Hartford HealthCare	**Subject:** **Financial Assistance Policy**	
Issuing Department: **Finance/Revenue Cycle Services** **Subject Matter Consultation:** Legal Services	**File Under:** _____ Section - _____	**Original Date:** 12/16/2010
Latest Revision Date: January 1, 2016 September 20, 2016	1) **Page 1 of 13**	**Approved By:** _____ Charles L. Johnson, III HHC Executive Vice President & Chief Financial Officer

Purpose: The purpose of this Policy is to set forth the Hartford HealthCare (HHC) policy for the provision of free or discounted Health Care Services to patients who meet the criteria for Financial Assistance. This Policy describes: (i) the eligibility criteria for Financial Assistance, and whether such assistance includes free or discounted Health Care Services; (ii) the basis for calculating amounts charged to patients; (iii) the method for applying for Financial Assistance; (iv) the collection actions that may be initiated in the event of non-payment, including civil collections actions and reporting to consumer credit reporting agencies; and (v) the Hospital's approach to presumptive eligibility determinations and the types of information that the Hospital will use to assess presumptive eligibility.

This Policy is intended to comply with Section 501(r) of the Internal Revenue Code and the billing and collection requirements described in Chapter 368z of the Connecticut General Statutes and any regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This Policy will be adopted by the governing body of Hartford HealthCare on behalf of its affiliates.

Scope: This Policy applies to all Health Care Services provided by a Hartford HealthCare hospital facility. (Facilities listed in Appendix D)

Definitions:

"Eligibility Criteria" means the criteria set forth in this Policy to determine whether a patient qualifies for Financial Assistance for the Health Care Services provided.

"EMTALA" means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd.

"Extraordinary Collection Activity"(ECA) means a collection action requiring a legal or judicial process, involving selling debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under HHC's Financial Assistance Policy. The actions that require legal or judicial process for this purpose include 1) placing a lien; 2) foreclosing on real property; 3) attaching or seizing of bank accounts or other personal property; 4) commencing a civil action against an individual; 5) taking actions that cause an individual's arrest; 6) taking actions that cause an individual to be subject to body attachment; and 7) garnishing wages.

"Family" means, pursuant to 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. For purposes of this Policy, if the patient claims someone as a dependent on the patient's income tax return, that person may be considered a dependent for purposes of the provision of Financial Assistance.

"Family Income" means the following income when calculating Federal Poverty Level Guidelines of liquid assets: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, business income, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income. .

"Federal Poverty Level Guidelines" means the federal poverty level guidelines established by the United States Department of Health and Human Services in effect on the date of the provision of the Health Care Service for awards of Financial Assistance under this Policy.

"Financial Assistance" means free or discounted Health Care Services provided to persons who, pursuant to the Eligibility Criteria, HHC has determined to be unable to pay for all or a portion of such Health Care Services and to be eligible for free or discounted Health Care Services under this Policy.

"Free Bed Funds" means any gift of money, stock, bonds, financial instruments or other property made by any donor to a HHC hospital facility for the purpose of establishing a fund to provide medical care to a patient.

"Health Care Services" means (i) emergency medical services as defined by EMTALA; (ii) services for a condition which, if not promptly treated, will result in adverse change in the health status of the individual; (iii) non-elective services provided in response to life-

threatening circumstances in a non-emergency department setting; and (iv) medically necessary services as determined by HHC on a case-by-case basis at the provider's discretion.

"Liquid Assets" refers to how easily an asset can be exchanged for cash on short notice, without losing value. Items such as cash, gold or marketable securities are examples. On the converse, nonliquid asset examples are real estate (land and housing) and automobiles.

"Medically Indigent" means a person who HHC has determined to be unable to pay some or all of his or her medical bills because the medical bills exceed a certain percentage of the person's Family Income or Family Assets even though they have income or assets that otherwise exceed the generally applicable eligibility criteria for free or discounted care under the policy. Refer to Appendix A.

"Patient" means person receiving or registered to receive medical treatment or in context of the policy refers to the person liable for payment.

"Uninsured" means a patient who has no level of insurance or third party assistance to assist in meeting his or her payment obligations for Health Care Services and is not covered by Medicare, Medicaid, Tricare, or any other health insurance program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to workers' compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

"Underinsured" means the patient has some level of insurance or third-party assistance but still has out-of-pocket Health Care Service expenses such as high deductible plans that exceed the patient's level of financial resources.

Policy: Consistent with its mission, it is Hartford HealthCare's policy to provide Financial Assistance to all eligible individuals who are Uninsured or Underinsured, ineligible for a government payer program, and otherwise unable to pay for Health Care Services due to their limited financial resources. It is also HHC's policy to provide without discrimination care for emergency medical conditions (as defined by EMTALA) to individuals regardless of their eligibility for Financial Assistance under this Policy or for government assistance. Finally, it is the policy of HHC to prohibit any action that discourages individuals from seeking emergency medical care, such as by demanding that Emergency Department patients pay before receiving treatment for emergency medical conditions. Nothing in this Policy shall be deemed to limit the Hospital's obligations under EMTALA to treat patients with emergency medical conditions.

I. Determining Eligibility.

In determining eligibility for Financial Assistance, it is important that both HHC and the patient work collaboratively. Specifically, HHC will do its best to apply the Eligibility Criteria in a reasonable manner and the patient will do his or her best in responding to requests for information in a timely, complete, and accurate manner. If the documentation provided by the patient or his/her family is incomplete or inconsistent with the application we will request clarification to assist in making a decision about eligibility for financial assistance.

1. Eligibility for Financial Assistance. Individuals who are Uninsured or Underinsured, ineligible for any government health care benefit program and unable to pay for their Health Care Services may be eligible for Financial Assistance pursuant to this Policy. Financial Assistance also may be available for individuals who are Medically Indigent. The granting of Financial Assistance shall be based upon an individualized determination of financial need, and shall not take into account age, gender, race, color, national origin, marital status, social or immigrant status, sexual orientation or religious affiliation. The Financial Assistance Application outlines the documents required to verify family size and income.

Further, to be eligible for Financial Assistance, an individual must cooperate with HHC, provide the requested information and documentation in a timely manner, complete the required application form truthfully, and notify HHC promptly of any change in his or her financial situation so that HHC can assess the change's impact on the individual's eligibility for financial assistance.

2. Process for Determining Eligibility for Financial Assistance. In connection with determining eligibility for Financial Assistance, HHC (i) will require that the patient complete an application for Financial Assistance and provide other financial information and documentation relevant to making a determination of financial eligibility; (ii) may rely upon publicly available information and resources to verify the financial resources of the patient or a potential guarantor; (iii) may pursue alternative sources of payment from public and private payment benefit programs; and (iv) may review the patient's prior payment history.

3. Processing Requests. HHC will use its best efforts to facilitate the determination process before rendering services so long as the determination process does not interfere with the provision of emergency medical services as defined under federal law. However, eligibility determinations can be made at any time during the revenue cycle. During the eligibility determination process, HHC will at all times treat the patient or their authorized representative with dignity and respect and in accordance with all state and federal laws.

4. Financial Assistance Guidelines. Eligibility criteria for Financial Assistance may include family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. Medically Indigent) and other financial resources available to the patient. Family size is determined based upon the number of dependents living in the household. Information collected will be used to corroborate information generated by predictive analytical software used in making a determination of financial assistance. In particular, eligibility for Financial Assistance will be determined in accordance with the following guidelines:

(a) ***Uninsured Patients:***

(i) Published rates will be reduced by the percentage defined by the IRS as the amount generally billed using a "look back" retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. This percentage will be updated on an annual basis. The annual calculation methodology and the percentages are located in Appendix A of this policy.

(ii) If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount of the amount generally billed.

(iii) If Family income is verified between 250% and 400% of the Federal Poverty Level Guidelines, the patient will qualify for a 25-75% discount of the amount generally billed.

(iv) A patient may also qualify for Free Bed Funds in accordance with the Hospital's Free Bed Funds criteria.

(vi) Payment plans will be extended for any patient liability identified in a manner consistent with the Hartford HealthCare's Payment Plan Policy, a copy of which is available from the Financial Assistance team as provided below and on the Hartford HealthCare and subsidiary websites.

(vii) Refunds will be issued for any payments of $5.00 or more that exceed the patient's personal liability.

(b) ***Underinsured Patients:***

(i) If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount against the patient's account balance after insurance payments from third-party payors are applied. Underinsured patients will not be billed more than amounts generally billed (AGB) to insured patients.

(ii) If Family Income is verified between 250% and 400% of the Federal Poverty Level Guidelines, the patient will qualify for a 25-75% discount against the patient's account balance after insurance payments from third-party payers are applied.

(iii) A patient also may qualify for Free Bed Funds in accordance with the Hospital's Free Bed Funds criteria.

(v) Payment plans will be extended for any patient liability identified in a manner consistent with HHC's Payment Plan Policy, a copy of which is available from the Financial Assistance team as provided below.

(vi) Refunds will be issued for any payments of $5.00 or more that exceed the patient's personal liability

(c) ***Medically Indigent****:*

A Patient will be required to submit a Financial Assistance Application along with other supporting documentation, such as medical bills, drug and medical device bills and other evidence relating to high-dollar medical liabilities, so that Hartford Health Care can determine whether the patient qualifies for Financial Assistance due to the patient's medical expenses and liabilities. This discount will be considered after other discounts have been applied and the patient is still unable pay for the Health Care Service provided. This discount will be applied as described in Appendix A.

(d) ***Presumptive Eligibility****:* Eligibility for Financial Assistance may be presumed based on the patient's life circumstances. The list below is representative of circumstances under which a patient is deemed to be eligible for a 100% discount without further need to complete a Financial Assistance Application:

1. The patient's receipt of state-funded prescription programs

2. Participation in Women, Infants and Children programs

3. Food stamp eligibility (SNAP)

4. Subsidized school lunch program eligibility

5. Subsidized housing or other public assistance eligibility

6. Patient states that he/she is homeless and additional due diligence on such status performed and documented

7. Patient is identified to have an income of 250% of the Federal Poverty Level or less, as verified by electronic industry standard software

II. Method for Applying for Financial Assistance. Copies of the Financial Assistance Application and instructions are available online at [www.HarfordHealthCare.org, or on each hospital facility's website], by requesting a copy in person at any of the HHC hospitals' patient admission or registration areas as identified in Appendix B, or by requesting a free copy by mail by contacting the HHC hospitals' Patient Access Services department. Additional contact information is provided in Appendix B of this policy. In addition, patients may ask any nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process.

To apply for Financial Assistance, a patient must complete HHC's Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income described below.

Patients may submit an application up to 240 days from the date on which HHC issues its first, post-discharge billing statement. If an individual has not submitted an application within the first 120 days from the date on which HHC issues its first, post-discharge billing statement, then HHC may begin engaging in the collection actions described below.

Before HHC initiates any collection actions, it will issue a written notice to the last known address of record for the patient (or his/her family) that describes the specific collection activities it intends to initiate (or resume), provides a deadline after which such action(s) will be initiated (or resumed), and includes a plain-language summary of this Policy. HHC may initiate collection activities no sooner than 30 days from the date on which it transmits this written initiation notice, either by mail or electronic mail.

If HHC receives an incomplete application form, it will provide the patient (or his or her legal representative) with a list of the missing information or documentation and give the patient 30 days to provide the missing information. Extraordinary collection activities (ECA's) will be suspended during this 30 day period. If the patient does not provide the missing information within this period, HHC may commence collection actions including ECA's (assuming it has provided the written notice described above).

If HHC receives a completed application form, it will make and document eligibility determinations in a timely manner. If an application is deemed complete HHC will provide to the patient or his or her legal representative, a written determination of financial eligibility within fifteen (15) business days. Decisions by HHC that the patient does not qualify for Financial Assistance may be appealed by the patient, or his or her legal representative, within fourteen (14) calendar days of the date of the written determination.

If the patient or his or her legal representative appeals the determination, the Director of Patient Access (or designee) will review the determination along with any new information and make a final decision within fifteen (15) business days. During this review and decision making period, Hartford Healthcare will suspend any ECA's. If financial assistance is not approved, Hartford Healthcare will resume its collection activities after the 14 calendar days afforded for appeal.

Signage and written information regarding how to apply for Financial Assistance will be available in the Hospital emergency service departments and patient registration areas.

Once a patient or his or her legal representative requests information about Financial Assistance, a financial counselor will provide the patient or his or her legal representative with the Financial Assistance Application along with a list of the required documents that must be provided to process the application.

Approved Financial Assistance Applications will be valid for six months from the date HHC's makes its eligibility determination.

Patients may apply for Financial Assistance at any time during the collection cycle process or within 240 days from the date of the first Self Pay notice.

III. Calculating Amounts Charged to Patients

Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed to individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable).

IV. Relationship to Hartford HealthCare's Collection Practices.

In the event a patient fails to qualify for Financial Assistance or fails to timely pay his or her portion of discounted charges pursuant to this Policy, HHC reserves the right to institute and pursue Extraordinary Collection Actions (ECA) and remedies such as imposing wage garnishments or filing liens on primary or secondary residences, bank or investment accounts, or other assets, instituting and prosecuting legal actions and reporting the matter to one or more credit rating agencies. For those patients who qualify for Financial Assistance and who, in HHC's sole determination, are cooperating in good faith to resolve the outstanding accounts, HHC may offer extended payment plans to eligible patients. For patients who meet the terms of the payment plan HHC will not impose wage garnishments or liens on primary residences, and will not send unpaid bills that are part of the payment plan to outside collection agencies.

No ECA will be initiated during the first 120 days following the first post-discharge billing statement to a valid address or during the time that the patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event.

If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

V. Publication and Education. HHC will provide information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas; (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications; (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room (if any) and admissions areas; (iii) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HHC's home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (v) include the tag line "Please ask about our Financial Assistance Policy" in HHC written publications.

VI. Covered/Non-Covered Provider List. Attached as Appendix C to this Policy is a list of providers independent of HHC that deliver emergency or other medically necessary care in HHC's facility and identifies whether the care they provide is (or is not) covered by this Policy. The Board of Directors of HHC delegates the authority to update Appendix C as needed to the Executive Vice President and Chief Financial Officer.

VII. Relation to Free Bed Funds. If a patient applies for Financial Assistance, the Hospital will determine his or her eligibility for Financial Assistance and or Free Bed Funds.

VIII. Regulatory Compliance. The Hospital will comply with all state and federal laws, rules and regulations applicable to the conduct described in this Policy.

APPENDIX A

Federal Poverty Guidelines Effective January 2015

		250%** FPG	275%** FPG	300%** FPG	325%** FPG	400%** FPG
Size of Family	Poverty Guideline	100% Awarded	75% Awarded	50% Awarded	25% Awarded	25% Awarded
1	$11,770	$29,425	$32,368	$35,310	$38,253	$47,080
2	$15,930	$39,825	$43,808	$47,790	$51,773	$63,720
3	$20,090	$50,225	$55,248	$60,270	$65,293	$80,360
4	$24,250	$60,625	$66,688	$72,750	$78,813	$97,000
5	$28,410	$71,025	$78,128	$85,230	$92,333	$113,640
6	$32,570	$81,425	$89,568	$97,710	$105,853	$130,280
7	$36,730	$91,825	$101,008	$110,190	$119,373	$146,920
8	$40,890	$102,225	$112,448	$122,670	$132,893	$163,560

*In no case will the Patient's Balance Due after Discount is applied be more than 10% of annual gross family income

For families with more than 8 members, add $4,160 (multiplying factor) for each additional member

Medically Indigent/Catastrophic Financial Assistance*

Medically Indigent/Catastrophic Eligibility:	
Balance Due	Discount
Balance due is ≥ **100%** of patient's annual gross family	90% of balance due
Balance due is ≥ **90%** of patient's annual gross family	85% of balance due
Balance due is ≥ **80%** of patient's annual gross family	80% of balance due
Balance due is ≥ **70%** of patient's annual gross family	75% of balance due
Balance due is ≥ **60%** of patient's annual gross family	70% of balance due
Balance due is ≥ **50%** of patient's annual gross family	65% of balance due

*In no case will the Patient's Balance Due after Discount is applied be more than 10% of annual gross family income

Average Generally Billed* (AGB's) by Facility/Group

Facility/Physician Group	Average Generally Billed (AGB)	Uninsured Discount as of 1/1/16
Backus Hospital	41%	59%
Hospital of Central Connecticut	41%	59%
Hartford Hospital	40%	60%
Hartford Healthcare Medical Group	40%	60%
Midstate Medical Center	41%	59%
Windham Hospital	41%	59%
Natchaug	64%	36%
Rushford	66%	34%

*AGB rates calculated using all allowable claims including commercial, Medicare and Medicaid claims using period YTD September 2015. Each facility AGB will be calculated annually and effective on 1/1 of the next year.

APPENDIX B

Contact Information for Financial Assistance

Hartford HealthCare
Customer Service
1-877-HHC-Bill
hartfordhealthcare.org

Hartford Hospital
Financial Assistance Clearance Team
Main Admitting Department
80 Seymour Street
Hartford, CT 06102
1-877-545-3914
hartfordhospital.org

The Hospital of Central Connecticut
Financial Counselors
Main Admitting Department
100 Grand Street
New Britain, CT 06050
860-224-5181
thocc.org

MidState Medical Center
Financial Counselors
Main Admitting Department

435 Lewis Avenue
Meriden, CT 06451
203-694-8213
midstatemedical.org

or

455 Lewis Avenue
Meriden, CT 06451
203-694-8456
midstatemedical.org

William W. Backus Hospital
Financial Counselors
Financial Counseling Unit
326 Washington Street
Norwich, CT 06030
860-889-8331 x 2917
backushospital.org

Windham Memorial Hospital
Financial Counselors

Main Admitting Department
112 Mansfield Avenue
Willimantic, CT 06226
860.456.6706 or 860.456.6109
windhamhospital.org

Natchaug Hospital
189 Storrs Road
Mansfield, CT 06250
1-800-426-7792
nathaug.org

Rushford
1250 Silver Street
Middletown, CT 06457
1-877-577-3233
rushford.org

APPENDIX C

List of Providers Independent of HHC Which Are Covered/Not Covered by the HHC Financial Assistance Policy

With respect to the provision of emergency and medically necessary care in HHC's facility, care provided by the following independent providers is covered by this Policy:

1. Hartford Medical Group (HHCMG)

2. Employed Physicians of Hartford Healthcare including all hospitalists and ED providers at Harford Hospital, The Hospital of Central Connecticut and William W. Backus Hospital.

With respect to the provision of emergency and medically necessary care in HHC's facility, care provided by the following independent providers is not covered by this Policy:

1. Services provided by Hartford Healthcare affiliates other than those listed in Appendix B are not covered by this policy.

2. Providers providing the following services are excluded from this policy: Radiology, Pathology, Anesthesia and ED providers at Midstate Medical Center and Windham Memorial Hospital.

3. If you have questions regarding the status of your provider, please call your hospital contact listed in Appendix B.

Appendix D: Hartford Healthcare Facilities covered by this policy

Backus Hospital

Hospital of Central Connecticut

Hartford Hospital

MidState Medical Center

Natchaug Hospital

Rushford

Windham Hospital

Federal Poverty Guidelines

Size of Family	Poverty Guideline	**250% FPG**** 100% awared	**275% FPG**** 75% awarded	**300% FPG**** 50% awarded	**400% FPG**** 25% awarded
1	11,880	29,700	32,670	35,640	47,520
2	16,020	40,050	44,055	48,060	64,080
3	20,160	50,400	55,440	60,480	80,640
4	24,300	60,750	66,825	72,900	97,200
5	28,440	71,100	78,210	85,320	113,760
6	32,580	81,450	89,595	97,740	130,320
7	36,730	91,825	101,008	110,190	146,920
8	40,890	102,225	112,448	122,670	163,560

For families with more than 8 members, add 4,160.(** x multipling factor) for each additional member.

The Hospital of Central Connecticut
New Britain General Campus
(860) 224-5181

The Hospital of Central Connecticut
Bradley Memorial Campus
(860) 224-5181

FREE BED FUNDS

If you are coping with a personal financial hardship, and are facing significant debts owed to The Hospital of Central Connecticut, "Free Bed Funds" may be available to cover the cost (partially or fully) for inpatient, outpatient and emergency services rendered at the hospital. The following is required:

- Applied for financial assistance programs within the State you reside and been denied eligibility. **Proof of Denial is Required.**
- Have a household income at or below 250% of the Federal Poverty Income Guidelines. **Proof of Income and/or Assets is Required.**

If you meet the above criteria, to obtain a Free Bed application please contact a Patient Financial Representative at (860) 224-5181 and include the following required documentation when returning the application (parents or guardians may complete, if the patient is a minor):

- A photo I.D. such as a valid CT driver's license, passport or immigration identification card (Green Card)
- A letter of denial from the State of Connecticut Department of Social Services for medical assistance or similar program if not a resident of Connecticut
- Proof of income and/or assets

You are entitled to reapply for Free Bed Funds if previously rejected.

FREE BED FUNDS

Jeśli borykasz się z prywatnymi trudnościami finansowymi i masz duże zadłużenie wobec szpitala Central Connecticut, koszty usług hospitalizacji, ambulatoryjnych oraz ratunkowych świadczonych przez szpital mogą zostać pokryte (całkowicie lub częściowo) z funduszu Free Bed Funds. Warunki są następujące:

- Złożenie wniosku o pomoc finansową w stanie zamieszkania i odmowa jej przyznania. **Wymagane jest świadectwo odmowy.**
- Całkowity dochód gospodarstwa domowego na poziomie 250% federalnego minimum ubóstwa lub poniżej. **Wymagane jest świadectwo dochodów i/lub majątku.**

Jeśli spełniasz te kryteria, zadzwoń do działu relacji finansowych z pacjentami pod numer (860) 224-5181, aby otrzymać wniosek o dofinansowanie z funduszu Free Bed Fund i dołącz następujące dokumenty do wypełnionego wniosku (jeśli pacjent jest niepełnoletni, mogą go za niego wypełnić rodzice lub opiekunowie):

- dowód tożsamości ze zdjęciem, jak np. prawo jazdy wydane w stanie Connecticut, paszport lub karta stałego pobytu (zielona karta);
- pisemną odmowę pokrycia kosztów leczenia przez Wydział Opieki Społecznej stanu Connecticut lub pisemną odmowę przyznania innej pomocy finansowej w przypadku zamieszkania poza stanem Connecticut;
- świadectwo dochodów i/lub majątku.

Możliwe jest ponowne składanie wniosku o dofinansowanie z funduszu Free Bed Funds w przypadku jego wcześniejszego odrzucenia.

FONDOS PARA CAMAS GRATUITAS

Si usted se encuentra enfrentando una dificultad financiera, y tiene grandes deudas con The Hospital of Central Connecticut, los "Fondos para camas gratuitas" pueden estar disponibles para cubrir (parcial o totalmente) el costo para servicios de internación, ambulatorios y de emergencia brindados en el hospital. Los siguientes requisitos son obligatorios:

- Haber solicitado programas de asistencia financiera del estado en el que reside y que estos hayan sido rechazados. **Se exige prueba del rechazo.**
- Contar con un ingreso familiar del 250% o menor del Parámetro Federal de Pobreza. **Se exigen pruebas de ingresos y bienes.**

Si cumple con los criterios mencionados, contáctese con un Representante Financiero para Pacientes para obtener una solicitud para camas gratuitas al (860) 224-5181 e incluya la siguiente documentación exigida cuando devuelva la solicitud (padres o tutores pueden completarla, si el paciente es menor de edad):

- Una identificación con foto, como una licencia de conducir vigente de CT, pasaporte o cédula de identificación inmigratoria (Tarjeta de Residencia);
- Una carta de rechazo del Departamento de Servicios Sociales del Estado de Connecticut para brindarle asistencia médica o de un programa similar si no es residente de Connecticut;
- Prueba de ingresos y bienes

Tiene derecho a solicitar nuevamente los Fondos para camas gratuitas si su solicitud ha sido rechazada previamente.

Revised 01/01/08, 01/24/2008

Patient Payment Arrangements

Policy Criteria defining Patient Payment Arrangements for patient's accounts.

Impact (s) Patient Account Receivables

Item	Policy
1	**Patient Payment Guidelines:** The guidelines below define the amount and term that NBGH and BMH can accept as a payment plan from the patient. The balance range is for all accounts owed by the patient not at a collection agency. Balance Range: — Term: $10.00-$249.99 — No Arrangements $250.00-$500.00 — 6 Months $500.01-$2400.00 — 12 Months $2400.01< — 12 – 24 Months w/ Mgmt. Approval
2	**Canceling a Patient Payment Plan:** If the patient misses an installment of their payment plan and can not make the payment up in the next month's statement, the payment plan will be cancelled and the patient is responsible for payment in full to avoid turnover to a collection agency.
3	**Patient Unable to make Payment Plan per Policy:** When patient/guarantor contacts the customer service department and informs them of being unable to make payment on their accounts per policy guidelines, we are responsible to inform the patient of potential state and hospital assistance available to cover the cost (partially or fully) for Inpatient, Outpatient and Emergency Services rendered at the hospital. (Refer to Free Bed Policy or Summary for detail requirements)

Hartford Health Care Corporation and Connecticut Children's Medical Center	4.4 Patient Credit and Collection Policy & Procedures		
Patient Financial Services	Section 4: Departmental Policies		1
Approved by: **Niobis Queiro, Vice President Revenue Cycle**	Date Issued: 11/24/03	Last Reviewed/Revised Date: 01/20/12	

Purpose: The primary responsibility of Hartford Health Care Corporation and Connecticut Children's Medical Center is to provide the highest quality of medical care to its patients at the lowest cost. In order to meet these requirements, an efficient and equitable system must be established that will maximize the collection of patient accounts receivable balances in order to provide the cash flow required to operate our institutions effectively.

Scope: All PFS Admissions, Billing and Collection areas.

Policy: In accordance with the above, the following Credit and Collection Policy is hereby established for The Hartford Health Care Corporation and Connecticut Children's Medical Center. Detailed procedures and exceptions to this policy will be included in a Credit and Collection Manual.

The Following are Procedures included in this Policy:

I. Admissions Procedures
II. Billing Procedures
III. Collections Procedures

Definitions: Throughout this policy, reference to Patient Financial Services will constitute reference to collection processes for Hartford Health Care Corporation and Connecticut Children's Medical Center.

In this credit policy, the term "Patient" refers to the party responsible for the payment of the hospital bill. Further, the expression, "patient portion" is to include all non-covered Third-Party charges, such as deductibles, co-insurance, outpatient pharmacy charges, etc.

Patient classifications are defined as follows:

A. Inpatient: Patients requiring inpatient services as deemed necessary by a physician.
B. Emergency Patient: Patient treated in the emergency department for a condition that requires immediate attention.
C. Private Referred: A Patient referred to one or more of the hospital's ancillary service areas by either the hospital's medical staff or other private physician.
D. Clinic Patient: A patient who is registered in one of the hospital's outpatient areas and is treated in one or more of the specialty clinics.

Sources of Payment	Procedure
A. Patient	The primary responsibility for settlement of the account will rest with the patient. All patients, capable of doing so, will be required to sign an assignment and authorization form for guarantee of payment prior to admission or receipt of outpatient/ancillary services. The patient cannot alter the consent form in any way. In any controversy, default, or misrepresentation the hospital will contact the patient for payment of the bill.
B. Third-Party Coverage	It is the patient's responsibility to provide accurate information regarding health insurance, demographics and applicable financial resources to determine whether the patient is eligible for coverage through an existing private insurance or available public assistance program. Patient Financial Services will extend credit on Third-Party benefits assigned to the hospital upon proper validation of coverage. Hartford Healthcare System and Connecticut Children's Medical Center have contractual agreements with private insurance companies. For insurance companies that contract exist, patient is only liable to pay for non-covered services and out of pocket expenses (e.g. co-insurance and deductible). Patient Financial Services will cooperate with all Third-Party payers to the fullest extent in order to facilitate the collection of patient bills.

C. Patient Balance (Self-Pay accounts and/or residual balances after Third-Party payments)	Acceptable forms of payment are: 1. Cash or money orders. 2. Personal or travelers checks with proof of identity. 3. Credit cards – MasterCard, Visa, American Express and Discover Card. *Patient's are given the opportunity to pay their respective bill (s) at the time of service, by mail, by telephone or online at www.harthosp.org/paybill.
D. Payment of Uninsured Hospital Charges	Patient Financial Services will require or request payment for the difference between the estimated patient bill and the total available Third-Party coverage. For any non-emergency services, the hospital will make every reasonable attempt to obtain payment from the patient for the patient portion of the bill, after estimated coverage. All past due accounts would also be required to be paid prior to the current non-emergent admission. The following procedures will require payment in full prior to services being rendered. • Pregnancy Termination • Paternity Testing • Dentures • Cosmetic Surgery
E. Financial Assistance *Does not apply to CONNECTICUT CHILDREN'S MEDICAL CENTER.	Hartford Health Care Corporation recognizes its responsibility to those patients unable to pay for services rendered. 1. Various Hospital Free Bed Funds are available to meet this recognized need. They may be granted as a last resort after all other available Third-Party resources have been exhausted. Patients are required to apply for Title XIX prior to consideration for Free Bed Funds. 2. Financial Assistance (FA) is also available to patients on an as needed basis. A notice of FA availability is included in the Patient Statement. Patients must submit all necessary information and must meet the criteria as outlined in the FA Policy and Procedure. Exceptions may be made with the approval of Systems Director, PFS.

	3. Self-Pay Discounts-see **III Collection Procedures (page 5)** 4. Management approval of these funds are required as follows: • Under $10,000 – Self Pay Supervisor • $10,000 to $49,999– Self Pay Manager • $50,000 to $150,000– System Director PFS • Over $150,000 – Vice President Revenue Cycle • Approval/denial letters are mailed to patients upon a decision is made following the review of the submitted information.
F. Patient Inquires	Patient inquiries related to the Credit and Collection Policies must be directed to the Self Pay Manager or System Director PFS

PROCEDURES:

I. Admissions Procedures:

Admission Type	Procedure
A. Pre-Admissions	Facilities will Pre-Admit patients whenever possible. The payment sources chosen for settlement of a patient's account will be verified prior to admission (i.e., verifying coverage thru available on-line products, confirmation directly with the payer, employer, or validation (photocopy) of appropriate insurance data). In addition, the provisions of Section III-D above must be satisfied. *
B. Elective Admissions	Elective admission referrals must be received in the Pre-Admitting office at least one day after booking the reservation in the Admitting Office or by Service Access. All elective admissions are subject to the payment of uninsured Hospital charges as established in Section III-D above.*

C. Emergency Admission	Facilities will admit all emergency cases irrespective of the financial condition of the patient. The admitting physician must certify as to the emergency status when requesting the admission.*

***All Inpatients and Outpatients/Emergency Department patients presenting as Self-Pay are assigned to our on-site Medicaid vendor, Cardon to complete an application for both Medicaid and Financial Assistance. Accounts determined as Medicaid eligible are billed accordingly. If rejected, the appropriate Financial Assistance discount is applied and/or the account is assigned to Self-Pay.**

II. Billing Procedures:

All patient/guarantors will receive a series of statements when there is no Third-Party coverage.

A. Patients that have Third Party Coverage, Medicare and Medicaid will not receive a patient statement until payment or rejection has been received from the insurance carrier(s) on the account.

B. Once self-pay status is determined, financial counselors are available to assist with Title XIX applications.

C. Bills are produced or available for production five days after discharge. The billing process will begin as soon as the bills are available. Detail bills are available upon request.

D. Accounts pending coverage determination will be treated as if no coverage is available and as a self-pay account.

E. Patient statements are generated per the following cycle:
   1) Initial Statement
   2) Second Statement
   3) Third Statement
   4) Payment plans are billed on a monthly basis. If a patient misses 2 payments they will be charged a $15.00 service fee.

III. Collection Procedures:

Self Pay patients are evaluated for Medicaid eligibility, Financial Assistance, free bed funds and other programs available to the uninsured patient population. Patients who do not qualify for any programs will be registered as a self pay patient.

Patient's that have no insurance coverage AND do not qualify for Financial Assistance may be entitled to a self pay discount based upon the policy of the covered Entity.

Hartford Healthcare System offers a self pay discount to uninsured patients that receive medically necessary services. The self pay discount is set annually by Finance. The self pay discount is applied at the time the account qualifies to bill.

Connecticut Children's Medical Center does not offer a self pay discount to their patients.

In the event the patient cannot obtain necessary funding and/or use a credit card, payment arrangements can be established for the patient. All Payment Plans are established through our outsource vendor. Patients should be put in contact with Via Health at 800-xxx-xxxx.

Via Health will review all outstanding balances the patient has and establish a payment plan encompassing all open balances for the patient.

Payment plans are established as follows:

1) **Standard monthly payment of 4% of the starting balance**
2) **Absolute minimum monthly payment (based on need) of 2% of the starting balance**
3) **No plan is to be set up with a minimum monthly payment of $25 or less**

Patient statements are system generated according to the schedules outlined in Section II A ,B and C. Accounts will be transferred to the appropriate financial class whenever payments or rejections are received from Third-Party Payers.

It is Hartford Healthcare policy that no patient account will be transferred to an outside collection vendor as Bad-Debt without first being screened through Search America for determination of Full, Partial or Denied Financial Assistance

A. **<u>Self Pay-Financial Class P , Q and R– A/R & Daily Outpatient Accounts</u>**
All self pay accounts, financial classes P, Q, and R are placed with VIA Health who will pursue self pay collections and manage all self pay accounts assigned for a period of 120 days.
In the event of returned mail the Self Pay Team will search for current address, review for potential financial assistance or refer for bad debt collections,
Upon return from VIA Health (at 120 days), accounts will be transferred to the respective primary bad debt agencies. Using a straight alpha split, accounts are assigned as follows:

A-L EOS CCA

M-Z RCS (Revenue Cycle Solutions, Inc.)

Primary agencies will pursue collections and manage all accounts assigned for a period of 180 days. All accounts returned are then placed with the secondary agency, MAF Collection Services.

B. Medicaid

During the Pre-Admission and/or hospitalization, our onsite vendor Cardon will explain the Medicaid application procedure, aid the patient in completing the application and provide assistance to the patient in obtaining eligibility.

VI. General Policies:

A. General policies have been established to control the activities in the collection cycle.

B. A timely filing period of 10 months from the last date of activity on the account (insurance denial/collection effort) will be followed for the billing to Patients.

- Once this limit is met, the patient balance will be written-off to service code 906347 "Special Purpose, Not RR". Or 906289 "special Purpose, Old RR"
- Any exceptions to this policy must be approved by the Hospital's CFO.

C. Patient Accounts will not Balance bill the parent of a baby born within our facilities who expires within the first 24 hours after delivery.

- The Insurance is to be billed.
- Co-Pay's and/or Deductible's will be written off to Charity Care by the Self Pay Team and deemed a "Hardship" presumptive eligibility situation for purposes of the Hospital's Charity Program.

D. Patient Account Management and the Vice Presidents of Finance will review monthly write offs. The purpose of this review will be to identify the sources of bad debts and administrative write offs to propose solutions.

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