

**Purpose:** To establish a Financial Assistance Policy (FAP) to assist patients who qualify for Indigent or Charity Care in accordance with Federal Guidelines.

**Policy:** Summersville Regional Medical Center (SRMC) will make financial assistance programs available to all qualified patients who are US Citizens. SRMC will follow the procedure outlined below to determine qualification of Indigent or Charity Care patients to accurately record amounts provided for Charity Care in the financial statements and for reporting to state and federal agencies. FAP will be available to all patients without regard to race, creed, color, or national origin.

**Definitions:**

**Financial Assistance:** Full financial assistance that is provided to patients with a demonstrated inability to pay who have received medically necessary services and who have family income not in excess of 200 percent of the Federal Poverty Guidelines or partial financial assistance for patients who have received medically necessary services and who have incomes in excess of 200 percent but not exceeding 400 percent of the Federal Poverty Guidelines.

**Financial Counselor:** An individual trained to assist patients in identifying sources of healthcare coverage. Determining eligibility for such coverage, and assisting in completing applications for that coverage.

**Responsibilities:** It is the responsibility of SRMC personnel involved in managing a request for financial assistance from a patient who is or has received care at SRMC to understand this policy and to comply with it.

**Procedure:**

1. The Financial Assistance Program is available to all patients who indicate an inability to pay for all or a portion of their hospital bill. To determine eligibility, the patient/guarantor must complete the Financial Assistance Application for and provide documentation to support the request. Documentation includes most recent pay stubs or verification of income from all employers, most recent W-2 forms, tax return, and proof of any other type of income received, and current bank statements. SRMC reserves the right to review all information provided, including the review of the applicant's credit history for purposes of processing the application.
2. The Financial Assistance Program is effective with the date of the adoption of this policy and only accounts that were eligible on or after that date will be eligible for consideration.
3. The Financial Assistance Application will be submitted to the Financial Counselor for review.

4. The patient will be required to apply for WV Medicaid and provide eligibility determination.
5. If the applicant being reviewed was approved for Indigent or Charity Care within the last six months prior to the review, he/she is considered indigent/charity at the time of the current review unless there is a change in financial circumstances, such as income or household status. Each patient will be required to reapply at the end of each 6 month period.
6. Should a patient be deceased, a copy of the death certificate must be attached to the application and documentation must be recorded that efforts were made to verify income and estate information through a family member or other close associate of the deceased patient. If the deceased patient/individual has no estate, the account will be considered a charity care account.
7. All documentation and information requested within this policy must be submitted in its entirety and the application signed by the Patient/Guarantor in order for an application to be complete. An incomplete application will not be eligible for indigent or charity care. SRMC will provide written notice to applicants and describe what information is necessary to complete the application. Failure to provide information necessary to complete the financial assessment may result in a negative determination. The account may be reconsidered upon receipt of the required information.
8. Covered services include hospital based inpatient, outpatient, and rural health services. Professional fees for physician services are not covered under the Financial Assistance Program. Patients are not eligible to apply for assistance if:
  - a. The patient has medical/health insurance.
  - b. Procedures are cosmetic, non-emergent, or non essential.
  - c. The patient has been previously denied financial assistance or had their financial assistance terminated as a result of the patients use of false information or fraudulent actions.
  - d. The patient refuses to provide requested documentation or provides incomplete information.
9. Applications for Financial Assistance must be initiated within 240 days after first billing statement.
10. If a patient fails to pay amount due or to complete an incomplete application after receiving notice of additional requirements, SRMC will provide a letter informing the individual about further collection efforts that will be performed or resumed after 30 days.
11. Final determination as to eligibility for Indigent or Charity Care will be made within 15 days following completion of the application process.
12. The Financial Counselor will be responsible for notifying the patient in writing of the determination of the Financial Assistance Application whether approved or denied.
13. Applicants denied Indigent or Charity Care may qualify for a prompt payment discount or for a monthly payment plan.
14. Applicant confidentiality will be maintained in keeping with SRMC and HIPAA guidelines.

15. Following determination that a patient qualifies for financial assistance, the patient will not be charged more than the amount generally billed to patients who have insurance covering their care.
16. SRMC will place notice of Financial Assistance Policy and the Patient Financial Brochure in each registration area for notification that SRMC provides Indigent and Charity Care, and also advising where and how to request additional information.
17. SRMC will place the Financial Assistance Policy on the SRMC website and will have a link to the Financial Assistance Policy Application as well as the Patient Financial Brochure.
18. SRMC will place a notice on patient statements regarding the Financial Assistance Policy and how to request information about financial assistance.
19. SRMC will place an ad in the local and surrounding newspapers notifying members of the communities we serve about the Financial Assistance Programs offered at SRMC and how to obtain more information.
20. The Revenue Cycle Director must approve Indigent or Charity Care discounts up to \$5000.00, and additional approval is required from the CFO or CEO for amounts greater than \$5001.00.
21. Approved discounts will be submitted to the Patient Account Cashiers to key in the adjustment to the patient accounts.
22. Completed Financial Assistance Applications will be maintained within the Patient Accounts Department.
23. The CFO or CEO must approve any exceptions to this policy.

**FEDERAL POVERTY LEVELS  
(Nov 15, 2014-Feb 15, 2015)**

<b>Size of Household</b>	<b>100%</b>	<b>138%</b>	<b>150%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>	<b>400%</b>
<b>Discount</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>80%</b>	<b>60%</b>	<b>40%</b>
<b>1</b>	<b>\$11,670</b>	<b>\$16,105</b>	<b>\$17,505</b>	<b>\$23,340</b>	<b>\$29,175</b>	<b>\$35,010</b>	<b>\$46,680</b>
<b>2</b>	<b>\$15,730</b>	<b>\$21,707</b>	<b>\$23,595</b>	<b>\$31,460</b>	<b>\$39,325</b>	<b>\$47,190</b>	<b>\$62,920</b>
<b>3</b>	<b>\$19,790</b>	<b>\$27,310</b>	<b>\$29,685</b>	<b>\$39,580</b>	<b>\$49,475</b>	<b>\$59,370</b>	<b>\$79,160</b>
<b>4</b>	<b>\$23,850</b>	<b>\$32,913</b>	<b>\$35,775</b>	<b>\$47,700</b>	<b>\$59,625</b>	<b>\$71,550</b>	<b>\$95,160</b>
<b>5</b>	<b>\$27,910</b>	<b>\$38,516</b>	<b>\$41,865</b>	<b>\$55,820</b>	<b>\$69,775</b>	<b>\$83,730</b>	<b>\$111,640</b>
<b>6</b>	<b>\$31,970</b>	<b>\$44,119</b>	<b>\$47,955</b>	<b>\$63,940</b>	<b>\$79,925</b>	<b>\$95,910</b>	<b>\$127,880</b>
<b>7</b>	<b>\$36,030</b>	<b>\$49,721</b>	<b>\$54,045</b>	<b>\$72,060</b>	<b>\$90,075</b>	<b>\$108,090</b>	<b>\$144,120</b>
<b>8</b>	<b>\$40,090</b>	<b>\$55,324</b>	<b>\$60,135</b>	<b>\$80,180</b>	<b>\$100,225</b>	<b>\$120,270</b>	<b>\$160,360</b>

**\*Add \$4060 to income for each additional person above 8\***

**Physicians excluded in Summersville Regional Medical Center FAP are as follows:**

Fairview Health Associates  
Summersville Pediatrics  
Dr. Richard Trenbath  
Dr. Jeff Shook  
Dr. John Lackey  
Dr. Robert Feinstein  
Dr. Thomas Von Dohlen  
Dr. Jonathan Zuniga  
Valley Imaging  
Clinical Colleague's (CRNA)

Other non covered service include:

Extended Care Facility  
Physical Therapy  
Elective Procedures

(There may be other practitioners not listed that are not covered under SRMC Financial Assistance Policy)