

FINANCIAL ASSISTANCE POLICY

File Number
022.001

Applies to:
PATIENT FINANCIAL SERVICES

Effective Date: June 20, 2016

Approved by: Rick Neikirk

Revision Date: _____

Signature: *”s” Rick Neikirk*_____

PURPOSE

This policy is written to clearly define the methods for Cumberland County Hospital (CCH) to determine and provide financial assistance to patients of the Hospital, Ambulance Services, BF Taylor Rural Health Clinic and Flowers Rural Health Clinic.

POLICY

It is the policy of CCH to provide healthcare services, without discrimination, to all persons without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner status, or source of payment for care, including screening and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

Additionally, CCH will:

- Verify eligibility and bill insurance as applicable.
- Collect co-pays and coinsurance.
- Work with patients to set up payment arrangements, assist with applications for financial assistance and provide certain discounts for any amounts for which the patient may be responsible.

FINANCIAL ASSISTANCE POLICY PROCEDURES

Private Pay. All patients without health insurance will be expected to pay for hospital services the day they receive services. Patients with health insurance coverage will be requested to pay deductible balances, estimated coinsurance, and/or any co-pays. Private pay patients who are unable to do so will be referred to the Patient Financial Assistance Office to determine eligibility for enrollment in Kentucky Medicaid, DSH Program, or Charity Care Program.

Charges. No person eligible for financial assistance under the FAP will be charged more for medically necessary care than amounts generally billed (AGB) to individuals who have insurance covering such care. CCH determines that AGB is determined by the outpatient service reimbursement rate on the most recently received Medicare cost-report settlement letter.

Discounts. Patients without health insurance, or patient balances for patient responsibility portions, who pay within 30 days of the date of their first statement will be eligible for a 25% Prompt Payment discount. Any accounts which do not meet the conditions above, may be referred to the Business Officer Manager for consideration for a lesser discount on a case by case basis.

Disproportionate Share Hospital (DSH) Program. Patients who are self-pay or who have self-pay portions of bills will be offered a plain language summary of the Financial Assistance Policy and application for the DSH Program. DSH qualification is set at 100% of the Federal Poverty Level. If determined to be eligible, 100% of the charges will be covered by DSH.

Charity Policy. Patients who do not qualify for DSH may qualify for the Charity Care Program. Charity Care is care provided where partial or full payment for service is not expected, based on the patient's inability to pay. If not previously approved, patients will be initially billed 100% of charges, then will have until the 240th day following the first post-discharge billing statement in which to seek assistance with application for financial assistance, before any bad-debt determination will be made. To qualify for assistance under the Charity Care Policy, a patient's family income must be not more than 150% of the Federal Poverty Level. Patients who qualify for this program will be given a 100% discount on the charged amount, provided that those who meet this requirement attempt to apply for Medicaid (or have provided a denial letter) before any charity care is considered. Patient financial records will be updated to indicate that future services should be written off in accordance with this charity determination, provided the financial situation has not changed.

Approved payment plans. CCH (or their contracted billing company) may set up payment plans with individuals for unpaid account balances. The guidelines for acceptable payment terms are:

-A minimum payment of \$25.00 per month will be required on accounts less than \$500.00. A proportionally larger payment will be required based on size of account balance, and length of repayment period in accordance with the Prompt Pay/Payment Terms Policy. See our PFS Department for assistance.

-Patients with multiple accounts may make only one agreed upon payment/account per month. Once one account is paid in full, the payment will move to the next oldest account. Patients who continue making satisfactory payments will be considered to be meeting their payment plan, regardless if older accounts see no activity, as long as the payments continue. An individual's accounts may be combined into one account to facilitate payment processing and planning.

PROVIDERS. The FAP will apply to all emergency and other medically necessary care. The following providers are designated as delivering emergency or other medically necessary care:

Dr. Robert L. Flowers, Sr.
Dr. Samuel L. Rice
Dr. Robert L. Flowers, Jr.
Dr. Christian Konsavage
Vickie Kingrey, ARNP
Erica McWhorter-Hill, ARNP
Douglas Williams, ARNP
Angela Rush, ARNP