HARNETT HEALTH SYSTEM, INC.

DEPARTMENT	Patient Financial Services	**DATE OF POLICY:** 7/3/2012	
		POLICY NUMBER: FIN 1035	
SUBJECT:	**Patient Financial Assistance**	**REVIEWED**	**REVISED**
			07/12
			08/15
			06/17
			02/19
SCOPE:	All Harnett Health System employees		

I. Statement:

Harnett Health System, its subsidiaries and affiliates, all employees of any of them, and all members of Boards of Directors and Facility Boards of Trustees of Harnett Health, its affiliates and subsidiaries. All references to HHS mean Harnett Health System and all subsidiaries and affiliates thereof. Affiliates include any entities operating a Facility under a management agreement with Harnett Health System and any Harnett Health Specialty Clinics that accept the hospital Financial Assistance.

II. Purpose/Policy:

Harnett Health System (HHS) is dedicated to serving the healthcare needs of its patients. To assist in meeting those needs, HHS has established this “Indigence Policy” to provide financial relief to those patients who are unable to meet their financial obligation, including low-income, uninsured, underinsured or medically indigent. This policy was developed and is utilized to determine patients’ financial ability to pay for services. “Medically indigent” is defined for those patients whose health insurance coverage, if any, does not provide full coverage for all of their medical expenses and that their medical expenses, in relationship to their income, would make them indigent if they were forced to pay full charges for their medical expenses.

Family Size and financial means compared to the Income Poverty Guidelines published annually by the Department of Health and Human Services (https://aspe.hhs.gov/poverty-guidelines) will be the key elements used to determine eligibility. The patient's income and unusual expenses will also be taken into consideration. Applications for Charity Care should be complete and accurate and include verifiable proof of income (i.e., W-2 form, tax return, payroll check stubs, and statement from employer, deeds, tax records, 1099, etc. …).Must have proof of income. All other avenues to obtain financial assistance and third-party payments, to include applying for Medicaid, Affordable Care Act, Migrant Farmer Workers Project, must be exhausted prior to receiving Charity

Charity Care will only apply to the remaining balance after all third party payments are applied. Charity Care applications are accepted and considered for all Inpatient and Outpatient services**. Charity Care can be**

applied for before or after services have been rendered. However there will be no "pre-approval" of charity. Charity will only cover the service in which the application is submitted for and any visits as a result of that service to any Harnett Health System owned facility. **Elective and/or cosmetic services are not eligible.**

III. Definitions:

Charity (Indigent) means household income that is equal to or less than 200% of the Federal Poverty Guidelines. (Qualifying applicants will receive 100% assistance with their hospital obligation.)

Discount means a sliding scale reduction in patient balances when household income is between 250% and 500% of the federal poverty guidelines. The discount will be between 50% and 85%.

Interest-free p**ayment arrangements** mean an invoice payment program that allows a patient to pay an outstanding balance without accruing interest.

Limited means an inability to pay full charges of the hospital obligation. The guarantor must request financial assistance, be ineligible for Charity and have income between 200% and 500% of the Federal Poverty Guidelines. Qualifying applicants will receive partial assistance.

Presumptive/Best Interest Charity means an assumption is made that the patient would have qualified for assistance if an application could have been obtained and income determined.

Underinsured means having inadequate insurance coverage and may qualify for Charity,
Limited Means or a Discount as listed above.

Uninsured means does not have medical insurance and may qualify for Charity, Limited Means or a Discount as listed above.

Family size: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union, or adoption. **(Non-relatives, such as housemates, is not included – over the age of 18 siblings living with a sibling is responsible for self only – will need a letter of support from sibling – not income information)**

Family Income: Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income

s, trusts, educational assistance, alimony, child support,

assistance from outside the household, and other miscellaneous sources;
Noncash benefits (e.g. food stamps and housing subsidies) are not included;
Determined on a before-tax basis;
Self-employed – see Eligibility (State and Federal income tax forms-Schedule C,D,E and F required)
If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, is not included)

IV. Procedures:

A. Communication of Patient Financial Assistance Program to Patients

All uninsured patients will receive communication of the Patient Financial Assistance Program, which shall include a contact number, by various means, to include, but are not limited to:

- Reference to the Patient Financial Assistance Program printed on each patient statement
- By posting notices in emergency rooms, admitting and registration departments, and patient financial services offices that are located on facility campuses
- By providing a copy of the plain language policy summary and patient financial assistance application at point of Registration on facility campuses; copies of the plain language summary and patient financial assistance application are to be provided upon request
- Information is available on the HHS website, including the policy, plain language summary, application, FAQ, Federal Poverty Guidelines, and contact information for financial counseling assistance.
- Referral of patients for patient financial assistance may be made by any member of the HHS staff of medical staff, including physicians, nurses, financial counselors, social workers, case workers, managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

B. Eligibility

This policy applies only to charges for hospital services provided by Harnett Health System. Patient must live in the Harnett County area (Dunn, Erwin, Lillington, Godwin, Falcon, Linden, Fuquay Varina, Angier, Benson, Coats, Newton Grove, Bunnlevel, and Wade. Harnett County only for Sanford, Spring Lake, Broadway and Cameron). Patients that are seen at a Harnett Health emergency room that live out of area; may apply to see if eligible for financial assistance for a

emergency occurred in Harnett County (co-pay may

vary). Project Access emergency are by case.

All third party resources and non-hospital financial aid programs, including, but not limited to, Medicaid, Medicare, and NC Health Exchanges, must be reviewed before financial assistance can be requested.

Any inpatient or outpatient account may be eligible for financial assistance of the patient/guarantor is determined to be:

- Indigent
- Uninsured
- Underinsured, or
- Of Limited Means

Catastrophic medical debt may be used as a deduction from income on a case-by-case basis by the financial assistance committee.

Patients who are 18 years or older, will be considered the responsible party. The patient, or head of household, who is a **full-time student** (beyond high school level) will not qualify as indigent unless:

- The patient is an **actual resident** of Harnett County, not a resident by virtue of school attendance with a permanent address elsewhere. **(Will need proof of residency)**
- The education is financed by themselves or a government grant, and
- The patient is not supported by parents, or claimed on their income taxes

To determine eligibility for the Patient Financial Assistance Program, the patient/guarantor must participate and cooperate fully with the Patient Financial Services department and may be asked to provide any, or all, of the following:

- Documentation of denial of assistance by other agencies and government aid programs (i.e. Medicaid, NC Health Exchanges, **Migrant Farmer Workers Project** etc.)
- Income from all sources
- Copies of statements from:
- Last three months of Savings and checking accounts
- Money Market Accounts, etc.
- Address listed on car registration
- Rent Receipts (with the applicant's name and date issued)
- Letter from current or previous landlord regarding the beginning or expiration date of the lease
- Letter from current or previous employer regarding the hire or termination date of employment
- Independent verification of family size
- Copies of most recent three months of pay stubs
- Copies of the most recent state and federal income tax forms including copies of:

- 1099
- Self employed – needs proof of income (bank statements are not proof)
- SSI earning statement Schedule C: Profit or Loss from Business Schedule D: Capital Gains and Losses
- Schedule E: Supplemental Income and Loss
- Schedule F: Profit or Loss from Farming
- Schedule K; Business Partnerships and S Corporations

HHS staff may refer to the tax listing or other public records to corroborate data received from the applicant.

Falsification of any portion of an application or refusal to cooperate may result in denial of financial assistance.

For a patient who chooses not to participate, or is denied financial assistance, the full measure of collection activity will continue.

The hospital may suspend collection activity on an account while a determination is being processed and considered.

C. Financial Assistance Determination

Patient Financial Services will administer the financial assistance program according to the following guidelines:

All patients have the right to apply for financial assistance. Applications may be obtained from the hospital, the clinic, online at http://www.myharnetthealth.com/ or by calling Betsy Johnson Hospital call (910)-892-1000 ext 4069 for Central Harnett Hospital call # 910-984-3000 ext 3167.

1. All patients will be billed at the hospital's established rates.
2. Upon notification that a patient may be eligible for financial assistance, financial counselors will first determine if the patient/guarantor qualifies for Medicaid or NC Health Exchanges. If it is determined that the patient is not eligible, the patient will be considered for financial assistance.
3. The patient must complete a financial statement. This statement must be signed and dated by the patient/guarantor. When the financial information is obtained during a phone conversation, the interviewer must document that the statement was completed via telephone.
4. If the patient is receiving medically necessity services and meets the indigence guidelines, a new application must be completed for each 12-month period.
5. Financial Assistance can retro 6 months from the date of service…. or any account after 6 months from the date of service will not be considered for charity care.
6. A new financial statement is completed for each inpatient admission.

sistance determination will be made using the Federal Poverty Guidelines determined by the Health and Human Services Department.

- If the patient/guarantor qualifies for financial assistance, he/she will be notified and the account adjusted. Patients approved for financial assistance may be required to pay co-pay for each encounter at each facility owned and operated by Harnett Health System. **The co-pays for each encounter are as follows:**

Encounter-location of visit	Co-Pay
Ancillary Services(Lab)	$25.00 per visit
Primary Care Clinic Visit	$25.00 per visit
Physical Therapy/Occupational Therapy	$35.00 for initial admission and recurring services- onetime payment only
Wound care clinic – new admission	$35.00 for initial admission and recurring services- onetime payment only
Pharmacy recurring	$35.00 for initial admission and recurring services- onetime payment only
Oncology Recurring	$35.00 for initial admission and recurring services- onetime payment only
Diagnostic Imaging (X-Ray, CT Scan, MRI, Nuclear Medicine, NST)	$50.00 per visit
Emergency Room Visit	$125.00 per visit
Endoscopy, Angiography, Sleep Study, Cardio Visit	$125.00 per visit
Hospital Admission(Inpatient)	$500.00 per visit
Hospital Observation	$250.00 per visit
Surgery(Inpatient or Outpatient)	$500.00 per visit
CATH Lab	$75.00 per visit

- If the patient/guarantor does not qualify for charity, but qualifies for limited means assistance, a reduction in charges will be made to the account and the guarantor/patient will be notified via mail.
- If the patient/guarantor does not qualify for charity or limited means assistance, and their hospital liability is the balance after health insurance has paid, he/she will not be eligible for a discount.
- **At the guarantor's request, <u>payment arrangements</u> will be made for the remaining balance.**

8. For patients/guarantors qualifying for assistance and whose hospital liability is greater than $15,000, there may be an asset determination.
9. If, after the determination of financial assistance award, the patient/guarantor requests further financial relief, he/she can request his/her account go to the financial assistance committee. Before going to the committee, an asset determination may be performed. All committee determinations are final.
10. The hospital reserves the right to review the financial assistance determination if the guarantor's financial circumstances have changed.
11. The Financial Assistance Policy applies to deceased patients when it has been determined that there are no assets of value in the estate. Copy of the death certificate is required and a letter stating there is no open estate.
12. Financial assistance may be granted to patients who quality for

programs when funding has delayed payment. If government assistance is awarded later, the account adjustment will be reversed.

13. Financial assistance may be granted to patients that are pending Medicaid approval with the appropriate county. These accounts have been reviewed and financial need determined by a third party. Additional documentation will not be required by Patient Financial Services.
14. The Financial Assistance Policy applies to presumptive charity accounts based on current criteria.

D. Exceptions

Any exceptions to the policy require committee approval and appropriate account documentation.

E. Relationship to Collection Policies

HHS policies and procedures for internal and external collection practices take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for government program or for patient financial assistance from HHS, and a patient's good faith effort to comply with his/her payment agreements with HHS. For patients who quality for financial assistance and who are cooperating in good faith to resolve their hospital bills, HHS may offer extended payment plans for eligible patients.

F. Patient Financial Adjustment Approval Levels

Adjustment Levels per Visit	Approver
$1 - $15,000	Financial Counselor
$15,001 - $30,000	Gari Cooper, Manager, Patient Access
$30,001 - $50,000	Karla Marshburn, Corporate Director
$50,001 - $250,000	Bart Fiser, VP Finance
$250,001 +	Sandra Williams, Chief Financial Officer

G. Regulatory Requirements

In implementing this policy, HHS management and facilities are to comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

H. Document Retention

Completed applications and supporting documentation will be scanned into the patient's account.

I. Monitoring Plan

Compliance with this policy will be monitored through annual review of Patient Financial Assistance Program applications and grant/deny decisions. Quarterly department auditing will occur and monthly reporting of outcomes will be reviewed for appropriateness.

Attachments:

- *Patient Financial Assistance Application (Attachment A)*

Reviewer/Reviser: Date:	Approved by: Date:
5/15/2019	5/15/2019
Gari Cooper, Patient Access Manager	*Jessica Lang, Chief Financial Officer*

Attachment A

Harnett H

Request for Charity Care Consideration

Name:
Address:
City: State: Zip Code:
Home Phone #: ACCOUNT #

HOUSEHOLD INFORMATION

FINANCIAL INFORMATION

Monthly Income $

Spouse Monthly Income

$

Unemployment $

Disability $

Social Security $

Alimony $

Child Support $

Other $

MONTHLY MEDICAL EXPENSES

$

FINANCIAL ASSETS

Checking Account Balance $
Savings Account Balance $
Real Estate or Property Value $

LIVING ARRANGEMENTS:

Own Rent Live with someone
Homeless
(Please circle one of the above)

(Please list all dependents in the household)

Name:

Age: Relationship:

Name:

Age: Relationship:

Name:

Age: Relationship:

Name:

Age: Relationship:

Name:

Age: Relationship:

I certify that the above information is true and accurate to the best of my/our knowledge. Further, I will make application for any assistance (Medicaid, Insurance, or any other funding) which may be available for payment of my hospital charges. I will assign or pay to Harnett Health System the amount recovered for hospital charges. If any information I have given proves to be untrue, I understand that Harnett Health System may re-evaluate my financial status and take whatever action may become appropriate for collection of unpaid balance.

Date signed: **Applicant's Signature:**

Harnett Health

P.O. Box 170
Dunn, NC 2833
(910) 892-100
www.HarnettHealth.o

DOCUMENTATION CHECKLIST

You must return copies of the following documents with this application. Any application without signature and the necessary documentation will be denied.

Proof of income

(paycheck stub or letter from employer, social security, disability ,unemployment or child support)

Last filed federal income tax return

Self employment needs to supply proof of income/all tax schedules/P&L

Last 3 months of statement(s) for checking, savings, stocks, bonds, annuity, etc.

Proof of medical expenses paid out of pocket for the last 12 months

Copy of Medicaid and assistance program denial letters

Market Place denial letter or screening

Valid photo ID issued from governmental agency

Proof of residency/utility bill

Other:

Please submit the completed forms and all requested documentation within 15 days to:

Patient Account Liaison: _____
Date

Harnett Health System
800 Tilghman Drive
PO Box 1706
Dunn, N.C. 28335


Harnett Health