

Johnson Regional Medical Center Policy

Subject	Issued By	Date	Revised
Financial Assistance & Charity Care Program	Board Approved:	12/10/2010	12/09/2011
For Uninsured/Underinsured Effective:		01/01/2011	01/01/2012

PURPOSE:

The Charity Policy of Johnson Regional Medical Center is consistent with the mission and values of the hospital recognizing that all patients are expected to contribute to their care based on the individual ability to pay. It has been established to provide financial relief to those who are unable to meet their financial obligations to Johnson Regional Medical Center.

RESPONSIBILITY:

Enforcement of this policy shall be vested in the Chief Financial Officer in conjunction with the Director of Patient Accounts.

POLICY:

It is the policy of Johnson Regional Medical Center to make financial assistance programs available to all qualified applicants. JRMC offers charity to patients as a gift. Charity is not subject to race, sex or creed. There is no future reimbursement expected from the applicant unless there is subsequent insurance or liability recovery to the applicant. Once an application is accepted, the approved charity discount will apply to an individual's charges for a period of ninety (90) days, after which the individual is required to complete another application for assistance with updated information and supporting documentation.

Patient must be a resident of the state of Arkansas for six (6) months to meet the residency requirements; however, if the patient can prove intent to remain a resident of the state of Arkansas, this requirement will be waived.

Evidence of intent may be supplied by one or more of the following:

- a. If receiving food stamps, show evidence of signing up in county of residence.
- b. If school is in session and family has children, evidence of enrollment.
- c. Proof they are eligible to vote in the state of Arkansas.
- d. Show utility bill indicating current address in the state of Arkansas
- e. If renting show evidence of rent receipt.
- f. If receiving Social Security check, show evidence of change of address
- g. Furnish name, address, and telephone number of two (2) neighbors who will be willing to verify that the patient or family lives at the address given.

h. other appropriate evidence of residency may be considered in addition to or in lieu of what is specifically listed above.

The application for assistance is for JRMC hospital charges only and will not apply to physicians, radiologists, pathologists, or any other outside services.

Patients without insurance or without eligibility for any third party payment or reimbursement, including governmental coverage or assistance, will automatically receive a forty-five percent (45%) of billed charges *uninsured* discount. *Insured* patients will be offered an early-pay ten percent (10%) discount of balance after insurance if paid within thirty (30) days of first statement.

Additional charity discounts (up to 100%) may be provided based on evaluation of a complete application Financial Assistance form with the required supporting documentation.

Patients whose accounts are eligible for Medicaid payment but have a balance remaining as a result of benefit limitations or “out of pocket” expenses will be considered eligible for the settlement of the remaining patient balance without application.

Patients who do not provide the requested information necessary to completely and accurately assess their eligibility may not be eligible for Charity. In addition, patients seeking Charity are expected to cooperate with any efforts to secure other healthcare coverage or sponsorship prior to Charity determination.

Eligibility is determined using objective criteria respecting the responsible party’s income, assets and liabilities, age, and ability to work.

Income:

Applicants with a **household** income at or below 200% of the Federal Poverty Guideline will be considered for full charity. For those applicants with a household income in excess of 200% but not exceeding 300% of the Federal Poverty Guideline, a sliding scale will apply based on income and the number of people in the **household**.

For purposes of determining financial eligibility under the JRMC Financial Assistance and Charity Care Programs, income includes total cash receipts before taxes from all sources. Income includes money wages and salaries, including tips, before any deductions; net receipts from non-farm self-employment; net receipts from farm self-employment; regular payments from social security including disability, railroad retirement, employment compensation, strike benefits from union funds, workers’ compensation, veterans’ payments, public assistance (including Aid to Families with Dependent Children or Temporary Assistance for Needy Families, Supplemental Security Income and non-Federally-funded General Assistance or General Relief money payments), and training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, settlements such as from an accident, and net gambling or lottery winnings.

Family:

A family is a group of two (2) or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two (2) children and the older couple's nephew all live in the same house or apartment, they would all be considered members of a single family. An unmarried person living alone will be considered a family for purposes of this policy. This policy uses the "family" concept and will apply the poverty guidelines separately to each family within a household if the household includes more than one family unit.

Household:

A household consists of all the persons who occupy a housing unit, whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units, but only one household.

Assets and Liabilities:

Applicants with assets less than \$8,000 (individual) or \$12,000 (combined household) will be considered for full Charity.

All assets shall be considered for charity qualification upon application EXCEPT:

1. Applicant's primary residence (including the land/property on which that residence is located).
2. One vehicle per person (two per household)
3. Cash/surrender value of life insurance policies, and
4. Burial funds

Age:

Applicants of all ages are eligible for Charity.

Patients may also qualify for Presumptive Charity. Presumptive Charity is defined as assistance available to persons who meet at least one of the criteria outlined below and are without a payer source for the services rendered. The criteria include:

1. Patient is expired with no immediate or know family members and/or no probate.
2. Patient is homeless
3. Patient has qualified for Medicaid within the last 24 months.
4. Patient is in hospice and has Medicaid coverage.
5. Patient is within the financial eligibility levels for Medicaid as predicted by the capacity to pay model but is unwilling or unable to comply with the application process.
6. Patient currently has Medicaid but has a prior balance.