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# Saline Health System

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**Owner:** *Judy Kusters: Director of Business Office*  
**Area:** *Business Office*  
**Applicability:** *Saline Memorial Hospital*

## Financial Assistance/Charity Policy

### POLICY:

Saline Memorial Hospital (SMH) is the local health care leader that provides quality services for our customers to enhance health and quality of life. In accordance with this mission, Saline Memorial Hospital will provide medically necessary health care to all patients without regard to the patient's financial ability to pay. For all who seek charitable services, confidentiality will be maintained out of respect for our patients and their integrity.

### PURPOSE:

To outline the circumstances under which SMH will provide free or discounted care to patients who are unable to pay for services and to address how SMH will calculate amounts charged to patients.

### EMERGENCY MEDICAL CARE:

Any patient seeking urgent or emergent care [within the definition of section 1867 of the Social Security Act (42 U.S.C. 1395dd)] at Saline Memorial Hospital shall be treated without discrimination and without regard to a patient's ability to pay for care. SMH shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment, and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

### ELIGIBILITY CRITERIA:

#### TRADITIONAL

Financial assistance is available on a sliding scale of up to 100% of patient financial obligation resulting from medical services provided by Saline Memorial Hospital. SMH uses the Federal Poverty Level (FPL), obtained from the United States Department of Health and Human Services website at <http://aspe.hhs.gov>, to determine if patients are eligible for free or discounted care. The FPL uses income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated annually in the Federal Register by the United States Department of Health and Human Services. **Free care** will be extended to applicants whose household income is less than or equal to 120% of FPL. **Discounted care** is based on a sliding scale to eligible patients with annual household income that falls between 120% and 400% of FPL. Applicants for financial assistance are required to exhaust all other payment options as a condition of their approval for financial assistance. This includes being screened for Medicaid by Saline Memorial Hospital or producing a

Medicaid denial received within the last 90 days.

## MEDICAL INDIGENCE

Patients may also be extended a discount based upon medical indigency. Patients will be deemed medically indigent by virtue of their documented eligibility for Medicaid benefits. If Medicaid cost share/co-pay is unpaid by patient through regular collection attempts for sixty days (60) the balance of the patient's account will be discounted 100%. In the case, whereby the patient exhausts Medicaid benefits, the total gross charges incurred during the non-covered period will be 100% discounted under this policy.

## MEDICAL HARDSHIP

Patient's whose annual household income is greater than 400% of FPL that have significant and/or catastrophic medical bills not covered by insurance may be extended discounted or free care. A patient suffering a catastrophic illness may have a reasonable level of income but the payment of medical bills would be seriously detrimental to the patient's basic financial well-being and survival. Such a patient may be extended discounted or free care upon review of payment history, financial history, household size, presence of a catastrophic illness, etc. Based on the cumulative information, discounted or free care may be approved as a gift from Saline Memorial Hospital.

## PRESUMPTIVE ELIGIBILITY

There may be occurrences of extenuating circumstances where the patient/responsible party is not able to complete the financial assistance application and/or provide supporting documentation and resource testing cannot be completed. In those circumstances, SMH may make the decision to waive the required documentation provided that all attempts to obtain additional information are documented clearly or may perform additional resource testing to validate the need for financial assistance. Some of the following could be considered extenuating circumstances:

**Undocumented Residents or Homeless** - Patients identified as an undocumented residents or homeless through Medicaid eligibility screening, registration process, discharge to a shelter, clinical or case management documentation, or an attempt to run a credit report may be considered for free or discounted care if an attempt to complete the financial assistance application was documented and SMH has reviewed and approved a policy exception.

**Patient Expiration** - Saline Memorial Hospital will execute due diligence to determined through family contact and/or courthouse records that an estate does not exist in order to consider a patient for free or discounted care.

**State Programs** - Several county and local government based programs pre-screen patient under the federal poverty guideline for participation including but not limited to Christian Community Care Clinic, Counseling Clinic Inc., Arkansas Rehabilitation Services, etc. Patient participation in these programs satisfies the income attestation requirements of this policy and completion of the traditional financial assistance application is not required.

## ASSET QUALIFICATION

Patients may have limited or low levels of income but may have substantial liquid assets with which to satisfy their balances for services rendered by SMH. The asset qualification restrictions are meant to identify patients who qualify for financial assistance under the income qualifications mentioned in the traditional eligibility

section of this policy, but who have adequate liquid assets to satisfy their obligations to SMH and should not qualify for financial assistance. The guidelines for determining liquid assets are the sum of amounts in checking, savings, CDs, mutual funds, stocks, and other liquid investments. If the patient's total liquid assets exceeds \$10,000, the cumulative information shall be reviewed and financial assistance may be approved as a gift from Saline Memorial Hospital.

## **TIMING AND NOTIFICATION**

All supporting documentation should be received within fifteen (15) days of a signed application. If requested documentation is not provided by the patient, documentation currently on file shall be reviewed and may be utilized for approving the application. The patient shall be notified in writing within fifteen working days (15) of receipt of a completed application and all supporting documents if financial assistance has been approved or denied. Financial assistance shall also be applied to all eligible services received within six (6) months from the date of the approved financial assistance form pending no changes in patient's financial condition.

## **CHARGES BILLED TO PATIENTS**

### **CHARGES**

The amounts charged for medical care provided to individuals eligible for financial assistance under this policy shall not exceed the amounts generally billed to individuals who have insurance covering such care. Saline Memorial Hospital determines the amounts generally billed through the "look-back method" which is calculated based on actual past claims paid in full to SMH by Medicare fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period. This amount includes co-insurance, copayments, and deductibles.

### **SELF PAY DISCOUNT**

In order to derive at amounts generally billed, all uninsured patients, excluding those receiving elective cosmetic procedures, will receive a discount referred to as a "self pay discount". The self pay discount will be automatically applied to all uninsured accounts prior to billing and will be equal to seventy percent (70%) of the total gross charges applied to the patient's hospital account.

## **HOSPITAL METHODOLOGY/APPLICATION PROCESS:**

Saline Memorial Hospital shall utilize the *Application for Financial Assistance Form*. To allow SMH to properly evaluate financial assistance eligibility under the traditional eligibility section of this policy, the completed form should be returned to the facility with the following supporting documents, or equivalent:

1. Most recently filed tax return
2. Pay stub from current pay period
3. Statement of income (i.e. social security, unemployment, alimony, child support, etc)
4. Bank statements from the previous three months (required for self-employed individuals)
5. Letter of support from family/friend if currently receiving no income

## **BILLING AND COLLECTION**

Saline Memorial Hospital will make reasonable efforts to determine if patients qualify for financial assistance

under this policy. No extraordinary collection actions, including referring accounts to an outside collection agency, pursuing legal judgment, etc., shall take place until reasonable efforts have been made to identify and provide financial assistance. Business Office Policy BO-30, *Billing and Collection of Patient Accounts*, details actions that may be taken in the event of nonpayment where patients do not meet criteria for financial assistance set forth in this policy.

## **PUBLICIZING THE AVAILABILITY OF FINANCIAL ASSISTANCE**

Uninsured patients will be notified of the financial assistance policy as well as given a plain language summary of the policy and a financial assistance form upon admission. Financial assistance forms will be given to insured patients upon request at any point during the billing process. All written communication from the Business Office to the patient shall include notification of the policy and include a contact number for the financial counselors to discuss financial assistance. All oral communication will also include scripting to notify the patient of the availability of financial assistance. Saline Memorial Hospital shall also publish this policy, the application for financial assistance form, and a plain language summary to its hospital website.

## **FINANCIAL ASSISTANCE/CHARITY POLICY - PLAIN LANGUAGE SUMMARY**

The Saline Memorial Hospital Financial Assistance Policy exists to provide free or discounted care to eligible patients receiving medically necessary or emergent care. The full policy is summarized herein.

**Eligible Services** - Medically necessary and/or emergent healthcare services provided and billed by Saline Memorial Hospital and Saline Physician Services are eligible for financial assistance. Other services which are separately billed by other providers, such as physicians or laboratories, are not eligible for financial assistance under this policy. Elective cosmetic procedures are also not eligible for financial assistance under this policy.

**Eligible Patients** - Patients receiving eligible services, who submit a complete application for financial assistance form and are approved by Saline Memorial Hospital. Patients may also become eligible for financial assistance based on medical indigence, medical hardship, or presumptive eligibility. These additional eligibility methods are documented in the full Financial Assistance/Charity Policy.

**How to Apply** - Application for financial assistance forms will be given to all uninsured patients and to anyone else upon request at time of admission. They may also be obtained at any point during the patient's visit or during the billing process by contacting a financial counselor at 501-776-6040 or 501-776-6049. Forms can also be obtained from the Saline Memorial Hospital website at <https://www.salinememorial.org>. Completed forms and supporting documentation can be submitted in person to any member of the Patient Financial Services Department or mailed to:

Saline Memorial Hospital  
Attn: Financial Counselor  
#1 Medical Park Drive  
Benton, AR 72015

**Determination of Financial Assistance Eligibility** - Eligibility for financial assistance will be determined by using the United States Department of Health and Human Services Federal Poverty Levels (FPL) published at <http://aspe.hhs.gov>. Free care will be extended to applicants whose annual household income is less than or equal to 120% of FPL. Discounted care is based on a sliding scale to eligible applicants whose annual

household income falls between 120% and 400% of FPL.

**Note:** Other criteria beyond annual household income is also considered including availability of cash or other liquid assets. If no household income is reported, information will be required as to how daily needs are met.

**For help or questions please call one of our financial counselors at 501-776-6040 or 501-776-6049.**

## Attachments

[Application for Financial Assistance](#)

## Approval Signatures

Step Description	Approver	Date
Policy Committee	Tara Rushing: Administrative Assistant	02/2020
	Robyn Eskola: Director of Business Office	02/2020

## Applicability

Saline Memorial Hospital

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