

**Hartford Healthcare
Financial Assistance Policy**

Update Date: 12/16/2010

Purpose: The purpose of this Policy is to set forth the policy of Hartford Healthcare Corporation (sometimes referred to as the “System”) governing the provision of free or discounted Health Care Services to patients who meet the System’s criteria for Financial Assistance. Specifically, this Policy will describe: (i) the eligibility criteria for Financial Assistance, and whether such assistance includes free or discounted care; (ii) the basis for calculating amounts charged to patients; (iii) the method for applying for Financial Assistance from the System’s Hospitals; (iv) the actions the System may take in the event of non-payment, including collections action and reporting to credit agencies for patients that qualify for Financial Assistance; and (v) the System measures to widely publicize this Policy within the community served by Hartford Healthcare.

Scope: This Policy applies to all Hartford Health facilities Health Care Services regardless of the location at which they are being provided by the System.

Definitions:

“*Charges*” means for a Health Care Service for a patient who is either Uninsured or Underinsured and who is eligible for Financial Assistance, the average of the System’s facility three best negotiated commercial payor rates for the Health Care Services.

“*Eligibility Criteria*” means the criteria set forth in this Policy to determine whether a patient qualifies for Financial Assistance for the Health Care Services provided by the System’s facility.

“*EMTALA*” means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd, as amended from time to time.

“*Family*” means pursuant to the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption. For purposes of this Policy, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

“*Family Income*” means the following income when calculating Federal Poverty Level Guidelines of liquid assets: earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income. If a person lives with a Family, Family Income includes the income of all Family members.

"Federal Poverty Level Guidelines" means the federal poverty level guidelines established by the United States Department of Health and Human Services.

"Financial Assistance" means free or discounted Health Care Services provided to persons who, pursuant to the Eligibility Criteria, the Hospital has determined to be unable to pay for all or a portion of the Health Care Services.

"Free Bed Funds" means any gift of money, stock, bonds, financial instruments or other property made by any donor to Hartford Healthcare facilities for the purpose of establishing a fund to provide medical care to an inpatient or outpatient of Hartford Healthcare.

"Health Care Services" means Hartford Healthcare facilities (i) emergency medical services as defined by EMTALA; (ii) services for a condition which, if not promptly treated, will result in adverse change in the health status of the individual; (iii) non-elective services provided in response to life-threatening circumstances in a non-emergency department setting; and (iv) medically necessary services as determined by the System facility on a case-by-case basis at the facility's discretion.

"Medically Indigent" means persons whom the System facility has determined to be unable to pay some or all of their medical bills because their medical bills exceed a certain percentage of their Family Income or Family assets even though they have income or assets that otherwise exceed the generally applicable Eligibility Criteria for free or discounted care under the Policy.

"Uninsured" means a patient who has no level of insurance or third party assistance to assist in meeting his or her payment obligations for Health Care Services and is not covered by Medicare, Medicaid or Champus or any other health insurance program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to workers' compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

"Underinsured" means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses such as high deductible plans that exceed his or her level of financial resources.

Policy: It is Hartford Healthcare's policy to provide Financial Assistance to all eligible individuals who are Uninsured, Underinsured, ineligible for a government program, or otherwise unable to pay for Health Care Services due to their limited financial resources. It is also the System's policy to provide without discrimination care for emergency medical conditions (as defined by EMTALA) to individuals regardless of their eligibility for Financial Assistance under this Policy or for government assistance.

I. Determining Eligibility.

In determining eligibility for Financial Assistance, it is important that both the System facility and the patient work collaboratively. Specifically, the System facilities

will do its best to apply the Eligibility Criteria in a flexible and reasonable manner and the patient will do its best in responding to Hartford Healthcare requests for information in a timely manner.

1. Eligibility for Financial Assistance. Individuals who are Uninsured, Underinsured, ineligible for any government health care benefit program and unable to pay for their Health Care Services may be eligible for Financial Assistance pursuant to this Policy. The granting of Financial Assistance shall be based upon an individualized determination of financial need, and shall not take into account age, gender, race, color, national origin, marital status, social or immigrant status, sexual orientation or religious affiliation.

2. Process for Determining Eligibility for Financial Assistance. In connection with determining eligibility for Financial Assistance, the System (i) will require that the patient complete an application for Financial Assistance along with providing other financial information and documentation relevant to making a determination of financial eligibility; (ii) may rely upon publicly available information and resources to determine the financial resources of the patient or a potential guarantor; (iii) may pursue alternative sources of payment from public and private payment benefit programs; (iv) may review the patient's prior payment history; and (v) may consider the patient's receipt of state-funded prescription programs, participation in Women, Infants and Children programs, food stamps, subsidized school lunches, subsidized housing, or other public assistance as presumptive eligibility when there is insufficient information provided by the patient to determine eligibility.

3. Processing Requests. Hartford Healthcare will use its best efforts to facilitate the determination process prior to rendering services so long as the determination process does not interfere with the provision of emergency medical services as defined under federal law. However, eligibility determinations can be made at any time during the revenue cycle. During the eligibility determination process, the System facilities will at all times treat the patient or their authorized representative with dignity and respect and in accordance with all state and federal laws.

4. Financial Assistance Guidelines. Eligibility criteria for Financial Assistance may include, but is not limited to, such factors as Family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. Medically Indigent) and other financial resources available to the patient. Family size is determined based upon the number of dependents living in the household. In particular, eligibility for Financial Assistance will be determined in accordance with the following guidelines:

(a) Uninsured Patients:

- (i) If Family income is at or below 250% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 100% discount against the System facility's Charges for Health Care Services;

- (ii) If Family income is between 250% and 400% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 50% discount against the System facility's Charges for Health Care Services;
- (iii) Patients may also qualify for Free Bed Funds in accordance with the Hartford Healthcare Free Bed Funds Policy; and
- (iv) Patients may have presumptive eligibility if they are homeless and have no assets or qualify for other means-tested government programs.

(b) *Underinsured Patients:*

- (i) Payment plans will be extended for any patient liability (including without limitation to amounts due under high deductible plans) identified in a manner consistent with the System's Payment Plan Policy;
- (ii) If Family Income is at or below 250% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 100% discount against the lesser of (a) the account balance after insurance payments from third-party payors are applied; or (b) the Charges for the Health Care Services;
- (iii) If Family Income is between 250% and 400% of the Federal Poverty Level Guidelines, the patient may qualify for up to 50% discount against the lesser of (a) the account balance after insurance payments from third-party payors are applied; or (b) the Charges for the Health Care Services;
- (v) Patients may also qualify for Free Bed Funds in accordance with Hartford Healthcare Free Bed Funds Policy; and
- (vi) Patients may have presumptive eligibility if they are homeless and have no assets or qualify for other means-tested government programs.

(c) *Medically Indigent:* Patients will be required to submit a Financial Assistance application along with other supporting documentation, such as medical bills, drug and medical device bills and other evidence relating to high-dollar medical liabilities, so that the Hartford Healthcare System Hardship Committee can determine whether the patient qualifies for Financial Assistance due to the patient's medical expenses and liabilities.

II. Method for Applying for Financial Assistance. Patients may ask any nurse, physician, chaplain, or staff member from Patient Registration, Patient Accounts, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance application process. Information about applying for Financial Assistance is

also available online at www.hartfordhealthcare.org. Signage and written information regarding how to apply for Financial Assistance will be available in Hartford Healthcare facilities' emergency service and patient registration areas. Once a patient or his or her legal representative requests information about Financial Assistance, a Financial Counselor will provide the patient or his or her legal representative with the Financial Assistance application along with a list of the required documents that must be provided to process the application. If the patient or his or her legal representative does not provide the necessary documentation and information required to make a Financial Eligibility determination within fourteen (14) calendar days of the Hartford Healthcare facility's request, the Financial Assistance application will be deemed incomplete and rendered void. However, if an application is deemed complete by the System facility, the System facility will provide to the patient or his or her legal representative a written determination of financial eligibility within five (5) business days. Decisions by the System facilities that the patient does not qualify for Financial Assistance may be appealed by the patient or his or her legal representative within fourteen (14) calendar days of the determination. If the patient or his or her legal representative appeals the determination, the Director of Patient Access will review the determination along with any new information and render a final decision within five (5) business days.

III. Relationship to Hartford Healthcare Collection Practices. In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted Charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Healthcare, the System reserves the right to institute and pursue collection actions and to pursue any remedies available at law or in equity, including but not limited to, imposing wage garnishments or filing and foreclosing on liens on primary residences or other assets, instituting and prosecuting legal actions and reporting the matter to one or more credit rating agencies. For those patients who qualify for Financial Assistance and who, in the System's sole determination, are cooperating in good faith to resolve the System's outstanding accounts, the System facilities may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

IV. Publication and Education. Hartford Healthcare facilities will disseminate information about its Financial Assistance Policy as follows: (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other System patient registration areas; (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in all admission, patient registration, discharge, billing and collection written communications; (iii) post the Policy on the System's web site with clear linkage to the Policy on the System's home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (v) include the tag line "Please ask about our Financial Assistance Policy" in all Hartford Healthcare written advertisements.

V. Relation to Free Bed Funds. If a patient applies for Financial Assistance, Hartford Healthcare facilities will determine his or her eligibility for Financial Assistance and or Free Bed Funds.

VI. Regulatory Compliance. The System will comply with all state and federal laws, rules and regulations applicable to the conduct described in this Policy.

Reviewed By: Niobus Queiro, Revenue Cycle Director, Hartford Healthcare Corporation
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Approved By: _____ Thomas Marchozzi, EVP & CFO Hartford Healthcare Corp.

Date: _____ October 1, 2010 _____

Issued Date: 08/16/2010

Hartford Health Care Corporation	Pre-Bad Debt Review for Financial Assistance Eligibility	
Patient Financial Services	Section XX: Departmental Procedures	1
Approved by: Linda Zizzamia	Date Issued: June 24, 2013	Last Reviewed/Revised Date:

Purpose: To establish procedures to initiate, approve, and complete review of accounts that are ready for referral to a primary collection agency that may also be eligible for Financial Assistance.

Scope: All Patient Financial Services team members.

Definitions: Throughout this policy, reference to Patient Financial Services will constitute reference to collection processes for Hartford Health Care Corporation.

Responsibility	Action	Frequency
Revenue Cycle Business Solutions (RCBS)	<p>Initiate a Financial Assistance Eligibility Screening through Experian (Search America) of all VIA returns for Midstate Medical Center and Hartford Hospital with a rep code of 607.</p> <p>Send a report of accounts with a Federal Poverty Level (FPL) equal to or less than 250 to the Self Pay Supervisor</p> <p>Accounts with an FPL of greater than 250 are sent to the primary collection agency as per policy</p> <p>An "M" hold is placed on all accounts with FPL less than or equal to 250 and a message is scripted in comments in Siemens.</p>	Weekly Thursday of every week
Self Pay Supervisor	Distribute accounts on the report sent by RCBS to the Self Pay team	Weekly Thursday of every week
Self Pay Team	<ol style="list-style-type: none"> 1. Review comments on account looking for: <ol style="list-style-type: none"> a. Attorney involvement <ol style="list-style-type: none"> i. If you obtain attorney information from comments on account or letter in EDM send this account to collections and comment the account with findings b. Insurance information <ol style="list-style-type: none"> i. If additional insurance information is found update the system with 	

information, change rep. code from 607 to 001, bill to insurance and comment the account with findings

- c. Recent payment from patient
 - i. If patient has made a payment within the last 30 days, change rep. code from 607 to 610 to return account back to VIA and comment the account with findings
- d. Previous request for financial assistance
 - i. If patient requested a financial assistance application but there are no comments that an application was mailed to patient, the Self Pay team will mail application to patient, place account on hold (w/N&L), change rep code 607 to 001, and comment account with information. Self Pay Team will follow up in 14 days. If patient has not submitted information account will be sent to collection.
 - ii. Comments reveal patient has applied for financial assistance and did not provide requested information comment account and send to collection.
- e. Previous request for Medicaid enrollment
 - i. Comments reveal Cardon worked with patient to obtain documents for Medicaid enrollment and patient did not provide requested information to process application comment account and send to collection.
- f. Check diagnosis= Auto accident or TPL
 - i. If DX is due to auto accident or other 3rd party accident send account to collections and comment account with

findings

2. Check CMAP to see if patient is eligible for State for date of service
 - a. If patient is eligible update system with insurance information, bill State, change rep. code from 607 to 001, and comment the account with findings
3. Check Search America
 - a. Check by patient account # under Hartford Pre Bad Debt.
 - i. If Search America shows different guarantor address that has not been billed, update system with new address, comment account and return account to VIA.
 - ii. If Search America document shows FPL less than or equal to 250, update account with P43
 1. Add P43 as Payor Plan COB 1
 2. Rebill (Cash will move under P43 next day)
 3. Change rep code from 607 to 510
 4. Change default guarantor to FB
 5. Write off total charges on account under (00935783)
 - a. If patient has made payment on account minus the payment made from total charges and w/o balance.
(Account balance will show as negative which will be fixed the next day once the self pay discount is reversed)
 6. Comment account with findings (If the Search America comment that the FPL is less than or equal to 250 is not present add this message in comments and notify supervisor.)
 - iii. If patient has primary

	insurance that paid 1. Add P43 (COB position depends on how many insurance on file) 2. Change rep. code from 607 to 510 3. Change default guarantor to FB 4. Move balance from patient to P43 5. Write off balance under P43 (00935783)	
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NOTE:

- 1. ALL ACCOUNTS OVER \$10,000 REQUIRES SUPERVISOR APPROVAL**
- 2. WHEN YOU COMPLETE REVIEW AND ACTIONS REMOVE THE "Y" HOLD. IF A "Y" HOLD IS NOT REMOVED IT WILL POPULATE ON A COLLECTOR WORKLIST TO BE REVIEWED.**
- 3. ALL ACCOUNTS MUST BE REVIEWED AND ACTED ON BY WEDNESDAY OF THE FOLLOWING WEEK.**
- 4. IF ANY OF THE SEARCH AMERICA DOCUMENTS REVIEWED DO NOT SHOW AND FPL OF LESS THAN OR EQUAL TO 250 NOTIFY SUPERVISOR.**

Responsibility	Action	Frequency
Self Pay Team	QA weekly review 5 accounts and record in the Pre Bad Debt Financial Assistance Screening QA Log & also stored on the G Drive under "PAR" Folder, "Policies & Procedures", "2015 607 Search America Scripting Audit". 1. Ensure "M" hold was placed on account 2. Search America results available in Search America and FPL is less than or equal to 250. 3. The following message scripted in Siemens. (Experian/SA:FPL 250 or under; Review for FA)	

NOTE:

IF ANY ISSUES FOUND NOTIFY SUPERVISOR.

Reviewed by Linda Zizzamia, Kathy Bartucca, Alexandra RomanCarerro and Lito Luna 6/24/13