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| **the real logo.jpg** | **Policy Manual: Revenue Cycle****Patient Financial Services****Policy: Financial Assistance and Uninsured Program** |
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**Scope**

Patient Access, Rural Health Clinic(s) and Patient Financial Services

**Purpose**

To provide a financial assistance (charity) program to patients to defray the cost of medically necessary services for those patients who meet the guidelines set forth in this policy.

**Policy**

Roane General Hospital (RGH) recognizes that not all patients meet eligibility requirements for federal and state insurance programs. Additionally, even though the Marketplace may provide insurance, high dollar patient responsibilities may not be affordable to some patients. Therefore, in addition to assisting patients in determining eligibility for federal and state programs, RGH offers Financial Assistance (FA) to eligible individuals.

Guidelines

* Roane General Hospital will accept an application for financial assistance from any person at any time.
	+ Patients may apply, request or obtain assistance completing a Financial Assistance application in any of the following manners.
		- Calling 304-927-6883 to speak to the Financial Counselor
			* Located at Roane General Hospital
			* Patient Access Department
		- Contacting Patient Access Department at 304-927-4444
		- Request by mail:
			* Roane General Hospital

Attn: Financial Counselor

200 Hospital Dr, Spencer, WV 25276

* + - Website (download an application)

<https://www.roanegeneralhospital.com/patient-resources>

* Roane General Hospital will accept Roane County Family Health Care, Inc. “Reduced Fee Card” for uninsured or “Self-Pay” customers.
	+ RCFHC poverty guidelines mirror those of RGH; therefore, eliminating the need to complete a RGH Financial Assistance Application.
* All medically necessary inpatient, outpatient, emergency room and professional services provided by Roane General Hospital “staff” providers are eligible for financial assistance unless specifically noted otherwise within this policy.

Excluded Services

* Certain medical procedures are excluded; examples of exclusions include cosmetic surgery, bariatric surgery, sterilization reversal, and other procedures not deemed medically necessary. Additionally,
	+ Skilled, Intermediate and Swing admissions are not eligible for financial assistance.
	+ Permanent Spinal Cord Stimulators are not eligible for FA. All patients scheduled to receive a spinal cord stimulator implant will be contacted by the financial counselor prior to the procedure, and a down payment will be required prior to procedure unless no deductible, coinsurance or copayment is anticipated.
	+ Knee replacement
* A completed application, with signature, must be returned by the patient or guarantor. Any person found to be providing fraudulent information will have the application denied.
* RGH will require qualifying patients to apply for Medicaid and submit a denial letter except for patients receiving Medicare and those whom do not live in the state of West Virginia.
* FA is based on income levels and liquid assets at the time of the initial application. Proof of financial status and liquid assets are required before a patient can be qualified for financial assistance.
	+ If the patient is older than eighteen years old
	+ If the patient is married or there are two parents in the household, documents showing both incomes must be provided.
* Certain financial situations do not require a FA application.
* RGH reserves the right to determine the maximum amount of FA benefits granted in a given fiscal year.

Procedure

* When a patient has brought sufficient documentation to prove financial status and liquid assets, financial counseling will determine their eligibility.

Eligibility

* The FA Income Guidelines Table (adjusted annually) should be utilized to coincide with the Federal Poverty Guidelines for the current year available as issued by the Department of Health and Human Services and will be raised as follows:
* Patients with Gross Annual Family Income **less than or equal to 138%** of the current HHS Poverty guidelines.
* These patients should qualify for Medicaid. However, if the patient refuses to apply for Medicaid, the patient **should not qualify for FA** and should be handled as a self-pay patient. Exceptions may apply and the RGH reserves that right to determine if exceptions will be granted.
* Patients with Gross Annual Family Income of **139% to 300%** of Current Poverty Guidelines:
	+ **100% Financial Assistance if income is < or = 200%**
	+ **50% Financial Assistance if income is 201% to 300%**
		- These patients should qualify for the Marketplace and will be encouraged to enroll during open enrollment. However, if the patient refuses to obtain coverage via the Marketplace or open enrollment is closed, the patient will qualify for 50% FA and the balance should be continue to be handled as a self-pay.

*Exceptions may apply and RGH reserves that right to determine if exceptions will be granted.*

*NOTE: Patients with coverage in the Marketplace may be approved for FA as “underinsured” patients for coverage of patient liabilities after insurance.*

*NOTE: If the patient’s assets exceed the hospital’s balance due, FA may be denied.*

Application Processing

* A financial assistance application may be completed at time of service or any time during the collection process until the account is transferred to bad debt.
* In cases where the financial information is incomplete, the patient will be assigned a private pay financial class until all supporting financial documentation is submitted.

Approval Periods

* Once signed, completed and approved the application for financial assistance may be retroactively approved for all active Accounts Receivable accounts that are in good standing and will also be effective twelve (12) months after the approval date.
	+ It is expected that if a patient who receives Financial Assistance under the Policy subsequently has a substantial change in circumstances (such as changing from uninsured to insured status), the patient will notify the Roane General Hospital Financial Assistance Department at (304) 927-6883 so that this may be taken into account in the future. Such positive changes in circumstances will not be applied to reduce any Financial Assistance already given. In addition, it is not desired that a patient report minor changes in circumstances, but only if it is obvious that the change would be likely to make a major difference in the Financial Assistance determination.

Required Documentation

* The documentation required to verify the family household’s gross annual income should be for the past two-month period. All applicable documentation must be attached to the application and filed into the patient’s financial record.
* Pay stubs for the most current two-month period
* W-2 withholding forms or Federal Income Tax Return
* Social Security Administration Letter, Pension, Disability, Worker’s Compensation, Unemployment Checks, Alimony and/or Child Support Payments
* Written verification from Department of Human Services or any other governmental agency that can attest to the patient/responsible party’s income status for the prior 12 months
* Statement verifying application for unemployment benefits
* Proof of household expenses, if requested
* Copies of liquid assets, including bank accounts, CD’s, investments (stocks, mutual funds, etc.) annuities and/or trust funds.

### *Required documentation may be waived as outlined in section “Uninsured Discounts”*

Levels of Approval

* FA write-off approval levels are as follows:
	+ - Patient Balances < $ 1,500 Financial Counselor
		- Patient Balances < $ 3,000 Executive Director

Revenue Cycle

* + - Patient Balances > $ 3,001 + CFO
* An approval determination will be made as soon as possible after a completed application and all supporting documentation has been received and reviewed.
* Patients and / or responsible parties will be notified, within thirty (30) days, in the form of a written letter the determination of the application regardless of approval or denial status.
* Patients who do not meet the requirements for Financial Assistance will continue in the Self-Pay collection stream to include:
	+ Referral to an Early Out Agency
		- Payment arrangements will be established
			* Reminders from the EOA
	+ Statements from the RGH Billing System (Meditech Expanse)
	+ If no official payment arrangement is established the account will be referred to our full debt agency for processing after 120 days.
		- The full debt agency will continue to attempt collection for an additional 120 days.
		- No extra-ordinary collection actions will be taken.

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### Uninsured Discounts

If the FA determination is a denial, a discount from charges may be given. All uninsured discounts will be taken at time of billing.

* Catastrophic Events, Deceased Patient and Bankruptcies
* FA will be considered for hardship cases that involve, but are not limited to:
	+ Extraordinary medical bills, expenses etc. – Such cases must be approved by the VP of Finance
	+ Deceased patients with no means of payment
	+ Notices of bankruptcy

Following approval of Financial Assistance, an eligible individual may not be charged more than amounts generally billed for emergency or other medically necessary care.

Roane General Hospital does not use extra-ordinary collection actions.

Related documents include:

* + Financial Assistance Application
	+ Financial Assistance Approval Letter
	+ Financial Assistance Denial Letter
	+ Financial Assistance Income Guidelines Table
	+ Financial Assistance Plain Language Summary

Services Provided Outside of Roane General Facilities. The FA policy applies only to services provided at Roane General facilities, by Roane General providers. Even upon referral from a Roane General provider, all other services are ineligible for FA. Services provided at “**Non-Roane General”** medical offices, urgent care facilities and emergency departments, as well as home health, hospice, recuperative care, and custodial care services, are excluded.

Listing of Providers included in the Roane General Hospital Financial Assistance Policy:

**Facilities:**

Roane General Medical Clinic

Roane General Medical Associates

Southern Roane Medical Clinic

Walton Medical Clinic

**Roane General Providers:**

Grant Parkin, DO

Maria Kessell, MD

Hong-King Ng, MD

Richard Bowman, MD

David Adkins, PA

Brandon Cestaric, DO

Paul Clancy, MD

Scott Duffy, MD

Keitina Donahue-Lunsford, DO

Jason Fincham, DO

Jason Gessel, DO

Stephen Groves, MD

Gregory Krivchenia, MD

Christopher Lambert, MD

Niraj Mohan, MD

Melody Stonestreet, CRNA

Michelle Stotts, CRNA

Leann Thomas, NP

Brent Watson, MD

Ginger Sims, NP

Wendy Beall, NP

Kelly Smith, NP

Brandon Rose, MD

Katherine Tigas, MD

Brandon Waskey, NP

Lesley Waskey, NP

Jennifer Cox, NP

Connie Woodyard, CRNA

Daniel Woodyard, CRNA

Listing of Providers **NOT** included in the Roane General Hospital Financial Assistance Policy:

**Physicians:**

Jonathan Zuniga, MD

Anijlee Patel, MD

Kerri Donahue-Wood, MD

Nikola Bicak, DPM

Eric Brannon, DDS

Randall Brannon, DDS

Regina Brannon, DDS

Stephen Cassis, MD

Carroll Christiansen, MD

**Radiological Physician Associates**

**Radiology Physicians:**

William Almasy, MD

Patrick Brown, MD

C. David Burtner, MD

Jason DeBerry, MD

Don DiGiovine, MD

Joseph J. Dorchak, MD – Medical Director

Frederick J. Gabriele, MD

Adam Hackney, MD

Mark A. Hackney, MD

William L. Hirsch Jr., MD

Thomas C. Koay, MD

Evan Kupec, MD

Jon S. LaPlante, MD

John A. Leon, MD

Joseph R. Migaiolo, MD

Richard E. Person, MD

David C. Rosiello, MD

James A. Ross, MD

Cory Smith, MD

Jason W. Stewart, MD

Garrett Stover, MD

W. Parke Thrush, MD

Wesley Tuel, MD