

BLOUNT MEMORIAL HOSPITAL
Maryville, Tennessee

HOSPITAL POLICIES AND PROCEDURES

Department: Business Office

Subject No.: 25-480

Subject: Financial Assistance

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Revision: 7/13/2017

Effective: 3/1/2003

I. POLICY:

- A. Blount Memorial (Blount), a governmental non-profit organization, is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for emergency or other medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable health care services, Blount strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Blount will not discriminate in the provision of emergency medical treatment, including denial of service, against those eligible for financial assistance under this policy or those eligible for government assistance.
- B. Financial assistance is not considered a substitute for personal responsibility. Patients are expected to cooperate with Blount's procedures for obtaining financial assistance or other forms of payment and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance will be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. Further, financial assistance is not considered to be a substitute for the responsibility of government or employers to expend their fair share of resources to cover the cost of essential health services in the communities Blount serves.
- C. No one eligible for financial assistance under this policy will be charged gross charges.
- D. To manage its resources responsibly and to allow Blount to provide the appropriate level of assistance to the greatest number of persons in need, management establishes the following guidelines for the provision of financial assistance.

II. PROGRAM SCOPE:

- A. Blount's financial assistance program is available to patients with a primary residence in Blount County at the time service was rendered. Case-by-case consideration will be given to residents of Monroe, Loudon, and Sevier counties and out-of-area patients (e.g., travellers).
- B. Financial assistance is generally available for emergency, urgent, or other medically necessary services.
- C. All balances in accounts receivable as well as those in an active bad debt status (other than those against which legal action is being pursued) are eligible for financial assistance.

III. DEFINITIONS:

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

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- A. ***Financial Assistance*** – Blount’s policy to provide health care services free or at a discount to individuals who meet established criteria. These services are never expected to result in cash inflows.
- B. ***Guarantor*** – the individual(s) financially responsible for the health care service provided. This individual or individuals may or may not be the patient.
- C. ***Emergency Medical Services*** - defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).
- D. ***Family*** – per IRS guidelines, anyone claimed on the Guarantor’s income tax return may be considered a dependent for purposes of this policy. If a tax return is unavailable or the family functions financially as such, family may alternately be defined as a group of two or more persons related by birth, marriage, or adoption who live together. For example, if an older married couple, their daughter and her husband and two children, and the older couple’s nephew all lived in the same house or apartment, they would all be considered members of a single family.
- E. ***Medically Necessary*** – as defined by Medicare; describes those services or items that are reasonable and necessary for the diagnosis and treatment of an illness or injury.
- F. ***Patient Liability*** – the amount owed by the guarantor after any insurance payments or other applicable discounts have been applied. This may include co-pays, deductibles, coinsurance, or non-covered services. When applicable, the uninsured discount (*see policy 25-484*) will be applied before determining patient liability.
- G. ***Resources*** - consist of the Guarantor’s Family’s annual modified adjusted gross income (MAGI) plus a portion of their net assets.
1. **Income** – examples include wages, salaries, tips, self-employment income, and unemployment compensation; disability (including Supplemental Security income); pensions, annuities, IRA distributions, and Social Security; interest, dividends, business/farm income, capital gains, rental income, royalties, income from partnerships and trusts; and alimony and child support received by any family members. Generally, income is reflected in MAGI. If a tax return reflecting current income is unavailable, income is determined from items like those defined here on a pre-tax (*i.e.*, gross) basis. Noncash benefits, such as food stamps and housing subsidies, are not considered income.
 2. **Assets** - include, but are not limited to, liquid assets (e.g., savings accounts), investments (including retirement fund balances), non-owner occupied houses, farmland, farm vehicles and equipment, livestock and crops, business property and equipment, and rental property.
 - i. All real property is considered at fair market or, if unavailable, taxable value.
 - ii. The values of both real and personal property will be reduced by any existing liabilities incurred by the applicant in obtaining the assets.

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- iii. Investments for which distributions are included in MAGI will only be included as an asset (i.e., their value will be deducted from the MAGI calculation).
- iv. Checking account balances are generally excluded as an asset unless they include balances not included in income (e.g., a checking account used as a savings account). In these situations, an appropriate portion of the checking account balance may be included as an asset.
- v. Cash and cash equivalent assets are included in Resources at 50% of their value, and real property is included at 20% of net value.

H. ***Urgent Medical Services*** - services provided for the treatment of an unforeseen illness, injury, or condition of a less serious nature than emergencies that pose no immediate threat to life and health but which under reasonable standards of medical practice would be diagnosed and treated within a 24 hour period and, if left untreated, could rapidly become an emergency situation. Services that can be foreseen or are appropriate to wait for a normally scheduled appointment are not considered urgent services. The physician's order is considered in determining if services are urgent in nature.

IV. REQUESTS FOR ASSISTANCE:

- A. Prior to seeking Financial Assistance from Blount, the Guarantor should use available resources to resolve their financial obligations, including insurance coverage, personal income and assets, governmental assistance, and any other assistance program (as available and applicable). Where possible and appropriate, Guarantors will be counseled on their potential eligibility for local, state, and federal health care programs like TennCare/Medicaid; other disability programs; and other insurance coverage, such as that offered through insurance exchanges, as well as Blount's prompt pay and uninsured discounts and extended payment plans (*see policies 25-484 and 25-482, respectively, for additional detail*). Due to the flexible payment terms afforded by extended payment plans, Guarantors with balances no more than \$700 will be encouraged to establish payment plans rather than apply for financial assistance.
- B. A request for Financial Assistance may be made by the patient, a family member, or a friend/associate of the patient, subject to applicable privacy laws. Referral of patients for Financial Assistance may be made by any member of Blount's staff or medical staff.

V. NEED DETERMINATION:

- A. Guarantors are expected to make every practical effort to disclose and provide financial information prior to or at the time of the provision of services. If extenuating circumstances prevent disclosure prior to or at the time of service, Blount may accept financial information from the guarantor after services are provided to determine eligibility for financial assistance.
- B. Financial need will be determined in accordance with procedures that involve an individual assessment and may:

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1. include an application process, in which the Guarantor is required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need;
2. take into account assets and all other financial resources available to the Guarantor, including future ones available to meet their financial obligation in a reasonable period of time;
3. include the use of publically available data that provide information on the Guarantor's ability to pay (such as credit scoring or predictive income estimates);
4. include reasonable efforts by Blount to explore appropriate alternative sources of payment and coverage from public and private payment programs, and assist Guarantors in applying for such programs; and/or
5. include a review of the Guarantor's outstanding balances for prior services rendered and their payment history as well as their service history and anticipated service needs from Blount or other providers.

VI. APPLICATION PROCESS:

- A. To apply for financial assistance, Guarantors will complete a financial evaluation form. This form may be obtained from Blount's website, from the hospital Business Office, or the Guarantor may request one be mailed to them. Financial evaluation forms will be provided free of charge.
- B. A fully completed and signed financial evaluation form, including requested supporting documentation (collectively, the application), should generally be submitted within 30 days of the date the application was provided to the patient or guarantor. If requested, Blount will assist Guarantors in completing this application. The application must be submitted with appropriate supporting documentation that may include the following:
 1. TennCare/Medicaid denial or a completed TennCare/Medicaid screening indicating the Guarantor is ineligible for the program.
 2. Financial inventory that includes assets, income, and expenses.
 - i. Proof of income, if any:
 - a. Written verification from public welfare agencies or any other governmental agency that attests to the patient's or guarantor's income status for the past twelve (12) months;
 - b. A copy of forms approving or denying unemployment or worker's compensation;
 - c. Most recent pay stub(s) showing year-to-date earnings or proof of other income and/or cash benefits (if pay stubs are unavailable, written verification of earnings from employer or company accountant, a copy of the most current quarterly IRS forms reporting income from self-employment, etc. may be substituted);
 - d. Most recent bank and/or investment account statements; and/or
 - e. A copy of Federal income tax return filed for most recent calendar year. If self-employed, a copy of the completed Schedules A (Itemized Deductions) and C (Profit or Loss from Business) is also required.

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- ii. Proof of asset equity, if any (*e.g.*, real estate assessment, loan documents, etc.)
 - iii. Summary of key expenses
 3. Proof of Family size/dependents (if needed):
 - i. Marriage certificates or divorce decrees;
 - ii. Birth certificates; and/or
 - iii. Custody or guardianship documents, Power of Attorney, Trustee or Trust Fund documents, etc.
 4. Proof of residency (*e.g.*, current driver's license or current utility bill in applicant's name)
- C. Information provided by the applicant will be verified to the extent practical in relationship to its significance in the overall eligibility determination. Determinations may be modified retrospectively if subsequent findings indicate that the information relied upon for the initial eligibility determination was in error.
- D. Information provided through the financial evaluation form will be valid for determining eligibility for Financial Assistance for a period of one (1) year from the date of application. After six (6) months from the date of application, applicants may be required to attest that there have been no material changes to their financial situation since their original application was approved (*e.g.*, in cases where the applicant did not report a fixed income on their application).
- E. Guarantors submitting incomplete applications will be provided instructions on how to properly complete it.
- F. Requests for Financial Assistance will be processed promptly, and Blount will notify the Guarantor of its determination in writing as soon as possible after receipt of a completed application.

VII. ELIGIBILITY FOR FINANCIAL ASSISTANCE:

- A. To qualify for Financial Assistance, the patient, or guarantor as appropriate, must meet the program's Resource qualifications based on the Department of Health & Human Services' current annual Poverty Guidelines. The guidelines are updated annually and published at <https://aspe.hhs.gov/poverty-guidelines>.
- B. Before determining a Financial Assistance discount, gross charges for uninsured Guarantors will first be discounted in such a way to provide them with the benefit of contracted reductions provided to insured patients (*see policy 25-484 for additional details*). The Financial Assistance Discount, if any, will be applied to this resulting Patient Liability amount.
- C. Full assistance A Guarantor may qualify for a 100% discount (*i.e.*, full assistance) when Resources are less than or equal to 250% of the Poverty Guideline effective at the time application for Financial Assistance is made.

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- D. Partial assistance Guarantors with Resources of more than 250% but no more than 400% of the Poverty Guideline may qualify for a partial discount that ensures their liability will not exceed 10% of their Resources. The portion of Patient Liability owed by the Guarantor will follow a sliding scale prorated from 1% of their Resources when Resources are 250% of the Poverty Guideline to 10% of Resources when Resources reach 400% of the Poverty Guideline.
- E. Catastrophic assistance Guarantors who would otherwise be denied program benefits due to their level of Resources may be eligible based on extraordinary circumstances such as catastrophic illness resulting in excessive medical bills. Guarantors with Resources of 400% or more but no more than 600% of the Poverty Guideline will qualify for partial assistance if their liability, including any applicable discounts not related to a Financial Assistance award, exceeds 20% of their Resources. In these situations, the Guarantor will be responsible for an amount equal to 20% of their Resources.
- F. If Financial Assistance is approved, it will be provided on all of the Guarantor's outstanding balances for Emergency, Urgent, or other Medically Necessary services.
- G. If eligible for a partial discount, the Guarantor will receive the discount regardless of whether they pay the balance on the bill. Balances those Guarantors incur after assistance is awarded and within a year of their application will be evaluated against the appropriate liability cap.
- H. For examples of Financial Assistance discount calculations, see Appendix.

VIII. ELIGIBILITY EXCEPTIONS:

Guarantors who do not qualify for Financial Assistance based on the standard criteria previously described may be eligible based on other criteria or circumstances.

- A. Bankruptcies Personal accounts that are uncollectable due to filing of bankruptcy will be discounted in their entirety as Financial Assistance. A bankruptcy notice including the date of service will be maintained to justify providing Financial Assistance.
- B. Presumptive eligibility In the absence of, and/or inability to obtain, financial information provided by the Guarantor, Blount may use other sources to estimate Resource amounts for the basis of determining Financial Assistance eligibility. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is 100% (i.e., full assistance). Presumptive eligibility may be determined on the basis of various information and/or circumstances that may be obtained about the Guarantor, including:
1. Receipt of low income/subsidized housing (verified by a valid address) or medical record documentation of homeless status;
 2. Verified TennCare/Medicaid, QMB, and/or SLMB benefits/eligibility at time of or after services provided;

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3. Verified long-term (at least 6 months served and/or more than 6 months remaining) incarceration (if unmarried) and/or facility assignment;
4. Verified admission to a long-term care facility for behavioral health;
5. Verified no income and an active application for state disability (SSI/SSD) and/or health insurance benefits (TennCare/Medicaid) that is more than 9 months old;
6. Eligibility for Women, Infants and Children (WIC) programs, food stamps, subsidized school lunch program, or other state or local assistance programs;
7. Guarantor is deceased for a period of 9 months with no known estate (verified by probate court or, as a last resort, a written statement from family member) or with an insolvent estate; or
8. Completed pre-bad debt collection cycle with a remaining balance of no more than \$5,000 for patients with income projected, through use of scoring tool, at no more than limit for full assistance (see section VII.C.), no insurance coverage, no current employment (but not retired), and a history of bad debt with Blount. Presumptive eligibility granted through this method does not apply to balances for the Guarantor that have not yet completed the pre-bad debt collection cycle or that have already been referred for bad debt collections.

IX. ELIGIBILITY EXCLUSIONS:

Blount reserves the right to deny Financial Assistance to anyone who:

- Has the ability to pay;
- Fails to provide the requested documentation or fails to provide it in a timely manner (*see section VI.B.*);
- Falsifies or provides misleading information on their application;
- Received services 1) covered by other programs or for which reimbursement is anticipated from any source; or 2) that were not medically necessary, urgent, and/or emergent;
- Declined insurance offered through their or a family member's employer or choose not to purchase insurance through an exchange (if qualified);
- Failed to provide information to their insurance plan necessary to adjudicate the claim for services received (e.g., coordination of benefits information); or
- Lost or received reduced insurance coverage for specific services that would otherwise be fully covered because they did not follow their plan's coverage guidelines, including appropriate use of network services.

X. AUTHORITY FOR APPROVING FINANCIAL ASSISTANCE DISCOUNTS:

- A. Authority for approving Financial Assistance discounts is based on the size of the total discount offered to the Guarantor for all accounts and will follow the policy on adjustment approval limits (25-900).
- B. Any exceptions to this policy must be approved by the Director of Client Relations. If the discount would be over \$80,000, exceptions must be approved by the Sr. Director of Revenue Cycle, and exceptions for discounts over \$125,000 must be approved by the Assistant

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Administrator & CFO. Exceptions will be logged with information on the amount of discount, if any, the policy allowed, the discount actually provided, and an explanation of why an exception was made. Exceptions will be reviewed annually as part of the review of this policy.

XI. COLLECTION POLICY:

When an eligibility determination has not been made before or at time of service, good stewardship requires that Blount initially begin the collection process. However, immediately upon determining that the Guarantor is eligible for Financial Assistance, collection efforts on the balance eligible for Financial Assistance will cease and the appropriate balance will be designated as Financial Assistance. All normal collection methods, including offering extended payment plans (*see policy 25-482*) or referral to a collection agency as appropriate will be employed in the collection of the remaining/ineligible balance.

XII. RECORD KEEPING AND REPORTING:

- A. A record will be maintained of all applications processed, including the date of application/request, date the application was provided to the applicant, date of determination, and the result of the determination. Results of income scoring processes used in the presumptive eligibility process will also be maintained.
- B. Blount will maintain files for completed Financial Assistance applications indefinitely.
- C. All actions regarding Financial Assistance should be documented in the account notes, including Financial Assistance approvals.
- D. Unique transaction codes will be used to record adjustments for Financial Assistance, including uninsured discounts and individual bankruptcies. The organization's financial statements will separately report the amount of Financial Assistance provided.

XIII. COMMUNICATION TO PATIENTS AND THE PUBLIC:

Notification about Financial Assistance available from Blount, including a contact number, will be widely disseminated by various means. Hard copies of the policy, policy summary, and application will be made available upon request and electronic copies of the same via the Blount website. Additionally, information on the program will be available during the admission and collection processes, and former financial assistance recipients may be contacted after receiving services to determine if a current need exists. In addition to English, the policy and policy summary will be made available in languages spoken by significantly sized groups within the community.

Approved by: Executive Group, 1/21/2014; Sandra P'Pool, Director of Patient Accounts, 3/1/2003, 3/30/2009

Prepared by: Nancy L. DeVee, Patient Financial Services Manager, 3/30/2009, 4/6/2011

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Revised by: Andrew Workman, Sr. Director, Revenue Cycle Management, 1/16/2014, 1/30/2015, 6/24/2015; Andrew Workman, Sr. Director, Revenue Cycle Management, Karen Hobby, Client Relations Director, Nancy DeVee, Patient Financial Services Manager, 7/13/2017

References: Payment plan guidelines (25-482)
Discounts policy (25-484)
Adjustment approval limits policy (25-900)

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Appendix: Financial Assistance Discount Calculation Examples

Assume the Poverty Guideline (PG) for a family of one is \$11,490, and each additional family member adds \$4,020 to the PG.

1. Guarantor with a Family of three, Resources of \$20,000, and Patient Liability of \$5,000.
The Guarantor's Resources of \$20,000 are 102% of the PG for a Family of three, so the full balance qualifies for Financial Assistance.

2. Uninsured Guarantor with a Family of four, Resources of \$75,000, and Patient Liability of \$3,000.
Patient Liability is reduced by \$1,380 after applying the uninsured discount ($\$3,000 \times 46\%$). The Guarantor's Resources of \$75,000 are 318% of the PG for a Family of four. For this Family size, the partial financial assistance eligibility range is \$35,325 (400% of the PG or \$94,200 - 250% of the PG or \$58,875), so the Guarantor's Resources are 46% of this range ($[\$75,000 - \$58,875]/\$35,325$), which caps their liability at approximately 5% of Resources ($46\% \times 10\%$). Since the remaining Patient Liability is below this cap ($\$75,000 \times 5\% = \$3,750 > \$1,620$), the Guarantor is responsible for \$1,620.

3. Uninsured Guarantor with a Family of four, Resources of \$75,000, and Patient Liability of \$30,000.
Patient Liability is reduced by \$13,800 after applying the uninsured discount ($\$30,000 \times 46\%$). The Guarantor's Resources of \$75,000 are 318% of the PG for a Family of four. For this Family size, the partial financial assistance eligibility range is \$35,325 (400% of the PG or \$94,200 - 250% of the PG or \$58,875), so the Guarantor's Resources are 46% of this range ($[\$75,000 - \$58,875]/\$35,325$), which caps their liability at approximately 5% of Resources ($46\% \times 10\%$). Since the remaining Patient Liability is above this cap ($\$75,000 \times 5\% = \$3,750 < \$16,200$), the Guarantor is only responsible for \$3,750, and the remaining \$12,450 will qualify for Financial Assistance.

4. Insured Guarantor with a Family of one, Resources of \$47,000, and Patient Liability of \$4,000.
The Guarantor's Resources of \$47,000 are 409% of the PG for a Family of one, and Patient Liability does not exceed 20% of their Resources (\$9,400), so the Guarantor is responsible for the entire amount.

5. Insured Guarantor with a Family of one, Resources of \$47,000, and Patient Liability of \$15,000.
The Guarantor's Resources of \$47,000 are 409% of the PG for a Family of one. However, Patient Liability exceeds 20% of Resources (\$9,400), so the Guarantor is only responsible for \$9,400, and the remaining \$5,600 will qualify for Financial Assistance.

6. Insured Guarantor with a Family of three, Resources of \$135,000, and Patient Liability of \$27,000.
The Guarantor's Resources of \$135,000 are 691% of the PG for a Family of three, so they do not qualify for Financial Assistance at any level of Patient Liability.

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A calculator is available to aid in determining Financial Assistance eligibility and any payment due from the Guarantor.