Policy 32 – Financial Assistance

Policy Number	32	***Policy Type***	General Ethics and Compliance
Policy Name	Financial Assistance	***Policy Owner***	Ethics and Compliance
Effective Date	07/15/2022	***Review/Revision Date***	

Policy Statement

Compassus is committed to carrying out its higher purpose in a manner that ensures socially just practices for providing medically necessary care. This policy applies to all medically necessary care including items and services provided by the Company, including the service lines: Home Health, Hospice, Palliative Care, and Infusion. This policy does not apply to private duty services. This policy also does not apply to charges for items or services that are not considered medically necessary care.

Policy References

None

Policy Definitions

Amount Generally Billed (AGB): for medically necessary items and services the amount generally billed to individuals who have insurance covering such care costs. This will be calculated using an average of the top (as measured by volume) 3 commercial payor rates.

Medically Necessary Care/Medical Necessity: as defined by Medicare (items or services reasonable and necessary for the diagnosis or treatment of illness or injury. The determination of medical necessity must be made by a licensed community provider that is providing medical care to the Patient and, at the Company's discretion, by the attending physician, Medical Director/Associate Medical Director, and/or Chief Medical Officer.

Patient: means those persons who receive medically necessary care provided by the Company and the person who is financially responsible for the care of the patient.

Federal Poverty Guidelines (FPG): the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

Asset Test: a substantive of a Patient's ability to pay based on the categories of assets measured in the Financial Assistance Application.

Uninsured: individuals with no federal/state governmental, private insurance company, or other third party non-governmental payer source

Income: gross federally taxable income

Policy Provisions

1. For Patients who have received or will receive Medically Necessary care and have applied for and been denied or do not qualify to apply for state or federal assistance and are unable to pay their balance or establish a payment plan, relief may be available.
2. Validation must be completed by Compassus to ensure that if any portion of the patient's medical items or services can be paid by any federal, or state governmental health care program (e.g., Medicare, Medicaid, Champus), private insurance company, or other private non-governmental third party, that the payment has been received and posted to the account. No financial assistance discount can be applied to a claim with any outstanding payer liability.
3. For a Patient that participates in certain insurance plans that deem Compassus to be "out-of-network," Compassus may reduce or deny the financial assistance that would otherwise be available to the Patient.
4. A Patient may not be eligible for financial assistance if the Patient is deemed to have sufficient assets to pay pursuant to an Asset Test. A Patient with assets that exceed 250% of such Patient's FPG amount may not eligible for any financial assistance.
5. Uninsured Patients who do/would not qualify for or do not wish to apply for Financial Assistance will be designated as self-pay Patients. At the time of service, self-pay patients will be asked to make payment in full or establish at least monthly payment arrangements for the AGB.

Procedure Provisions

This procedure applies to all medically necessary care including items and services provided by the Company, including the service lines: Home Health, Hospice, Palliative Care, and Infusion. This procedure does not apply to

private duty services. This procedure also does not apply to charges for items or services that are not considered medically necessary care. The Company will utilize this procedure to operationalize the financial assistance policy.

A. Application Procedure

1. The revenue cycle team will timely submit claims to the Patient's insurance on the patient's behalf, after the Patient has assigned their reimbursement rights to the Company in the admissions paperwork. The revenue cycle team will post payer liability and payment to the Patient's account. The revenue cycle team will then assess any remaining Patient liability which will be posted to the Patient's account and billed to the Patient.
2. Uninsured individuals will be responsible for the AGB for the items and services they've received.
3. Once a Patient is identified or self identifies as unable to pay their invoice balance or establish a payment plan, the Patient will be provided copy of the financial assistance policy and financial assistance application.
4. Before the application can be processed the Patient must apply for and been denied or not qualify to apply for state or federally funded insurance. The Company social worker may assist with these other applications.
5. A Company social worker may assist the Patient with the financial assistance application completion, and collection of required financial documents.
6. The Patient must complete the Financial Assistance Application and supply the most current year's Federal Tax Return. Any Patient who is unable to provide their most recent Federal Tax Return must provide one piece of supporting documentation from the following list to meet the Income verification requirement:
    a. State Income Tax Return for the most current year
    b. Most recent employer or entitlement pay stub such as social security, disability or pension payment
    c. Copy of all bank statements for the last three months
7. Required financial documentation may be provided from another medical provider who has already collected and determined financial assistance under their own policy. Compassus will consider financial documentation from an alternate provider, however, the Compassus Financial Assistance Application must be completed by the Patient and all necessary documentation must be received by Compassus to qualify for financial relief from Compassus.
8. Financial Assistance Applications must be received by the 240th day after the date of the Patient's first bill for the Patient to be considered for full eligibility for Financial Assistance. The Financial Assistance Application must be on file and approved by Compassus before any relief will be applied to the Patient Account.
9. Applications received after the 240th day after the date of the Patient's first bill will still be considered, but the amount of financial assistance available to the Patient is limited to Patient's unpaid balance after taking into account any payments made on the Patient's account.
10. To protect Patient privacy, the Patient is encouraged not to email the application or supporting documents, rather the Patient may mail or fax the application to the Company social worker. The Company social worker will complete the Financial Assistance Worksheet to identify any reduction in Patient liability. The Company social worker will submit the Application, required financial documents, and the Worksheet via email to the revenue cycle team at the following email addresses.
    a. Financialassistance_HH_INF_PAL@Compassus.com
    b. Financialassistance_Hospice@Compassus.com
11. Electronic copies of the Financial Assistance Application and all supporting financial documentation shall be maintained in the Patient's account, and is not considered part of the Patient's medical records.

B. Determination of Eligibility for Financial Assistance

1. Subject to the other provisions of the Financial Assistance Policy, Patients with Income less than or equal to 250% of the FPG, will be eligible for 100% financial assistance on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any, if such Patient is determined to be eligible pursuant to the Financial Assistance Application. Patients identified as eligible for 100% financial assistance will be identified in the Electronic Medical Record as full charity care under insurance provider.
2. Subject to the other provisions of the Financial Assistance Policy, Patients with income above 250% of the FPG but not exceeding 400% of the FPG, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any, if such Patient is determined to be eligible pursuance to the Financial Assistance Application. The sliding scale is as follows:
    a. Patient's Income between 251% FPG and 300% FPG will receive 95% assistance
    b. Patient's Income between 301% FPG and 351% FPG will receive 90% assistance
    c. Patient's Income between 351% FPG and 400% FPG will receive 85% assistance

3. Any reduction in Patient liability will be applied to the Patient's account by a designee on the revenue cycle team.
4. The initial decision on whether a Patient may receive financial assistance or not rests with the Director of Accounts Receivable, the Director of Revenue Cycle, or their designee.
5. Patient's whose insurance considers Compassus as out-of-network will not be eligible for financial assistance. Compassus may reconsider the application of financial assistance for out-of-network Patients when unforeseen and/or unique unusual circumstances apply. The decision to apply financial assistance to an out-of-network Patient will be determined by the Financial Assistance Appeals Board.
6. The Director of Accounts Receivable or the Director of Revenue Cycle will draft a letter confirming the level of financial assistance provided to the Patient, or denial of financial assistance altogether. A denial of financial assistance will explain why the application was denied. This letter will be mailed to the Patient at the address recorded in their account.

C. Financial Assistance Determination Appeals and Renewals

1. Compassus will reconsider a denied Financial Assistance Application only if new/supplemental documentation is submitted within 14 calendar days of the date on the Patient's application denial letter.
2. Once a Patient has been determined by Compassus to be eligible for financial assistance that Patient remains eligible for the following calendar 12 months. The Patient must re-apply for financial assistance using the Financial Assistance Application and submit updated financial documentation at least annually while continuing to receive Compassus items or services.
3. Financial Application Assistance Appeals will first be reconsidered by the Director of Accounts Receivable, the Director Revenue Cycle, or their designee.
4. Should unforeseen or unique circumstances apply the application will be escalated to the Financial Assistance Appeals Board for final determination.

The Financial Appeals Board will consist of at least the Vice President of Compliance, Vice President Deputy General Counsel, Senior Vice President Revenue Cycle. The Financial Assistance Appeals Board will meet monthly to make determinations on pending appeals. Decisions made by the Financial Assistance Appeals Board will be communicated in the same manner the initial decision was communicated.