

TITLE: **Holland Hospital Financial Assistance Program**

POLICY: Holland Hospital is dedicated to providing emergent and medically necessary health care services regardless of age, gender, cultural background, physical mobility or ability to pay. All billing and collection policies and practices will reflect the mission and values of Holland Hospital. Holland Hospital provides care for medical conditions to individuals, without discrimination and regardless of Financial Assistance eligibility.

PURPOSE: To define and establish guidelines by which Holland Hospital will provide financial assistance to those residents within our service area who are unable to pay for medical necessary health services at our non-profit facilities.

**RESPONSIBILITY/
SCOPE:** All Hospital services and locations.

POLICY **AVAILABILITY:**

CONTENT: Information related to the Financial Assistance policy is available:

- a. Online at the Holland Hospital Website: hollandhospital.org
- b. By calling the Customer Service Line (616) 394-3122
- c. On the billing statement
- d. Any Patient Access Staff by verbal communication or
 - Financial information business card
 - Financial assistance flier/poster

Holland Hospital will make all reasonable efforts to determine whether the patient is eligible for financial assistance, and may take the following measures to widely publicize the policy to its patients and the community including but not limited to:

- a. Post the policy on the Hospital website
- b. Reference the Financial Assistance policy on billing statements
- c. Post the opportunity for Financial Assistance in the emergency waiting room and admission offices, along with how to contact and request a copy of the policy.
- d. Reference the policy and the opportunity for Financial Assistance upon registration.
- e. Provide the policy upon request.
- f. Reference the policy and opportunity for Financial Assistance in brochures and other communications.

METHODS FOR APPLYING ASSISTANCE:

Patients can apply by requesting an application in person or over the phone. The patient may also access www.hollandhospital.org to download a copy of the application. The application may be faxed to 616-394-3747 or dropped off in person at the Cashier's Office at our main campus, which is located at: 602 Michigan Ave. Holland, MI 49423. The application may also be mailed to Patient Financial Services 602 Michigan Ave Holland, MI 49423. Patients have 240 days from the date of the first statement to apply for financial assistance.

QUALIFICATIONS:

Financial – Holland Hospital or a designated representative will provide the initial screening to determine if a patient is unable to pay for services rendered. Consistent with EMTALA, all applicable Holland Hospital facilities will provide an appropriate medical screening to any individual, regardless of ability to pay, requesting treatment for a potential emergency medical

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condition. If, following an appropriate medical screening, Holland Hospital personnel determine that the individual has an emergency medical condition, Holland Hospital will provide services, within the capability of the facility, necessary to stabilize the individual's emergency medical condition, or will effect an appropriate transfer as defined by EMTALA. Holland Hospital's policy is to provide Emergency and Medically Necessary Care on a non-profit basis to patients without regard to race, creed, or ability to pay. In addition, Holland Hospital disallows actions that discourage individuals from seeking medical care.

Patients who are financially unable to comply with Holland Hospital's payment policy will be screened to determine whether or not they meet basic financial assistance criteria. Holland Hospital customer service representative will complete a financial assessment when it is determined that a patient is uninsured or underinsured and they do not meet the qualifications for any of the available Medicaid programs including Healthy Michigan. Accounts that do not qualify for either program may be processed using an automated tool of choice by Holland Hospital to verify income, household size, ability to pay, and/or Federal Poverty Level (FPL). In all other cases, the patient will be asked to complete a financial assistance application and provide the required information. The applicant's assets may not exceed the Medicaid accepted level with the exception of the following:

Minimum protected asset levels will be as follows:

- a. \$2,000 for single individual
- b. \$3,000 for a couple
- c. \$200.00 for each additional dependent. (Dependent: under the age of 18)
- d. Assets that are considered above Medicaid guidelines such as boats, second vehicles, second homes, motor homes, recreational vehicles, etc.

Financial Assistance Applications are available to all patients that request one. The following information is required to be submitted with the application:

- a. Bank statements – the prior three months
- b. Most recent tax returns
- c. Pay stubs – the prior three months
- d. If unemployed, letter of support from the person that is assisting the patient with living expenses.

MEDICAL NECESSITY:

Services eligible for financial assistance will be those considered by Medicare to be a medical necessary, which is defined as healthcare services or supplies needed to diagnosis or treat illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. Services that are cosmetic or elective in nature will not be considered for financial assistance. Any services provided as a result of illegal activity will not be considered for financial assistance.

PARTICIPATION:

The patient must apply for Medicaid or a Qualified Healthcare Program or provide proof of denial or exemption. A patient who qualifies for Medicare must also enroll in Part B benefits. If Medicare Part B covers the service rendered and the patient does not have coverage, financial assistance will not be considered. If any information is not provided or the patient is non-compliant, the application process will be discontinued and any patient balances will remain self-pay.

ELIGIBILITY PERIOD:

The financial assistance eligibility period is six (6) months from the date of the original



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determination. If his or her income or assets change within that six month period, Holland Hospital reserves the right to request a new application and verification. The patient is responsible for notifying customer service when there is a new self-pay balance due.

APPEALS:

Denials may be appealed by the applicant in writing within 14 days of the date on denial letter. First level appeal determination is made by Patient Financial Services Manager. Second level appeal determination is made by the Director of Billing and Collections and are final.

DETERMINATION:

Determination of financial assistance status will be made within 10 business days following the receipt of the all of the required information; however, more complex situations may take up to four weeks. All patients will be notified in writing once a determination of the level of financial assistance is made.

CATASTROPHIC:

Holland Hospital reserves the right to review catastrophic cases on an individual basis by reviewing medical bills and income for the past three months.

CALCULATION:

Holland Hospital will use a sliding scale up to 300% of the current Federal Poverty Level Guidelines as the eligibility criteria for financial assistance. This scale will be updated annually.

- a. Total income will be based on the gross total income to match the criteria on the Federal Poverty Guideline, with the exception of the self-employed who will have their Schedule C Net Income reviewed.
- b. The basis of the amounts charged under this policy will be:
 - Holland Hospital will use the Look-Back Method to determine the Amounts Generally Billed (See Appendix B).
 - A 30% uninsured discount will be applied to gross charges for all uninsured patients regardless of financial assistance eligibility.
 - Patients will not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care provided to individuals with insurance receiving similar care.
 - The financial assistance base will be the lesser of 1) Amounts Generally Billed (AGB) or 2) the amount due after payments and adjustments from other sources as applicable.
 - Based on the patient’s level of qualification, he or she may be eligible for a further reduction according to the sliding scale below.
 - The remainder (if any) will be the patient responsibility under this policy.

<=225% of Federal Poverty Guidelines	226-250% of Federal Poverty Guidelines	251-275% of Federal Poverty Guidelines	276-300% of Federal Poverty Guidelines
AGB Reduction	AGB Reduction	AGB Reduction	AGB Reduction
Eligible for 100% Reduction based on FPL	75% Additional Reduction based on FPL	50% Additional Reduction based on FPL	25% Additional Reduction based on FPL



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PARTICIPATING PROVIDERS:

See Appendix A for a list of participating provider groups.

ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON-PAYMENT:

The actions taken in the event of non-payment are described in the Billings and Collections Policy. This policy is available free of charge:

- a. On the Holland Hospital website: www.hollandhospital.org
- b. By calling Patient Financial Services at 616-394-3122.
- c. By request in person at the Cashier's Office on the main campus:
602 Michigan Ave.
Holland, MI 49423

ACCOUNTS IN COLLECTIONS:

Accounts that have been placed with a collection agency will be given the same consideration for financial assistance as current accounts and will be adjusted accordingly.

Holland Hospital reserves the right to alter, amend, modify or eliminate this policy/procedure at any time without prior notice.

REFERENCE 29.2.3.12 Spanish Version

AUTHORED BY: Director, Billing and Collections

APPROVED BY: CFO
Board of Directors

APPENDIX A

Holland Hospital Hospitalists
Holland Hospital Urgent Care
Lakeshore Health Partners
Bone and Joint Center
Western Michigan Urological Associates
Behavioral Health
West Michigan Pathology Associates

APPENDIX B

**CALCULATION OF AMOUNT GENERALLY OWED BY INDIVIDUALS
ELIGIBLE FOR FINANCIAL ASSISTANCE**

Holland hospital limits the amount owed by individuals eligible under this Financial Assistance Policy who received services except for cosmetic and elective procedures to an Amount Generally Billed (AGB) to patients covered by Medicare and Private Insurers. In addition, Holland Hospital also limits the eligible patient's financial responsibility to less than total charges. Holland Hospital shall periodically, at least once a year, update the AGB calculation and re-evaluate the method used. The AGB shall be based on all services provided to Medicare and Private Insured patients fully adjudicated as of the end of a recent 12-month look back period ending no more than 120 days prior to the effective date of the policy or every April 1st thereafter. The calculation of the current AGB is as follows:

$$\frac{\text{Total Medicare and Private Insured Allowed Reimbursement}}{\text{Total Medicare and Private Insured Gross Charges}} = \text{AGB Percentage}$$

(Current AGB is 39.4% effective April 1, 2016)

The eligible individual's financial responsibility is calculated as follows and applied to the patient liability only (Excluding any portion assumed or paid by insurance or other entities on behalf of the patient):

$$\text{Total Gross Charges for the Services Rendered} \times \text{AGB Percentage} = \text{Patient Financial Responsibility}$$