

Procedure Title	Final Determination of Financial Assistance		Procedure #	2.04
Effective Date	01/01/2021	Date of Last Revision	5/20/2021	
Leader Responsible	Senior Director, Patient Financial Services			

APPROVAL AND REVIEW


 Senior Director, Patient Financial Services

5/20/21
 Date

N/A
 Manager of the Subject Area

 Date

SCOPE

This departmental procedure applies to all employees of the Luminis Health Hospital Business Offices.

POLICY STATEMENT

Revenue Cycle Management has a fiduciary responsibility to ensure that all deductions from revenue are appropriate and have been thoroughly reviewed. Write-offs to Financial Assistance must be in accordance the Luminis Health Financial Assistance Policy (see related policies).

TERMS AND DEFINITIONS

TERM	DEFINITION
PFS	Patient Financial Service Departments of the Luminis Health Hospitals
HSCRC	Health Services Cost Review Commission of Maryland

Financial Assistance

PFS management will ensure that financial assistance write-offs adhere to the requirements of federal, State of Maryland laws and the HSCRC. The Vice President of Revenue Cycle will be notified when a balance due from one guarantor exceeding \$100,000 is written off to the financial assistance allowance code. PFS management will ensure that allowances to financial assistance are in compliance the health system's Financial Assistance Policy.

Final Determination of Eligibility shall compare the amounts from the patient's proof of income documents to the Federal Poverty Levels to determine whether or not the patient is eligible, and if so, at which level of assistance the patient is eligible. Patients enrolled in a means-tested State or Local program do not have to complete an application or provide proof of income. Patients who are Medical Assistance beneficiaries do not have to complete an application or provide proof of income.

For patients who do not qualify based on their income level, their level of medical debt will be evaluated to determine if they qualify as a financial hardship case.

EXCEPTIONS

Describe exceptions here.

If the Financial Counselor, Supervisor or Senior Manager believe that a patient should qualify for Financial Assistance and failure to complete the application process is the only barrier to granting financial assistance, the Senior Director, Patient Financial Services will be consulted for an exception to the policy.

Proof of Income may include, but are not limited to, the following.

- A. Recent Paystubs-must supply 2-3 (**for you and spouse/significant other**)
 - B. Social Security Award Letter
 - C. Retirement, Pension Award Letter
 - D. US Department of Labor Unemployment Award Letter
 - E. Workers Compensation Award Letter
1. ***If none of the above apply, please provide one of the following:***
- A. Employment Verification Form (attached)
 - B. Verification of Assistance From Others (attached)
 - C. Current year's tax returns (**Complete/All Pages**)
 - D. W-2 Forms
 - E. Bank statements (**6 Months**)

If a student, please submit proof of income for person supporting you and proof of scholarships/grants

Any other form of income verification the patient supplies which satisfies the Financial Counselor that the patient's income is substantiated may be approved by the Supervisor, Manager or Director.

RELATED POLICIES AND OTHER REFERENCES

ADM1.1.91 - Patient Financial Services – Hospital Financial Assistance, Billing & Collection