

**The Norwalk Hospital  
Policies and Procedures Manual**

<b>Title:</b>	<b>Financial Assistance Policy (FAP)</b>		
<b>Section:</b>	<b>Specific Department Functions</b>		<b>Approved By: Dan DeBarba</b>
<b>Standard:</b>	<b>Finance</b>		<b>Effective Date: 05/22/2009</b>
			<b>Date Reviewed: 05/22/2009</b>

**I. Purpose:**

The Norwalk Hospital Association is a not-for-profit entity established to meet the health care needs of the City of Norwalk and its surrounding communities. To the extent that the patient has financial resources, the patient or guarantor will be called upon to pay the full amount of their hospital bill. However, in accordance with its stated mission, the Hospital will provide care to individuals with limited financial resources for which it anticipates reduced or no payment from the patient. Further, it is the intent of the Hospital to meet or surpass the financial assistance requirements identified in CT. Public Act 03-266. This policy has been established to clearly delineate the procedures by which a discount from published charges will be offered to patients based on their financial inability to pay.

**II. Qualification for Financial Assistance /Determination of Amount of Financial Assistance**

***All Hospital Services Except Dental Clinic***

The Hospital's guidelines except for the Dental Clinic allow for an automatic 15 % discount off Hospital published charges regardless of income if the patient contacts Patient Accounting Customer Service expressing difficulty paying the bill. No application is required to access this discount. This discount does not apply to co-pays and deductibles for patients' balances after insurance payment.

Patients may seek further reductions in excess of 15 % by qualifying for financial assistance for all self pay balances including those resulting from insurance co-pays and deductibles. To be eligible, the patient must be deemed ineligible for government assistance and complete Norwalk Hospital's Financial Assistance Application. All legal residents of the United States will be requested to apply for Medicaid coverage.

Generally, the amount of the discount is determined by family size and income following Federal Poverty Guidelines. A format of the guidelines is found in Exhibit 1, but refer to the current year guidelines. However, consideration will also be given to the amount of the bill and the existence of substantial debt. Assets may be considered in the financial assistance determination, if income provided in the financial assistance application does not support expenses listed, or if expenses listed do not meet a test of reasonableness. Income thresholds are based on the Federal Poverty Guidelines and updated annually. The only exceptions to these requirements are as follows:

> Those patients known to meet the criteria because of previous history at Norwalk Hospital. For example, patients living in shelters who utilize hospital services extensively can be considered eligible for financial assistance

- > Patients who have been classified and documented as charity care cases by the Norwalk Community Health Center (NCHC) for Norwalk Hospital for a majority of outpatient services only. To be considered eligible, the Hospital requires the receipt of a written order identifying the patient as eligible for financial assistance at NCHC. These accounts will be discounted without further review at the corresponding NCHC percent discount for services, except for outpatient infusion, radiation medicine, hyperbaric services, and all inpatient services. A periodic review of discounts is undertaken to ensure the appropriateness of NCHC's financial assistance determination.
- > Pending Medicaid patients on a Medicaid spend down will automatically qualify for a financial assistance adjustment of their spend down amount.

For adult children ages 18-25, if residing at home and/or students, and being claimed as a dependent on their parents' tax return, Norwalk Hospital will look to parents/household financial data in determining financial assistance.

Patients/designee who are unable to submit financial assistance applications for legitimate reasons such as medical conditions (terminally ill, comatose), deceased, no longer residing in region or country, may still be granted financial assistance where research and/or documentation can establish reasonable certainty that patient is eligible. These accounts require approval both by the Manager, Customer Service and Director of Revenue Cycle before being granted financial assistance and documentation in the account history as to the rationale for the granting of financial assistance.

The application process for financial assistance for nonrecurring visits will be necessary for each visit unless additional visits occur within 90 days. For patients being billed on monthly recurring accounts, the eligibility for the approved financial assistance discount will be effective for 6 months from the application date. Exceptions on this policy may be deferred by Manager based on expected treatment protocol or duration of treatment.

The patient may request assistance at any point in the patient account cycle including accounts placed in collections.

Hospital services provided for non insurance covered procedures such as cosmetic and/or plastic surgery and/or bariatric services are excluded from financial assistance considerations.

### ***Dental Clinic***

The Dental Clinic follows the majority of Hospital financial assistance policies and determinations except for the following;

- > Maximum financial assistance allowed is 50% off of published charge, regardless of income levels.
- > Financial assistance determinations are good for up to one calendar year
- > All dental clinic patients requesting financial assistance are requested to apply for Medicaid.

### **III. Notification of Public**

The existence of the Hospital's Financial Assistance Program will be posted in both English and Spanish at all registration points within the Hospital.

The following patients will receive a Financial Assistance Application, also available in both English and Spanish, by Patient Access personnel at the time of registration:

- A. All ED patients who present to the Emergency Room as self pay
- B. Any patient who indicates an inability to pay

Hospital statements will clearly indicate the existence of a Financial Assistance Program including customer service telephone numbers.

All Hospital representatives must clearly indicate the existence of a Financial Assistance Policy to all self-pay patients at all points of contact. Patients inquiring about Financial Assistance, prior to services, will be referred to Patient Access Management. Patients inquiring about Financial Assistance after receiving services will be referred to the Customer Service Division of the Patient Accounting Department.

If patient files for financial assistance only after legal action has been initiated following reasonable collection efforts, the patient will be entitled to file a Financial Assistance Application but will be responsible for any legal fee costs and/or court costs incurred up to the point of time of the application.

### **IV. Other Major Procedures/Responsibilities:**

It is the responsibility of the Hospital's Access Management and/or the Customer Service Division of the Patient Accounting Department to inform patients about the details of the Hospital's Financial Assistance Policy, assist with the explanation of the Financial Assistance Application if the Application is required, determine the amount of the discount, inform the patient of the Hospital's final determination, and process the discount in the Hospital's Patient Accounting system. The only exception are [1] outpatient mental health services where the Department of Psychiatry will qualify and process financial assistance applications, and [2] dental clinic will qualify and process financial assistance applications. The patient will have 30 days from the receipt of the application packet to return it in its entirety. Otherwise, the normal statement cycle will continue under the classification of Self Pay. When an application is received, the account status will be changed to Pending Financial Assistance and no additional statements will be sent to the patient until a final financial assistance determination is made.

### **V. Processing/Approvals**

Financial Assistance discounts will be processed in three different ways:

- 1) Recurring Monthly Accounts - Ongoing financial assistance discounts are to be processed by registering the patient with the carrier and plan reflecting the appropriate discount that will automatically reduce the account balance before billing. The two carriers to be utilized are NCHC Discount for NCHC qualified patients and Financial Assistance for all others.
- 2) Nonrecurring Episodic Accounts - The 15 % Discount which requires no financial application will be adjusted using transaction code 38026.
- 3) Nonrecurring Episodic Accounts - All other financial assistance discounts which require financial assistance applications will be adjusted using transaction Codes 48 and 26065.

Processing of Transaction Codes 48 and 26065 are subject to approvals documented in the Hospital's Write-off Authority Policy. These policies require that the Customer Service Manager must at minimum approve all financial assistance adjustments utilizing codes 48 and that the Manager of Access at minimum approve all adjustments utilizing code 26065. Individual amounts over \$ 50,000 or accounts related to the same patient which exceed \$50,000, and accounts without a formal financial assistance application [ie. deceased, terminally ill] require the signature of the Director of Revenue Cycle and notation in the patient account record of written approval.

**VI. Documentation Requirements**

To ensure a proper audit trail, the following records must be maintained:

NCHC orders - Patient Access will retain NCHC orders classifying the patient as eligible for financial assistance for one year.

Applications/ Determinations - Patient Accounting/ Psych Business Office/Dental Clinic must track the receipt and final decisions regarding financial assistance applications by completing the Financial Assistance Application Screen in the patient's account record. Applications returned by patients must be retained for three years from the receipt of the application.

**Exhibit 1**

**CHARITY INCOME GUIDELINES - NON ELECTIVE ADMISSIONS**  
**Effective 01/2009**

FPG 2009	Family Size	100% Discount		75% Discount		50% Discount		30% Discount		15% Discount Over
		200% of FPG		201%	250%	251%	325%	325%	400%	
		from	to	from	to	from	to	from	to	
\$ 10,830.00	1	0	\$21,660	\$21,661	\$27,075	\$27,076	\$35,198	\$35,199	\$43,320	\$43,321
\$ 14,570.00	2	0	\$29,140	\$29,141	\$36,425	\$36,426	\$47,353	\$47,354	\$58,280	\$58,281
\$ 18,310.00	3	0	\$36,620	\$36,621	\$45,775	\$45,776	\$59,508	\$59,509	\$73,240	\$73,241
\$ 22,050.00	4	0	\$44,100	\$44,101	\$55,125	\$55,126	\$71,663	\$71,664	\$88,200	\$88,201
\$ 25,790.00	5	0	\$51,580	\$51,581	\$64,475	\$64,476	\$83,818	\$83,819	\$103,160	\$103,161
\$ 29,530.00	6	0	\$59,060	\$59,061	\$73,825	\$73,826	\$95,973	\$95,974	\$118,120	
\$ 33,270.00	7	0	\$66,540	\$66,541	\$83,175	\$83,176	\$108,128	\$108,129	\$133,080	
\$ 37,010.00	8	0	\$74,020	\$74,021	\$92,525	\$92,526	\$120,283	\$120,284	\$148,040	

Exhibit 2

# NORWALK HOSPITAL

<b>For Business Office Use Only</b>
Date Received
Date Approved
% Approved
Authorized Signature

In order to process your request, please complete both sides of this financial form and submit it to the Norwalk Hospital Customer Service Department, located on the second floor across from the North Wing elevator.

**Please provide the following information and documentation:**

- 1. Two forms of ID:** A Passport, Drivers license, Visa, Social Security Card.
- 2. Proof of income:** Four current paycheck stubs or a Social Security/Pension benefits document.
- 3. A copy of most recently completed year's income tax form.**
- 4. Proof of residence/address:** A utility bill, lease agreement, mortgage document, etc.
- 5. If applicable, proof of Medicaid denial.**

Patients Name \_\_\_\_\_ Date of Service \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of person responsible for bill payment \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

**Dependents:**

**Name Relationship Age**


Have you ever applied for public assistance or Medicaid? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please indicate when \_\_\_\_\_

List any Health insurance information: i.e., Insurance Companies, Policy number, etc.

\_\_\_\_\_

\_\_\_\_\_

### **Financial Information**

#### **Income information:**

Patient's yearly income \_\_\_\_\_  
Spouse's yearly income \_\_\_\_\_  
Investment income \_\_\_\_\_  
Rental Income \_\_\_\_\_  
Social Security income \_\_\_\_\_  
Pension income \_\_\_\_\_  
401 K income \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
Other income \_\_\_\_\_  
Welfare \_\_\_\_\_

#### **Assets information:**

Do you own a home? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you own a vehicle? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you own stocks/bonds/mutual funds? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you have any other investments? No \_\_\_\_\_ Yes \_\_\_\_\_

Norwalk Hospital reserves the right to secure additional asset information for financial assistance determination, if income provided in the financial assistance application do not support expenses listed, or if expenses listed do not meet a test of reasonableness.

#### **Expenses information:**

Rent or Mortgage Amount \_\_\_\_\_  
Electric \_\_\_\_\_  
Gas \_\_\_\_\_  
Phone \_\_\_\_\_  
Oil \_\_\_\_\_  
Insurance Home \_\_\_\_\_  
Insurance Medical \_\_\_\_\_  
Insurance car \_\_\_\_\_

Taxes home \_\_\_\_\_  
Taxes car \_\_\_\_\_  
Loans \_\_\_\_\_  
Credit cards \_\_\_\_\_  
Other \_\_\_\_\_

I, the undersigned, certify that all of the above facts are true and I realize that any false statements and or information will cancel any discount approval given by Norwalk Hospital.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I also authorize Norwalk Hospital to make inquiries pertaining to my credit standing, and financial responsibility through direct contact with my creditors or credit agencies. I understand that this type of inquiry will not have a negative effect on my credit.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Exhibit 3**

**Norwalk Hospital Charity Care**

It is the policy of Norwalk Hospital to provide services to any individual in need of medical care regardless of their inability to pay. Patients who do not have insurance coverage and / or limited means to pay may qualify for a charity discount.

If you meet the definition of “**uninsured**”, as defined by Section 19a-673 of the Connecticut General Statutes, you may be eligible to have your balance(s) reduced.

To be considered “**uninsured**”, you must meet the following requirements:

- Have one or more outstanding balances at Norwalk Hospital
- Have applied and been denied for medical healthcare coverage provided under Medicaid. (exception – individuals not eligible for applying for state assistance or a denial as a result of noncompliance with the Medicaid application process)
- Provide proof that your household income is at or below 325% of the Federal Poverty Income Guidelines.

If you have satisfied the above requirements, complete the attached Patient Financial Application and forward it along with the required documentation as noted on the application to the Customer Service Department at:

Norwalk Hospital  
Patient Accounting Department  
Attn: Customer Service Department  
24 Stevens Street  
Norwalk, Ct 06856

If you need assistance with the application process, you can call the customer service department at (203) 852-2016 or (877) 257-1949, from 8:30 am to 4:30 PM.

Or you can make an appointment or walk-in 8:30 am to 5:00 PM. Customer Service is located on the first floor in the main lobby, next to the Gift Shop.

Income will be the primary factor in determining whether a patient is eligible. However, the amount of the hospital bills and debts may be used in the determination. Please note that you will be considered “Insured” and continue to receive statements, until you provide proof that you have met the above requirements.

**Exhibit 4**

Norwalk Community Health Center Discount-Crosswalk

NCHC Discount Correlating Norwalk Hospital Discount

100%	100%
80%	75%
60%	50%
40%	45%

**The Norwalk Hospital  
Policies and Procedures Manual**

<b>Title:</b>	<b>Patient Billing and Collection Policy</b>			
<b>Section:</b>	<b>Specific Department Functions</b>		<b>Approved By:</b>	<b>Michael Kruzick</b>
<b>Standard:</b>	<b>Finance</b>		<b>Effective Date:</b>	<b>05/21/2008</b>
			<b>Date Reviewed:</b>	<b>05/21/2008</b>

**Third Party Billing**

The Hospital will bill most insurance carriers as required contractually or as a courtesy for patients. The only instances where insurance carriers will not be billed is when the carrier is filing for bankruptcy or the product is no longer sold in the State of Connecticut.

Where not contractually prohibited, if a carrier does not pay the entire amount due within 60 days of a clean claim, a bill will be sent to the patient and the credit cycle will begin and allowed to continue through its conclusion.

**Patient Billing**

Generally, the patient is responsible for the full amount of their bill. However, it is the policy of the Hospital that all self-pay patients lacking the financial resources to pay the full amount of the bill are eligible for Financial Assistance consideration. Refer to the Hospital’s Financial Assistance Policy for complete financial discount eligibility requirements.

The Hospital will also offer a 25% prompt payment discount if estimated full payment is made prior to the service being rendered. After the service is rendered, a patient who contacts Customer Service seeking a discount will also be offered a 25% discount if payment in full is received within 10 business days from point of contact.

The Manager of Customer Service or the Director of Revenue Cycle can approve a discount of up to 35 % at any time in the account cycle if the discount is believed necessary to secure prompt payment.

The prompt payment discounts discussed above are not offered on co-pay and deductible balances. Financial Assistance can be approved on co-pays and deductibles as well as payment plans.

**Patient Bill/Statements Generated**

All self-pay patients/guarantors will be sent a statement, the first Friday following the 5th day after discharge contingent upon medical records requirements and other edit requirements being fulfilled. Itemized bills will not be sent to patients unless requested. When requested, itemized bills will be mailed to patients within 24 hours of their request.

Statements will not be mailed if the account balance is less than \$10.

### **Pure Self Pay Statement Cycle**

Following the initial bill sent to self-pay patients/guarantors, the Hospital will generate and send out a Second Statement 30 days later. At day 61, the Hospital will outsource the account to an external vendor who will continue to follow-up with the patient/guarantor on behalf of the Hospital, beginning with a letter sent immediately upon receiving the account. The vendor will continue follow-up until payment has been received or they reach the limit of six (6) telephone contacts and two (2) letters mailed.

Accounts over 150 days will be written-off.

### **Residual Self Pay**

After the primary insurance has paid, based on specific Financial Class protocols, accounts will automatically be reclassified to the financial class "Pending Statements" and held for 5 days to ensure all payments and adjustments are correctly posted before the statement is mailed. Statements will follow the same process as outlined above from the point of the initial bill.

### **Interruption or Stoppage of Statement Cycle**

The cycle above will only be stopped or interrupted for the following occurrences:

Full payment is received

Receipt and certification of third-party coverage

Payment/installment/financial assistance arrangements

Evidence that the account is uncollectible or other legal consideration results in expedited referrals to collection agencies or attorney

Return mail and no address can be found

A payment greater than 50% of the balance due will automatically restart the statement cycle

### **Budget Payments**

Prior to an account being referred to a collection agency, an installment agreement for balances above \$75.00 may be negotiated where the patient or guarantor provides financial information indicating the reason for the inability to immediately pay the bill. Budget Plans should not exceed two years in length or an installment amount of less than \$25. Exceptions may be made with the approval of the Director of Revenue Cycle or the Customer Service Manager. Finance charges will not be assessed. .

Outsource company, RCS will follow through on Budget Arrangement. Arrangements may be set up directly with RCS or may be initiated with our Customer Service Department. If a Budget Arrangement is initiated with Customer Service appropriate documentation will be entered into the system and financial class will change to RCS Plan, whereby the statement cycles will then be followed through by RCS. If RCS initiates the Budget Plan, Customer Service will be notified and account will be changed to appropriate financial class (RCS Plan).

When a budget plan is established, an initial statement is generated thanking the patient and/or guarantor for establishing the budget plan stating the first payment will be due in 30 days. A grace period of 15 days is

given before the account is considered delinquent. If a payment is received, the budget billing cycle will reset itself monthly and a statement will be produced that will reflect the overall balance due as well as the current monthly amount due. In the event that a monthly payment is missed, the account will follow the cycle below:

Days after Initial Statement Statement (Printed 1st Friday Following Cycle Date)

- 30 Payment Due
- 60 Delinquent Statement
- 90 Budget Cancelled
- 120 Write Off to Collection

**Small Balance Write-Offs**

Accounts with balances less than \$10 in a self-pay financial class will be automatically written off to a small balance write-off code.

Accounts whose balances are less than \$24.99 will be written off to a bad debt financial class upon completion of the statement cycle unless the Manager, Customer Service/Credit determines that additional in-house work is required.

**Collection Agencies/Legal Actions**

All patient balances are to be placed in an early out sourcing program after sixty days from initial billing to patient to insure accounts are followed up for payment prior to placement with a collection agency. After ninety days in the early out program, accounts unpaid are automatically forwarded onto a collection agency. Exceptions to this process are to be approved with either the Manager, Customer Service or the Director of Revenue Cycle and so noted in the account history. All agencies must adhere to federal guidelines as established in the Fair Debt Collection Act as well as any additional State of Connecticut requirements. Collection agencies will be held accountable to be effective as well as courteous to patients. As a general rule, the Hospital will maintain relationships with two collection agencies. Their performance will be monitored and evaluated on a regular basis.

Credit reporting agencies will not be notified of accounts written off as bad debts.

Collection Agencies may, after approval of the Director of Revenue Cycle or the Manager of Credit/Customer Service, refer an account to their attorney for additional collection efforts. These efforts include and are limited to liens on property, judgments and wage garnishments. Collection agencies may not initiate foreclosure proceedings or issue writs of capias as a means to collect a debt. The approval to pursue further legal activities is contingent upon a thorough review of the individual account as well as previous patient history to ensure there is no evidence of improper insurance billing. Agencies should be informed that the hospital's financial assistance primarily is income based and therefore the existence of tangible assets without income above the financial assistance thresholds must not result in a lien on property, unless with express written permission from the Manager of Customer Service or the Director of Revenue Cycle.

The Director of Revenue Cycle or the Manager of Customer Service may approve accounts to be referred directly to an attorney for legal action without the involvement of collection agencies. These accounts typically have balances in excess of \$10,000 and involve motor vehicle accidents, disputed Workers

Compensation claims, probate conservatorships, third-party litigation, or a patient's attorney.

**Courtesy**

Norwalk Hospital will extend a courtesy discount to active and retired members of Norwalk Hospital's Medical Staff and their families who have services, excluding Cosmetic Surgery and Bariatric Services, rendered by the Norwalk Hospital Association.

Medical Staff - Defined as those physicians who are community based or who are employed by Norwalk Hospital Association and have admitting privileges.

Family - Defined as those members who are part of the physicians' immediate family and are covered by the physicians' health insurance.

Patient Access will register the physician or his family member and will identify the payer source and enter the information in the patient's record. Upon the physician's request, Customer Service will apply the courtesy discount of 50% to the bill after insurance has paid their portion of the claim.

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