



POLICY AND PROCEDURE NO: B0-012	ORIGINAL DATE: 01/01/2010
TITLE: FINANCIAL ASSISTANCE GUIDELINES POLICY	EFFECTIVE DATE: 01/01/2010
DEPARTMENT: BUSINESS OFFICE	APPROVED BY: Medical Staff; Leadership Committee

REFERENCES:

Policy:

Patients who do not have sufficient third party payer coverage, are not eligible for Medicaid or any other funded program and who are unable to pay for services will be considered for indigent/poverty care. Patients or the patient's guarantor are required to provide documentation to qualify for financial assistance. This designation requires that the patient/guarantor not have sufficient income or assets with which to pay for care. Patients or their guarantors are expected to assist with all such efforts to obtain third-party payments.

Verified dually eligible Medicare and Medicaid patients qualify for indigent care without completing a financial assistance application. These dually eligible accounts are also eligible for inclusion of Medicare Bad-Debt Cost report.

Medicaid beneficiaries that acquire Medicaid under SLMB, Family Planning, and/or exhausted day automatically qualify for indigent care with out completing a financial assistance application.

Lackey Memorial Hospital will not discriminate against any patient because of race, creed, religion or national origin.

Procedure:

1. Before an application for Financial Assistance can be considered, the patient/ guarantor may be asked to apply for Medicaid and present a denial letter with the application.
2. The patient /Guarantor will authorize Lackey Memorial Hospital to obtain consumer credit report.
3. Dually eligible Medicare and Medicaid patient's accounts must include Medicare and Medicaid remittance advice as evidence the patient is dually eligible and automatically qualifies for an indigent care write off. This includes services that are non-covered by Medicaid. These patients are not required to complete financial assistance applications.
4. An application for financial assistance will be completed with all financial and social information and submitted to the Hospital Business office. After verification that the application and documentation is correct the application will be submitted to the Patient Accounts Collections Representative for review.
 - A. Documentation required:
 - Medicaid denial letter if requested by facility
 - Most recent prior years tax returns
 - Proof of income: Pay check stubs for last month, if receiving unemployment, provide check stub.
 - Proof of any other house whole income.
 - Proof if income has changed since last tax return.
 - Proof of disability/ physicians work order restriction.
 - Outstanding medical bills for any other facility other than Lackey Memorial Hospital.
 - Rent or mortgage payment receipts for one month.
 - Utility bills, gas, electric, water.
 - Three months bank statements (checking and savings accounts).
5. After review, the completed application will be approved or denied. Reduced payment arrangements will also be determined
6. The application must be completed including signatures, dates and all applicable documents attached before application will be processed. If an incomplete application is received, it will be returned to applicant.
7. The Financial Application is to be returned to Lackey Memorial Hospital with in 2 weeks from the date it was given to applicant.
8. Approval is based on a sliding scale methodology. The scale is as follows:
 - If total income is 200% or less of Federal Poverty Guideline – The patient will qualify for 100% indigent care write-off.
 - If total income is between 200%/250% then 75 % indigent care write off will be applied
 - If total income is between 250%/300% then 50% indigent care write off will be applied
 - The patient balance after a partial write off will be subject to payment arrangement agreement.
9. The patient accounts collections representative and Director of revenue management will review and approve Accounts using the most recent annual HHS poverty guidelines prior to requesting and indigent write-off to The patients accounts. The financial application will be valid for 3 months after review
10. The hospital administrator, CFO, departments reserves the right to grant approval for financial aid on based on extraordinary circumstances on a case- by- case basis.
11. A letter will be sent to the guarantor with a list of all accounts and amounts approved / not approved within

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Date								