

	DISTRIBUTION:	
	EFFECTIVE DATE:	10/28/2008
TITLE/SUBJECT: Financial Assistance, Presumptive Eligibility & Discounting Services. “Community Benefit Program”	REVISED:	11/1/2023
	REVIEWED DATES:	9/2009; 2/2012; 3/25/2013; 11/1/2013; 3/1/2014; 2/24/2015; 3/1/2016; 4/12/2016; 3/28/2017; 2/9/2018; 12/18/2018 Updated FPG: 1/30/19; 1/29/20; 2/1/23. Updated: 2/15/21; 2/1/22; 11/1/23
WRITTEN BY: Stacy Will, Director	APPROVED BY: Board of Directors	

POLICY: This program is designed to provide full or partial financial relief of hospital bills for medically indicated services to patients that are uninsured, underinsured and/or that are experiencing financial hardship. To offer such discounts on self-pay balances, certain criteria must be met to determine such reductions. It will be presumed eligibility for the Community Benefit Program as determined by patients proven qualification for their state’s Medicaid program, or for confirmed incarceration.

GUIDELINES

Determining Eligibility:

- I. For any uninsured patient, such patients will automatically be screened for eligibility.
 - a. This process will be attempted in person or by telephone within the first week after the date of service.
- II. All others will be at the request of the patient to apply for the program.
- III. The applicable business office staff will interview each patient to determine what the patient may be required to provide the hospital to qualify for the program.
- IV. The patient applying for the financial assistance must provide the required paperwork to determine eligibility within 30 days of the application being mailed (see Criteria below).
 - a. If the paperwork is not received within the 30-day time frame,

- b. the account(s) will be placed back into the self-pay collections process.
- V. If the services rendered qualify for the Scenic Rivers Clinic Sliding Fee Scale (SFS) discount (refer to SFS list of services), the patient will be required to make application with the clinic first.
 - a. If a patient does NOT qualify for the SFS (household income guidelines are lower), then if he/she qualifies for our program, the Community Benefit discount will be applied.
 - b. If a patient does qualify for the SFS at less than 100% and does qualify for a discount with the hospital's program, whatever remaining balance is due after the SFS discount is allocated will be adjusted off in the amount the patient qualifies for with the hospital's discount.
- VI. Each case scenario will be reviewed to deem full or partial discount approval when there are SFS services and hospital services for the same service date.
- VII. Final determination will be made by the Director/Coordinator and a letter will be sent to the patient informing the patient of the discount granted, what the balance was, and what the new balance due is (if any).
- VIII. Once a discounted balance has been determined or if the patient is not eligible for a discount, a monthly payment plan can be established in which is indicated in the discount approval letter.
- IX. A patient's financial status can change therefore, it will be required that the patient re-certify for this program each year thereafter the date of their discount approval.
- X. This program will be reviewed, monitored, and updated as deemed necessary on an ongoing basis.

Presumptive Eligibility:

- I. Upon review of self-pay accounts, Director/Coordinator will deem patients eligible for 100% Community Benefit if they are enrolled in a Medicaid, a Prepaid Medical Assistance Program (PMAP) or they are incarcerated with Medicaid or other health insurance coverage.
 - a. These accounts will go through the full self-pay collections process first before evaluating if the account qualifies.
- II. Patients do not need to complete an application and will qualify for 100% Community Benefit on balances incurred prior to or after the Medicaid enrollment/date of eligibility.

CRITERIA FOR DETERMINING ELIGIBILITY:

- I. The Community Benefit Program's eligibility is based on family size and yearly income. The minimal required paperwork that each patient will be asked to submit in determining such eligibility is as follows:
 - a. A completed application for the Community Benefit Program that requests information about the patient's family size and annual or the last 2 months' worth of gross income.
 - b. Along with the application, the patient will be required to include household income verification with one of the following:
 - i. Most recent tax return
 - ii. W-2
 - iii. Most recent paycheck stub showing Year-to-Date earnings
 - iv. Social security benefit letter or unemployment statement
 1. Bank statement showing monthly income deposits if the patient does not have a benefit letter or statement available.
 - c. If the patient is uninsured upon the date of service that care was rendered, it will be asked of the patient to provide proof that he/she made application with the state and that the state either denied or approved the patient of insurance coverage.
 - i. If the patient did not apply for such assistance and does not have a denial or approval, the patient will not receive 100% charity care, but will still be considered to receive a discount for services if the other criteria is met.
- II. Re-certification for the Community Benefit Program
 - a. Patients can re-apply for the financial assistance program 1 year after the date the original discount was approved, or if household income changes from the original date of approval.

DISCOUNT CLASSIFICATION:

Insurance Status	Household income level of the 2023 Federal Poverty Guidelines	Discount
* Charity Care	Below 200%	100%
** Partial Charity Care	Below 200%	50%
	201-300%	30%
	301-400%	20%

* Criteria for full Charity Care is when patients that do not have insurance but have made application with the state and have verified that they have been denied or approved (if their plan does not take effect until after their dates of service), OR if a patient has a primary insurance, applied for that state's MA plan as a secondary insurance and that plan didn't begin coverage until after the date of service.

** Partial Charity Care is when patients do not have insurance and did not qualify for full charity care and/or for those patients that have insurance and are looking for some financial relief from their portion of the medical bill.

ANNUAL HOUSEHOLD INCOME BY DISCOUNT PAY CLASS AND % OF 2023 FEDERAL POVERTY GUIDELINES

Family Unit Size	200% and below Poverty	201-300%	301-400%
1	\$29,160	\$29,161-\$43,470	\$43,471-\$58,320
2	\$39,440	\$39,441-\$59,160	\$59,161-\$78,880
3	\$49,720	\$49,721-\$74,580	\$74,581-\$99,440
4	\$60,000	\$60,001-\$90,000	\$90,001-\$120,000
5	\$70,280	\$70,281-\$105,420	\$105,421-\$140,560
6	\$80,560	\$80,561-\$120,840	\$120,841-\$161,120
7	\$90,840	\$90,841-\$136,260	\$136,261-\$181,680
8	\$101,120	\$101,121-\$151,680	\$151,681-\$202,240

Add \$5,140 for each additional person over 8 persons.