

UConn HEALTH

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UConn JOHN DEMPSEY HOSPITAL, UConn MEDICAL GROUP
ADMINISTRATIVE MANUAL

SECTION: FINANCIAL MANAGEMENT

NUMBER: 04-005

SUBJECT: FINANCIAL ASSISTANCE POLICY AND PROCEDURE

PURPOSE:

The financial assistance procedures are designed for the determination and handling of UConn Health's financial assistance program. It provides a reduced cost rate for medically necessary services incurred by "uninsured" patients whose household income does not exceed 250% of the Federal Poverty Level (FPL) guidelines.

Eligible Uninsured Patient is defined as:

- Whose income is less than 250% of the Federal Poverty Level
- Who has applied and has been compliant in the eligibility process and has been denied eligibility for any medical or health care coverage
- Who is not eligible for coverage under Medicare, Tricare, CHAMPUS, or any other federal programs, or privately sponsored health or accident insurance, including, but not limited to, workers' compensation, settlements or judgements arising from suits, claims or proceedings involving motor vehicle accidents or alleged negligence
- Who is liable for one or more UConn Health charges
- Who is a resident of the State of Connecticut

Patients are required to furnish proof of income or validated attestation to qualify for State of Connecticut sponsored financial assistance. Emergent situations will be considered on a case-by-case basis with approval from Administration.

This policy shall apply to all UConn Health services and utilized as part of the Single Billing Office (SBO) Policies and Procedures.

POLICY:

Consistent with its mission to deliver compassionate, high quality, affordable healthcare services, UConn Health strives to ensure that individuals who require health care services are not prevented from seeking or receiving care because of an inability to pay, or whose limited means makes it difficult to pay for the costs incurred by obtaining such services. UConn Health will provide, without discrimination, care of emergency medical conditions (as hereinafter defined) to individuals regardless of their eligibility for financial assistance or government assistance.

- All uninsured patients will be eligible for an uninsured discount, off of the published charges, regardless of their income or assets.
- All uninsured patients could be eligible for 100% discount, if the household income is less than 250% of the Federal Poverty Level.
- Uninsured patients, whose annual income falls between 250% and 400% of the Federal Poverty Level, will be eligible for a discount, in accordance with the requirements of IRS Section 501(r)(5) i.e., based an average of the three best negotiated commercial rates.
- Presumptive Eligibility may be used to determine discount, for uninsured patients, based on their propensity to pay, as derived from certain data elements such as the patient or guarantor's credit score or estimated family income.
- Insured patients are not eligible for financial assistance with the exception of catastrophic illness.
- Patients with catastrophic illness may be eligible for discount consideration if their outstanding balance exceeds 25% of their gross monthly income. Catastrophic illness is any medical condition, either acute or chronic, which incurred expenses that are not fully covered by private insurance, state, federal programs, or other resources. This may also include expenses that are in excess of a patient's maximum benefits.
- Services covered under this policy must be deemed medically necessary, which are required to identify or treat a medical condition, illness or injury, based on the patient's symptoms, diagnosis or treatment of the underlying condition, in accordance with professional standards of medical care generally accepted in the medical community.
- Services not covered under this policy are deemed not medically necessary, which are solely for the convenience of the patient, or considered cosmetic.
- Signs that are clear, concise, and easy to understand, written in both English and Spanish, notifying patients that UConn Health offers financial assistance, are posted in

the following operational areas: UConn Health Cashier Offices; Financial Advocates Office; Hospital Outpatient Departments; Patient Financial Services Departments; Hospital Emergency Department; UConn Medical Group Physician Offices.

PROCEDURE:

The Financial Assistance procedure is designed specifically to address the needs of patients who seek to obtain care from UConn Health and any entity associated with the Single Billing Office. It applies to all medical services provided under applicable state and federal laws. All eligibility for financial assistance will be determined on an individual case by case basis, and will be adjudicated based on an assessment of the patient's and/or family income, financial resources and obligations.

- Patients may obtain an application for financial assistance from financial counselors from the Patient Financial Services Department. The completed application must be returned to a financial counselor or to the attention of a supervisor of the Patient Financial Services Department.
- Applications can also be downloaded from the UConn Health website.
- Financial Counselors and Patient Financial Services staff are available to assist the patient with this process. Additionally, UConn Health has translation services available through the Language Line services.
- UConn Health will make every effort to determine patient's eligibility for financial assistance prior to their scheduled visit, or at the time of admission for their service. Patient/Guarantors are eligible to apply for financial assistance, for accounts that are still in Account Receivable, up to 210 days from the date of service.
- Accounts that are placed in Bad Debt will not be eligible for financial assistance.
- All applications must include documentation of all current household income. The required form of documentation will be one or more of the following:
 - a. Four (4) most recent consecutive weekly paystubs, two consecutive bi-weekly or semi-monthly paystubs. Paystubs must include employee's name.
 - b. A statement from employer on company letterhead stating your gross wages for the last four (4) weeks, signed by your employer.
 - c. If self-employed, a notarized self-employment worksheet for the last six (6) calendar months and current 1040 IRS form including all relevant schedules (C, D, E, SE, K, etc.)

- d. Report of confidential Social Security benefits, Form 2458, available at the local Social Security Office, OR a copy of your Social Security or Supplemental Security Income (SSI) check, OR a statement from the bank if you have direct deposit, OR your most recent Social Security Award Notice, Form SSA-4926SM.
 - e. Pension or annuity check stubs, OR a letter from the payor on the letterhead of the payor stating the gross amount.
 - f. Printout of Unemployment Compensation Benefits from the Department of Labor (DOL) or from the DOL website at www.ctdol.state.ct.us.
 - g. Workman's compensation or disability insurance (short term or long term) statement showing benefits and period covered.
 - h. Letter of Support - Signed statements indicating the amount and frequency of payments from relatives who are contributing to your household's support.
 - i. HUSKY Health Self Employment Income Verification Form.
- Applications must include documentation of unpaid UConn Health expenses. Any unpaid UConn Health expenses must be documented by a billing invoice and a balance due statement.
 - Application must include proof of Connecticut legal residency, which may in the form of a utility bill, with a Connecticut address, state issued ID, U.S. Green Card, or work visa.
 - An applicant will be considered eligible for financial assistance consideration only if eligibility and documentation requirements are met, and the application is returned within 30 days of application date, or approved by Administration due to extenuating circumstances which will be reviewed on a case-by-case basis.

Eligibility coverage will be considered for the current service date applied for plus six (6) months from this date. Patients must reapply after a six month period.

- UConn Health reserves the right to require a new application, less than six (6) months, if it is determined that the patient financial situation may have changed.
- After making the eligibility determination, the Financial Counselor Supervisor or their designee will notify the patient of the decision in writing within three business days.

a. Approvals \$.01 to \$2,499	Financial Counselor
b. Approvals \$2,500 to \$9,999	Financial Counselor Supervisor
c. Approvals \$10,000- \$49,999	Director, Single Billing Office
d. Approvals \$50,000+	AVP, Clinical Business Services
- Patient Accounts Supervisor and Financial Counselor Supervisor will audit on a monthly basis five (5) random applications granted for less than \$2,500 to ensure compliance

with program. Other random audits may also be performed by the Director of Single Billing Office or the AVP of Clinical Business Services.

- If an application is denied, due to failure to meet criteria, disapproval by management or for any other valid reason, UConn Health or the eligibility vendor shall notify the applicant of the denial, and the specific reason(s) for that determination in writing within the (30) days of initial receipt of the application. Likewise, applicant will be notified of approval within (30) days of approval received by Financial Counseling staff. The notification will include the appeal process for any denied application.
- The appeal process for denied financial assistance includes the following:
 - a. The specific reasons for the denial and the information that can be provided to appeal the denial. Upon notification of the denial, the applicant will have 30 days to appeal the decision and provide documents to substantiate the appeal
 - b. Additional information provided by the applicant will be re-evaluated by the supervisor or manager.
 - c. If the initial denial was found to be appropriate, the applicant must be notified within five (5) days of the decision.
 - d. Appeals process will follow the review process based upon dollar amount:
 - a. Denials \$.01 to \$2,499 Financial Counselor
 - b. Denials \$2,500 to \$9,999 Financial Counselor Supervisor
 - c. Denials \$10,000- \$49,999 Director, Single Billing Office and
AVP Clinical Business Services
 - d. Denials \$50,000+ AVP Clinical Business Services and CFO
- If after the appeal is reviewed, the denial is upheld, related account(s) shall be re-altered to reflect the appropriate (original) financial class. If the patient or guarantor fails to pay the account(s) in a timely manner, the accounts(s) may be referred to UConn Health assigned collection agencies and collection procedures will begin.
- If a payment is received on an account that has been approved for financial assistance, the payment amount shall be debited to the patient's account.
- In accordance with the federal requirements enacted as part of the Affordable Care Act (ACA), UConn Health will provide an on-line list of standard charges associated with services provided. These charges will be for the hospital components only. There may be professional fees related to services rendered, which will not be included.
- Normal billing procedures will continue during the application process. However, the account will not be referred to an outside collection agency.

- For patients who qualify for financial assistance and who are cooperating in good faith to resolve their discounted hospital bills, UConn Health may offer extended payment plans. UConn Health will not impose extra ordinary collection actions for non-payment of these balances without first making reasonable efforts to determine whether the patient may qualify for other payment arrangements.
- UConn Health may also make available for patients interest free loans with defined payment amounts and time, which are determined based on the outstanding balances owed.
- Applications will be scanned into the patient account and paper copies retained for a six (6) month period after the end of the fiscal year.

Chief Financial Officer

Date Issued: 3/19

Date Reviewed: 10/95; 10/97; 3/31

Date Revised: 12/97; 02/12; 03/15; 8/16; 3/19