

Title: Financial Assistance

Scope: Hospital

Index #: **8310-14** 

## **PURPOSE**:

To obtain financial information from patients/guarantors who have been identified as uninsured/underinsured and have the potential to qualify for the Shannon Charity Care Program.

## **POLICY**:

Uninsured or underinsured patients/guarantors who are unable to make mutually agreeable financial arrangements for their medical expenses will be considered a candidate for the Shannon Charity Care Program. Information regarding the program, application/screening documents will be provided to those wanting to determine their eligibility for the Shannon Charity Care Program.

Emergent and Medically Necessary charges incurred in any medical treatment setting at Shannon Medical Center will be eligible for the Shannon Charity Care Program. Elective and Cosmetic procedures are not eligible for the Shannon Charity Care Program. Emergent and Medically Necessary services provided by Shannon Clinic physicians and practitioners will also be eligible for the Shannon Charity Care Program. A listing of physicians and practitioners who do or do not participate in the Shannon Charity Care Program is attached in Appendix A and is also available on the website at www.shannonhealth.com

Patient and/or guarantor will complete the Legacy Fulfillment Application or similar screening documentation. The application with supporting documentation must be received within 240 days from the date of the first post discharge billing statement. Any personal payments exceeding \$4.99 that have been received on an account which subsequently qualifies for financial assistance will be refunded. Should a completed application not be received within 240 days, accounts will process through normal collection activity outline in the Patient Billing, Payment and Collection of Accounts Receivable policy. Financial Assistance will be presumptively considered for any account occurring within 240 days from the completed application. Patients must re-apply and provide supporting documentation for any new dates of service every 240 days. Supporting documentation consists of the following documents or any combination of documents listed below:

Employment paycheck records for 3 most recent pay periods; Unemployment Benefit payments; Most recent income Tax Return; Bank Statements indicating Direct Deposit of income; Letters of award for Social Security Benefits; Letters of Support; Copies of Annuity / Retirement Payments received monthly / annually.

Patient will pursue county, state or federal assistance programs where eligibility for those programs has been identified prior to being considered for charity. If patient is eligible for a county, State or Federal

assistance program, but not all dates of service are included in that coverage, they will be eligible for the Shannon Charity Care Program for the non-covered dates of service based on their overall approval for the county, State or Federal assistance program. Patients eligible for Tom Green County assistance will automatically qualify for the Shannon Charity Care Program in lieu of Tom Green County assistance. Shannon Medical Center will not bill Tom Green County for charges incurred in any medical treatment setting at Shannon Medical Center or any affiliate of Shannon Medical Center.

All patients who are eligible for Financial Assistance will be responsible for payment of the Amount Generally Billed (AGB) for emergency or other medically necessary care. The Look Back Method will be used to calculate AGB discount to be applied to gross billed charges to determine the amount of patient responsibility. This calculation will be performed on an annual basis. For FY 2017 the amount the patient will be responsible for paying for emergent and medically necessary services is 29% of gross billed charges. Information on how the discount is calculated may be obtained by contacting our Business Office.

The Federal Poverty Guidelines of household size and gross family income will be used to determine financial assistance. Gross family income must be at or below 200% of the minimum levels of the Federal Poverty Guidelines published annually in the Federal Register. Patient's whose gross family income is at or below 200% of the minimum levels of the Federal Poverty Guidelines will qualify for 100% discount of their hospital service.

Catastrophic Illness will be defined as uncompensated charges incurred in a 12 month period that exceed 200% of total gross annual family income and will be eligible upon review for a Medically Indigent Care discount. Patients who qualify for Medically Indigent discount will be responsible for payment not to exceed 10% of their gross annual income.

Applications, at no cost, will be mailed to you by calling the Business Office at 325-657-5307 or 800-330-5241. They are also available at any of our Patient Access locations. The applications are available in English and Spanish. Should you need assistance completing the application, please call our Business Office at the numbers listed above. A printable version of the application, a summary of the Financial Assistance Policy, the detailed Financial Assistance Policy and the detailed Hospital Collection Policy are available on our website at www.Shannonhealth.com.

Information provided in the application will be reviewed promptly. Present income will be a measurement in assessing qualification for charity, but may not be the sole determining factor. Use of credit score (at or below 550) will assist in determination of patients / guarantors ability to pay.

Patients/guarantors for whom legal notice of bankruptcy is received will have any outstanding balances applicable to the bankruptcy notice adjusted to charity.

Charity in excess of \$25,000 requires the approval of the Chief Financial Officer or Administrator.

The applicant will be notified in writing of the outcome of the application.

**Shannon Clinic Physicians** 

Aligned Telehealth

Angelo Oral & Maxilofacial Surgery, PA

Angelo Podiatry

**Community Medical Associates** 

Cook Children's Heart Center

Cook Children's Hematology/Oncology Group

Cook Children's Nephrology

Cook Children's Neurology

**Direct Radiology** 

NeuroCall

Office of Don M. Lewis, MD

Office of Mark Ramirez, MD

Office of Richard McGraw,  $\mbox{MD}$ 

Office of Thomas S. Jeter, MD, DDS

Office of Vayden Stanley, MD

Office of W. Paul Bowman, MD

Office of William Buche, DDS

Pediatric Cardiology Associates of San Antonio

Pediatric Dentistry of San Angelo

Pulmonary and Critical Care Consultants of Austin

**Regional Cancer Treatment Center** 

Rivercrest Hospital

San Angelo Summit Orthopedics

Participates in Shannon Charity Care Program Does not participate in Shannon Charity Care Program

Seton Heart Institute
Does not participate in Shannon Charity Care Program
Texas Cardiac Arrhythmia Institute
Does not participate in Shannon Charity Care Program
Weatherby Locums
Does not participate in Shannon Charity Care Program
West Texas Medical Associates
Does not participate in Shannon Charity Care Program
Raghavendri Moturi, MD
Does not participate in Shannon Charity Care Program