

Title / Description Financial Assistance Policy		Filing Number
Effective Date	Revised Date	Applies to Patient Financial Services

Objective:

Monroe County Healthcare Authority D.B.A. Monroe County Hospital, a not-for-profit sole community hospital, will not discriminate in providing medically necessary services to those in need regardless of their ability to pay. Patients deemed unable to pay will be eligible to receive available financial assistance. The patient is ultimately responsible for fulfilling their financial obligation to Monroe County Hospital and is not granted financial assistance until the application has been completed and approved. The Financial Assistance Policy must be approved by the Hospital’s Board of Trustees. This Policy is applicable to uninsured patients only.

Method for Applying for Financial Assistance:

- In person at Patient Financial Service Office/Business Office
- Facsimile 251-743-7445

Measures to Publicize the Financial Assistance Policy:

Monroe County Hospital will advise patients and their families of Financial Assistance through the following means:

- Direct patient contact, in person or over the phone.
- Notice of availability of Financial Assistance will be posted in each registration area and Emergency Department and other waiting areas.
- The availability of Financial Assistance will be printed on applicable letters and statements.
- Notice of availability will be posted on the hospital’s website.
 - Policy and application downloadable and printable without special software
- Published in additional languages if needed by more than 10% of the population.
- Outreach to community most likely to utilize the FAP to include Outreach to public agencies and other non-for-profit agencies.
 - Outreach is performed by Executive Management to include Public Relations, Chief Operating Officer, or Chief Executive Officer
- The availability of Financial Assistance will be posted annually in the local paper.
- The final regulations also clarify that hospital facilities may inform individuals requesting copies that the various FAP documents are available on a website.



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Procedure for Determining Eligibility:

A request for financial assistance may be made by any person who could reasonably be expected to act for the patient, has a reasonable basis to believe that the person may qualify for uncompensated services, and can provide the information required to establish eligibility. Determining a patient’s eligibility can be done through a variety of means to include but not limited to:

- Completing a written application
- Submission of documents for proof of financial indigence
- Payment Predictive Software
- Other approved criteria/means to determine ability to pay.

Eligibility Criteria:

1. Eligibility for financial assistance does not exist where an individual has, or can qualify, for other third-party coverage. If an individual is not currently covered by a third-party, he must apply for Medicaid and show a Medicaid denial to be eligible for financial assistance services. Monroe County Hospital personnel will assist individuals in applying for Medicaid. If third-party coverage is discovered later, any financial assistance write-off will be reversed, and third-party insurance will be filed.
2. The patient, or representative, must fill out an application for financial assistance prior to being deemed eligible. Written application may be waived for small balances. The application shall be submitted along with proof of income from either W-2 statement, a tax return, check stubs, or unemployment statement. If the individual is unemployed and not collecting unemployment, they must complete the unemployment supplement. The applicant must sign a release form for all income items not verified to allow Monroe County Hospital to verify income. The bank account supplement must be completed if the applicant does not have a bank account.
3. Eligibility is entirely determined based on gross income and assets in the household. The applicant's family income must be at or below 400% of the Federal HHS poverty guidelines (FPL) (Appendix A) and their cash reserves must be less than the current Medicaid guidelines. The HHS poverty guidelines are published each year in the Federal Register and shall be published where the availability of Financial Assistance is published along with the asset guidelines. A person can qualify by having income for a twelve-month period, or the most recent three months at or below the guidelines. If an individual qualifies for financial assistance by meeting the three-month criteria, that person's income for the applicable three months will be annualized for the purposes of this calculation. If an individual is normally employed seasonally, their yearly income shall be used for making this determination.
4. The amount of financial assistance per patient shall be determined as follows:
5. Monroe County Hospital adopts the U.S. Census Bureau's definition family (Appendix B) for this policy.



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6. All medically necessary services will qualify for charity care consideration, including any physician services received at Monroe County Hospital.
7. If an individual gives the facility a payment before applying for financial assistance, that amount may be refunded the patient after satisfying any outstanding balance not covered by financial assistance approval if it is determined they are eligible for 100% write-off of charges. Individuals can apply up to three months prior to receiving service and the eligibility is valid for twelve months after the determination.
8. A letter will be sent to each applicant informing he/she him/her of the eligibility determination and the amount of financial assistance given in percentage and any remaining balances owed by the patient, and the suggested repayment plan. The monthly payment arrangements will be made in accordance with terms discussed with and agreed upon with the patient or patient representative.
9. Patients denied Financial Assistance will be sent a letter informing them of the reason for denial.
10. Monroe County Hospital’s business office will keep a log of financial assistance provided each fiscal year, along with all applications of those approved and denied. Accounts notes will be maintained as well.

Basis for calculating amounts charged collected from patients:

Persons qualifying for the financial assistance program will be charged not more than the “Amounts Generally Billed” (AGB) other payers. That amount is determined by the Monroe County Hospital and periodically updated. The Hospital’s Board of Trustees must approve each periodic update to the AGB’s. Revised AGB’s must be implemented within 45 days of Board approval. The rules allow a hospital facility to take up to 120 days after the end of the 12-month period used in calculating the AGB percentage(s) to begin applying its new AGB percentage(s).

Monroe County Hospital will charge persons qualifying for financial assistance not more than 40% of gross charges.

Patient Collections Practices:

- Patient to receive 2 statements (28 days apart) to include notice of availability of financial assistance program.
- Patient to receive 2 letters (28 days apart) starting 28 days post 3rd statement to include notice of availability of financial assistance program.
- Patient to receive oral and written notification of patient assistance program and intent to submit to collections 28 days post 2nd letter.
- Time frame for Application Period is 150 days.



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Billing Patients that do not apply for Financial Assistance:

Patients are billed full charges if they do not apply for financial assistance.

Exhibit A: Examples of Tiered Financial Eligibility Criteria

AGB: Adjusted Gross Billing (AGB), represents effectively what the hospital collects in payments from Insurance Companies and Medicare. In applying and understanding the AGB as it relates to Financial Assistance program, Congressional intent and objective with establishing the AGB, is quite simple: Hospitals will collect no more from uninsured patients than they do from patients with health insurance coverage. AGB then represents the maximum amount that can be collected from a patient.

Hospitals-wide AGB = 40.00%
 Patient Bill: \$100.00
 AGB For Patient: \$40.00 (maximum amount that can be collected from patient)
 Discount on Bill: \$60.00 (this discount should be recorded to Charity Care Adjustment or Allowance Account)

Continuing the Example Above: The hospital has established a sliding scale FAP program that starts at 400% of FPL, then at a minimum, the following would be acceptable:

FPL	Charity Care	Amt to Collect	Total Bill
300% to 400%	60%	40%	100%
201% to 299%	70%	30%	100%
151% to 200%	80%	20%	100%
133% to 150%	90%	10%	100%
0% to 133%	100%	0%	100%

- PLEASE NOTE THAT THE FIRST TIER OF THE ABOVE CHARITY CARE PROGRAM IS SET AT THE AGB AMOUNT



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Appendix A:

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Household/ Family Size	(Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$15,060	\$20,030	\$20,783	\$22,590	\$30,120	\$45,180	\$60,240
2	\$20,440	\$27,185	\$28,207	\$30,660	\$40,880	\$61,320	\$81,760
3	\$25,820	\$34,341	\$35,632	\$38,730	\$51,640	\$77,460	\$103,280
4	\$31,200	\$41,496	\$43,056	\$46,800	\$62,400	\$93,600	\$124,800
5	\$36,580	\$48,651	\$50,480	\$54,870	\$73,160	\$109,740	\$146,320
6	\$41,960	\$55,807	\$57,905	\$62,940	\$83,920	\$125,880	\$167,840
7	\$47,340	\$62,962	\$65,329	\$71,010	\$94,680	\$142,020	\$189,360
8	\$52,720	\$70,118	\$72,754	\$79,080	\$105,440	\$158,160	\$210,880
Add \$5,380 for each person in household over 8 persons							

Household/ Family Size	(Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,255	\$1,669	\$1,732	\$1,883	\$2,510	\$3,765	\$5,020
2	\$1,703	\$2,265	\$2,351	\$2,555	\$3,407	\$5,110	\$6,813
3	\$2,152	\$2,862	\$2,969	\$3,228	\$4,303	\$6,455	\$8,607
4	\$2,600	\$3,458	\$3,588	\$3,900	\$5,200	\$7,800	\$10,400
5	\$3,048	\$4,054	\$4,207	\$4,573	\$6,097	\$9,145	\$12,193
6	\$3,497	\$4,651	\$4,825	\$5,245	\$6,993	\$10,490	\$13,987
7	\$3,945	\$5,247	\$5,444	\$5,918	\$7,890	\$11,835	\$15,780
8	\$4,393	\$5,843	\$6,063	\$6,590	\$8,787	\$13,180	\$17,573
Add \$448.33 for each person in household over 8 persons							



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Appendix B:

Family

A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Beginning with the 1980 Current Population Survey, unrelated subfamilies (referred to in the past as secondary families) are no longer included in the count of families, nor are the members of unrelated subfamilies included in the count of family members. The number of families is equal to the number of family households; however, the count of family members differs from the count of family household members because family household members include any non-relatives living in the household.

<https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#family>

