

**Community Assistance  
Policies & Procedures  
2020**

*Fisher-Titus Medical Center 20% & 75% Community Assistance:* This is a Fisher Titus Medical Center Financial Assistance Program for those patients who do not qualify for any State medical aid including the Hospital Care Assurance Program, who have no third party coverage, whose income falls above the federal poverty guidelines and is generally unable to pay for hospital services provided.

Fisher-Titus Medical Center will provide partial assistance, in the form of a 20% & 75% reduction in the balance due, to patients who qualify based on the following income;

Person(s) in family/ household	2020 151%-200% FPL 75% DISCOUNT			2020 201%-300% FPL 20% DISCOUNT		
		To			To	
1	\$19,141	To	\$25,520	\$25,521	To	\$38,280
2	\$25,861	To	\$34,480	\$34,481	To	\$51,720
3	\$32,581	To	\$43,440	\$43,441	To	\$65,160
4	\$39,301	To	\$52,400	\$52,401	To	\$78,600
5	\$46,021	To	\$61,360	\$61,361	To	\$92,040
6	\$52,741	To	\$70,320	\$70,321	To	\$105,480
7	\$59,461	To	\$79,280	\$79,281	To	\$118,920
8	\$66,181	To	\$88,240	\$88,241	To	\$132,360

Proof of income is determined by 1) check stubs 2) a recent income tax return or 3) S.S., Pensions, Withdraws from Retirement plans etc. Financial Services will determine eligibility for a charity write-off using the following income guidelines:

- A.** Patients requesting free care, who do not qualify for Medicaid or HCAP will be referred to Financial Services.
- B.** State Collection and Recovery Services and the LLC will also screen accounts for possible charity care and refer them back to Financial Services to determine charity approval or denial.
- C.** After identifying an account to be approved for a 20% or 75% discount the patient will continue receiving statements with the adjusted balance.
- D.** Each account will be listed on the weekly charity care noting:
  - Patient's name
  - Account Number
  - Amount of the write-off
  - Date of Service
  - Internal write off code

**E.** Any total guarantor balance of \$5,000.00 or above will be listed on a separate Charity Summary Sheet to be reviewed and signed by the Financial Counselor, Director of Patient Access and the Controller. Any total guarantor balance write-off exceeding \$15,000 should be reviewed and signed by the Chief Financial Officer.

**F.** Financial Services will scan all appropriate documents into Cerner for that Guarantor's record including proof of income, copies of applications or copies of insurance cards.

(Documents prior to Jan 1, 2003 are kept on paper alphabetically.)

**G.** These files will be retained for a minimum period of seven years for audit purposes.

**H.** Specific write off codes are used for this program in order to book these write-offs to a special general ledger account, providing readily available reporting and audit capability. Codes are assigned by the Controller.

**I.** Estates with exhausted assets, when verified by a Financial Counselor, will qualify for the program. This includes surviving spouse estates, although efforts for a completed application should first be exhausted.

**J.** Patients approved for Fisher Titus Medical Center Community Assistance will need a new application every 90 days. Patients with no foreseeable change in current year income may be approved for the entire remaining current year. (i.e. S.S. and retirement income only)

**K.** For the purpose of the Self-Employed using their Federal Tax Return as proof of income, "non-cash" deductions will not be allowed. Some examples include: depreciation, deducting personal vehicles for business, health savings account contributions, IRA deductions, etc. Conversely, certain benefits will be included as income, for example: minister' housing allowances.

**L.** For the purpose of income determination, income from seasonal employment will be adjusted to reflect a yearly wage.

**M.** Fisher Titus Medical Center reserves the right to revoke and/or reverse charity approval based on knowledge of assets, income or non-taxable income (i.e. S.S., Pensions, Dividends, IRA / 401k withdraws, etc.) that was not previously reported. The Fisher Titus Medical Center Charity program is for those individuals and families that have no ability to pay.

**N.** Our billing procedure (after insurance payments and/or self-pay) provides four statements to the patient. The first statement includes a 10% discounted amount as prompt payment in full. The second and third statements simply state the full balance due. The fourth and final statement has a large red **Final Notice** stamped directly across the page. If the patient ignores or does not respond to this notification, regardless of payments being made, the account then goes into a collection status. The account remains in that status for 30 days before being turned over to an outside collection agency. It is the patients responsibility to contact the Financial Services office to set-up reasonable payment plans if they cannot pay in full within those four stmts. It is also the responsibility of the patient to complete a financial assistance application if they believe their annual income for their family size may qualify them for possible assistance.