

Grafton City Hospital Financial Assistance Policy

The Hospital understands there are patients who do not possess the ability to pay for medically necessary healthcare services. This Financial Assistance Policy outlines the Policy and Procedures to obtain financial assistance for these bills.

Eligibility determination is made based upon the following policy but Grafton City Hospital reserves the right to extend Financial Assistance in exceptional circumstances outside of the guidelines listed below. Grafton City Hospital may also amend or reverse the guidelines at any time.

POLICY:

A. Eligibility Criteria.

1. Income Threshold. Full Financial Assistance will be provided to those patients where the adjusted gross household income from the patient's federal tax return is at or below 200% of the federal poverty guidelines as published annually by the Community Services Administration in the Federal Register (Exhibit II) and where there are not substantial assets.
2. Bankruptcy Cases. Bankrupt patients may be considered for Financial Assistance upon receipt of bankruptcy notice. A Proof of Claim must be filed, except when the bankruptcy notice indicates that there are no assets from which any dividend can be paid.
3. Long Term and Catastrophic Illness. Patients not otherwise eligible, but who are financially needy as a result of long-term catastrophic illness, may be considered for a Charity Care Adjustment. Long-term catastrophic illness is any illness or injury that will likely require continuous or frequent treatment for more than one year, with the patient being liable for initial care up to two times their annual adjusted gross income.

B. Program Requirements.

1. Residency Requirement. The Financial Assistance program is designed for West Virginia residents. Financial Assistance will also be considered for out-of-state residents who arrive in our Emergency Room and for out-of-pocket expenses when the patient carries third-party insurance through commercial or government sources.
2. Medicaid (Medical Assistance) Application Requirement. Financial Assistance will be denied to patients who refuse to take reasonable actions necessary to obtain medical assistance available through outside health and welfare agencies, when referred by the Financial Counselors. This may include working Grafton City Hospital Medicaid trained employees who can assist patients with government programs. Documentation in the form of a denial letter from West Virginia Medicaid or from the Medicaid program in the State of residence, or chart notes/denial letter from the outside contracted agency indicating the reason for the Medicaid denial is required. This documentation must be dated within the last 90 days and sent with the Financial Assistance application.
3. Current Patient Requirement. Applications will only be processed for a patient with a current balance (within 240 days from first billing statement), a scheduled appointment or a patient in need of financial clearance prior to obtaining an appointment.

C. Assistance Levels.

1. Grafton City Hospital offers free care to individuals meeting the above Financial Assistance eligibility criteria.

D. Distribution of Financial Assistance Policy.

Information regarding Financial Assistance will be available:

- Through our website: www.graftoncityhospital.com, by calling our Patient Financial Counselor at (304) 265-0400.
- Through postings in public areas of the facility (including admission areas, waiting rooms, and the Emergency Room Department).

PROCEDURE:

A. Requesting an Application.

Existing patients with a current balance, scheduled appointments, or patients in need of financial clearings prior to obtaining an appointment can find Financial Assistance Applications from the following sources:

- Through our website: www.graftoncityhospital.com, by calling our patient Financial Counselor at (304) 265-0400.
- Through postings in public areas of the facility (including admission areas, waiting rooms, and the Emergency Room Department).

B. Application procedure During the Billing Process.

While every effort is made to identify those patients eligible for a Charity Care Adjustments upon admission and outpatient registration, it is ultimately the patient's responsibility to make arrangements for their bill. Patients who call or write to the hospital's Patient Financial Counselor indicating an inability to pay are sent a Charity Care Application Form to complete and return to the Billing Department within 30 days. However, Charity Care Application forms may be accepted up to 240 days from the first billing statement.

C. Incomplete Applications.

If an incomplete application is received, the patient will be notified of the missing information and/or documentation that are needed, along with information on the policy. The patient will also be notified that the collection actions will continue if the information is not received within 30 days, or the end of the application period (240 days from the first post discharge billing statement), whichever is later.

D. Application Evaluation Procedure.

1. Financial Assistance requests must have a Financial Assistance Application (Exhibit I) completed and submitted to the Patient Financial Counselor for evaluation. All required verification/documentation must accompany the Application. Failure to comply may result in a denial of Financial Assistance.
2. Financial Assistance Applications will be reviewed and evaluated by the following personnel: patient Financial Counselor and Director of Patient Accounts.
3. Household Adjusted Gross Income from the applicant's Federal tax return will be used to determine whether the applicant meets the current income/asset guidelines (Exhibit II). These criteria have been modified to more closely duplicate the requirements used in programs available through Healthcare Reform. If the patient has not filed a Federal tax

return, or their income situation has changed, gross income documented on pay stubs or income letters from the most recent 30 day period will be used.

4. For the purpose of reviewing a Financial Assistance Application, the following will apply:
 - Member of the Household: Will include all persons currently claimed on the Federal Tax Return.
 - Monthly Income: Monthly income will include all wages, self-employment, Social Security, pension, dividends, interest, rental income, unemployment and/or workers' compensation income.
 - Medical Expenses: The applicant may provide detail of non-Grafton City Hospital medical expenses. This information may be used to help offset monthly income.
 - Employment of Household Members: Will include all forms of employment, including self-employment, for every household member.
 - Property Assets: All property including second home, mobile home, vehicles, lands, campers, boats, motorcycles, stocks, bonds and CDs.
 - Insurance: Documentation of all medical insurance coverage or if insurance was offered but declined documentation from the employer supporting your reason for declining. If the patient has applied for coverage through the Healthcare.gov insurance marketplace, but have elected not to purchase the coverage, the patient should provide a print-out from the website indicating the amount of the monthly premium.
 - If cash convertible asset information is exactly twice the amount of the patient portion of the Grafton City Hospital bill or more, applicant is not eligible for assistance. If substantial hard assets exist, they will be considered.
 - Applicants for Financial Assistance will be notified of the approval or denial. An applicant may appeal a denial and request a re-evaluation which will be processed as outlined in the appeal procedure. Upon denial of Financial Assistance, the patient will be responsible for immediate arrangements for the balance due, to prevent collection activity. Please refer to the "Billing and Collection Policy" for the collection process.
 - If an applicant is found to have withheld information requested on the Financial Assistance Application Form or given false information, an approved or pending Financial Assistance adjustment may be reversed or denied.
 - If a Financial Assistance Adjustment is reversed on a patient account, the balance will be due immediately.

E. Financial Assistance Account Adjustments – Approved Applications.

1. If a patient has made payments on an account and are subsequently approved for Financial Assistance, any payments made for the account balance that initiated the application will be refunded to the patient. Balances paid for prior dates of service will not be refunded.
2. If a patient is approved for Financial Assistance after Grafton City Hospital engaged in Extraordinary Collection Actions (ECAs), the hospital will take reasonable measures to reverse such actions (e.g. wage garnishments, judgments, liens).
3. Retrospective Adjustments:
 - Patients who were not eligible for Medicaid at the time of service but become eligible for Medicaid within 2 years of the date of service will be eligible to have balances adjusted for Financial Assistance as a courtesy.

- Although the patient may not have applied for or been granted financial assistance for prior dates of service, once charity is approved for a current date of service, prior unpaid balances will be adjusted for Financial Assistance for balances owed within the last two years from the approval date. Patients who are on an active payment plan and apply and meet charity guidelines will have remaining payment plan balance adjusted as Financial Assistance. This is done as a courtesy for patients currently meeting financial assistance guidelines.
- 4. Subrogation: Patients will be required to assign or pay, to the Grafton City Hospital, all insurance payments or liability settlements received for medical expenses. Payments received on an account with a Financial Assistance adjustment will be applied to the account and the adjustment reversed up to the amount of the Financial Assistance adjustment.
- 5. Credit reports or personal property tax records may be used to confirm information provided on the application and may be part of the basis for our decision.

F. Appeal Process.

1. If a Financial Assistance Applicant is denied, the applicant may appeal the denial and request a re-evaluation. The appeal must be submitted in writing within 30 days of the denial date.
2. Upon receipt of a written appeal to a Financial Assistance denial, the applicant's Financial Assistance Application will be re-evaluated by one of the personnel authorized to review and approve/deny a Financial Statement who was not involved in the initial evaluation. A written response of approval or denial will be issued within 20 days of receipt of the appeal.
3. If the applicant for Financial Assistance is denied on an appeal and the applicant still disputes the decision, the applicant must submit a second appeal within 30 days of the date of the second denial. This will be the final appeal accepted from the applicant.
4. The final appeal will be evaluated by two (2) of the designated personnel authorized to approve/deny a Financial Assistance Application. Their evaluation will be completed within 20 days of receipt of the appeal and a detailed, written response will be sent to the applicant outlining the reason(s) for the approval/denial.