

**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

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

SUBJECT: BAD DEBT POLICY (ALL PAYORS)

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

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

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.

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

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

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.

400

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
	Greater Than	Greater Than	Greater Than	Greater Than	Greater Than	Greater Than
1	0-28,725	28,726	32,172	35,619	39,066	42,514
2	0-38,776	38,776	43,428	48,081	52,734	57,388
3	0-48,825	48,826	54,684	60,543	66,402	72,261
4	0-58,875	58,876	65,940	73,006	80,070	87,135
5	0-68,925	68,926	77,197	85,467	93,739	102,010
6	0-78,975	78,976	88,452	97,929	107,407	116,884
7	0-89,025	89,026	99,709	110,391	121,075	131,757
8	0-99,075	99,076	110,964	122,853	134,742	146,632

- Source: Federal Register, Vol. 76, No. 13, January 24, 2013, PP 3637-3638
- For family size with more than eight (8) members add \$4,020 for each additional member.
- This sliding scale is based on the 2013 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia

Effective 2/1/2013

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	30-39,325	39,326 - 44,044	44,045 - 48,763	48,764 - 53,482	53,483 - 58,201	58,202 - 62,920
3	40-49,475	49,476 - 55,412	55,413 - 61,349	61,350 - 67,286	67,287 - 73,223	73,224 - 79,160
4	50-59,625	59,626 - 66,780	66,781 - 73,935	73,936 - 81,090	81,091 - 88,245	88,246 - 95,400
5	60-69,775	69,776 - 78,148	78,149 - 86,521	86,522 - 94,894	94,895 - 103,267	103,268 - 111,640
6	70-79,925	79,926 - 89,516	89,517 - 99,107	99,108 - 108,698	108,699 - 118,289	118,290 - 127,880
7	80-90,025	90,026 - 100,884	100,885 - 111,693	111,694 - 122,502	122,503 - 133,311	133,312 - 144,120
8	90-100,225	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 after

February 1, 2015

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
	Greater Than / Up to	Greater Than / Up to	Greater Than / Up to	Greater Than / Up to	Greater Than / Up to	Greater Than / Up to
1	0 - 28,425	28,426 32,956	32,957 36,487	36,488 40,018	40,019 43,549	43,550 47,080
2	0 - 38,825	38,826 44,604	44,605 49,383	49,384 54,162	54,163 58,941	58,942 63,720
3	0 - 50,225	50,226 56,252	56,253 62,279	62,280 68,306	68,307 74,333	74,334 80,360
4	0 - 60,825	60,826 67,900	67,901 75,175	75,176 82,450	82,451 89,725	89,726 97,000
5	0 - 71,025	71,026 79,548	79,549 88,071	88,072 96,594	96,595 105,117	105,118 113,640
6	0 - 81,425	81,426 91,196	91,197 100,967	100,968 110,738	110,739 120,509	120,510 130,280
7	0 - 91,825	91,826 102,844	102,845 113,863	113,864 124,882	124,883 135,900	135,902 146,920
8	0 - 102,225	102,226 114,492	114,493 126,759	126,760 139,026	139,027 151,293	151,294 163,560

1. Source: Federal Register, Vol 80, Number 14 (Thursday, January 22, 2015), Pages 3236-3237

2. For family size with more than eight (8) members add \$4,160 for each additional member.

3. This sliding scale is based on the 2015 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia

Effective 2/1/2015

GRIFFIN HOSPITAL SLIDING SCALE

[illegible]

1. Source: Federal Register, Vol.81, Issue 15, January 25, 2016, PP. 4037

Griffin Hospital Sliding Scale

For the Insured and Uninsured Patient - Responsible for an Account Balance on or after February 1, 2017

Size of Family	of 250% HHS Poverty Income Guidelines: 100% FreeCare	of 280% HHS Poverty Income Guidelines: 85% FreeCare 15% Patient Share	of 310% HH s 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	0-30,150	30,151 - 33,768	33,769 - 37,386	37,387 - 41,004	41,005 - 44,622	44,623 - 48,240
2	0-40,600	40,601 - 45,472	45,473 - 50,344	50,345 - 55,216	55,217 - 60,088	60,089 - 64,960
3	0-51,050	51,051 - 57,176	57,177 - 63,302	63,302 - 69,428	69,429 - 75,554	75,555 - 81,680
4	0-61,500	61,501 - 68,880	68,881 - 76,260	76,261 - 83,640	83,641 - 91,020	91,021 - 98,400
5	0-71,950	71,951 - 80,584	80,585 - 89,218	89,219 - 97,852	97,853 - 106,486	106,487 - 115,120
6	0-82,400	82,401 - 92,288	92,289 - 102,176	102,177 - 112,064	112,065 - 121,952	121,953 - 131,840
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

1. Source: Federal Register, Vol 82, Number 19 (Thursday, January 31, 2017), Page 8832
2. For family size with more than eight (8) members add \$5,230 for each additional member.
3. This sliding scale is based on the 2017 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia

Effective 2/1/2017