

DICKINSON COUNTY HEALTHCARE SYSTEM

Department Revenue Cycle/Finance/Pharmacy	Section Number General	Policy Number	Page of Page 1 of 4
Title Financial Assistance Policy			
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POLICY: It is the policy of Dickinson County Healthcare System to provide Emergency Care and other Medically Necessary Care, without discrimination to all patients regardless of the ability to pay and provide financial assistances to those individuals who qualify for assistance under this policy.

PURPOSE: Dickinson County Healthcare System shall take appropriate measures to counsel and assist patients to obtain financial assistance and support to those who may have difficulty affording their health care. The hospital shall make the earliest possible contact with our patients to provide financial counseling to patients at the time of admission to ease the stress of paying for medical care.

Definitions:

Charity Care – Defined as a full or partial adjustment of charges for services provided to patients, as determined by program eligibility based on the health system’s qualification criteria

EMTALA – Defined as the federal Emergency Medical Treatment and Labor Act, 42 USC 1935dd

Family Income – Defined as including salaries, unemployment compensation, child support, any medical support obligations, alimony, social security income, disability payments, pension or retirement income, rents, royalties, income for estates, legal judgements, dividends, and interest earnings. Exclusions: equity in a primary residence, retirement plan accounts, and irrevocable trusts for burial purposes, and federal or state administered college saving plans. For patients under 18 years of age, family income includes that of the parents and/or stepparents, unmarried or domestic partners, who may or may not live with the minor

Federal Poverty Guidelines – Defined as income guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.

Eligibility Criteria and Available Discounts

Self Pay Discount: per the Healthy Michigan plan effective March 14th, 2014, for services rendered to an uninsured individual, a hospital that participates in the medical assistance program under this act shall accept 115% of Medicare rates as payments in full from an uninsured individual

Charity Care Discount (Uncompensated Care) Charity Care will be available to patients based on a sliding scale of gross income as it compares to the Federal Poverty Guidelines (see Attachment A – Federal Poverty Guidelines and Charity Care Approval Levels and Application. Charity Care discounts range from 10% to 100% (applied to the patient-responsible amount for insured patients or to the balance after self-pay discount for uninsured patients)

Michigan and Wisconsin Medicaid Program Assistance- must be applied for prior to applying for charity (uncompensated care) as a Medicaid denial is required.

HELP Loans- Help loans are an outside resource available to patients that allows capability for patients to have an extended pay plan to make higher patient responsibilities more affordable at a low percentage rate. This process also allows patients to combine facility/provider/family balances into one monthly lower payment plan.

Prompt Pay Discounts- Patients may be eligible for a 15% prompt pay discount if paid in full to help eliminate out of pocket costs.

Oncology/Infusion Copay Assistance- Copay Assistance/Free Drug/Replacement drug can be identified for those available through multiple foundations and pharmaceutical companies for patients being treated for Chemotherapy by infusion/injection, as well as patients receiving infusion/injections in facility non related to Oncology.

DCHS Outpatient Prescription Assistance Fund- Co-payment organizations and patient assistance programs help individuals who cannot afford their medications.

Eligible and Ineligible Services

Eligible services shall mean inpatient and outpatient services, provided by our hospitals, which are emergent or medically necessary and are provided directly by Dickinson County HealthCare System for the treatment of an illness or injury, other than those services listed below as “Ineligible Services.” The following services are not covered under this policy and are “Ineligible Services”: cosmetic surgery services, non-approved by insurance cardiac and pulmonary rehabilitation maintenance programs, non-medically necessary services (dental procedures, tubal reversals) and any other discounted services provided under a separate agreement or contract.

PROCEDURE:

Facility Financial Counselors and Financial Counselor in Hematology/Oncology will perform the following:

Uninsured Patients:

1. Screen all patients by daily reporting looking for uninsured patients. At this point, patients will be screened for any of the above resources above they may be eligible for. Medicaid for the appropriate state is screened first. If patient is not eligible for state assistance, we will provide screening for other options as follows.

2. Financial Counselors will obtain Medicaid denial if patient's incomes fall in the Uncompensated Care guidelines. Counselors will work with patients to complete this process and provide any eligible discounts. These discounts are valid for 6 months before reapply.
3. Self pay discount will apply to all facility services. Counselors will work with patients to find payment options by HELP Loan/Facility pay plan to meet their financial needs.

All Patients:

4. Benefit checks are performed on upcoming surgical procedures. Then patient will be reached out to and offered pay plans, discounts, and education on their benefits. They will also be seeking down payment for procedure at this time. Patients will be screened for all assistance programs.
5. Benefit checks are performed on all Initial OB patients in our OB/GYN clinic. We screen for Medicaid and other assistance programs, offering savings program as well as HELP Loans for the expected amount patient will incur during pregnancy and delivery.
6. Financial Counselors can work with patients to seek Copay/Free Drug/ Replacement drug by reaching out to pharmaceutical companies for patients who are incurring large balances after infusion / injections. Counselors will work with patient in Oncology or Facility to complete the applications and follow through with claims to assist patient in getting their benefits paid.
7. Counselors will receive calls from patients on balances on statements and work with patients to take payments, and offer screening/pay plans for those that are unable to pay in full financially.
8. Counselors work Colabora programs to capture patients with balances over 1,000.00 to screen for assistance and offer plans to make balances meet their financial needs

Retail Pharmacy Patients:

1. Patients at DCHS Retail Pharmacy, who are patients of Dickinson County Healthcare System (DCHS has patient chart in electronic health record)
 - a. DCHS employees will obtain the prescription via the patient or physician.
 - b. The employee will then speak with the patient about any insurance they may have and adjudicate the prescription through the pharmacy software using the insurance provided. (if uninsured skip)
 - c. After obtaining the copay amount, DCHS employee will speak to the patient about their financial situation and obtain their financial documents.
 - d. Percentage Over Poverty Guidelines:

Use the Poverty Guidelines Table to determine eligibility for Prescription Assistance Programs or to receive free or discounted medications.

- i. Acceptable Financial Documents
 1. W2
 2. previous year's tax return
 3. Social Security benefit letter
 4. paycheck stub
 5. letter and/or order of need signed by physician

6. Authorization to Represent Form signed by patient combined with a soft credit check of patients income level
 - e. The employee will then check to see what options the patient qualifies for in copayment or drug cost assistance.
 - i. National Patient Assistance Foundations
 - ii. Drug Manufacturer Programs
 1. Manufacturer Patient Assistance Programs
 2. Copay Card Programs
 3. Free Trial Programs
 - f. If the patient is uninsured the DCHS employee will refer the patient to the Financial Care Counselor at DCHS.
 - g. If the patient does not qualify for or apply to any of the above solutions, the DCHS team member will take findings to their Supervisor or Manager for approval to put the copay on the DCHS Outpatient Prescription Assistance Fund charge account.
 2. Patients at DCHS Retail Pharmacy who are not patients of Dickinson County Healthcare System, will not be considered for Financial Assistance Covering Prescription Costs.
 3. Patients at Dickinson County Healthcare System, who qualify for assistance under this policy will be required to utilize the DCHS Retail Pharmacy for the medication.

DOCUMENTATION:

1. DCHS employee must keep documentation relating to each case including:
 - a. Completed DCHS Financial Assistance Form
 - i. Patient Need and or order of Medication to include:
 1. Chart note of RX
 2. ICD10 Code
 - ii. Lack of Patient ability to pay copay
 1. See previous “acceptable financial documents”
 - iii. Lack of other Programs
 - iv. Lack of ability or time to wait for Medicaid, or Low-income Subsidy
 - v. Signature of Supervisor or Manager within DCHS
 - b. Financial Assistance Form Filed Appropriately
 - i. Uploaded into Patient Chart in Epic or,
 - ii. Scanned into Patient profile in Pioneer RX
2. DCHS employee must Re-Verify Patient Qualification for Assistance at each refill
 - a. Patient Insurance Status
 - b. Availability of National Patient Assistance Foundations
 - c. Update on Medicaid or “Low-income Subsidy”