

Stanly Regional Medical Center

Patient Financial Services - Financial Assistance

Policy ID: SRMC*.PFSMAN.7130.000001

Purpose: This policy is intended to set forth guidelines to use in determining if someone meets the criteria to qualify for financial assistance for a reduction of all or part of their hospital bill.

Scope: Patient Financial Services Staff and Patient and Family Services Staff

General: Stanly Regional Medical Center recognizes that some patients lack adequate resources to pay for all or part of the care provided. Because of this, Stanly Regional Medical has developed a financial assistance policy intended to assist those low-income or uninsured/underinsured individuals who do not otherwise have the ability to pay their hospital bill.

The program is based on the following key principles:

1. All patients should be treated equitably and with dignity, respect, and compassion.
2. All patients will receive emergency health care needs without regard to their ability to pay.
3. A hospital's financial assistance policies and collection policies should be consistent with the values and mission of the hospital.
4. Financial assistance policies should be clear and understandable, and should be communicated to the patient clearly.
5. Financial assistance provided by a hospital cannot be a substitute for financial responsibility of patients who are able to pay for all or part of their care.
6. Patients and guarantors have a responsibility to obtain healthcare coverage within their means, to cooperate in applying for potentially available financial assistance programs, and to work with hospitals in establishing and making good faith efforts to honor reasonable payment plans.

Definitions:

"Family Income" is defined as total annual cash receipts from all sources.

"Federal Poverty Guidelines" is the federal poverty measure issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs.

"Family Net Worth" is defined as total assets less total liabilities.

Eligibility Determination: The criteria to be used to determine if a patient qualifies for financial assistance write-offs are listed below:

1. Services eligible for financial assistance are inpatient admissions, emergency room visits, and non-elective outpatient services. Elective outpatient services will be considered on a case-by-case basis.

2. A patient or guarantor with total family income that does not exceed 150% of the current federal poverty guidelines may qualify for full financial assistance.
3. A patient or guarantor with total family income that exceeds 150% of the current federal poverty guidelines but does not exceed 300% of the current federal poverty guidelines may qualify for partial financial assistance.
4. Even though a patient or guarantor may qualify based on family income, family net worth may also be considered in determining eligibility for assistance.
5. If the guarantor is currently unemployed and future earnings sufficient to meet financial obligation in a reasonable period of time is unlikely, assistance can be considered.
6. The patient's history of frequency for healthcare-related services and/or the expected need for future services can be considered in determining eligibility for assistance.
7. A patient or guarantor with total family income that exceeds the level to qualify for assistance can be considered if it is determined to be an exceptional medical hardship. Assistance due to an exceptional medical hardship will be determined on a case by case basis. An exceptional medical hardship could include, but is not limited to the following situations:
 - a. Unusual uninsured/underinsured medical expenses caused by severe illness or accident.
 - b. Uninsured losses caused by fire, crime, flood, or other disasters.
 - c. Unusual expense for the care and training of a handicapped dependent.
 - d. Insupportable unexpected, long-term indebtedness occurring for reasons beyond the individual's control.

Application for Assistance and Supporting Documentation of Eligibility: Any patient that feels he/she qualifies for assistance will be asked to do the following:

1. Cooperate with the hospital to provide the information necessary to apply for other financial assistance, including Medicaid, North Carolina Health Choice, and other public programs providing healthcare coverage, and to cooperate with the agencies administering these programs in determining eligibility.
2. All patients requesting assistance must complete the "Application for Financial Assistance" form (Exhibit A).
3. All patients requesting assistance must furnish the following required financial documentation:
 - a. Most recently filed income tax return
 - b. Verified current check stub(s) with year-to-date income from all sources.
4. Cooperate with the hospital to establish a reasonable payment plan if the patient qualifies for partial financial assistance.

Communication of the Financial Assistance Program: It is the intent of Stanly Regional Medical Center to ensure that all patients are aware of the availability of Stanly Regional Medical's financial assistance program, as well as other financial assistance programs they may qualify for, and to assist patients with the process of applying for and receiving assistance they may be qualified to receive. The following methods will be used to communicate this:

1. Signs will be posted in each registration area to make patients aware of the financial assistance program's availability with instructions on how to apply or obtain further information.
2. An information brochure explaining the different financial assistance programs and their requirements for eligibility are made available to patients at each registration area. The brochure is available in both English and Spanish.
3. Financial counselors are available Monday through Friday from 8:30am to 5:00pm to assist patients with questions they may have about Stanly Regional Medical's financial assistance program and to assist patients with applying for the program.
4. Staff will be made available to assist patients with eligibility determination and application assistance for the Medicaid program.

Training of Staff to Administer the Policy: Sufficient training for all appropriate staff is needed to ensure all patients in need are afforded the opportunity to receive all available assistance they may qualify for. The following process will be used to meet this requirement:

1. The Director of Patient Financial Services will be responsible for developing a training program for appropriate personnel to:
 - a. Be made aware of and to understand the hospital's financial assistance and collection policies.
 - b. Be made aware of and to understand other agencies financial assistance programs that patients may qualify for.
 - c. Be able to respond to and work with patients that have questions about financial assistance eligibility, application for, and related matters.
2. All personnel in the Business Office, Patient Accounts, Patient Financial Services, Patient and Family Services, and Marketing and Development will be required to attend training. Other personnel directly involved with patients will be encouraged to attend a training session.

Exhibit A

STANLY REGIONAL MEDICAL CENTER APPLICATION FOR FINANCIAL ASSISTANCE

MAIL COMPLETED FORM TO:
Stanly Regional Medical Center
Attention: Business Office
P O Box 1489
Albemarle, NC 28001

Step 1: Complete identifying information below (see reverse side for instructions.)

Patient Name:	Social Security #:
Address:	Date of Birth:
City, State, Zip:	Medical Record #:

Step 2: Fill out income and asset information (if there is no reported income, please explain means of support.)

Family Members-Include self and immediate family only	Age	Relationship to head of household	Gross monthly income (pretax)	Employer	Employer Phone #

Do you have a checking account? If yes, account #	Bank Name: Location/Branch:	Balance: \$
Do you have a saving account? If yes, account #	Bank Name: Location/Branch:	Balance: \$

List all real estate property:

Type of Property	Address of Property	Rent or Buy	Total acreage	Monthly Payment

List all personal property (cars, boats, trucks, motorcycles, campers, mobile homes, etc.)

Item	Make/Model	Year	Owner	Amt. Owed	Est. Value

If unemployed, please provide the date employment was terminated: _____

Do you have Medicaid or SSI? Yes/No * If yes, please provide copy of Medicaid card

Have you ever applied for Medicaid or SSI? Yes/No * If yes, please list where and when: _____

DECLARATION: *The information provided above is, to the best of my knowledge and belief, complete, accurate, and true. Furthermore, I authorize the release of all information which Stanly Regional Medical Center may need to determine whether I qualify for financial assistance through Stanly Regional Medical Center's Financial Assistance Program. This includes, but is not limited to, the verification of my salary or wages, the balance of any bank accounts that I maintain or have access to, and the value of any real or personal property I own or am purchasing.*

***SIGNATURE(S) REQUIRED :**

Applicant's signature: _____ Date: _____

Spouse's signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR ASSISTANCE FORM

STEP 1: Fill out patient identifying information. Please enter all information concerning the patient completely and accurately. The medical record # will be provided by the Hospital's financial counselor assisting you.

STEP 2: Fill out income and asset information. This includes entering income from your employer, social services aid (food stamps, ADC, etc.), government aid (social security, VA benefits, etc.), and all other income.

Who is head of household? This is the member of the family who provides food and shelter for the applicant. The applicant may be the head of household. A non-family member should not be listed in the family section.

DOCUMENTATION REQUIREMENTS

In order for Stanly Memorial Hospital to comply with state guidelines, each of the items you have listed on the front of this application will require supporting documentation. PLEASE DO NOT SEND IN YOUR APPLICATION UNLESS YOU HAVE ATTACHED ALL DOCUMENTATION NEEDED. All information must be returned as soon as possible for consideration or you will be responsible for your charges in full. The following are types of documentation needed. Please check each one to see which ones may apply to your situation: (copies only please; originals will not be returned.)

PAY CHECK STUBS: If you are employed, you must provide one (1) month's worth of your pay stubs, and they cannot be more than 3 months old. If your stubs are not available, you need to provide a letter from your employer stating one (1) months gross salary.

UNEMPLOYED: Forms verifying weekly benefits, workman's compensation check, disability benefits, etc.

OTHER RESOURCES: Copy of retirement benefits, trust fund allotments, claim settlement, AFDC check, child support check, alimony, etc.

GOVERNMENT BENEFITS: Letter confirming or denying Social Security, SSI, VA, or any other county, state, or federal government benefits; photo copy of check(s) or bank statement showing automatic deposit.

SEASONAL EMPLOYMENT: Please provide detailed information and estimated income.

SELF EMPLOYED: Provide your current year Federal Income Tax return.

LETTER OF SUPPORT: Letter verifying support from family or friends (when no income is reported or not enough to show support.)

SOCIAL SERVICES: Approval, denial, or pending status from your local department or social services. Any letters confirming receipt of housing and/or food stamps monthly benefit amount.

BANK STATEMENTS: Most recent savings and/or checking account statement(s) from the bank or credit union.

SICK LEAVE: Statement from doctor stating dates you are unable to work. Statement from employer indicating paid sick leave or if you are on leave without pay, year-to-date gross, and hire date.

STUDENTS: Scholarship, loan, work-study, stipend, tuition, assistantship and grant award amounts.

Exhibit B

**Financial Assistance Program
Assistance Level Table
Effective January 1, 2009**

Stanly Regional Medical Assistance Level		100%	75%	50%	25%
Federal Poverty Level	Base	150%	200%	250%	300%
Family Size					
1	\$10,830	\$16,245	\$21,660	\$27,075	\$32,490
2	\$14,570	\$21,855	\$29,140	\$36,425	\$43,710
3	\$18,310	\$27,465	\$36,620	\$45,775	\$54,930
4	\$22,050	\$33,075	\$44,100	\$55,125	\$66,150
5	\$25,790	\$38,685	\$51,580	\$64,475	\$77,370
6	\$29,530	\$44,295	\$59,060	\$73,825	\$88,590
7	\$33,270	\$49,905	\$66,540	\$83,175	\$99,810
8	\$37,010	\$55,515	\$74,020	\$92,525	\$111,030
Each Add'l.	\$3,740	\$5,610	\$7,480	\$9,350	\$11,220