

**THE GRIFFIN HOSPITAL
FINANCE DEPARTMENT
STANDARD OPERATING POLICIES**

SUBJECT: BAD DEBT POLICY (ALL PAYORS)

EFFECTIVE DATE: 11/1/2006

SUPERCEDES: 7/1/2001

RESPONSIBLE DEPT: Business Services

APPROVED BY:



Administrator

POLICY:

To identify all patient accounts that have been billed and paid by primary and/or secondary insurance and have self pay balances remaining and not paid (or an arrangement to pay) by the patient within a 90 day time frame (120 days for Medicare patients) of the account being in a self pay status. To complete the bad debt turnover process to external collection agencies.

PROCEDURE:

1. All accounts processed and worked by the Business Services staff as identified in the Remittance Review - Self Pay/Co-pay/Bad Debt policy and procedure dated 11/1/2006. All payors are considered in this review. The self pay account must receive three hospital data mailers or at a 90 day time frame (120 days for Medicare) and reflect no payment on the self pay balance by the patient. At this time, the account will be made a bad debt and forwarded to the Business Services Collection Supervisor to be processed and sent to an external collection agency.
2. A bad debt turnover letter will be processed by the financial advisory staff. The data as to the turnover letter will be assigned in the system. The account will reflect a status of (BD - Bad Debt). The account will be turned over to a financial advisor who will finalize the account to be turned over to an outside collection agency.
3. The Collection Supervisor is responsible for completing a review of all accounts identified by the financial advisor as being unpaid prior to processing to collection agency.
4. The Supervisor will verify that all policies and procedures outlined in the Remittance Review - Self pay/Co-pay/Bad Debt policy and procedure have been completed and meet all outlined guidelines.
5. Upon completion of this review by the Business Services Collection Supervisor, all accounts will be identified as bad debts and forwarded to the appropriate collection agency. All accounts turned over to the outside collection agency will be reflected in the

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hospital system as a BD - Bad Debt Account - and will identify the date and collection agency name the account was turned over to.

6. The Business Services Collection Supervisor will monitor all collection agency activity monthly and will complete a quarterly review with all agencies identifying those accounts deemed uncollectible and returned to the hospital as uncollectible accounts. This report will be forwarded to the Business Office Director and CFO.
7. For all payments recurring after the account has been returned/deemed uncollectible by the collection agency, the Collection Supervisor will review the collection batch summary report to identify payments made on a returned account. The Collection Supervisor will maintain a payment log for all payments posted for auditing review purposes.

Reviewed 2/2005; 12/2006 - : Business Services

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SUBJECT: UNINSURED PROCESS/FREE CARE ASSISTANCE/FREE BED FUNDS		
EFFECTIVE DATE: 4/2013	SUPERCEDES: 1/2010	
RESPONSIBLE DEPT: Business Services	APPROVED BY:	
		Administrator
Reviewed/revised; 4/2013 – M. Milardo, Jr.		

POLICY:

The following policy represents Griffin Hospital's procedures for the Uninsured Patient, Free Care Assistance, and Free Bed Funds available for patients who do not have medical insurance.

Uninsured Patient Procedure

1. Patients that are either scheduled or registered with no active insurance will import onto the three Financial Advisors ONTRAC worklist.
2. Patients that are registered will receive a state application packet from the Patient Access staff. This consists of the Financial Advisor's business card, state application, and list of documents needed to complete the state application. A listing of the DSS offices is included in the packet.
3. All patients identified will receive a call or a direct visit, if admitted to the hospital, by a Financial Advisor.
4. The Financial Advisor will screen the patient for any current sponsorship and discuss all eligibility options with the patient.
5. If the patient meets criteria, the Financial Advisors will begin the Husky application process with the patient.
6. A due diligence process will be followed by the Financial Advisors to ensure that the patients are pursuing active coverage. The Financial Advisors will monitor the DSS website to track the progress of the application with the state.
7. Once eligibility has been determined, all appropriate accounts will be updated to the Husky insurance and billed accordingly.
8. All uninsured patients not granted state/Husky coverage will have the CHA uninsured rate applied to their account. The uninsured rate was determined by the hospital to represent the Connecticut not-for-profit hospital discount policy as adopted by the Connecticut Hospital Association 4/10/2006.

**THE GRIFFIN HOSPITAL
BUSINESS OFFICE
STANDARD OPERATING POLICIES**

SUBJECT: UNINSURED PROCESS/FREE CARE ASSISTANCE/FREE BED FUNDS

Free Care Assistance

1. Any patient requesting consideration for free care assistance in paying their Griffin Hospital bills or financial responsibility after insurance payment should contact the hospital's Financial Advisory staff.
2. The Financial Advisor will obtain the following information from the patient in order to complete the Free Care application. The information required from the patient to complete the free care application is as follows:
 - Patient W-2 form or most current and completed tax return.
 - Or three consecutive paystubs from the patient's current employment/proof of Social Security.
 - Dependent information (spouse and minor children only).
 - Any or all bank and checking account statements.
3. The Financial Advisor will refer to the Griffin Hospital sliding scale. This is based on the Federal Government Poverty Income Guidelines (see attached sliding scale). The Financial Advisor will make a determination of the patient's free care eligibility status.
4. If the patient qualifies for free care assistance, the applicable discount percentage will be applied to the patient's account balance. Then a letter (attached) will be sent out reflecting the patient's new adjusted balance.
5. If a patient does not qualify for free care assistance, the Financial Advisor will attempt to:
 - Obtain payment in full
 - Send to an outside agency to set up a monthly payment arrangement
6. If the patient does not maintain the agreed upon payment schedule, the account will be forwarded to an outside collection agency at the full remaining balances.
7. If it is later determined by the Griffin Hospital or a collection agency acting on behalf of Griffin Hospital that the patient's financial conditions have changed and the patient was unable to pay the outstanding account balances, an Administrative Override may be applied by the Business Services Collection Supervisor or Director of Business Services. All Administrative Overrides will be signed off by each of those parties.
8. The Business Services Collection Supervisor will maintain all monthly spreadsheets that will identify all applied Free Bed Funds, Uninsured, and Free Care Assistance allocated on a monthly basis.

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FREE BED FUNDS:

The hospital has the following Free Bed funds available for patients who meet the following outlined criteria for each fund:

1. The ENO Fund: The applicant must be a worthy Protestant woman, 60 years of age or older, and be a resident of Ansonia, Derby or Seymour.
2. Pine Trust: The fund is available to indigent patients of Griffin Hospital who reside in the City of Ansonia.
3. DN Clark: The fund is available to Shelton residents.

All Free Bed Funds granted are processed through the hospital's Financial Advisor staff.

02/05/15

MATTHEW V MILARDO JR
12 DOWNING STREET
NEW HAVEN CT 06511

Dear MATTHEW MILARDO

5836801

Upon review of your Griffin Hospital Free Care Application and the financial data supplied by you. The Following determination has been made.

_____ Your application has been approved.

Your application has been approved for the following Griffin Hospital Free Care Discount _____. This Free Care discount will be applied to any account balance the applicant or qualified family member may have incurred in the past regardless of account age. (Accounts with previous Free Care discounts are not eligible.) Below is a list of accounts that are eligible for the Free Care discount at the time this application was completed.

Account: _____	Date of Service: _____	Balance: \$ _____
Account: _____	Date of Service: _____	Balance: \$ _____
Account: _____	Date of Service: _____	Balance: \$ _____
Account: _____	Date of Service: _____	Balance: \$ _____
Account: _____	Date of Service: _____	Balance: \$ _____
Account: _____	Date of Service: _____	Balance: \$ _____
Account: _____	Date of Service: _____	Balance: \$ _____
Account: _____	Date of Service: _____	Balance: \$ _____

Total Account Balances: \$ _____

Discount% _____ = \$ _____ Patient balance owed w/discount. \$ _____

**Please note that this Free Care Discount will terminate as of ____/____/____.
At which time you can reapply based on the Griffin Hospital policy.

Please contact one of our Financial Advisors concerning payment on any balance due. When you receive a bill from Griffin Hospital please contact our office IMMEDIATELY so your account can be properly adjusted. A Financial Advisor is available for your questions, Monday through Friday 8:30am until 5:00pm. The phone number is 203-732-1510 OR 203-735-7421 X5364 OR x5360.

Thank - you,
Griffin Hospital
Financial Advising Department

02/05/15

MATTHEW V MILARDO JR
12 DOWNING STREET
NEW HAVEN CT 06511

Dear MATTHEW MILARDO

5836801

Upon review of your Griffin Hospital Free Care Application and the financial data supplied by you. The following determination has been made.

_____ Your application has been denied.

_____ You are determined to be Over Income. In accordance with Griffin Hospital's Free Care Policy. A patient is entitled to reapply in six months with this determination.

_____ Your paperwork is Incomplete. You can send in the required paper work to continue the process. Or you may need to restart the process. Please contact our office for further information.

_____ Your application was never received. Please contact our office immediately if you have submitted the application or if you require additional time to complete the documentation requirements.

Griffin Hospital has financial assistance resources available to you. Call to speak to a Financial Advisor who can assist you with additional payment options.

Monthly Payment Contracts

Your prompt attention to this matter is required. Please call our office and speak to a Financial Advisor IMMEDIATELY. They can be reached by phone at 203-735-7421 X5364 or X5360. The Financial Advisor Office hours are from 8:30am to 5:00pm. Monday through Friday.

Thank - You,
Griffin Hospital
Financial Advising Department

Griffin Hospital Sliding Scale

For the Insured and Uninsured Patient - Responsible for an Account Balance on or February 1, 2014

Size of Family	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
	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>
1	0-29,175	29,176 32,676	32,677 36,177	36,178 39,678	39,679 43,179	43,180 46,680
2	0-39,325	39,326 44,044	44,045 48,763	48,764 53,482	53,483 58,201	58,202 62,920
3	0-49,475	49,476 55,412	55,413 61,349	61,350 67,286	67,287 73,223	73,224 79,160
4	0-59,625	59,626 66,780	66,781 73,935	73,936 81,090	81,091 88,245	88,246 95,400
5	0-69,775	69,776 78,148	78,149 86,521	86,522 94,894	94,895 103,267	103,268 111,640
6	0-79,925	79,926 89,516	89,517 99,107	99,108 108,698	108,699 118,289	118,290 127,880
7	0-90,025	90,076 100,884	100,885 111,693	111,694 122,502	122,503 133,311	133,312 144,120
8	0-100,225	100,226 112,252	112,253 124,279	124,280 136,306	136,307 148,333	148,334 160,360

1. Source: Federal Register, Vol.76, No.13, January 22, 2014, PP 3637-3638

2. For family size with more than eight (8) members add \$4,060 for each additional member.

3. This sliding scale is based on the 2014 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia

Effective 2/1/2014

Griffin Hospital Sliding Scale

For the Insured and Uninsured Patient - Responsible for an Account Balance on or February 1, 2013

Size of Family	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
	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>
1	0-28,725	28,726 32,172	32,173 35,619	35,620 39,066	39,067 42,513	42,514 45,960
2	0-38,775	38,776 43,428	43,429 48,081	48,082 52,734	52,735 57,387	57,388 62,040
3	0-48,825	48,826 54,684	54,685 60,543	60,544 66,402	66,403 72,261	72,262 78,120
4	0-58,875	58,876 65,940	65,941 73,006	73,007 80,070	80,071 87,135	87,136 94,200
5	0-68,925	68,926 77,196	77,197 85,467	85,468 93,738	93,739 102,009	102,010 110,280
6	0-78,975	78,976 88,452	88,453 97,929	97,930 107,406	107,407 116,883	116,884 126,360
7	0-89,025	89,026 99,708	99,709 110,391	110,392 121,074	121,075 131,757	131,758 142,440
8	0-99,075	99,076 110,964	110,965 122,853	122,854 134,742	134,743 146,631	146,632 158,520

1. Source: Federal Register, Vol.76, No.13, January 24, 2013. PP 3637-3638

2. For family size with more than eight (8) members add \$4,020 for each additional member.

3. This sliding scale is based on the 2013 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia

Effective 2/1/2013