



**The Griffin Hospital
130 Division Street Derby CT 06418**

Financial Assistance Policy

TITLE: *Financial Assistance Program for Uninsured and Underinsured Hospital Patients*

I. Purpose/Expected Outcome:

This Financial Assistance Policy (FAP) is intended to address the dual interests of providing access to care to those without the ability to pay and to offer a reduced fee for those who are able to pay a portion of the costs of their care. This policy sets forth the basic framework of a Financial Assistance Program and the processes for determining eligibility for financial assistance that will apply to the Hospital (as defined below).

Definitions:

- A. Amounts Generally Billed (AGB) means the amounts generally billed for Covered Services provided to individuals who have insurance covering such care, reduced to the current Medicare rate using the prospective method. The prospective method means using the billing and coding process the Hospital would use if the FAP-Eligible Individual (as defined) were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount the hospital determines would be the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).
- B. Covered Services means facility-based Emergency Medical Care or other Medically Necessary services provided to the Hospital's inpatient and outpatients. Patients who reside in Connecticut who need emergency services can receive care and qualify for a discount if they meet certain income levels as described below. Patients who reside in Connecticut can qualify for a discount on non-emergency, Medically Necessary services if they meet certain income levels described below.

Covered Services does not include bills for services provided by non-employed physicians unless such professional services are included in the Hospital's bill for its services. A list of physician providers or provider groups whose services are covered

under this FAP policy in the course of providing Emergency Medical Care or other Medically Necessary services is available on the Hospital's website.

- C. Emergent Condition means a medical condition that has resulted from the sudden onset of a health condition with acute symptoms of sufficient severity (including severe pain) which, in the absence of immediate medical attention, are reasonably likely to place the patient's health in serious jeopardy, result in serious impairment to bodily functions or result in serious dysfunction of any bodily organ or part.
- D. Emergency Medical Care means medical care required to be provided for Emergent Conditions pursuant to the Emergency Medical Treatment and Labor Act, section 1867 of the Social Security Act (42 U.S.C. 1395dd) to individuals, regardless of their eligibility for Financial Assistance under this policy. More specifically, Emergency Medical Care refers to services required to be provided under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations and Treas. Reg. § 1.501(r)-4(c) (or any successor regulations), to the extent such regulations are applicable to SNCH.
- E. FAP-Eligible Individual means an individual eligible for financial assistance under this Policy without regard to whether the individual has applied for financial assistance.
- F. Hospital means Griffin Hospital.
- G. Medically Necessary means those services necessary to prevent, diagnose, correct or cure conditions in a person that cause acute suffering; endanger life; result in illness or infirmity; interfere with his/her capacity for normal activity; or threaten some significant handicap.
- H. Patient Financial Services (PFS) means the operating unit of the Hospital responsible for billing and collecting self-pay accounts for hospital services.
- I. Plain Language Summary of the FAP (PLS) means a written statement that notifies an individual that the Hospital facility offers financial assistance under a FAP and provides necessary information in language that is clear, concise, and easy to understand.

Financial Assistance Eligibility Criteria:

Covered Services eligible under this Policy will be made available to the patient based in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination.

Patients whose income is equal to or less than 400% of the Federal Poverty Level Guidelines are eligible for financial assistance at the levels specified in the table below. Upon receipt of a completed financial assistance application, the Hospital will suspend billing and collection activities until a final decision has been rendered and communicated.

of 250% HHS Poverty Income Guidelines: 100% FreeCare	of 280% HHS Poverty Income Guidelines: 85% FreeCare 15% Patient Share	of 310% HHS Poverty Income Guidelines: 75% FreeCare 25% Patient Share	of 340% HHS Poverty Income Guidelines: 50% FreeCare 50% Patient Share	of 370% HHS Poverty Income Guidelines: 35% FreeCare 65% Patient Share	of 400% HHS Poverty Income Guidelines: 30% FreeCare 70% Patient Share
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Size of Family	<u>Greater / Up to Than</u>					
1	0-30,350	30,351 - 33,992	33,993 - 37,634	37,635 - 41,276	41,277 - 44,918	49,919 - 48,560
2	0-41,150	41,151 - 46,088	46,089 - 51,026	51,027 - 55,964	55,965 - 60,902	60,903 - 65,840
3	0- 51,950	51,951 - 58,184	58,185 - 64,418	64,419 - 70,652	70,653 - 76,886	76,887 - 83,120
4	0-62,750	62,751 - 70,280	70,281 - 77,810	77,811 - 85,340	85,341 - 92,870	92,871 - 101,400
5	0- 73,550	73,551 - 82,376	82,377 - 91,202	91,203 - 100,028	100,029 - 108,854	108,855 - 117,680
6	0- 84,350	84,351 - 94,472	94,473 - 104,594	104,595 - 114,716	114,717 - 124,838	124,839 - 134,960
7	0-92,850	92,851 - 103,992	103,993 - 115,134	115,135 - 126,276	126,277 - 137,418	137,419 - 148,560
8	0-103,300	103,301 - 115,696	115,697 - 128,092	128,093 - 140,488	140,489 - 152,884	152,885 - 165,280

Consideration will be given in providing financial assistance on a case-by-case basis to those patients who have exhausted their insurance benefits and/or who have exceeded their financial eligibility criteria but face extraordinary medical costs including deductibles, coinsurance and co-payments.

Financial Assistance – Method for applying:

Any patient, family member, close friend or associate (subject to applicable privacy laws) can request an application for financial assistance at the Hospital’s registration areas or at the Financial Assistance Department during regular business hours. These documents may also be obtained by mailing a written request to the Financial Assistance Department or via telephone by calling 203-732-1510. Financial Assistance applications will be provided either in person, by mail or e-mail.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with the Hospital’s procedures for obtaining Financial Assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so. Patients that may be eligible for Medicaid or other public health insurance are required to cooperate in applying for such insurance.

Patients will be given two hundred and forty (240) days from the date of the first post-discharge bill to complete a financial assistance application. The Hospital may waive the 240 day period if the patient can show good cause for the late filing. All late filings will require the approval of the Director of Revenue Cycle.

Completed applications should be returned to the Financial Assistance Department either in person or by regular mail.

Applications that are submitted but are not complete (i.e., all required information/documents has/have not been provided) will be returned to the patient with an explanation as to what information/documents is/are missing and notifying the patient that they may have a reasonable

time (i.e., no less than 30 days) to resubmit the application with the missing information/documents. A copy of the PLS, a notice of potential ECAs and contact information for the Financial Assistance Department will also be provided. Reasonable time depends on the particular facts and circumstances e.g., the amount of additional information/documentation that is being requested.

Completed applications will be processed by the Financial Assistance Counselors in the Financial Assistance Department. The Hospital shall issue a written approval or denial (including the appeal process) to the patient within thirty days (30) of receipt of a completed application.

Documentation Requirements:

Information on all household members should be provided to the Financial Assistance Department along with the following documentation:

- Valid Photo Identification along with proof of address.
Example: Driver License; passport; current utility bill or property tax bill.
- Proof of Income for the last 3 months.
Examples: pay stubs, Social Security checks, unemployment checks; a letter from supporting party, statement from employer on the company's letterhead with income information
- Three bank statements
- Completed tax returns

Denials/Appeals Process:

Patients will be notified if their FAP applications are denied. If the patient is not satisfied with the determination, he/she can submit a written or verbal request for appeal to the Director of Revenue Cycle. The Director of Revenue Cycle will review the application and supporting documentation and will make a determination within 60 days. The Chief Financial Officer must approve all such determinations.

Basis for Calculating Amounts Generally Billed:

The Hospital has adopted the Medicare Rate as the Amount Generally Billed (AGB) using the prospective method as is defined in the IRS regulations at 26 CFR 1.501(r)-5. As such, after a patient is determined to be eligible for Financial Assistance, the patients account balance will be adjusted to the current applicable Medicare fee schedule and a revised bill showing the discount will be sent to the patient.

Communication of the Financial Assistance Program:

The Hospital posts brochures and signs describing the availability of financial assistance in prominent locations throughout the organization including the Emergency Room, Financial

Assistance Department, Admitting, and other outpatient registration areas that are located on facility campuses and at other public places.

The PLS will be offered if requested to patients upon intake or discharge, including in any bill notifying patients about potential ECAs (as defined below). Conspicuous notice concerning the existence of the FAP must be included on all patient bills along with the telephone number of the Financial Assistance Department and the Hospital's website.

The Hospital's website also links to the FAP, the application form and PLS. The website posting prominently states that there is no charge to download these materials, and patients are not required to create an account or provide personally identifiable information. Patients are thus well-notified that they may receive a free copy of this policy, the PLS or an application for financial assistance.

All Hospital staff are made aware of the Hospital's FAP. Staff that interact with patients or have responsibility for billing and collection are trained in the implementation of this policy. This staff includes but is not limited to Patient Access Representatives, Financial Counselors, Patient Financial Services Representatives, Social Workers, Case Managers, Chaplains, and religious sponsors.

Notification about the availability of financial assistance is also widely publicized to members of the community served by the Hospital by various means.

Collection Policy and Extraordinary Collection Actions (ECA):

The actions that the Hospital will take in the event of non-payment are described in the Hospital's policy entitled: "Patient Financial Services: Billing and Collection Policy for Self-Pay Accounts." A free copy of this policy is available on the Hospital's website and may also be obtained from the Financial Assistance Department.