Grafton City Hospital
An Affiliate of MonHealth

POLICY AREAS: BUSINESS OFFICE
FORMULATED: 04/28/2020
LAST REVISED: 04/20/2022
POLICY #:

Financial Assistance Policy

PURPOSE

Grafton City Hospital (the "Hospital" or "GCH"), a not-for-profit, critical access hospital, is committed to providing medically necessary, high quality healthcare services regardless of a patient's ability to pay. The Hospital acknowledges there are patients who do not possess the ability to pay for emergent or medically necessary health services, and as such, established this policy to ensure financial assistance is appropriately provided to patients.

Consistent with the Hospital's mission, the Hospital provides, without discrimination, medically necessary and appropriate care to all who seek it regardless of their individual financial situation.

Additionally, in order to manage its resources responsibly, and to allow GCH to provide the appropriate level of assistance, the Board of Trustees establishes the following policy and guidelines for the provision of patient financial assistance.

POLICY

In order for the Hospital to fulfill its mission, GCH must maintain a strong financial foundation that includes the collection of outstanding accounts where possible. As such, the Hospital has outlined, in this policy, the requirements and considerations for financial assistance. Patients are responsible to request Financial Assistance and are expected to cooperate with the Hospital's procedures for obtaining any necessary documentation for the financial assistance application.

PROCEDURES

Services Eligible under This Policy

1. Emergency medical services provided in the emergency department
2. Services for a condition which, if not promptly treated, would lead to an adverse change in health status of an individual
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency department setting
4. Medically necessary services, evaluated on a case-by-case basis.
5. Services rendered and billed by Grafton City Hospital and its two RHC clinics are eligible
6. Uninsured patients receiving medically necessary services will receive a charitable reduction/discount to total charges equaling 30%.

Eligibility for Financial Assistance

Individual's eligible for financial assistance

1. Individuals who are uninsured
2. Individuals underinsured
3. Individuals who are unable to pay for their care, based upon a determination of financial need in accordance with this policy

4. Individuals who do not qualify for Medicaid or any other governmental program.

Financial Assistance Application Process

A request for financial assistance can be made at any time during the billing/collections process. To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance, if necessary, including Medicare and Medicaid. Patients will be required to provide certain information and documentation when applying, as well as follow the following guidelines for applying:

1. Any patient or guarantor may request financial assistance. It is preferred that communication be made to a Financial Counselor or Business Office Representative.
2. The patient or guarantor must complete the Hospital's *Financial Assistance Application*. The form can be obtained from the hospital's website or by calling a Financial Counselor or Business Office.
3. The form must be completed in its entirety to be considered for financial assistance. Items that are required to accompany the form are:

Proof of Income
Pay stubs from last 2 pay periods with YTD Income Totals

Validation of Assets:
Checking Accounts
Savings Accounts
CD's
Savings Bonds
Value of Home
Make, Model and Approximate Value of Car, Recreational, etc.

Monthly Living Expenses
Rent/Mortgage
Gas
Electric
Telephone
Water
Auto Loan Payment
Other, Food, Cable, Credit Cards

Insurance Premiums Paid
Life
Health
Home
Auto

Medicaid/DHHR Denial Letter within the last 90 days
Medical Bills/Prescription Drugs Paid Monthly
Child Care

4. The application and all supporting documentation can be mailed to the hospital to the Financial Coordinator's attention within 30 days of receiving the application. Patients may call the Financial Counselor to make other arrangements.

5. If the appropriate documentation is not submitted, the Financial Coordinator will send the patient a Request for Additional Information letter noting what is needed to complete the process. The patient will have 30 days to return the additional information before the financial assistance is denied.

6. Once reviewed, applicants will be notified, in writing, within 30 days of receipt of the approval or denial of financial assistance. If approved, a letter will be good for 180 days from the date of approval. If denied, the patient will be responsible for immediate arrangements for balances due to prevent collection activity.

7. If applicants are found to have withheld information requested, an approved or pending application may be reversed or denied, and the balance will be due immediately.

8. Additionally, after the patient's account is reduced by any financial assistance adjustment, the patient will be responsible for no more than the amounts general billed ("AGB") to individuals who are covered by Medicare fee-for-service.

9. Those applicants with balances after the reduction is applied may call the Business Office or the Payment Services department to set up payment arrangements. Balances that are unpaid will follow our collections process outlined in the Credit and Collections Policy. Applicants may request a copy of this policy by calling our Business Office at (304)265-7450.

9. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.

Table I:

2022 Guidelines		**200%**
Actual Federal Poverty Guidelines	**Family Members**	**100% Reduction**
13590	1	27180
18310	2	36620
23030	3	46060
27750	4	55500
32470	5	64940
37190	6	74380
41910	7	83820
46630	8	93260
4720 per person		

The Federal Poverty Guidelines are reviewed and updated, as necessary, by the Director of Revenue Cycle Operations and Chief Administrative Officer.

Communication of Charity Care Program

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The Hospital communicates the availability and terms of its financial assistance program to all patients, through means which include, but are not limited to:

1. Posted signs within waiting rooms or registration area, emergency department, hospital-based physician offices, and financial services departments
2. Notifications on patient bills or statements
3. Posted policies on the Grafton City Hospital's website

Requests can be made by a patient, their family members, friends, or associates, but will be subject to applicable privacy laws. Patients concerned about their ability to pay for services or who would like to know more should be directed to a member of the Financial Counselor or the Business Office.

Definitions

Amounts Generally Billed: The Amounts Generally Billed ("AGB") is the amount generally allowed for emergency and other medically necessary care to individuals who are covered by the Medicare Program. GCH utilized the look-back method to determine AGB.

Financial Assistance: Healthcare services that have been, or will be, provided, but are never expected to result in cash inflows. Financial assistance (or "assistance" sometimes in this policy) results from the Hospital's policy to provide healthcare services free or at a discount, to individuals who meet the established criteria.

Family: Abridged from the US Census Bureau definition – a group of two (2) or more people who reside together, and who are related by birth, marriage, or adoption. According to the Internal Revenue Service, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Income / Family Income: determine using the Census Bureau definition, which uses the following when computing poverty guidelines:

1. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, education assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
2. Noncash benefits do NOT count (food stamps and housing subsidies).
3. Excludes capital gains or losses, and
4. Determined on a before-tax basis.

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his or her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance, but still has out-of-pocket expenses that exceed his or her financial abilities, such as deductibles or co-pays.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 USC 1395dd)

Medically Necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury)