

Unique Identifier: HWP12027	DAY KIMBALL HEALTHCARE Hospital-Wide Policy Manual Section – Leadership Page 1 of 6
TITLE: Financial Assistance Policy	RESPONSIBLE PARTY (IES): Vice President of Finance and CFO
FORMERLY KNOWN AS: Charity Free Care, Charity Care/Financial Assistance	
EFFECTIVE: 1/99	REVISED: 2/02, 1/03, 11/1/04, 2/1/05, 5/2/05, 10/16/06, 3/21/07, 3/1/08, 5/1/10, 4/11, 09/16, 02/17, 2/18, 9/29/20, 10/1/24
REVIEWED: 4/11, 4/14, 2/17	
REGULATORY STANDARD:	

I. GENERAL STATEMENT OF PURPOSE:

It is the philosophy and policy of Day Kimball Hospital that emergency and medically necessary health care services should be available to all individuals regardless of their ability to pay. The policy has been written in accordance with Section 9007 of the Patient Protection and Affordable Care Act (Act), signed into law on March 23, 2010, which adds new sections 501(r) and 4959 to the Internal Revenue Code. Section 501(r) includes a series of specific requirements for hospitals to receive and maintain Section 501(c)(3) (“tax exempt”) status.

II. POLICY STATEMENT:

Day Kimball Hospital’s Patient Accounts Department will maintain procedures to assist both uninsured and underinsured patients with meeting their financial obligations to the hospital.

III. POLICY:

Discounted Balances using Amounts Generally Billed Calculation

It is the policy of Day Kimball Hospital to utilize the Amounts Generally Billed (AGB) calculation in determining financial liability for those patients who qualify for financial assistance. AGB is calculated as the percentage of the Medicare allowable amount for emergency and medically necessary services divided by the total associated Medicare charges using the “look back” method for the most previously filed Medicare cost report year.

A. Uninsured/Underinsured Patients

All Day Kimball Hospital patients who are determined to have no active insurance for a given date of service will have their associated charges adjusted to the hospital’s most recently calculated AGB as described above.

1. Financial Assistance Eligibility for the Uninsured/Underinsured:

Uninsured patients who show proof of denial from the State of Connecticut Department of Social Services (DSS) office may qualify for financial assistance if they meet all the following criteria:

- a. Qualifying Annual Income Levels:
 - i. 0 – 100% of Federal Poverty Level 100% discount
 - ii. 101% - 200% of Federal Poverty Level 100% discount
 - iii. 201% - 400% of Federal Poverty Level 75% discount

B. Processing Guidelines:

1. Patients have 240 days from the date of their first post-discharge bill to apply for financial assistance.
2. All self-employed applications must submit the entire tax return including all schedules as well as the most recent Profit and Loss statement.
3. Notification of financial assistance application determinations will be mailed to the patient/guarantor within 30 days of receipt of a completed application.

C. Notification to Patients

1. Signage indicating the availability of financial assistance is posted in English and Spanish in Patient Accounts, Patient Access, the Lab, Physician Practices and Satellite locations. Financial Assistance policy documents are also widely available on the hospital's public website.
2. A series of monthly statements will be sent to patients with a balance following discharge. Each statement will remind the patient of the availability of assistance through the hospital's financial assistance program if the eligibility criteria are met. At least 30 days prior to referral for any extraordinary collection activity (ECA), a final statement and a copy of the Financial Assistance Policy Plain Language Summary will be mailed to the patient/guarantor. For further information about the ECA process, please refer to the Credit and Collection Activity Policy HWP 12048.

D. Family Definition/Gross Family Income

1. For the purpose of determining gross family income and qualifying accounts for financial assistance, the following rules apply:
 - a. Family members are only immediate family members when they are the applicant, spouse, children under the age of 18 or students to the age of 26, and stepchildren under the age of 18 or students to the age of 26. Other dependents claimed on the federal income tax return may be considered.
 - b. Unmarried couples do not qualify as a family unless tax returns are filed as married. Only the applicant's income will be looked at for qualification for funds and only the applicant's accounts will be awarded financial assistance if qualified.

E. Eligibility Determinations

The provision of health care should never be delayed pending an assistance eligibility determination.

1. Patients must be a Connecticut resident in order to qualify. Non-Connecticut residents will only be eligible for financial assistance if their services at Day Kimball Hospital were provided via the emergency room or through an emergency admission. The Connecticut residency requirement is waived for behavioral health patients or for students boarding at area private schools whose permanent residence is out of state.
2. Day Kimball Hospital will make every attempt to conduct all eligibility determinations within 30 days of receiving a completed financial assistance application.
3. Patients must submit all required pieces of documentation within 30 days of application submission to be considered complete. A letter of the hospital's intent to deny and close an application due to missing information will be mailed to the applicant at day 31. Application to the DKH Financial Assistance Program can be submitted up to 240 days from the date of the first post-discharge bill and will be in effect for six months forward from the last date of service listed on the application at the time of approval.
4. Acceptable verification of income includes the following:
 - a. Most recent federal tax return including all schedules when applicable along with at least one of the following:
 - Last 3 months payroll check stubs.
 - Most recent P&L statement if self employed.
 - Schedule C from tax return if self employed.
 - Schedule E from tax return for other real estate or rental income.
 - Written verification from employer (Or pay stubs) verifying income for the last 3 months.
 - Copies of any pension, alimony, or other sources of income.
 - Copies of social security earnings.
 - b. Any other information felt to be pertinent. If bank accounts exist, requires the most recent bank statement for each account.

5. As financial assistance is a program of last resort, an application will not be considered until the applicant has been screened for other insurance or assistance programs, and it has been validated that all other sources of payment have been exhausted.
6. Patients/guarantors shall cooperate in supplying all third-party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
7. While the application is being processed, it will be requested that patients who may be Medicaid-eligible apply for Medicaid. To receive assistance, the patient must apply for Medicaid and be denied for any reason other than the following:
 - Did not apply;
 - Did not follow through with the application process;
 - Did not provide requested verifications.
8. Applications will remain in effect for up to six months from date approved. Day Kimball may request updated financial information at any time during the eligibility period and adjust assistance accordingly.
9. Day Kimball Hospital reserves the right to change its benefit determination if financial circumstances have changed. The patient or guarantor will be notified in writing when this occurs (within 7 business days from date of change).
10. Falsification of application will result in the prospective or retrospective denial of financial assistance benefits.

F. Presumptive Eligibility

1. Patients are presumed to be eligible for financial assistance based on individual life circumstances including but not limited to:
 - Patient's income is below 200% Federal Poverty Guidelines and considered self pay,
 - Patient is deceased with no known estate and below 200% Federal Poverty Guidelines;
 - State-funded prescription programs;
 - Homeless or received care from a homeless clinic;
 - Participation in Women, Infants and Children Programs (WIC);
 - Food stamp eligibility;
 - Subsidized school lunch program eligibility;
 - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);

- Patients that are referred through a National Association of Free Clinics;
 - Medicaid Eligible Patients, when the following criteria apply:
 - i. Medicaid eligibility requirements are met after the service is provided;
 - ii. Non-covered charges occur on a Medicaid eligible encounter; and
 - iii. The provider is not credentialed or contracted.
 - Low income/subsidized housing is provided as a valid address; or
 - Other significant barriers are present.
2. Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
 3. Patients determined to have presumptive financial assistance eligibility will not be required to meet income criteria, assets eligibility criteria, or fill out a financial assistance application
 4. May Utilize available resources (e.g. technology solutions, service organizations, etc.) to obtain such information as credit score to assist in determining whether a patient is presumed eligible for financial assistance.

G. Catastrophic

Day Kimball Hospital will consider the total medical expenses faced by an uninsured family and the family's ability to pay for those expenses, and offer greater assistance when possible to those individuals or families facing catastrophic medical expenses. Catastrophic Situations - Patients whose patient responsibility after all eligible discounts is greater than 25% of the gross annual family income, may be eligible for Catastrophic financial assistance and awarded 100% on open balances not currently in bad debt.

H. Appeals

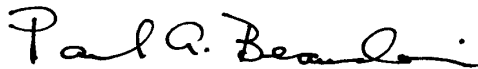
1. Responsible parties may appeal a financial assistance determination by providing additional information, such as insurance verification or an explanation of extenuating circumstances to Patient Accounts within 30 days of receiving notification of a denied application.
2. First Level of Appeal should be made to the Public Benefits department who will review the appeal and the responsible party will be notified of the appeals outcome.

H. Financial Assistance Balance Approval Guidelines

Approvals will be as follows:

- Balances up to \$5001-\$25,000 will be approved by the Senior/Supervisor of Public Benefits
- Balances between \$25,001.00 to \$50,000.00 will be approved by the Manager of Public Benefits.
- Balances between \$50,001.00 or greater will be approved by the Director of Public Benefits.

Approval Signatures:



Vice President of Finance and CFO

08/06/2024

Date