

# SPRINGHILL MEDICAL CENTER

Springhill Medical Services, Inc.

## POLICIES AND PROCEDURES

DEPARTMENT: Springhill Medical Services Inc.

DATE ADOPTED: August, 2007

SUBJECT: Financial Assistance Policy

DATE REVISED: May, 2020

POLICY NO: REV - 002

---

**Scope:** All subsidiaries of Springhill Medical Services, Inc. ("SMC"), and their personnel.

**Purpose:** To set forth guidance for providing financial assistance to patients, including guidance on communicating the availability of the program and on recording and reporting financial assistance granted. Springhill Medical Center Hospital and Clinics that is wholly-owned by Springhill Medical Center Inc.

**Policy:** In support of our values of integrity, trust, respect, compassion and stewardship, Springhill Medical Center Hospital and hospital based clinics are providing a discount on billed charges to patients for medically necessary care delivered to those who are uninsured and ineligible for government programs, or are otherwise medically indigent.

Clinics will strive to ensure that the financial capacity of people who need medically necessary services does not prevent them from seeking or receiving care. The discount program is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with the procedures to obtain the discount and to contribute to the cost of their care based on their individual ability to pay.

- A. The Clinics will pursue payment from the patient/guarantor for all deductibles, co-pays, coinsurance, and/or services not covered by insurance or other third-party payer.
- B. The Clinics have a Financial Assistance Policy established to provide financial support to uninsured/underinsured patients who are unable to meet personal payment responsibilities and who meet established criteria. The determination that a patient or patient's guarantor needs financial assistance for these financial responsibilities may be made before or after services are rendered. Patient/guarantor must provide documentation for the need for financial assistance within 14 days of initiating the application process. A failure to provide this documentation within 14 days will result in the expiration of the application.
- C. The Clinics will pursue all possible forms of third-party payment such as insurance, state Medicaid programs, and county indigent care programs before granting financial assistance. Patients/guarantors are expected to assist with all such efforts to obtain third-party payment.
- D. The key elements of this policy will be communicated to the public through such as the Hospital's web site and information packets distributed at registration.

### DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

# SPRINGHILL MEDICAL CENTER

Springhill Medical Services, Inc.

## POLICIES AND PROCEDURES

- A. **Financial Assistance:** Healthcare services that have or will be provided but are never expected to result in cash inflows. Financial Assistance results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.
- B. **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, 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.
- C. **Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:  
Included 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 estate, Trusts, Educational Assistance, Alimony, Child Support, Assistance from outside the household, and other miscellaneous sources.
1. Nongash benefits such as food stamps and housing subsidies are not counted
  2. Determined on a before-tax basis
  3. Excludes capital gains or losses; and If a person lives with a family, includes the income of all family members (Non-relatives such as housemates, do not count)
- D. **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.
- E. **Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
- F. **Uninsured Discount:** A discount to an uninsured patient's billed charged for medically necessary inpatient/outpatient hospital services and hospital-based clinic services in accordance with the guidelines of this policy.

### PROCEDURE:

#### A. Financial Assistance

1. Where possible, prior to the registration of the patient, a financial counselor will conduct a pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-registration interview is not possible, this interview should be conducted upon registration/admission or as soon as possible thereafter. In the case of an emergency admission, the evaluation of payment alternatives should not take place until the medical care required to stabilize the patient has been provided.
2. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 1 year prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known. Request for financial assistance shall be processed promptly and Springhill Medical Center shall notify the patient or applicant in writing within 30 days of receipt of a completed application. Patients requesting financial assistance must complete the Confidential Financial Assistance income statements.
3. If the determination has been made that the patient falls between 100% - 200% of the current Federal Poverty guidelines they will be eligible for the Financial Assistance Program. Once eligibility is determined the Collections Manager will review and sign off.

# SPRINGHILL MEDICAL CENTER

Springhill Medical Services, Inc.

## POLICIES AND PROCEDURES

4. If the patient falls at or below 100% of the current Federal Poverty Level, a nominal fee of \$5.00 will be collected.
5. Key criteria for determining eligibility for Financial Assistance are:
  - a. Income between 100% and 200% of the federal poverty guidelines
  - b. Family size
6. The Chief Financial Officer will review the monthly Financial Assistance approvals and sign off.

### **B. Communication of the Discount Program to Patients and the Public**

Information about available Financial Assistance shall be made available which may include the following: Notices posted at all points of patient check-in, information provided to the patient at time of registration, communication received from hospital business office or hospital based clinics. Such information shall be provided in the primary languages spoken by the populations served by the site. Referral of patient's for financial assistance may be made by any member of Springhill Medical Center or its' clinics including physicians, nurse practitioners, physician assistants, nurses, financial counselors, social workers, case managers, etc. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient subject to applicable privacy laws.

### **C. Collection Policies**

1. All Clinics will attempt to obtain a financial assistance application and determine eligibility for all uninsured patients at or near the time of service.
2. Written notice will be mailed to the patient/guarantor for any incomplete application received.
3. Make and document a determination of whether the patient is eligible for charity care for a patient who submits a complete charity application.
4. Collection efforts will be made to determine a patient's eligibility for charity care for a period of 120 days. During this period patients will receive 4 statements. After this period reasonable collection efforts will be considered to have been made and the patients account will be reviewed for collections placement and/or bad debt.

### **D. Policy Changes**

This policy may be revised at any time as business needs require.

# SPRINGHILL MEDICAL CENTER

Springhill Medical Services, Inc.

## POLICIES AND PROCEDURES

<i>Annual income threshold by sliding fee discount pay class and percent of poverty 2020</i>	<b>Fixed Nominal Fee (\$5)</b>	<b>Pay 20%</b>	<b>Pay 40%</b>	<b>Pay 60%</b>	<b>Pay 80%</b>	<b>Pay 100%</b>
<b>Persons in Family</b>						
<b>Poverty</b>	<b>100%</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>Above 200%</b>
1	\$12,760	\$15,950	\$19,140	\$22,330	\$31,900	\$31,900 +
2	\$17,240	\$21,550	\$25,860	\$30,170	\$43,100	\$43,100 +
3	\$21,720	\$27,150	\$32,580	\$38,010	\$54,300	\$54,300 +
4	\$26,200	\$32,750	\$39,300	\$45,850	\$65,500	\$65,500 +
5	\$30,680	\$38,350	\$46,020	\$53,690	\$76,700	\$76,700 +
6	\$35,160	\$43,950	\$52,740	\$61,530	\$87,900	\$87,900 +
7	\$39,640	\$49,550	\$59,460	\$69,370	\$99,100	\$99,100 +
8	\$44,120	\$55,150	\$66,180	\$77,210	\$110,300	\$110,300 +
<b>For each additional person add</b>	\$4,480	\$5,600	\$6,720	\$7,840	\$11,200	\$11,200