



Origination: 07/2012
Last Approved: 02/2016
Last Revised: 12/2015
Next Review: 01/2019
Owner: Mindy Smith: Business Office
 Director
Policy Area: Finance
References:

Health Services Discounting and Charity Program

Department:

Hospital-wide

PURPOSE:

To establish eligibility guidelines for certification under the Health Services Charity Program at Nashville General Hospital and to provide a discounting policy for the uninsured.

POLICY STATEMENT:

Nashville General Hospital is committed to providing excellent healthcare regardless of age, race, creed, gender, sexual preference or ability to pay. The hospital charity program has been established to provide financial relief to individuals residing in Davidson County who are unable to meet their financial obligations for eligible healthcare services (See Appendix C) provided at or authorized by Nashville General Hospital. Patients not qualifying for financial assistance will be provided discounts on a sliding fee scale.

Available Discounting Programs

- **Uninsured Discount**
 - 30% discount off billed charges – offered to all uninsured patients who do not qualify for other financial assistance programs; this discount shall be reviewed annually and remain in compliance with TCA 68-11-262. – not considered charity care
- **Prompt Pay Discount**
 - 20% Discount – Paid date of service or within 4 business days
 - 15% Discount – Paid within 5 – 15 business days
 - 10% Discount - Paid with 16 – 30 business days
- **Charity Discount**
 - 40% discount off billed charges– based on poverty guidelines – See Appendix A
 - 50% discount off billed charges– based on poverty guidelines – See Appendix A
 - 60% discount off billed charges– based on poverty guidelines – See Appendix A
 - 80% discount off billed charges– based on poverty guidelines – See Appendix A
- **100% Charity Discount** – 100% Coverage– based on Federal Poverty Level Guidelines and Asset Guidelines. See Appendix A
- **Catastrophic Discount** - Catastrophic expenses can be considered for discounting on a case by case

basis and will be reviewed by the Patient Advocacy Team for determination.

*Discounting programs do not compound.

Application Process

A financial assistance application will be provided to interested individuals who express a need for financial assistance to pay for the services they are seeking or services that have been provided within the past 90 days. This application must be completed, accompanied by the required documentation and a signed attestation of the accuracy of the information provided, for an eligibility determination to be made.

Falsification of these application documents will result in denial of benefits through the hospital's financial assistance program and notification to any outside law enforcement agencies as appropriate.

Applications and fact sheets can be distributed by Patient Access at the point of registration or the Patient Accounting Department. All applications provided will be tracked by the Financial Counselor to assure documents are received and a final determination is made within 30 days. Formal Notification of approval or denial will be provided to the patient with information on their right of appeal.

Health Services Charity Program Certification Cards will be issued to individuals who qualify for the financial assistance program. These cards are not insurance cards and do not automatically qualify a patient to receive services. The card should be presented by the patient at the time of registration as a way to identify themselves as a charity program participant. This card in no way obligates NGH to be liable for services provided to a patient at another healthcare organization. In any event, NGH will only be responsible for providing services to patients under this program to the extent that NGH has the capacity to do so through its current patient care offerings, whether via inpatient services or outpatient services. NGH will not be obligated to pay outside facilities including other hospitals for the costs of services it does not currently provide.

Applicants can be approved up to 180 days. At the end of the certification period, participants must request an extension and provide up to date financial information. A new application is not required. If at any time the income /assets information changes, the applicant is obligated to provide updated information and be re-qualified for program participation.

Eligibility Determinations

The following requirements will be used in determining eligibility for participation in the Health Services Charity Program. Documentation will be kept on file to support the approval or denial for 7 years past the date of service.

NGH recognizes the need for flexibility in this process and will attempt in every case to assist the patient. If the applicant is unable to provide all required documentation, The Revenue Cycle Coordinator and/or a Patient Advocacy team may accept alternative supporting documents and exercise sound judgment in an effort to make an eligibility determination.

The Patient Advocacy team at NGH will be made up of The Revenue Cycle Coordinator, The Compliance Officer and a Financial Counselor and will meet on an as needed basis. This group will also serve as a line of appeal for denied applications if the patient disagrees with the initial determination.

Eligibility Requirements	Documentation Requirements
Davidson County Resident*	Proof of Residency – 2 original items required with Davidson County address See Appendix

	B
Meet income/assets guidelines utilizing the Health and Human Services federal poverty level ** (See appendix A – percentages based on the current Federal Register)	Proof of Household Income and Assets – All earnings for the family unit in the household for most recent three months – original documents required – See Appendix B
Ineligible for TennCare; has not been removed from TennCare rolls due to non-payment of premiums	TennCare screen performed by Financial Counselor; -verification on TennCare site that patient was not dropped from roles due to non-payment
Has no access/opportunity to participate in a health insurance program or participation in such program would cause undue financial hardship as determined by the Patient Advocacy Team.***	Verified with employer and spouse
Has received services at Nashville General Hospital within the last 90 days or has a need to receive services.	Verified by Paragon EMR/Financial Software system.

* Individuals participating in treatment programs which happen to be located in Davidson County are not automatically considered residents of Davidson County. If these individuals were not Davidson County residents prior to entering the program, then no residency has been established and they would not qualify to participate in the charity programs offered by NGH.

If at any time a financial counselor believes the residency status of the applicant is questionable; the case can be referred to the advocacy team for a final determination. The applicant may be requested to provide a signed affidavit attesting to their county of residence.

* *Patients may meet income guidelines, but still have substantial liquid assets with which to satisfy the balances for services they have received. Asset qualification restrictions are meant to identify patients who qualify for charity care assistance under the income qualification section, but who have adequate liquid assets to satisfy their obligation to NGH and therefore should not qualify for charity care assistance.

***Patients may be eligible to participate in a health insurance program through an employer or through the Federal Health Exchange. Premiums exceeding 8% of income would be considered an undue financial hardship and would be taken into consideration when determining if a patient is eligible for the program.

Public Notification

Notification to patients regarding the availability of our charity care programs and the process to apply will be posted at all points of registration, in the patient handbook, on billing statements and on the hospital website. Policies are available for review upon request.

Refusal of Services

Inability to pay in full for elective services at the time of registration may result in rescheduling of such services until the certification can occur or the financial obligation can be met.

Uninsured non Davidson County residents cannot be scheduled to receive elective services at Nashville General Hospital and should be referred back to their county of residence to obtain healthcare services.

Appeals

A letter of denial will be provided to all individuals who make application and are not approved for participation in the financial assistance programs. Patients may appeal the decision to the Patient Advocacy Team by written request addressed to the Revenue Cycle Coordinator within 30 days of the denial for program participation.

APPENDIX A

Eligibility will be determined based on the current-year Federal Poverty Guidelines published on the U.S. Department of Health & Human Services website.

<=138% FPL 100% Charity

<=175% FPL 80% Charity

<=200% FPL 60% Charity

<=225% FPL 40% Charity

Asset Guidelines

Total liquid assets will be defined as the sum of amounts in checking, savings, CD's, mutual funds, stocks and other liquid investments.

Total Liquid Assets	Determination	100-138
\$10,000 or <	Utilize the poverty guideline schedule only in determination	\$16,242.60
> \$10,000 and balance owed is less than excess over \$10,000	Patient does not qualify for financial assistance	\$21,983.40
> \$10,000 and balance owed in greater than excess over \$10,000	Patient will owe the excess amount and the balance will qualify for charity reduction.	\$27,724.20

***If the patient can provide a letter of approval for maximum eligibility for food stamps (dated within 90 days of the application), they will be automatically considered financially eligible to participate in the charity program.

APPENDIX B

Proof of Identity and Davidson County Residency

- U.S./State photo driver license or U.S./State photo ID card

If the patient does not have the above then 1 primary and 1 secondary forms of identification are required.

Primary

- Original or Certified Birth Certificate
- Military Identification (ID Card or Discharge papers)
- US Citizenship and Immigration Service Documentation
- (Certificate of Naturalization, Citizenship, Employment Authorization)
- Marriage License/Certificate- original or certified copy filed after marriage (Must include applicant's full name)

- Student ID with picture
- Wholesale club membership card with picture [e.g., Sam's Club or Costco)
- Employee identification badge with picture
- U.S. or foreign country's passport with picture
- U.S. immigration documents with picture
- Credit card with picture
- Identification card issued by foreign consulate with picture
- Federal Census Record – must include applicant's full name and date of birth
- Legal Change of Name (Divorce, etc.) – must have judge's original signature and/or official court seal

Secondary

- Computerized Check Stub – must include applicant's full name preprinted on the stub
- Notarized affidavit attesting to applicant's income or wages
- Union Membership Cards – must include applicant's full name with photo and/or Social Security #
- Work ID/ School ID – must include photo and/or Social Security #
- Financial Institution Documents
- (Computer printouts of bank statements, savings account or loan documents)
- Social Security Document
- (Original SS Card, printout/benefits statement, SS Check or Direct Deposit verification of SS check)
- IRS tax forms – W2 or property tax receipts
- Military Records – Assignment orders, selective service cards, Leave and Earning statements
- School Records – transcripts, diploma, GED
- Vehicle Documents- registration or title

Proof of Residency

(2 items required with Davidson County addresses - original documents required)

- Primary or Secondary proof of identity with address
- Rental Lease or Receipts with address
- Utility Bills with address
- Any item meeting the State of Tennessee proof of Residency requirements (T.C.A. 2-2- 122)
- Notarized statement of domicile (mission, relative, friend) *
- If statements are not notarized this validity can be confirmed by telephone by the financial counselor. Electronic eligibility verification can be used if current within 6 months.

Proof of Household Income

(All earnings for the family unit in the household for most recent three months – original documents required) **

- Pay stubs
- Last tax return
- Notarized letter from employer
- List of all assets (savings, checking, 401K, CD's, stocks, bonds, cars, boats, property)
- Divorce or Legal Separation documents (or affidavit that spouse has not lived with or provided financial support for the applicant for at least one year)

**Family Unit will be defined as legal family members living under the same roof regardless of age

Proof of Expenses

(All expense records for most recent three months – original documents required)

- Rental/Lease/Mortgage records
- Utility bills
- Vehicle loans
- Insurance
- Verification of dependents

Proof of Healthcare Exemption

(Individuals with income above 138% of the Federal Poverty Level must prove that purchasing healthcare through an employer or through the Federal Health Exchange would cause financial hardship***)

- Written documentation from an employer outlining premiums for purchasing healthcare
- Documentation from the Federal Health Exchange outlining premiums for purchasing a Qualified Health Plan

APPENDIX C

Eligible services

- Medically necessary NGH ED visits
- Medically necessary NGH Inpatient Stays
- Medically necessary NGH Observation Stays
- Medically necessary NGH Outpatient Surgical Procedures
- Medically necessary Clinic visits at NGH operated clinics
- Medically necessary Diagnostic testing provided at NGH
- Medically necessary services pre authorized to be provided by another healthcare institution when services are unavailable at NGH

Ineligible services

- Hearing testing and services
- Vision Screenings
- Contacts and Glasses
- Durable Medical Equipment
- Prosthetic Devices
- Sleep studies
- Pain Clinic
- Cosmetic procedures
- Vasectomy and Reverse Vasectomy
- Tubals and Tubal Reanastomosis
- Elective procedures
- Outpatient medications
- Mental Health Services
- Alcohol and Drug Treatment Programs
- Experimental or unproven treatments/procedures

- Services which will not affect the treatment decisions or outcome for the patient
- Services provided at other facilities without prior authorization
- Other services as designated by the facility

Attachments:

No Attachments

COPY