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Policy Area **Business Office**

Financial Assistance Policy

Purpose

This policy sets forth guidelines for the application and approval process of the Hospital Financial Assistance Policy. This policy applies to patients of Greene County General Hospital, My Clinics, and TeamOrtho.

Policy

Greene County General Hospital desires to assist qualified patients in providing needed care when they are unable to pay for that care.

Procedure

1. Definitions

- A. **Bad Debt** - Claims arising from rendering patient care services that Greene County General Hospital, using sound credit collection practices, determines to be collectible when it is believed that the person has the ability to pay.
- B. **Patient Income** - Includes but is not limited to salary, wages, pension from all sources; annuities; veterans benefits; social security payments; income from non-farm or farm self employment; income from personally owned business or from an owned or rented business; railroad retirement; unemployment compensation; worker's compensation; strike benefits; public assistance; HCI; training stipends; alimony; child support; military family allotment; income dividends; interest; rent or royalties.
- C. **Patients Assets**- Includes but not limited to liquid assets including cash, checking and savings accounts, cash value of life insurance policies, stocks, bonds and CD's
- D. **Financial Assistance** - Needed uncompensated care to those unable to pay for their services
 - 1. Financial Assistance does not include:
 - a. Government Allowances- the difference between government payments

- and billed charges.
- b. Other contracted discounts below billed charges.
- c. Care a medical professional determines to be unnecessary or inappropriate.
- d. Greene County General Hospital employee benefits.
- e. Care to those unwilling but able to pay (bad debts).
- f. Care to those unable to pay that is paid by others.

E. Persons eligible to apply for financial assistance:

1. Single Parents.
2. Unemployed.
3. Anyone aged 18 or over.
4. Uninsured whether employed or unemployed.
5. Those with significant deductibles or insurance provisions.
6. Low income families or individuals who do not qualify for financial assistance from other programs.
7. Transients.
8. Others who indicate inability to pay for care.

2. Procedures

A. Application Process

1. A Financial Assessment Statement (Financial Assistance Application-see attachment to this policy) for the financial assistance program will be given to any eligible person. It is to be completed and submitted to the Business Office. Assistance in doing so will be given to those who request assistance.
2. The application will be reviewed and the information verified before financial assistance is determined.
3. The patient (or legal representative, if a minor or incapacitated) is responsible for providing information necessary to determine income level.
4. Factors considered in determining the applicant's ability to pay include the following:
 - a. Health insurance coverage.
 - b. Personal, family, and household income.
 - c. Size of the applicant's dependent family.
 - d. Local or State government standards uses for determining aid to Families with Dependent Children.
5. Review of Assets
 - a. Factors that may be considered in determining the applicant's financial resources include the following:

- i. Liquid assets, including cash, cash value of life insurance, checking and savings accounts
- ii. Stocks, Bonds and CD's

b. Greene County General Hospital will include 20% of liquid assets in the calculation of income.

B. Approval Process

1. Each application is reviewed for completeness.
2. All information necessary is verified.
3. Recommendations for Financial Assistance will be submitted to the board for approval.
4. Each applicant is advised promptly in writing of the financial assistance approval or denial. Appeal of the decision will be permitted only on the basis of newly occurring information.

3. Financial Approval Guidelines

A. See attached schedule (attached to this policy)

1. The annual gross income figures used to determine eligibility for financial assistance will be at least three (3) month's income multiplied by four. If the applicant provides income information greater than three (3) month's income then the income will be annualized to determine annual income.
2. An exception to this may be made, if in the opinion of the Chief Financial Officer, the three month income is not reflective of the applicant's true ability or inability to meet his/her obligation. In this event, the income figures used will be that which is most reflective of the applicants true ability or inability to meet his/her obligation.
3. Current charges and related charges incurred by the patient within the four (4) month period from the date of the first statement to the date of written application for financial assistance will constitute the balance due. The decision to include additional months due to unusual circumstances will be made by the Chief Financial Officer.
4. The determined percentage of financial assistance will remain effective for subsequent visits up to three (3) months after the date financial assistance was granted. Additional three (3) month periods may be approved for assistance upon re-certification of financial eligibility. If the applicant provides documentation during the application process that provides evidence of a fixed income, then the application may be approved until the end of the year if longer than three months.
5. Patients seen in an office visit setting and approved for financial assistance will only pay a nominal flat fee for that particular service.

B. An individual whose annual gross income exceeds 200% of the current Poverty Income Guidelines published in the Federal Register will be excluded from consideration for charity unless, in the opinion of the Chief Financial Officer, unusual circumstances exist. In the event, the decision to grant or deny will be made by the Chief Executive Officer.

- C. In the event an individual has liquid assets, i.e., savings accounts, CDs, etc., sufficient to satisfy her/her obligation, the decision to grant or deny will be made by the Chief Financial Officer.
 - D. Individuals who wish to apply for financial assistance must complete and submit a Financial Assistance Application within thirty (30) days from the date the account was billed or becomes self pay, whichever occurs later, unless, in the opinion of the Chief Financial Officer, unusual circumstances exist. In the event, the decision to grant or deny will be based on the financial information provided.
 - E. The following situations will exclude an individual from eligibility for financial assistance:
 - 1. An individual's failure to apply for outside assistance, or failure to provide information which would lead to the discovery of the availability of outside assistance, i.e., Medicaid, Township Trustee, may be made, if in the opinion of the Chief Financial Officer, extenuating circumstances exist.
 - 2. A non-resident alien, present in this country under a visa which requires a statement that the alien is fully capable of self support, including medical services.
 - 3. An individual's failure to meet requirements imposed on conditional approval with the prescribed time frames or within thirty (30) days of notification of the requirements, whichever occurs later.
4. Measures to Publicize the Financial Assistance Policy
- 1. Posting the Financial Assistance Policy and Financial Assistance Application on the Greene County General Hospital website at the following location: www.greenecountyhospital.com.
 - 2. Providing paper copies of the policy and application upon request in registration at the hospital, all off-site clinics, and the business office at Greene County General Hospital.
 - 3. Informing patients about the policy in person or during billing and customer service phone contacts.
 - 4. Informing patients about the policy during financial assistance and insurance meetings with ClaimAid personnel located at the Hospital.

Revisions prior to PolicyStat

Original: Approved Date: 12/9/1994

Effective Date: 1/1/1995

Revised: 03/09/2012, January 2016, June 2022

Attachments

[2022 Financial Assistance Guidelines.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Brenda Reetz: Chief Executive Officer	6/22/2022
	April Settles: CFO	6/8/2022
	Rusti Henderson	6/8/2022

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