



Policy Title	Financial Assistance Policy (Charity Care)	Policy # 8311.3401
Department	Administration	

I. PURPOSE :

Gritman Medical Center is committed to providing access to health care services to all persons in need regardless of ability to pay. The intent of this policy is to establish a process for use in circumstances in which Financial Assistance, compliant with all federal, state and local laws, shall be offered to those receiving Gritman Medical Center services. The policy addresses:

- Patient Notification of Financial Assistance
- Financial Assistance Eligibility Criteria
- Instructions for Applying for Financial Assistance
- Determination and Patient Notification
- The method of calculating amounts charged to individuals who qualify for assistance under this policy
- Measures to widely publicize the policy

II. POLICY:

This policy applies to all health care services provided to patients who qualify for assistance in accordance with the terms and conditions listed in this policy. A determination of qualification of Financial Assistance will cover services provided on an inpatient and outpatient basis. For these purposes, the policy also covers the rendering of professional services by physicians and other employed or contracted providers. Any other non-employed/contracted physicians or providers of care are not subject to this policy and each patient will be responsible for satisfaction or resolution of any bills issued by such physicians or providers for their professional services.

Health care services will be provided to those in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether such patients may qualify for Financial Assistance under this policy.

Actions that discourage individuals from seeking emergency medical care are not engaged, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.



III. PROCEDURES:

Patient Notification: All reasonable efforts will be made to notify a patient regarding the availability of Financial Assistance under this policy by:

1. Attempting to determine whether a patient has third-party coverage for any part of the health care services provided, including eligibility for the Idaho State Medically Indigent (County Program) or Catastrophic Assistance Plans:
 - a. If a patient does not have or qualify for third-party funding, the financial counselor will explain the Financial Assistance Policy, provide an Application for Financial Assistance, and provide assistance with completing the Application, if desired.
2. Providing the information during the Notification Period about the availability of Financial Assistance on at least three (3) post-discharge billing statements.
3. Informing patients during the Notification Period about the availability of Financial Assistance during oral communications regarding the amount due for the care that occurred.
4. Providing the patient, either directly or through our contracted collection agency with at least one written notice informing the patient about the Extraordinary Collection Actions that we intend to take if the patient does not submit an Application for Financial Assistance or pay the amount due by at least 30 days following the date of the notice.
5. No Extraordinary Collection Actions will be undertaken during the 120 day Notification Period, during which time we will take reasonable efforts to determine whether the patient is eligible for Financial Assistance. After the 120 day Notification Period, an Extraordinary Collection Action will be undertaken only if the patient has received the 30 day written notice described above.

Patient Eligibility Criteria: Financial Assistance will be given for health care services to patients who qualify based on information provided via the Application for Financial Assistance or to patients who have been determined to be Presumptively Eligible. In addition, Financial Assistance may be provided in other circumstances on a case-by-case basis as determined by the Chief Financial Officer or Chief Executive Officer.

The Billing Supervisor will oversee the Financial Assistance application process. The Chief Financial Officer or the Chief Executive Officer will approve any write-offs over \$10,000. Financial Assistance under this policy is a resource of last resort and is provided to patients with a demonstrated inability to pay. If a patient provides information that is inaccurate or misleading, the patient may be deemed ineligible for Financial Assistance and, accordingly, may be expected to pay his/her bill in full.



Patients desiring consideration under the Financial Assistance Policy must apply for Financial Assistance and are required to complete the Application for Financial Assistance to the fullest extent possible disclosing the required financial information.

1. Exceptions:
 - a. If a patient has been previously approved for Financial Assistance under this policy, they shall be deemed eligible for 12 months following the date of service for which the application is submitted. Patients must reapply for Financial Assistance every 12 months, except as otherwise determined.
 - b. If a patient has been determined to be Presumptively Eligible for Financial Assistance under this policy for 12 months.
2. Applications for Financial Assistance can be obtained from the following sources:
 - a. Website:
https://www.netreturns.biz/Client_Files/gritman/CM/System/Financial-Aid-Application.pdf
 - b. By Email request to financialcounselor@gritman.org;
 - c. In person at the Patient Accounting Department or the Emergency Registration Desk at 700 S Main St, Moscow, ID 83843;
 - d. In person at any of our Clinic locations;
 - e. Or by calling our Patient Accounting Department at (208) 883-2223 to have an Application mailed to you free of charge.
3. Patients needing assistance in completing the Application for Financial Assistance should contact the Financial Counselor at:
 - a. (208) 883-2223;
 - b. By email to financialcounselor@gritman.org ;
 - c. Or in person at the Patient Accounting Department at 700 S Main St, Moscow, ID 83843.
4. Patients seeking Financial Assistance under this policy may be required to apply and may request assistance in applying for Medicaid, the Idaho Medically Indigent Program, or other government programs prior to submitting an Application for Financial Assistance.
5. Completed applications for Financial Assistance must be returned during the Eligibility Period in any of the following ways:
 - a. In person to the Patient Accounting Department at 700 S Main St, Moscow, ID 83843;
 - b. By mail to the Patient Accounting Department, PO BOX 8007, Moscow, ID 83843;
 - c. By email to financialcounselor@gritman.org;
 - d. Or by fax to ATTN: Financial Counseling at (208) 883-6580.



Patient Application Process:

1. **Completed Applications:** In the event that a completed Application for Financial Assistance is received during the Eligibility Period, Extraordinary Collection Actions will be suspended. The application must be complete and be accompanied by the supporting documents listed on the Application for Financial Assistance.

2. **Incomplete Applications:** In the event that an incomplete Application for Financial Assistance is received during the Eligibility Period, Extraordinary Collection Actions that may be in effect will be suspended, while the following takes place for no more than 30 days:
 - a. Provide the patient with a written notice that:
 - i. Describes the additional information required to make a determination of eligibility and a plain language summary of this policy;
 - ii. Informs the patient about the Extraordinary Collection Actions that may be initiated or resume if the Application for Financial Assistance is not completed; and
 - iii. Allowed the patient 30 days to respond to the written notice.
 - b. If, after the written notice as provided above, the patient fails to complete the Application for Financial Assistance within 30 days, Extraordinary Collection Actions may be initiated or resumed.

Patient Notification of Determination: The patient shall be notified in writing of the determination within 30 days of receipt of the completed application. The notification will include the following:

1. If approved for Financial Assistance under the provision of this policy:
 - a. Discount gross charges to the AGB as described in the “Method of Charging” section of this policy;
 - i. Financial Assistance discounts will then be applied to the AGB in accordance with the Discount of AGB Charges Schedule described in the “Discounts” section of this policy
 - b. Provide patient with a billing statement that indicates the amount patient owes, if they are not eligible for 100% discount;
 - c. Refund any excess payments made by the individual on eligible accounts, if necessary; and
 - d. Take all reasonably available measures to reverse any Extraordinary Collection Actions that occurred.



2. If not approved for Financial Assistance under the provision of this policy:
 - a. Provide the patient with instructions on how to set up a payment plan and deadline to avoid initiating any Extraordinary Collection Actions;
 - b. Provide the patient with a written notice of the Extraordinary Collection Actions that may be taken or resumed in the event of non-payment of the amount(s) owing; and
 - c. Include instructions for appeal or reconsideration.

Method of Charging: If a patient is determined to qualify for Financial Assistance under this policy, the patient's billed charges will be no more than the same Amounts Generally Billed (AGB) for health care services as patients who have insurance coverage.

The AGB will be determined by using the Internal Revenue Service's prescribed "look back method". The AGB will be applied by multiplying full charges for care provided to an eligible patient by the AGB percentage.

The AGB percentage is calculated annually as follows:

- Sum of all allowed claims (including payment from beneficiaries and insurers) by Medicare fee-for-service, Medicaid, and private payers during a prior 12 month period divided by the sum of gross charges for those claims.
- The AGB percentage for a 12 month period will begin to be applied no later than 120 days following the end of the 12 month measurement period.
- The AGB will be established as of January 1st of each year.

Financial Assistance Discounts:

1. **Federal Poverty Guidelines Discount**
 - a. The Patient's annual household income is compared to the most current published "Annual Update of the HHS Poverty Guidelines" that are in effect. AGB charges for inpatient and outpatient services will be discounted by the following percentages in relation to poverty guidelines:



Financial Assistance Guidelines	
Income Level (of FPL)	Discount
0-200%	100%
201% to 250%	80%
251% to 300%	60%
301% to 350%	40%
351% to 400%	20%

Nothing in this policy shall prevent the offering of reduced or more favorable Financial Assistance based upon the circumstances. All decisions regarding the interpretation and application of Financial Assistance offered under this policy are the sole discretion of Patient Accounting and are subject to review by the Chief Financial Officer to ensure compliance.

Appealing a Financial Assistance Determination: The patient may appeal a denial of eligibility for Financial Assistance by providing additional verification of income or family size to the Billing Supervisor within 30 calendar days of receipt of notification. The Chief Financial Officer will review all appeals for final determination. Written notification of the final determination will be sent to the patient.

Community Notification:

1. This policy, the Application for Financial Assistance form, a plain language summary of the policy, and any notices or publications regarding the policy will be made available on our website: <http://www.gritman.org/billing-assistance.aspx> in English and in any other language spoken by the lesser of 1,000 or 5% of the residents of the community served as determined using the most current data published by the Census Bureau.
2. This Policy, the Application for Financial Assistance form, and Plain Language Summary shall be available upon request, without charge, at the Patient Account Department, Emergency Department, Registration Areas, and by mail.

Providers Providing Care at Gritman Medical Center Covered by this Policy

Our Financial Assistance Policy covers Gritman Medical Center, Kendrick Family Care, Potlatch Family Care, Troy Clinic, Gritman Internal Medicine Clinic, Telepsych Clinic, and Gritman Pain Management.

Any other non-employed/contracted physicians or providers of care are not subject to this policy and each patient will be responsible for satisfaction or resolution of any bills issued by such physicians or providers for their professional services.



IV. DEFINITIONS

Amounts Generally Billed (AGB): The amounts generally billed for health care services provided to patients who have insurance. AGB will be determined annually be using a 12 month measurement period utilizing the look back method.

Eligibility Period: The period during which applications for Financial Assistance are accepted. This period will be from the date of service until 240 days after the patient is provided with the first post-discharge billing statement for the care provided.

Extraordinary Collection Actions: Those actions that may be taken in the event of non-payment following the expiration of the notification period. These may include the reporting of adverse information about the individual to consumer credit reporting agencies or credit bureaus, garnishment of an individual's wages, and/or commencement of a legal civil action against an individual.

Financial Assistance: Either full or partial reduction in charges to patients for health care services, in the case of patients who have qualified for Financial Assistance, Medically Indigent, or Presumptively Eligible as defined in this policy. Financial Assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, deductibles, or both.

Catastrophic Charity Care: A Patient, whose family income is in excess of 400% of the federal poverty guidelines, may qualify for financial assistance when circumstances indicate severe financial hardship or personal loss.

Available assets and extraordinary circumstances will be reviewed to assist with eligibility determination for catastrophic charity care, including but not limited to:

- Catastrophic medical costs
- Sudden loss of income
- Future disability
- Ability to make future partial/full payment.

Notification Period: The period of time during in which every reasonable effort will be made to inform the patient of the availability of financial assistance under this policy prior to initiating extraordinary collection actions. This period shall be from the date of service until 120 days after the patient is provided with the first post-discharge billing statement for the care provided.



Presumptively Eligible: A patient who has not submitted a completed Application for Financial Assistance, but who nonetheless is subject to one or more of the following criteria:

- Homeless
- Deceased with no estate
- Mentally incapacitated with no one to act on his or her behalf
- Medicaid eligible, but not on the date of service or for non-covered services
- Enrolled in one or more governmental programs for low-income individuals having eligibility criteria at or below 400% of the Federal Poverty Guidelines

Financial Counselors or other Patient Accounting Staff will routinely review the foregoing criteria with patients, before asking patients to complete the Application for Financial Assistance. Software programs or automated systems may also be utilized to determine presumptive eligibility. Patients who meet any of the foregoing criteria for presumptive eligibility will be deemed to be eligible for 100% discount, and will not be asked or required to submit an Application for Financial Assistance.