

**THE GRIFFIN HOSPITAL
BUSINESS OFFICE
STANDARD OPERATING POLICIES**

SUBJECT: UNINSURED PROCESS/FREE CARE ASSISTANCE/FREE BED FUNDS

EFFECTIVE DATE: 4/2013

SUPERCEDES: 1/2010

RESPONSIBLE DEPT: Business Services

APPROVED BY:

Administrator

Reviewed/revised; 4/2013 – M. Milardo, Jr.

POLICY:

The following policy represents Griffin Hospital's procedures for the Uninsured Patient, Free Care Assistance, and Free Bed Funds available for patients who do not have medical insurance.

Uninsured Patient Procedure

1. Patients that are either scheduled or registered with no active insurance will import onto the three Financial Advisors ONTRAC worklist.
2. Patients that are registered will receive a state application packet from the Patient Access staff. This consists of the Financial Advisor's business card, state application, and list of documents needed to complete the state application. A listing of the DSS offices is included in the packet.
3. All patients identified will receive a call or a direct visit, if admitted to the hospital, by a Financial Advisor.
4. The Financial Advisor will screen the patient for any current sponsorship and discuss all eligibility options with the patient.
5. If the patient meets criteria, the Financial Advisors will begin the Husky application process with the patient.
6. A due diligence process will be followed by the Financial Advisors to ensure that the patients are pursuing active coverage. The Financial Advisors will monitor the DSS website to track the progress of the application with the state.
7. Once eligibility has been determined, all appropriate accounts will be updated to the Husky insurance and billed accordingly.
8. All uninsured patients not granted state/Husky coverage will have the CHA uninsured rate applied to their account. The uninsured rate was determined by the hospital to represent the Connecticut not-for-profit hospital discount policy as adopted by the Connecticut Hospital Association 4/10/2006.

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BUSINESS OFFICE
STANDARD OPERATING POLICIES**

SUBJECT: UNINSURED PROCESS/FREE CARE ASSISTANCE/FREE BED FUNDS

Free Care Assistance

1. Any patient requesting consideration for free care assistance in paying their Griffin Hospital bills or financial responsibility after insurance payment should contact the hospital's Financial Advisory staff.
2. The Financial Advisor will obtain the following information from the patient in order to complete the Free Care application. The information required from the patient to complete the free care application is as follows:
 - Patient W-2 form or most current and completed tax return.
 - Or three consecutive paystubs from the patient's current employment/proof of Social Security.
 - Dependent information (spouse and minor children only).
 - Any or all bank and checking account statements.
3. The Financial Advisor will refer to the Griffin Hospital sliding scale. This is based on the Federal Government Poverty Income Guidelines (see attached sliding scale). The Financial Advisor will make a determination of the patient's free care eligibility status.
4. If the patient qualifies for free care assistance, the applicable discount percentage will be applied to the patient's account balance. Then a letter (attached) will be sent out reflecting the patient's new adjusted balance.
5. If a patient does not qualify for free care assistance, the Financial Advisor will attempt to:
 - Obtain payment in full
 - Send to an outside agency to set up a monthly payment arrangement
6. If the patient does not maintain the agreed upon payment schedule, the account will be forwarded to an outside collection agency at the full remaining balances.
7. If it is later determined by the Griffin Hospital or a collection agency acting on behalf of Griffin Hospital that the patient's financial conditions have changed and the patient was unable to pay the outstanding account balances, an Administrative Override may be applied by the Business Services Collection Supervisor or Director of Business Services. All Administrative Overrides will be signed off by each of those parties.
8. The Business Services Collection Supervisor will maintain all monthly spreadsheets that will identify all applied Free Bed Funds, Uninsured, and Free Care Assistance allocated on a monthly basis.

**THE GRIFFIN HOSPITAL
BUSINESS OFFICE
STANDARD OPERATING POLICIES**

SUBJECT: UNINSURED PROCESS/FREE CARE ASSISTANCE/FREE BED FUNDS

FREE BED FUNDS:

The hospital has the following Free Bed funds available for patients who meet the following outlined criteria for each fund:

1. The ENO Fund: The applicant must be a worthy Protestant woman, 60 years of age or older, and be a resident of Ansonia, Derby or Seymour.
2. Pine Trust: The fund is available to indigent patients of Griffin Hospital who reside in the City of Ansonia.
3. DN Clark: The fund is available to Shelton residents.

All Free Bed Funds granted are processed through the hospital's Financial Advisor staff.

Griffin Hospital Sliding Scale

For the Insured and Uninsured Patient - Responsible for an Account Balance on or February 1, 2013

Size of Family	of 250% HHS Poverty Income Guidelines: 100% FreeCare	of 280% HHS Poverty Income Guidelines: 85% FreeCare 15% Patient Share	of 310% HHS Poverty Income Guidelines: 75% FreeCare 25% Patient Share	of 340% HHS Poverty Income Guidelines: 50% FreeCare 50% Patient Share	of 370% HHS Poverty Income Guidelines: 35% FreeCare 65% Patient Share	of 400% HHS Poverty Income Guidelines: 30% FreeCare 70% Patient Share
	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>	<u>Greater Than</u> / <u>Up to</u>
1	0-28,725	28,726 / 32,172	32,173 / 35,619	35,620 / 39,066	39,067 / 42,513	42,514 / 45,960
2	0-38,775	38,776 / 43,428	43,429 / 48,081	48,082 / 52,734	52,735 / 57,387	57,388 / 62,040
3	0-48,825	48,826 / 54,684	54,685 / 60,543	60,544 / 66,402	66,403 / 72,261	72,262 / 78,120
4	0-58,875	58,876 / 65,940	65,941 / 73,006	73,007 / 80,070	80,071 / 87,135	87,136 / 94,200
5	0-68,925	68,926 / 77,196	77,197 / 85,467	85,468 / 93,738	93,739 / 102,009	102,010 / 110,280
6	0-78,975	78,976 / 88,452	88,453 / 97,929	97,930 / 107,406	107,407 / 116,883	116,884 / 126,360
7	0-89,025	89,026 / 99,708	99,709 / 110,391	110,392 / 121,074	121,075 / 131,757	131,758 / 142,440
8	0-99,075	99,076 / 110,964	110,965 / 122,853	122,854 / 134,742	134,743 / 146,631	146,632 / 158,520

1. Source: Federal Register, Vol. 76, No. 13, January 24, 2013. PP 3637-3638

2. For family size with more than eight (8) members add \$4,020 for each additional member.

3. This sliding scale is based on the 2013 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia

Effective 2/1/2013

Uninsured Policy - Prior to
April 2013

**THE GRIFFIN HOSPITAL
STANDARD OPERATING POLICIES****SUBJECT: FREE BED FUNDS/UNINSURED PROCESS/FREE CARE ASSISTANCE****EFFECTIVE DATE: 7/2011****SUPERCEDES: 1/2010****RESPONSIBLE DEPT: Business Services****APPROVED BY:**

Administrator

POLICY:

The following policy represents Griffin Hospital's policies and procedures for Free Bed Funds, Uninsured Patients, and Free Care Assistance. All three policies identify funds available for patients having services provided at Griffin Hospital who do not have any type of medical insurance on service date.

PROCEDURES:**Free Bed Funds:**

1. Griffin Hospital has published a Free Bed Pamphlet that is located in all patient registration work stations. The pamphlet is outlined in both English and Spanish (see attached sample).
2. The Free Bed Pamphlet is available to all patients admitted to or registered at Griffin Hospital.
3. The pamphlet identifies to the patients the Griffin Hospital Free Bed Funds and the criteria for qualifying for the funds. Free Bed Funds available are:
 - The Eno Fund: an applicant must be a worthy Protestant woman over 60 years old and reside in the town of Ansonia, Derby or Seymour.
 - Pine Trust: available to indigent patients of Griffin Hospital who reside in the City of Ansonia.
 - DN Clark Fund: available to Shelton residents proving financial hardship.
4. To apply for Free Bed Funds, the patient will meet with the hospital Financial Advisor to complete the Free Bed Fund Application.
5. All patients who are seen by the Financial Advisors are required to sign off on the Free Care/Free Bed Informational Letter (attached).

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SUBJECT: FREE BED FUNDS/UNINSURED PROCESS/FREE CARE ASSISTANCE

6. A monthly report will be maintained for each Free Bed Fund by the Collection Supervisor. The month end report will identify the following:
- total patients who applied for the Free Bed Fund.
 - determination of the Free Bed Fund application process
 - total dollar amount applied toward each of the Free Bed Funds
 - total balance remaining in each Free Bed Fund

A quarterly update of the status of all Free Bed Funds will be provided to the Vice President, Finance.

Uninsured Patient Procedure

1. The patient is registered by the Admitting Registrar who will identify the patient as having no medical insurance (self pay).
2. The patient will be given a Financial Assistance Pamphlet that will identify all Griffin Hospital Free Care assistance programs. The pamphlet also includes hospital contacts for patients seeking State welfare, Saga (City welfare), or other State programs.
3. Patients who register as having no medical insurance with account balances over \$3,000 will be referred to the hospital Eligibility Worker. The patient will be seen or contacted by phone within 24 hours of admission. If the Eligibility Worker is unable to ensure this requirement, a Financial Advisor will take the necessary steps to fulfill this requirement. All accounts under \$3,000 will be referred to the hospital Financial Advisors.
4. The hospital Eligibility Worker will complete a financial screening for those patients seeking Title 19 eligibility and for the uninsured status.
5. The hospital Eligibility Worker will identify all patients meeting the State/Saga and Husky program criteria. For patients meeting the criteria, the application process will be completed and all paperwork forwarded to the appropriate State department for processing.
6. The patients who do not meet the criteria for the State/Saga/Husky programs will be referred to the hospital Financial Advisor.
7. The Financial Advisor will begin a review to determine if the patient meets the uninsured criteria identified in Public Act 03-266. A letter will be sent to the patient requesting the patient to verify that they do not have medical insurance as identified during their hospital registration process. The letter will also request additional patient information regarding the patient's income if necessary. The criteria the patient must meet as identified in Public Act 03-266 are as follows:
 - patient's income, based on family size, falls under 250% of the poverty income guidelines (see attached poverty income guideline scale).

**THE GRIFFIN HOSPITAL
STANDARD OPERATING POLICIES**

SUBJECT: FREE BED FUNDS/UNINSURED PROCESS/FREE CARE ASSISTANCE

- hospital has made a full determination as to the status of the State/Saga/Husky programs (if applicable)
 - all Griffin Hospital Free Bed funds have been reviewed and determined non-applicable for the patient in review
8. If the patient responds to the letter sent out by the Financial Advisor, this will begin the application process for the verification of the uninsured patient status. The following information will need to be finalized with the patient in order for the uninsured determination to be made:
- proof of patient income and family size
 - hospital has made a final determination as to the status of the State/Saga/Husky programs (if applicable)
 - verification of all Free Bed Funds being reviewed with the patient
9. Upon determination that a patient meets the outlined criteria, the patient will be classified as follows:
- Uninsured Status; the patient's account will be taken from total gross charges and reduced to cost by applying factor supplied annually by OHCA.
 - The patient will be informed of this decision and will be sent a copy of their bill which will reflect the balance at reduction
 - The patient will be advised of the balance that is due and payable.
10. The Financial Advisor will contact the patient to accomplish the following:
- attempt a payment arrangement with the patient on the remaining balance
 - if the patient identifies to the Financial Advisor that they cannot afford the remaining balance, an application for Free Care assistance will be completed (see Free Care Assistance below)
11. If a patient applies for Free Care Assistance, the Financial Advisor will make a decision on Free Care eligibility based on the patient's family size and income. Free care will be offered based on the Griffin Hospital Free Care assistance sliding scale (see attached sliding scale).
12. The Financial Advisor will advise the patient of the free care determination which will be applied to the patient's remaining balance.
13. The Financial Advisor will complete all appropriate logs with the decisions and amounts.
- Free Care Assistance:**
1. Any patient requesting financial assistance in paying their Griffin Hospital bill can apply for the Free Care Assistance Program by contacting the hospital's Financial Advisory staff.

**THE GRIFFIN HOSPITAL
STANDARD OPERATING POLICIES**

SUBJECT: FREE BED FUNDS/UNINSURED PROCESS/FREE CARE ASSISTANCE

2. The Financial Advisor will be contacted by the patient to complete the Free Care application process.
 3. The Financial Advisor will obtain the following information from the patient in order to complete the Free Care Application. The information required from the patient to complete the free care application is as follows:
 - Patient W-2 form (tax statement from previous and current year.
 - Three consecutive paystubs from patient's current employment.
 - Dependent information (family size)
 - Any or all bank and checking account statements.
 4. The Financial Advisor will refer to the Griffin Hospital sliding scale. This is based on the Federal government Poverty Income Guidelines (see attached sliding scale). The Financial Advisor will make a determination of free care eligibility status.
 5. If the patient qualifies for Free Care assistance, the applicable discount percentage will be applied to the patient's account balance.
 6. If a patient balance remains, the Financial Advisor will complete one of the following with the patient:
 - require payment in full;
 - set up a monthly payment arrangement
 7. If the patient does not maintain the agreed upon payment schedule, the account will be forwarded to an outside collection agency at the full remaining balance.
 8. If a patient does not qualify for Free Care assistance, the Financial Advisor will attempt to:
 - attempt to obtain payment in full;
 - set up a monthly payment arrangement;
 - offer a 20% discount on balance to be paid within 10 business days of agreement
 9. If a patient does not maintain the agreed upon payment schedule, the account will be forwarded to an outside collection agency at the full remaining balance.
 10. If it is later determined by the Griffin Hospital or a collection agency acting on behalf of Griffin Hospital that the patient's financial conditions have changed and the patient was unable to pay the outstanding account balances, an override may be applied by the Business Services Collection Supervisor or Director of Business Services. All overrides will also have to be signed off by the Business Services Collection Supervisor and Business Services Director.
 11. The Collection Supervisor will maintain all monthly spreadsheets that will identify all Free Bed funds, Uninsured, and Free Care Assistance allocated on a monthly basis.
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Griffin Hospital Sliding Scale For the Uninsured Patient - February 1, 2012

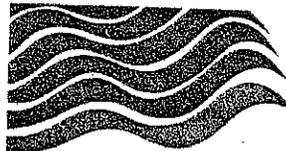
Size of Family	of 250% HHS Poverty Income Guidelines: 100% FreeCare	of 280% HHS Poverty Income Guidelines: 85% FreeCare 15% Patient Share	of 310% HHS Poverty Income Guidelines: 75% FreeCare 25% Patient Share	of 340% HHS Poverty Income Guidelines: 50% FreeCare 50% Patient Share	of 370% HHS Poverty Income Guidelines: 35% FreeCare 65% Patient Share	of 400% HHS Poverty Income Guidelines: 30% FreeCare 70% Patient Share
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1	0-27,925	27,926 - 31,276	31,277 - 34,627	34,628 - 37,978	37,979 - 41,329	41,330 - 44,680
2	0-37,825	37,826 - 42,364	42,365 - 46,903	46,904 - 51,442	51,443 - 55,981	55,982 - 60,520
3	0-47,725	47,726 - 55,720	55,721 - 59,179	59,180 - 64,906	64,907 - 70,633	70,634 - 76,360
4	0-57,625	57,626 - 64,540	64,541 - 71,455	71,456 - 78,370	78,371 - 85,285	85,286 - 92,200
5	0-67,525	67,526 - 75,628	75,629 - 83,731	83,732 - 91,834	91,835 - 99,937	99,938 - 108,040
6	0-77,425	77,426 - 86,716	86,717 - 96,007	96,008 - 105,298	105,299 - 114,589	114,590 - 123,880
7	0-87,325	87,326 - 97,804	97,805 - 108,283	108,284 - 118,762	118,763 - 129,241	129,242 - 139,720
8	0-97,225	97,226 - 108,892	108,893 - 120,559	120,560 - 132,226	132,227 - 143,893	143,894 - 155,560

1. Source: Federal Register, Vol. 76, No. 13, January 26, 2012, PP. 3637-3638

2. For family size with more than eight (8) members add \$3960 for each additional member.

3. This sliding scale is based on the 2012 HHS Poverty Guidelines for the 48 contiguous states and District of Columbia

Effective 2/1/2012



Griffin Health Services Corporation

Griffin Hospital

Financial Assistance Programs

Griffin Hospital has financial assistance resources available to those who qualify. Call us to speak to a financial advisor who can help you understand your hospital bill and provide assistance with the following:

- **Free Bed funds**
- **Free Care assistance fund**
- **Payment plan program**
- **Settlement agreements**

The following free bed/free care funds are available to Griffin Hospital patients. Patients can reapply on an annual basis.

The Eno Fund - Applicant must be a worthy protestant woman, 60 years of age or older, and be a resident of Ansonia, Derby or Seymour.

Pine Trust - Available to indigent patients of Griffin Hospital, who reside in the city of Ansonia.

DN Clark - Available to Shelton residents.

In addition to the grants listed above, you may qualify for free care, available to all Griffin Hospital patients proving hardship.

To find out if you qualify, call
(203) 732-7375

or toll free 1-800-354-3094

(ask for business services)

Monday - Friday

8:00 AM - 5:00 PM

To speak to an eligibility specialist who can help you obtain medical coverage, call (203) 732-1193.

130 Division St. • Derby, CT 06418

Programas de Ayuda Financiera

Griffin Hospital tiene recursos de ayuda financiera disponibles para aquellos que califiquen. Llámenos para hablar con un asesor financiero quien lo podrá ayudar a comprender mejor las facturas del hospital y proporcionarle asistencia con lo siguiente:

- Fondos para camas gratuitas
- Fondos para ayuda de atención gratuita
- Programa de planes de pago
- Convenios de liquidación

Los siguientes fondos para cama/atención gratuita se encuentran disponibles para los pacientes de Griffin Hospital. Los pacientes pueden volver a postular en forma anual.

Eno Fund: La postulante debe ser una mujer protestante merecedora, de 60 años o más y residente de Ansonia, Derby o Seymour.

Pine Trust: disponible para pacientes indigentes de Griffin Hospital que residan en la ciudad de Ansonia.

DN Clark: disponible para personas que residan en Shelton.

Además de los subsidios mencionados anteriormente, puede calificar para atención gratuita disponible para todos los pacientes de Griffin Hospital que demuestren dificultades económicas.

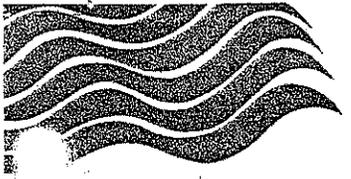
Para saber si califica, llame al
(203) 732-7375

o llame gratis al 1-800-354-3094
(pida hablar con "business services")

**Lunes a viernes, de
08:00 a.m. a 5:00 p.m.**

Para hablar con un especialista de elegibilidad que lo pueda ayudar a obtener cobertura médica, llame al (203) 732-1193.

130 Division St. • Derby, CT 06418



Griffin Health Services Corporation

Griffin Hospital

The Griffin Hospital Financial Advisor has informed me of the availability of Free Care/Grants appropriated to the Hospital.

The Financial Advisor has suggested that a State Eligibility Application be Completed. And if denied by the State for assistance a Proof of Income Application is required for consideration of the following Grants and Free Care.

Grants available:

- ❖ The Eno Fund – an applicant must be a worthy protestant women over 60 years old. And reside in the towns of Ansonia, Derby or Seymour.
- ❖ Pine Trust – Available to indigent patients of Griffin Hospital, who reside in the city of Ansonia.
- ❖ DN Clark Fund – Available to Shelton Residents proving financial hardship.

In addition to the Grants listed above I may qualify for assistance from the FREECARE FUND. This fund is available to ALL Griffin Hospital Patients proving financial hardship, with completion of a Proof of Income application.

SIGNATURE: _____

DATE: _____

Completed by financial advisor:

Account # _____

Patient Referred to Eligibility Specialist: Yes _____ No _____

Free Care application given to patient: Yes _____ No _____

Patient Qualify for any Grants: Yes _____ No _____



130 Division Street ■ Derby, CT 06418 ■ (203) 735-7421

A teaching affiliate of the Yale University School of Medicine

<http://www.griffinhealth.org>