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Approved: 05/2018
Last Revised: 05/2018
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Owner: *Jill Wills: Business Office Director*
Policy Area: *Business Office*
References:

Financial Assistance Program Policy

STATEMENT OF PURPOSE

To provide patient friendly assistance in determining qualifying customers for eligibility to receive financial assistance services.

POLICY

Sheridan Community Hospital (SCH), understands that not all patients/families are capable of withstanding the burden of payments for medical services required. SCH, thereby, recognizes the need to provide charity in a consistent non-discriminating manner. It is the policy of SCH to review carefully the needs of such patients/families and to offer assistance in release of financial obligation for services rendered at SCH.

POLICY PROVISIONS

- A. Financial Assistance Coordinator is responsible in working with applicants in attempt to assist qualifying for financial assistance programs based on Federal Poverty Guidelines, for which the patient/family qualifies.
- B. SCH reserves the right to interview, investigate, and verify all appropriate data to determine indigent eligibility. Including but not limited to credit check services for health care.
- C. SCH reserves the right to request assignment of all benefits from any possible insurance source, or other active programs enrolled in financial assistance.
- D. Failure by the patient/family to fulfill all responsibilities under any of the above programs, or to utilize available person resources, will automatically deny the application for assistance.
- E. Sheridan Community Hospital reserves the right to require patient/family to make application for Medicaid, county health plans, or other assistance as appropriate as part of the screening process.
- F. If a patient does not qualify for a 100% adjustment, and then defaults on paying their calculated obligation, they will be disqualified from the program and reinstatement of the original charges may occur at the discretion of the SCH Administration.
- G. It is our intention to provide contact information and access to meet with the Financial Assistance Coordinator for all uninsured and under insured patients and/or responsible party.

PROCEDURE

- A. Preferably prior to service, or shortly after, or at discharge a interview will be scheduled with the SCH Financial Assistance Coordinator and the patient/family member, or responsible party, to discuss program options.
- B. A financial assistant application packet will be given upon request and accessible to all patients and responsible parties to assist with the patients financial obligations on Sheridan Community Hospital website or by calling 989-291-6264.
- C. Patients are able to apply for financial assistance up to 90 days from the Date of Services.
- D. The financial statement must be completed and signed by the applicant along with the appropriate verification of income and assets, prior year's income tax return, current pay stubs etc. The application must be completed and returned within 30 days of inquiring about financial assistance program.
- E. Patient or responsible parties will be asked if the patient currently has state assistance or Medicaid or applied in the last 90 days. If not the patient or responsible parties will be asked to apply for state assistance or Medicaid.
- F. If application is not returned within 30 days patient will be informed by mail, giving the patient or responsible parties 10 days to contact Financial Assistance Coordinator about application.
- G. If patient or responsible parties do not respond to letters or take reasonable action to meet eligibility standards, the patient will be ineligible for financial assistance.
- H. To be eligible for assistance, the patient/family must meet the following criteria:
 1. SCH will use the Federal Poverty Income Guidelines to determine eligibility. Guideline can be found <https://aspe.hhs.gov/poverty-guidelines> 100% of allowable charges – income less than 150% of Poverty Income Guidelines. 75% of allowable charges – income between 151% and 200% of Poverty Income Guidelines.
 2. If unusual circumstances prevail and the patient/family does not necessarily meet the Hospital's financial eligibility criteria, SCH reserves the right to authorize assistance to the patient/family. This authorization will be based upon the level of authority to approve as outlined in 4 below.
 3. In the event SCH determines that patient/family is responsible for a reduced-fee portion of the hospital charge, the following arrangements will be made by the patient and/or responsible party for the obligation to the hospital:
 - The Financial Assistance Coordinator will determine with the patient/responsible party whether they are able to pay the co-pay portion in full, via cash, credit card, or loan.
 - The Financial Assistance Coordinator will set up payment arrangements in compliance with SCH policy on arrangements for payments on Self-Pay accounts. Payments of less than \$50.00 per month require the patient to show proof of need per the Patient Responsibility and Collection Policy.
 - Patients covered under the Charity program will remain active for six months from date of acceptance
 4. If the Financial Assistance Coordinator determines the applicant is eligible for assistance for the patient/family:
 - Determination on the application will be made within (30) days of signed application.
 - The total annual charity amount will not exceed the annual budgeted amount designated

for this purpose and will be applied to all accounts within the SCH network

- The Patient Account Director has the authority to approve assistance up to \$1500.
- The CEO has the authority to approve amounts up to \$20,000.
- The Board of Directors has the authority to approve amounts over \$20,000, with input of the CEO.

5. In the event a patient or responsible parties does not apply or qualify for the financial assistance under this policy, the collection actions SCH may take in the event of nonpayment are more fully described in Self Pay Collections/Credit Policy & Procedure.

6. Patients that are eligible for the Financial Assistance Policy (FAP) at Sheridan Community Hospital (SCH) will not be required to pay more than the Amounts Generally Billed (AGB) to patients with insurance. SCH will calculate its AGB percentage at least annually and AGB will be calculated using gross charges and payments associated with the Medicare program , and those of the majority of the Commercial payers that SCH participates with. SCH does not bill or expect payment of total charges from individuals who qualify for financial assistance under this FAP.

7. SCH reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

Attachments:

[Attachment FAP Policy Provider listing.xlsx](#)
[FAP Application.doc](#)
[Financial Assistance Program Policy - plain language summary.docx](#)

Approval Signatures

Step Description	Approver	Date
Board of Directors	Randy Flechsig: Hospital Administrator	05/2018
Medical Staff Committee	Kim Christensen: Director of Nursing / Risk Manager	05/2018
Policy Committee	Randy Flechsig: Hospital Administrator	04/2018
Business Office Department Manager	Jill Wills: Business Office Director	04/2018