



ACMH FINANCIAL ASSISTANCE POLICY

PURPOSE:

Armstrong County Memorial Hospital is committed to providing services to our patients regardless of their ability to pay. To fulfill this commitment, we work closely with our patients to help them meet their financial obligations for hospital services. For those who find it difficult or impossible to meet these obligations, the ACMH Financial Assistance Program may be able to help.

POLICY:

The ACMH Financial Assistance Program is designed to offer assistance to a patient or responsible party who demonstrates an inability to pay for some or all of services rendered. This can be identified either at the time of service/scheduling or upon the patient's receipt of a bill.

PROCEDURE:

- 1) ACMH Financial Assistance will be provided to the patient in the form of balance forgiveness (charity) and will be determined by application or through the use of an acquired external party score that indicates the patient's ability to pay.
- 2) You must apply for Financial Assistance within 240 days from date on which your balance became self-pay.
- 3) The Financial Assistance application process includes the following:
 - a. A completed application must be presented to the Financial Counseling Department. The application form must be completed in its entirety. (Copy Attached)
 - b. All supporting documentation is required with the application form, including proof of income and proof of assets
 - c. Financial Counselor will review and verify the completed application and supporting documentation, using the Financial Assistance application checklist and guidelines. (Copy attached)

- d. Determination will be made as to the patient's eligibility and level of balance forgiveness for which the patient qualifies.
 - e. Copies of the application and supporting documentation will be retained by the facility for as long as record retention policies dictate.
 - f. Open balance accounts will be reviewed for qualification of balance forgiveness and appropriate adjustments will be made.
 - g. The patient/guarantor will be notified in writing of the determination of eligibility for Financial Assistance.
 - h. The patient/guarantor will be instructed to present the letter of notification of eligibility when registering for future services at ACMH. The letter is valid for Medicare patients for a period of 1 year and non-Medicare for a period of 6 months. All letters presented with an expired date will be removed from the account and the patient advised to re-apply.
 - i. If the application for Financial Assistance includes an in-patient stay, observation stay or out-patient surgery a determination letter from the county Medicaid office will be required.
- 4) Any material misrepresentations will result in the reversal of approved applications, and denial of open applications. Any related reductions will be reversed and the applicant will be barred from participation for a period of 3 years.
 - 5) Services considered to be personal and/or cosmetic will not qualify for Financial Assistance.
 - 6) Medical savings, reimbursement and all other similar accounts must be depleted prior to providing any type of financial assistance.
 - 7) Proceeds from personal policies (such as AFLAC) must be applied to account prior to Financial Assistance.

LISTED BELOW ARE THE POVERTY INCOME GUIDELINES AS OF February 8, 2016

<u>FAMILY</u>	<u>CATEGORY A</u>	<u>CATEGORY B</u>
1	\$23,760.00	\$ 29,700.00
2	32,040.00	40,050.00
3	40,320.00	50,400.00
4	48,600.00	60,750.00
5	56,880.00	71,100.00
6	65,160.00	81,450.00
7	73,460.00	91,825.00
8	81,780.00	102,225.00

ADD \$8,320.00 (CATEGORY A) AND \$10,400.00 (CATEGORY B) FOR EACH FAMILY MEMBER IN EXCESS OF EIGHT. These figures are defined by the Department of Health and Human Services Guidelines.

THE PATIENT'S SHARE OF CHARGES IS AS FOLLOWS:

<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>LEVEL 4</u>
0%	25%	50%	75%

SPECIAL NOTE: THE BOARD OF DIRECTORS WILL REVIEW THESE GUIDELINES ANNUALLY.