



Swedish Covenant Medical Group

Department Patient Financial Services

Policy Financial Assistance Program

Approved By: Thomas J. Bovey Senior Vice President Finance

9/30/16

Effective Date: 09/30/16 Revised: _____

Reviewed: _____

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). These health care services are provided with financial assistance to persons in need, based upon established criteria, recognizing the importance of maintaining the dignity of the individual during the consideration process.

Swedish Covenant Medical Group (SCMG) will offer a Financial Assistance Program to all who are unable to pay for their services. Swedish Covenant Medical Group will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE: The following guidelines are to be followed in providing the Financial Assistance Program.

1. **Notification:** SCMG will notify patients of the Financial Assistance Program by:
 - a. Including notification of Financial Assistance Program availability on patient billing statements.
 - b. Providing an explanation of our Sliding Financial Assistance and our application form are available on SCMG's website.
 - c. Displaying notification of Financial Assistance Program in the clinic waiting area.
2. All patients seeking healthcare services at SCMG are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.
3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Financial Assistance Program will be limited to medically necessary services provided by SCMG providers.

SCMG will provide financial assistance for patients approved by Swedish Covenant Hospital's financial assistance policy. The discount applied will be in accordance with SCMG's Financial Assistance Program sliding fee scale.

4. **Administration:** The Financial Assistance Program procedure will be administered through the Vice President and Chief Financial Officer or his/her designee. Information about the Financial Assistance Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.
6. **Completion of Application:** The Financial Assistance application must be completed in its entirety. A completed application must be returned within 30 days of the application date. SCMG will evaluate received applications within 60 days of receipt. Patients will be notified of missing documentation and must return within 14 days. During the application period, statements will be held from billing. If a completed application or missing documentation is not received, billing will resume in accordance with SCMG's usual and customary billing and collection policies.

Incomplete applications will be denied and a new application will be required for consideration. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Financial Assistance Program.

Providing false information on a Financial Assistance Program application will result in all Financial Assistance Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

7. **Eligibility:** Discounts will be based on income and family size only. SCMG uses the Census Bureau definitions of each.
 - a. **Family** is defined as: 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. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility under SCMG's Financial Assistance Program.
 - b. **Income** includes: 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. *Noncash benefits (such as food stamps and housing subsidies) do not count.*
8. **Income verification:** Applicants are required to provide the following documentation:
 - a. Valid government issued photo ID (driver's license, state ID, passport, etc.)
 - b. Most recent federal tax return, with all W-2 forms or 1099

- c. Proof of income (provide all applicable listed below):
 - i. 2 most recent pay stubs
 - ii. If paid in cash, written verification of income from employer
 - iii. Self-employed: submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility.
 - iv. Unemployment compensation benefit award letter
 - v. Social Security benefit award letter
 - vi. All other sources: child support, disability, rental, pension, annuities, interest, etc.
 - d. Two most recent bank statements, include all checking and savings accounts
 - e. Self-declaration of income: If you report a \$0.00 income, a completed self-declaration of income, attached at the end of application, signed by the person(s) supporting you.
9. **Discounts:** Those with incomes at or below 300% of poverty will receive a full 100% discount.
10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$5 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by SCMG'S Vice President and Chief Financial Officer, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
12. **Applicant notification:** The Financial Assistance Program determination will be provided to the applicant(s) in writing, and will include the percentage of Financial Assistance Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with SCMG. Financial Assistance Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 6 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 6 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Financial Assistance Program application.
13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. SCMG patients are billed for services on a monthly basis.

If payment is not received within 120 days of the first invoice and the patient has not made communication with SCMG regarding payment arrangements or financial assistance, this constitutes refusal to pay. At this point in time, SCMG can explore options not limited, but including offering the patient a payment plan, waiving of charges, discharging the patient or referring the patient for collections efforts.

14. **Record keeping:** Information related to Financial Assistance Program decisions will be maintained and preserved in a centralized confidential file located in the SCMG's Office, in an effort to preserve the dignity of those receiving free or discounted care.
 - a. SCMG will maintain an additional monthly log identifying Financial Assistance Program recipients and dollar amounts. Denials will also be logged.

15. **Policy and procedure review:** Annually, the policy and procedure of Financial Assistance Program will be reviewed by the Vice President and Chief Financial Officer. The Financial Assistance sliding fee scale will be updated based on the current Federal Poverty Guidelines.

ATTACHMENTS:

2016 Sliding Fee Schedule

Patient Application for the Financial Assistance Program