

 SAINT FRANCIS Care  Policy	<b>Title:</b> <b>Financial Assistance Policy and Procedure</b>		
<input checked="" type="checkbox"/> Saint Francis Hospital and Medical Center <input checked="" type="checkbox"/> Mount Sinai Rehabilitation Hospital <input type="checkbox"/> Saint Francis Medical Group, Inc. <input type="checkbox"/> Saint Francis Care Medical Group, P.C. <input type="checkbox"/> Asylum Hill Family Medicine Center, Inc. <input type="checkbox"/> Saint Francis Behavioral Health Group, P.C. <input checked="" type="checkbox"/> Johnson Memorial Hospital	<b>Proponent Department</b>  DEPARTMENT OF PATIENT ACCOUNTING	<b>Number</b>  	<b>Level</b> <input type="checkbox"/> System <input type="checkbox"/> Division <input checked="" type="checkbox"/> Department
	<b>Category</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Clinical <input type="checkbox"/> HR <input type="checkbox"/> EOC	<b>Published Date</b>  April 1, 2011	<b>Review Cycle</b> <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 3 years

### **Purpose:**

Saint Francis Hospital and Medical Center, The Rehabilitation Hospital of CT and Johnson Memorial Hospital are members of (THNE) Trinity New England Regional Health Ministry. It is our policy to ensure a socially just practice for billing patients receiving care at any of its facilities. Financial assistance is offered for the benefit of our community to uninsured or underinsured patients who are unable to pay for their care. THNE is committed to providing access to quality health care services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities;

- Caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive

### **Scope:**

This policy reflects our commitment to individual human dignity with special concern for poor and vulnerable persons. This policy relates to all medically necessary inpatient, outpatient, clinic, and emergency department visits.

### **Services Eligible for Support:**

All Medically necessary services including medical and support services provided by the THNE will be eligible for financial support.

Emergency medical services will be provided to all patients who present to the RHM's Emergency department, regardless of the patient's ability to pay. Such medical care will continue until the patient's condition is stabilized prior to determination of payment arrangement.

### **Services Not Eligible for Support:**

Excluded from this policy are cosmetic procedures, bariatric services, liability cases and services not billed by THNE (e.g. independent physician services, private duty nursing, ambulance transportation, etc.). THNE may exclude services that are covered by an insurance program at another provider location but not covered a THNE after efforts are made to educate the patient and provide federal Emergency Treatment and Active Labor Act (EMTALA) obligations are satisfied.

Financial Assistance may be denied if patients are eligible for other funding sources such as a Health Insurance Exchange plan (Marketplace) or Medicaid eligibility and refuse (or are unwilling) to apply for these sources. Financial Assistance may be denied if residency requirements are not met.

### **Qualifying Criteria for Financial Assistance**

A 100% discount for medically necessary services is available to uninsured or underinsured patients who earn 200% or less of the Federal Poverty Level guidelines. Individuals who earn between 201% and 400% of the Federal Poverty Level guidelines are eligible for a partial discount equal to the Medicare allowed amount on the date of service .

### **Documentation for Establishing Income:**

Supporting documentation of income is needed; such as consecutive payroll stubs, letter of support, alimony, unemployment benefits, retirement benefits, social security benefits, dividends, interest and income from any other source. Total number of dependents in household and complete tax returns. If self-employed a copy of your schedule C is required. Possible additional information such as credit history, certain types of patient/family assets, and other medical bills may be considered to determine financial need.

Patient copays, deductibles, and coinsurance may be eligible for 100% discounted rate if a patient qualifies for financial assistance and earns less than 200% of the Federal Poverty Level Guidelines. Patients with 201% to 400% of the FPL may qualify for a partial discount which is based upon the Medicare allowed amount.

Financial Assistance is also available for those patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient's medical expenses for an episode of care exceed 20% of their annual income. **Certain types of patient/family assets, and other medical bills may be considered to determine financial need.**

### **Applying for Financial Assistance:**

Our Financial assistance application is available in English and Spanish and may be obtained from a Certified Financial Counselors, Customer Service Representatives and Collection Representatives. You can also request an application from the number on your statement. Our Financial policy and Application for Financial Assistance can also be obtained on our website: <http://www.saintfranciscare.org> or <http://www.jmmc.com>.

To apply for financial assistance, please submit the completed application (and all supplemental information) to an onsite Certified Financial Counselor located in the hospital or by mail to: Saint Francis Hospital Patient Accounts 114 Woodland Street, Hartford, CT 06105 or Johnson Memorial Hospital, Patient Accounts 201 Chestnut Hill Road, Stafford Springs, CT 06076

### **Assisting Patients who may Qualify for Coverage:**

Financial counselors are available to work with patients to apply for public and private programs. This includes assessing eligibility for Health Insurance Exchange or Medicaid and plans. Patients may contact a certified financial counselor at the hospital or call customer service representative who can assist in determining qualification for financial assistance.

### **The Health Insurance Market Place:**

The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance beginning January 1, 2014. It also gives millions of individuals (with too little or no insurance) access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income.

Please contact Access Health CT at **1-855-909-2428** or visit their website at <https://www.accesshealthct.com>

## **PROCEDURE:**

### ***I. Qualifying Criteria for Financial Assistance***

This Financial Assistance Policy (FAP) is designed to address the need for financial assistance and support to patients for all eligible services regardless of race, creed, sex, or age. Eligibility for financial assistance and support from THNE will be determined on an individual basis using specific criteria and evaluated on an assessment of the patient's and/or family's health care needs, financial resources and obligations.

#### **Services eligible for financial support:**

- All medically necessary services, provided by THNE will be eligible for financial support.
- Emergency medical care services will be provided to all patients who present the THNE emergency department, regardless of the patient's ability to pay. Such medical care will continue until the patient's condition has been stabilized prior to any determination of payment arrangements.
- Entities eligible for THNE financial assistance includes SFH, SFMG, SFEMG, MT. Sinai Rehab, CLS and JMMC.

#### **Services not eligible for Financial Support:**

- Cosmetic services, bariatric procedures and other elective procedures and services that are not medically necessary.
- Services not provided and billed by THNE or THNE employed physicians (e.g. independent physician services, private duty nursing, ambulance transport, etc.).
- THNE will make affirmative efforts to help patients apply for public and private programs. Financial support may be denied to those individuals who do not cooperate in applying for programs that may pay for their health care services.
- Services may be excluded that are covered by an insurance program at another Provider location but are not covered at THNE, after efforts are made to educate the patients.

#### **Residency requirements**

- Financial support will be provided to patients who reside within the THNE primary or secondary service area and qualify under this FAP.
- Financial support will be provided to patients from outside the THNE primary or secondary service area who qualify under this FAP and who present to the Emergency Room with an emergent or life-threatening condition. Financial assistance does not extend to follow up or continuous care for those who reside outside of the service area.
- THNE will use the same demographic area as our local community benefit. Eligibility will be determined by using the patient's primary residence zip code
- THNE will provide Financial support to patients identified as needing service by physician foreign mission program conducted by active medical staff for which prior approval has been obtained by the THNE president or designee

#### **Non income documentation**

- All Uninsured FAP applicants must apply for Medicaid before financial support can be considered.
- If a patient is approved for Medicaid with no spenddown, the proof of eligibility determination from the Department of Social Services can be used as verification of their income and be eligible for 100% financial assistance if the Medicaid does not cover the outstanding balance.

- If the balance on an account is the result of a spenddown the income guidelines will apply to determine eligibility. If the patient is between 201% and 400% of the FPL the Medicare allowed calculation will be applied.
- Un-insured applicants must complete an application through Access Health during open enrollment for eligibility determination for a qualified health plan, or Medicaid Husky plan.

### **Documentation for Establishing Income**

- The patient for /or family should include earned income, including monthly gross wages, salary and self-employment benefits, dividends, interest and Income from other source; number of dependents in household; and other information requested on the FAP application.
- THNE will list the supporting documentations such as payroll stubs, and tax returns, are required to apply for financial assistance. THNE may not deny financial support based on the omission of information or documentation that is not specifically required by the FAP or Fap Application form.
- THNE will provide patients that submit an incomplete FAP application a written notice that describes the additional information and/or documentation that must be submitted within 30 days from the date of the written notice to complete the FAP application. The notice will provide contact information for questions regarding the missing information period.
- THNE may initiate ECA's if the patient does not submit the missing information and/or documentation within the 30 day resubmission period and it is at least 120 days from the date the THNE provided the first post-discharge billing statement for the care. THNE must process the FAP application if the patient provides the missing information/ or documentation during the 240 day application period (or, if later within the 30 day resubmission period). If patient does not provide additional information within the 30 day period a FAP denial letter will be sent.

### **Presumptive Support**

- i. THNE recognizes that not all patients are able to provide complete financial information. Therefore, approval for financial support may be determined based on limited available Information. When such approval is granted it is classified as "Presumptive Support."

Examples of presumptive cases include:

- Deceased patients with no known estate
- Homeless
- Unemployed patients with no spouse or assets
- Non-covered medically necessary services provided to patients qualifying for public assistance programs
- Out of state Medicaid in which we are not a provider
- Patient who is currently on Public assistance but was ineligible at the time of service
- Discharged bankruptcies,
- Members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.
- For patients who are non-responsive to the FAP application process, other sources of information, if available, should be used to make an individual assessment of financial need. This information will enable THNE to make an informed decision on the financial need of non- responsive patients.

- ii. For the purpose of helping financially needy patients, a third-party may be utilized to conduct a review of patient information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable THNE to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients. The systematic financial assists process will be done by our Self Pay vendor after the patient receives 4 statements but prior to Bad debt turnover. Any patient less than 200% of the FPL will be written off automatically at 100%. A refund work que will be automatically populated for any patient that quantifies for presumptive charity write off and has made a self pay payment on the account. This will ensure that timely refunds can be generated. The system will also automatically send the patient a letter notifying them of the charity assistance.

Patients between 201% and 400% of the FPL will receive a partial discount (This discount is calculated from total charges equal to the THNE's average acute care contractual adjustment for Medicare) The system will also automatically send the patient a letter notifying them of the charity assistance. The remaining balance of the account will be sent to Bad Debt 30 days after the charity discount if no more generous assistance is requested and available.

- In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established timelines and be considered under the traditional FAP process.
  - Patient accounts granted presumptive support status will be adjusted using *Presumptive Financial Support* transaction codes at such time the account is deemed uncollectable and prior to referral to collection. The discount granted will be classified as financial support and will not be included in the bad debt expense.
- iii. THNE will notify patients determined to be eligible for less than the most generous assistance available under the FAP that he or she may apply for more generous assistance available under the FAP within 30 days of the notice. The determination of a patient being eligible for less than the most generous assistance is based on presumptive support status or a prior FAP eligibility determination. Additionally, THNE may initiate or resume ECAs if the patient does not apply for more generous assistance within 30 days of notification if it is at least 120 days from the date the RHM provided the first post-discharge billing statement for the care. RHMs will process any new FAP application that the patient submits by the end of the 240 day application period or, if later, by the end of the 30-day period given to apply for more generous assistance.

### **Timeline for Establishing Financial Eligibility**

- i. Every effort should be made to determine a patient's eligibility for financial support prior to or at the time of service. FAP Applications must be accepted any time during the application period. The application period begins the day that care is provided and ends the later of 240 days after the first post-discharge billing statement to the patient or either:
- i. the end of the period of time that a patient that is eligible for less than the most generous assistance available, based upon presumptive support status or a prior FAP eligibility determination, and who has applied for more generous financial assistance;
  - or
  - ii. the deadline provided in a written notice after which ECAs may be initiated.

- ii. THNE may accept and process an individual's FAP application submitted outside of the application period on a case-by-case basis as to include denied liability cases, life changing event. This would exclude any established payment plan accounts.
- iii. THNE will refund any amount the patient has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible patient, unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin). The refunds of payments is only required for the episodes of care to which the FAP application applies.

Determination for financial support will be made after all efforts to qualify the patient for governmental financial assistance or other programs have been exhausted.

Every effort will be made to make a financial support determination in a timely fashion. If Medicaid is pending THNE will communicate this information to the patient in conjunction with the outstanding balance of the account until a Medicaid determination is made. While the patient is in the pending Medicaid status the account will not qualify for bad debt.

Once qualification for financial support has been determined the Patient Accounting system will be updated to the level of financial assistance awarded and the duration. This will allow any services that qualify to automatically receive the discount.

#### **Level of Financial Support**

- i. A percentage of the Federal Poverty Guidelines (FPG), which are updated on an annual basis, are used for determining a patient's eligibility for financial support. However, other factors, as identified above, will be considered such as the patient's financial status and/or ability to pay as determined through the assessment process.
- ii. Family Income at or below 200% of Federal Poverty Income Guidelines will be granted a 100% discount on account balance.
- iii. Family Income between 201% and 400% of Federal Poverty Income Guideline who are ineligible for State Medical Assistance may be eligible for financial assistance based upon Medicare calculation. Which is a discount off of total charges equal to the THNE average acute care contractual adjustment for Medicare
- iv. Self Pay Patients with income over 400% of the federal poverty guidelines may not be eligible for financial assistance but may still receive a self pay discount if applicable.
- v. Patients with Family Income up to and including 200% of the Federal Poverty Level Guidelines will be eligible for Financial Support for co-pay, deductible, and co-insurance

#### **Other Discounts:**

- i. Prompt Pay discount : THNE will provided a 15% prompt pay discount for insured patients on any copayment and deductibles paid prior to the date of service, or paid within 15 days after the first statement.
- ii. Self –Pay Discounts: Saint Francis entities will apply a standard 45% self pay discount off the total changes. Johnson Memorial Hospital will apply a standard 25% self pay discount off the total changes.

#### **Medically Indigent Support / Catastrophic:**

Financial support is also provided for medically indigent patients. Medical indigence occurs when a person is unable to pay some or all of their medical bills because their medical expenses exceed a

certain percentage of their family or household income (for example, due to catastrophic costs or conditions), regardless of whether they have income or assets that otherwise exceed the financial eligibility requirements for free or discounted care. Catastrophic costs or conditions occur when there is a loss of employment, death of primary wage earner, excessive medical expenses. Medical indigence /catastrophic circumstances will be evaluated on a case-by-case basis that includes a review of the family household income, expenses.

If an insured patient claims catastrophic circumstances and applies for financial assistance, medical expenses for an episode of care that exceed 20% of the family household income will permit co-pays and deductibles to qualify as catastrophic charity care.

Discounts for medically indigent care for the uninsured will not be less than the average contractual adjustment amount for Medicare for the services provided or an amount to bring the patient's catastrophic medical expense-to-income ratio back to 20%. Medical indigent and catastrophic financial assistance must be approved by the THNE Chief Financial Officer (CFO).

## ***II. Assisting Patients Who May Qualify for Coverage***

THNE will make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services. Premium assistance may also be granted on a discretionary basis according to TH payment of QHP premium and Patient payables procedure.

## ***III. Effective Communications***

- THNE will provide financial counseling to patients about their health care bills related to the services they received at THNE and will make the availability of such counseling known.
- THNE will respond promptly and courteously to patients' questions about their bills and requests for financial assistance.
- THNE will utilize a billing process that is clear, concise, correct and patient friendly.
- THNE will make available for review by the public specific information in an understandable format about what it charges for services.
- THNE will post signs and display brochures that provide basic information about its Financial Assistance Policy (FAP) in public locations.
- THNE will make the Financial Assistance Policy (FAP), a plain language summary of the FA and the FAP application form available to patients upon request, in public places in THNE, by mail and on the THNE website.
- This policy will be made available in English and Spanish.
- THNE will list on their website where these documents are available.
- THNE will provide written notification upon approval of the FAP approved application that RHMs will refrain from initiating ECA(s) until 120 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient.
- RHMs will also ensure all vendor contracts for business associates performing collection activity will contain a clause or clauses prohibiting ECA(s) until 120 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient their balances have received a 100% discount or partial discount whichever is applicable

#### **IV. Implementation of Accurate and Consistent Policies**

Patient Financial Services and Patient Access will educate staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections, physician offices) about billing, financial assistance, collection policies and practices, and treatment of all patients with dignity and respect regardless of their insurance status or their ability to pay for services.

RHMs will honor Financial Support commitments that were approved under previous financial assistance guidelines

#### **V. Fair Billing and Collection Practices**

- a. THNE will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations.
- b. THNE will make available to all patients who qualify a short term interest free payment plan with defined payment time frames based on the outstanding account balance. THNE will also offer a loan program with interest for patients who qualify.  
7081 : Health First Patient Loan Discount  
1018 : Health First Patient Loan Payment  
1019: Health First Patient Loan Recourse
- c. Patient balances will be transferred to a collection agency if the account completes a patient statement cycle 4 statements and 120 day with no consistent payments from the patient or proof of eligibility for financial assistance or other programs.
- d. The following collection activities may be pursued by THNE or by a collection agent on their behalf:
  - THNE will have written procedures outlining when and under whose authority a patient debt is advanced for external collection activities that are consistent with this Procedure
  - Communicate with patients (call, written, fax, text, email, etc.) and their representatives in compliance with the Fair Debt Collections Act, clearly identifying THNE. The patient communications will also comply with HIPAA privacy regulations.
  - Solicit payment of the estimated patient payment obligation portion at the time of service in compliance with EMTALA regulations and state laws.
  - Provide low-interest loan program for payment of outstanding debts for patients who have the ability to pay but cannot meet the short-term payment requirements
  - RHMs (or a collection agent on their behalf) will take all reasonably available measures to reverse ECAs related to amounts no longer owed by FAP-eligible patients
  - Pursue legal action for individuals who have the means to pay but do not pay or who are unwilling to pay. Our legal limits are account balances over \$1500.00.
  - Place liens on property of individuals who have the means to pay but do not or who are unwilling to pay.
  - THNE will cease all ECA activities once a patient is eligible for FAP. If a patient is in the legal process they still may be responsible for court costs and legal fees.

## Residency Requirements

THNE will provide financial support to patients who reside within their service area and qualify under the financial assistance program. Eligibility will be determined by the RHM using the primary residence zip code. Patients outside their service area who qualify for financial assistance and present with an Urgent, Emergent or life threatening condition.

HARTFORD COUNTY					
Zip Code	City	Zip Code	City	Zip Code	City
<a href="#">06001</a>	Avon	<a href="#">06141</a>	Hartford	<a href="#">06111</a>	Newington
<a href="#">06037</a>	Berlin	<a href="#">06142</a>	Hartford	<a href="#">06131</a>	Newington
<a href="#">06002</a>	Bloomfield	<a href="#">06143</a>	Hartford	<a href="#">06059</a>	North Canton
<a href="#">06010</a>	Bristol	<a href="#">06144</a>	Hartford	<a href="#">06060</a>	North Granby
<a href="#">06011</a>	Bristol	<a href="#">06145</a>	Hartford	<a href="#">06062</a>	Plainville
<a href="#">06016</a>	Broad Brook	<a href="#">06146</a>	Hartford	<a href="#">06479</a>	Plantsville
<a href="#">06013</a>	Burlington	<a href="#">06147</a>	Hartford	<a href="#">06064</a>	Poquonock
<a href="#">06019</a>	Canton	<a href="#">06150</a>	Hartford	<a href="#">06067</a>	Rocky Hill
<a href="#">06020</a>	Canton Center	<a href="#">06151</a>	Hartford	<a href="#">06070</a>	Simsbury
<a href="#">06022</a>	Collinsville	<a href="#">06152</a>	Hartford	<a href="#">06073</a>	South Glastonbury
<a href="#">06023</a>	East Berlin	<a href="#">06153</a>	Hartford	<a href="#">06074</a>	South Windsor
<a href="#">06025</a>	East Glastonbury	<a href="#">06154</a>	Hartford	<a href="#">06489</a>	Southington
<a href="#">06026</a>	East Granby	<a href="#">06155</a>	Hartford	<a href="#">06078</a>	Suffield
<a href="#">06108</a>	East Hartford	<a href="#">06156</a>	Hartford	<a href="#">06080</a>	Suffield
<a href="#">06118</a>	East Hartford	<a href="#">06160</a>	Hartford	<a href="#">06081</a>	Tariffville
<a href="#">06128</a>	East Hartford	<a href="#">06161</a>	Hartford	<a href="#">06085</a>	Unionville
<a href="#">06138</a>	East Hartford	<a href="#">06167</a>	Hartford	<a href="#">06087</a>	Unionville
<a href="#">06027</a>	East Hartland	<a href="#">06176</a>	Hartford	<a href="#">06089</a>	Weatogue
<a href="#">06088</a>	East Windsor	<a href="#">06180</a>	Hartford	<a href="#">06090</a>	West Granby
<a href="#">06028</a>	East Windsor Hill	<a href="#">06183</a>	Hartford	<a href="#">06107</a>	West Hartford
<a href="#">06082</a>	Enfield	<a href="#">06199</a>	Hartford	<a href="#">06110</a>	West Hartford
<a href="#">06083</a>	Enfield	<a href="#">06120</a>	Hartford	<a href="#">06117</a>	West Hartford
<a href="#">06030</a>	Farmington	<a href="#">06123</a>	Hartford	<a href="#">06119</a>	West Hartford
<a href="#">06032</a>	Farmington	<a href="#">06126</a>	Hartford	<a href="#">06127</a>	West Hartford
<a href="#">06034</a>	Farmington	<a href="#">06132</a>	Hartford	<a href="#">06133</a>	West Hartford
<a href="#">06033</a>	Glastonbury	<a href="#">06134</a>	Hartford	<a href="#">06137</a>	West Hartford
<a href="#">06035</a>	Granby	<a href="#">06040</a>	Manchester	<a href="#">06091</a>	West Hartland
<a href="#">06101</a>	Hartford	<a href="#">06041</a>	Manchester	<a href="#">06092</a>	West Simsbury
<a href="#">06102</a>	Hartford	<a href="#">06042</a>	Manchester	<a href="#">06093</a>	West Suffield
<a href="#">06103</a>	Hartford	<a href="#">06045</a>	Manchester	<a href="#">06109</a>	Wethersfield
<a href="#">06104</a>	Hartford	<a href="#">06444</a>	Marion	<a href="#">06129</a>	Wethersfield
<a href="#">06105</a>	Hartford	<a href="#">06447</a>	Marlborough	<a href="#">06006</a>	Windsor
<a href="#">06106</a>	Hartford	<a href="#">06467</a>	Milldale	<a href="#">06095</a>	Windsor

<a href="#">06112</a>	Hartford	<a href="#">06050</a>	New Britain	<a href="#">06096</a>	Windsor Locks
<a href="#">06114</a>	Hartford	<a href="#">06051</a>	New Britain		
<a href="#">06115</a>	Hartford	<a href="#">06052</a>	New Britain		
<a href="#">06140</a>	Hartford	<a href="#">06053</a>	New Britain		

#### **TOLLAND COUNTY**

<b>Zip Code</b>	<b>City</b>				
06231	Amston	06250	Mansfield	06077	Staffordville
06232	Andover	06251	Mansfield Depot	06268	Storrs Mansfield
06043	Bolton	06071	Somers	06269	Storrs Mansfield
06237	Columbia	06072	Somersville	06084	Tolland
06238	Coventry	06265	South Willington	06066	Vernon
06029	Ellington	06075	Stafford	06066	Rockville
06248	Hebron	06076	Stafford Springs	06279	Willington

#### **LITCHFIELD COUNTY**

<b>Zip Code</b>	<b>City</b>		
06063	Barkhamsted	06057	New Hartford
06021	Colebrook	06782	Plymouth

#### **MIDDLESEX COUNTY**

<b>Zip Code</b>	<b>City</b>
06457	Middletown

#### **ADJUSTMENTS GREATER THAN \$5,000.00 ARE SUBJECT TO APPROVALS AS FOLLOWS:**

<\$4,999 - Customer Service Rep/Financial Counselors/Team Leads

\$5,000-\$24,999 - Supervisor

\$25,000-\$49,999 - Manager

\$50,000-\$99,999 - Director of Patient Financial Services

>\$100,000 - VP, Revenue Cycle

After obtaining approval, staff will apply adjustment.

#### **DEFINITIONS:**

☐ Emergent (service level) - Medical services needed for a condition that may be life threatening or the result of a serious injury and requiring immediate medical attention. This medical condition is generally governed by Emergency Medical Treatment and Active Labor Act (EMTALA).

☐ Family - As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility.

☐ Income - Income includes wages, salaries, salary and self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, child support, alimony, educational assistance, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts,

rents received, interest/dividends, and income from other miscellaneous sources.

☐ Family Income - A person's family income includes the income of all adult family members in the household. For patients under 18 years of age, family income includes that of the parents and/or step-parents, or caretaker relatives. Annual income from the prior 12 month period or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date family income, taking into consideration the current earnings rate.

☐ Financial Support - Support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by THNE who meet the eligibility criteria for such assistance.

☐ Uninsured Patient - An individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance to cover all or part of the cost of care, including claims against third parties covered by insurance to which THNE is subrogated, but only if payment is actually made by such insurance company.

☐ Under-insured patients: means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses such as high deductible plans that exceed his or her level of financial resources.

☐ Urgent (service level) - Medical services for a condition not life-threatening, but requiring timely medical services.

☐ Service Area – A service area is the list of zip codes comprising the THNE primary and secondary service market area constituting a “community of need” for primary health care services.

## **CROSS REFERENCES:**

Self Pay Billing and AR Management Policy

Emergency Medical Screening and Stabilization/ EMTALA

**APPROVED BY:** Policy requires Director and Vice President approval.

Nicole Schulz  
Vice President,  
Revenue Integrity

Date:  
7/1/2016

Director(s): Sarah Alber  
/s/ Sarah Alber

Date:  
7/1/2016

## **REPLACES:**

**REVISED DATE:** 10/1/03; 3/15/04;9/01/04; 11/01/04; 03/07/05; 10/01/05; 10/1/06; 3/1/07; 4/11/08; 5/22/09, 7/1/2011, 1/23/2012 , 7/1/2012, 7/8/2013, 1/15/2014, 4/18/2014; 1/30/2015; 10/30/2015; 2/17/2016; 06/15/2016, 07/1/2016

