amount Generally Billed charges as follows:

HHS Federal Poverty Guideline	Percentage Adjustment
At or below 150%	100%
Between 151% and 175%	75%
Between 176% and 200%	50%
Between 201% and 250%	25%
Over 250%	0%

See schedule A of the Financial Assistance Eligibility Discount Guidelines for HHS Federal Poverty Guideline.

- b. Patients who are self-pay, or who have an outstanding bill after all insurance payments have been received, may qualify for financial assistance in this category.
- c. The Financial Assistance Program is intended to serve residents of Montgomery County or those living within a 50 mile radius from CRMC.
- d. Patient must be a US citizen or legal permanent resident of the United States.

4. Services Not Covered Under This Policy

CRMC reserves the right to limit the services covered by this Policy. Services not covered by this Policy include, but are not limited to: elective services and non-medically necessary treatment.

Medical necessity will be determined based on utilization review criteria and by one or more of the following: Consultation with the patient’s physician/office nurse; Consultation with the Utilization Review Nurse or other clinical staff; Milliman or InterQual Criteria; Medicare, Medicaid, Blue Cross Blue Shield, and/or other 3rd party criteria for coverage.

5. Limitation on Charges

Patients eligible for financial assistance will not be charged individually more than Amounts Generally Billed (AGB) for emergency and other medically necessary care and not more than gross charges for all other medical care. CRMC will calculate the AGB percentage using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to CRMC, all in accordance with 501(r). You can obtain this percentage amount by contacting the Financial Counselor at 620-252-1549.

6. Method for Applying for Financial Assistance

Application for the Financial Assistance Program can be initiated by a patient in person at Admissions or at Patient Financial Services; over the phone by calling 620-252-1549; through the mail at CRMC, 1400 W 4th, Coffeyville, KS 67337; or via the CRMC website at <http://crmcinc.org/patients-visitors/billing-insurance/financial-assistance-form/>

It is ultimately the patient’s responsibility to provide the necessary information to qualify for financial assistance. There is no assurance that the patient will qualify for financial assistance. Patients are encouraged to apply within 30 days of their visit or discharge, however, applications will be accepted and evaluated up to 240 days following the date of the first post-discharge billing statement is remitted to the individual either by mail or electronic bill presentment.

A patient will be denied financial assistance if they provide false information on the application or fails to provide all requested documentation per the policy.

7. Measures to Publicize the Financial Assistance Policy

The following measures are used to publicize the Financial Assistance Program to the community and patients:

- a. Posting the Financial Assistance Policy, application and a Plain Language Summary of the policy on the CRMC website at the following location: www.crmcinc.org.
- b. Providing paper copies of the policy, application and Plain Language Summary of the policy upon request in admissions and Patient Financial Services at CRMC.
- c. Posting notices about the policy in the Emergency Department, admitting areas and business office of CRMC.
- d. Informing patients about the policy in person or during billing and customer service phone contacts.
- e. Including a conspicuous written notice on billing statements that notifies and informs patients about the availability of financial assistance under the Policy and includes the telephone number of the department that can provide information about the Policy and the application process, and the web site address where copies of the Policy, application form, and plain language summary of the Policy may be obtained.

8. Billing and Collections Policy

After the patient's bill is reduced by the discounts based on the Financial Assistance Eligibility Discount Guidelines, the patient is responsible for the remainder of the outstanding patient account balances. Patients will be invoiced for any remaining amounts in accordance with a separate billing and collections policy.

9. Determination of Financial Assistance

Financial assistance discounts are to be assessed only as a last resort, and all current or potential third party coverage is to be considered primary to a discount. This includes, but is not limited to, any coverage such as commercial insurance, Medicare, Workers Compensation, COBRA, Medicaid, and liability or auto insurance that covers the medical service in question.

The patient is required to apply for all applicable programs for which he/she may be eligible as a condition for applying for financial assistance discounts, and failure to seek eligibility from these sources may result in a denial of financial assistance under this policy.

- a. Financial Assistance Assessment
Determination of financial assistance will be in accordance with procedures that may involve:
 1. An application process, in which the patient or patient's guarantor is required to supply information and documentation relevant to making a determination of financial need
 2. A review of the patient's available assets
 3. A review of household size and the household gross income for the three months prior to the date of service
 4. A presumptive eligibility determination in unusual or extenuating circumstances when a patient is unable to submit a complete application. Presumptive eligibility may be determined on the basis of individual life circumstances which may include, but is not limited to:
 - Medicaid eligible patients – verified to be eligible at the time of the application, but was not on the date of service; spenddown; or non-covered services
 - Homelessness or receipt of care from a homeless shelter;
 - Participation in Women, Infants, Children programs (WIC);
 - Food stamp eligibility and/or cash assistance (TANF);
 - Low income/subsidized housing;
 - Patient is deceased with no known estate or surviving spouse;
- b. Definition of Household Size and Household Income
 1. When determining household size, an unborn child is counted as a family member.
 2. A dependent child who is 18 years old, and is still in high school and living at home, may be considered a dependent child of the household until graduation from high school.
 3. If the patient is a newborn and both parents live in the same household, the combined income must be included, regardless of the parents' marital status. If the parents of the newborn do not live together,

each parent may be held responsible for the baby's bill and each parent may apply for financial assistance.

c. Income Verification

Income verification will be documented with the financial assistance application through one or more of the following mechanisms:

1. Payroll stubs showing gross income;
2. Copies of all income checks;
3. Signed letters from employers on business letterhead stating gross income for the specified time;
4. Bank statements showing direct deposits;
5. If self-employed, monthly or quarterly documentation, if available. Income taxes return from the previous year. Expenses deducted from income are subject to approval by the Financial Assistance Committee. (Depreciation on farm equipment will not be included as an expense for purposes under this policy)
6. Interest statements from banks, savings and loans or other investment sources;
7. IRS Income Tax Return forms;
8. W2 forms.

d. Asset Verification

25% of the patient's assets as defined in the policy will be included in the income Eligibility determination. Assets must be real and available to the patient. Assets to be included are, but are not limited to:

1. Cash
2. Checking and savings accounts
3. Certificates of Deposits
4. Stocks
5. Bonds
6. Other securities
7. Equity of real property (excluding primary residence), including income of producing property
8. Equity of motor vehicles (excluding 1 vehicle)
9. Retirement accounts

10. Length of Eligibility

Once financial assistance has been approved, the discount is effective for 6 months from the date of service for the oldest applicable account.

11. Notification of Eligibility Determination

Patients/guarantors will be notified by letter of the final determination of eligibility for financial assistance. If a denial is issued the patient or guarantor can appeal the decision by providing a written request of appeal to the financial counseling department. All requests should be mailed to:

CRMC – Patient Financial Services
Financial Counselor
1400 W 4th
Coffeyville, KS 67337

All appeals should be made within 14 days of the denial notification. All appeals will be considered by the CRMC Financial Assistance Committee who meets on a bimonthly basis.

FAP Definitions:

- a. 501(r) – refers to Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder

- b. Amount Generally Billed or “AGB” - with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- c. Emergency Care - care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- d. Medically Necessary Care - care that is determined to be medically necessary following a determination of clinical merit by a licensed physician in consultation with the admitting physician. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by admitting or referring physician.

Approver	Date
CRMC Board of Directors	

Schedule A Financial Assistance Program

Schedule A – Financial Assistance Eligibility Discount Guidelines Coffeyville Regional Medical Center

Patients who are determined to be financially indigent with a gross household income of 0% to 200% may be eligible for a financial assistance discount as described in Section 3 of the policy.

Household Size	Household Income
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

Notes:

1. Households with more than 8 persons, add \$8,640 for each additional person.
2. These figures are according to the 2018 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia.
3. The FPGs in effect on the date of service are in effect for the application process. Current and historical FPG's are available at <http://aspe.hhs.gov/poverty/indec.cfm>.