



# CARILION CLINIC

## FINANCIAL ASSISTANCE POLICY

Effective Date: 10/1/97

Revision Date: 02/28/11

### I. POLICY STATEMENT AND SCOPE:

#### Policy Statement:

Carilion Clinic is committed to providing quality health care to all, regardless of their ability to pay. The Financial Assistance Policy is designed to allow relief of all or part of the charges that exceed a patient's reasonable ability to pay. Carilion uses the Federal Poverty Guidelines (FPG) published and updated yearly in the Federal Register along with a Financial Needs Assessment Questionnaire (FNAQ, as developed by Carilion) to determine eligibility. Together, the family income, number of family members living on that income, and equity in real property are pertinent factors in determining how much, in the sole judgment of Carilion, a patient is reasonably able to pay for services. Patients with family income up to 100% of Federal Poverty Guidelines and no more than \$100,000 real estate equity are eligible to have their entire account balance covered under this policy. Patients with family income up to 400% of the FPG and no more than \$100,000 real estate equity are eligible for financial assistance discounts. Financial Assistance applicants should complete a FNAQ in order to be considered for any discount. Discounts will be reduced in cases where there is more than \$100,000 of real estate equity. Additional information may be requested as part of the qualifying process.

All patients who are able will be expected to pay for their own health care services to avoid shifting the burden for their care to other patients and the general public. The Financial Assistance Policy should have no impact on the collection policies and practices with regard to those balances that do not qualify. Failure to honor payment arrangements on amounts exceeding the discount given may result in the total discount being revoked.

#### Scope:

Medically necessary care rendered at a Carilion hospital including Carilion Medical Center (both Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital), Carilion New River Valley Medical Center, Carilion Franklin Memorial Hospital, Carilion Giles Community Hospital, Carilion Stonewall Jackson Hospital, Carilion Tazewell Community Hospital and Bedford Memorial Hospital or by a Carilion Clinic physician are included in this policy. Clinical staff are encouraged to communicate the requirement that care must be medically necessary to qualify for financial assistance to patients and provide documentation if a procedure's medical necessity is questionable.

### II. ELIGIBILITY:

Those patients with income at or below 100% of the FPG when the account balance is less than \$1,500 will be automatically given a financial assistance discount of 100% of the outstanding balance. For balances greater than \$1,500 a completed FNAQ (Financial Assistance Application) and requested documentation (W2, bank statements, mortgage, etc.) are necessary for consideration of financial assistance. Discounts on health care costs are available for those who complete a FNAQ and have income of up to 400% of FPG.

To qualify for consideration of financial assistance, a patient must apply for all entitlement programs for which he or she may be eligible (i.e. Medicaid, Social Security Disability, etc.) and provide requested verifications to facilitate processing of the application. If the patient fails to cooperate with the Medicaid/Social Security application process, assistance will not be considered and previously allowed discounts may be revoked. If the patient has private health insurance and does not supply adequate information for Carilion to obtain reimbursement (i.e. failure to provide Coordination of Benefits information), assistance will not be considered and previously allowed discounts may be revoked.

Additionally, if the patient has a third party claim pending, payment from any settlement must be provided before financial assistance will be allowed. Third party claim accounts will be managed by the Carilion Debt Recovery Department. Once payment from any funds out of settlement is made, financial assistance will be evaluated and provided on eligible accounts under this Financial Assistance Policy.

Granting of financial assistance is contingent upon satisfactory completion of a FNAQ and satisfactory payment arrangements on any remaining non-discounted portion of the health care bill.

### **III. DISCOUNTS:**

Patients at or below 100% of the FPG are eligible for a discount of their entire account balance.

Patients at 101% to 200% of the FPG are eligible for a discount of the greater of 75% of the account balance or the discount necessary to lower their remaining balance to 10% of family income.

Patients at 201% to 250% of the FPG are eligible for a discount of the greater of 70% of the account balance or the discount necessary to lower their remaining balance to 15% of family income.

Patients at 251% to 300% of the FPG are eligible for a discount of the greater of 55% of the account balance or the discount necessary to lower their remaining balance to 20% of family income.

Patients at 300% to 350% of the FPG are eligible for a discount of the greater of 40% of the account balance or the discount necessary to lower their remaining balance to 25% of family income.

Patients at 351% to 400% of the FPG are eligible for a discount of the greater of 25% of the account balance or the discount necessary to lower their remaining balance to 30% of family income.

### **IV. EXCESS REAL ESTATE EQUITY:**

If an individual otherwise qualifies for financial assistance but has equity in real estate in excess of \$100,000, the excess will be added back to the patient's account after the financial assistance discount up to the original amount of the bill. The excess amount can be deferred from payment by a lien on the real estate rather than being paid from current income.



# CARILION CLINIC

## Financial Needs Assessment Questionnaire

A. Applicant's Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_  
Current Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Patient's Name \_\_\_\_\_

Applicant's Employer \_\_\_\_\_ Hourly Wage \_\_\_\_\_ # of Hours Per Wk \_\_\_\_\_

B. Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Employer \_\_\_\_\_ Hourly Wage \_\_\_\_\_ # of Hours Per Wk \_\_\_\_\_

C. Dependents (Age 17 and under living in your household)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_

D. Other Income \$ (Monthly) \_\_\_\_\_ Pension \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

Total Income \$ (Monthly) \_\_\_\_\_ Savings \$ \_\_\_\_\_ (Source) \_\_\_\_\_

E. Financial Obligations \$ (Monthly) \_\_\_\_\_ Payment \_\_\_\_\_ Payment \_\_\_\_\_

Mortgage/Rent: \$ \_\_\_\_\_ Utilities (electric, water, gas, phone): \$ \_\_\_\_\_

Auto Loan(s): \$ \_\_\_\_\_ Alimony Paid Out: \$ \_\_\_\_\_

Credit Card(s): \$ \_\_\_\_\_ Other (food, fuel, childcare, clothes, etc) \$ \_\_\_\_\_

F. Are you buying or do you own any real estate (house, lot, land, building) or any part interest in real estate?

\_\_\_\_\_ Yes \_\_\_\_\_ No Total value of all real estate \$ \_\_\_\_\_

Mortgages Owed \$ \_\_\_\_\_ Does any of your real estate produce income? \_\_\_\_\_

Address of Property \_\_\_\_\_

I understand that the information provided in this application will be used to evaluate my ability to pay my medical bills. I agree to cooperate with Carilion Clinic in pursuing reimbursement from any available insurance or medical payment programs. I understand that all or part of my indebtedness to Carilion may be reduced if I qualify under the current Financial Needs Guidelines. I hereby certify that the information contained in this form is accurate, and I authorize any and all parties to release any information necessary to confirm this information. I further authorize and agree that Carilion may obtain credit reports with respect to me. In exchange for Carilion's consideration of this application, I reaffirm that I am financially responsible for the accounts upon which I have applied for assistance.

\_\_\_\_\_  
Name (Please Print) Signature Date

Please return completed form to:

Carilion Clinic  
CASB Suite 303  
PO Box 40032  
Roanoke, VA 24022-2085

FEDERAL POVERTY GUIDELINES {FPG}  
EFFECTIVE JANUARY 20, 2011

Charity Coding	1100	7510	7015	5520	4025	2530
<u>FAMILY SIZE</u>	<u>100%</u>	<u>200%</u>	<u>250%</u>	<u>300%</u>	<u>350%</u>	<u>400%</u>
1	\$10,890	\$21,780	\$27,225	\$32,670	\$38,115	\$43,560
2	\$14,710	\$29,420	\$36,775	\$44,130	\$51,485	\$58,840
3	\$18,530	\$37,060	\$46,325	\$55,590	\$64,855	\$74,120
4	\$22,350	\$44,700	\$55,875	\$67,050	\$78,225	\$89,400
5	\$26,170	\$52,340	\$65,425	\$78,510	\$91,595	\$104,680
6	\$29,990	\$59,980	\$74,975	\$89,970	\$104,965	\$119,960
7	\$33,810	\$67,620	\$84,525	\$101,430	\$118,335	\$135,240
8	\$37,630	\$75,260	\$94,075	\$112,890	\$131,705	\$150,520
EACH ADDITIONAL MEMBER	\$3,820	\$7,640	\$9,550	\$11,460	\$13,370	\$15,280

**V. SERVICES COVERED**

All medically necessary charges are covered under the Financial Assistance Policy. The following services are generally not covered under the Policy:

- ✓ Non-Carilion Clinic physicians' fees
- ✓ Optional private room or suite accommodations
- ✓ Elective procedures (not medically necessary), i.e. cosmetic surgery, gastric bypass, sterilization, and reversal of sterilization
- ✓ Equipment or services supplied by Carilion affiliates other than hospitals or physicians employed by the Carilion hospital.
  - ❖ \$10.00 co-pay will be collected at time of service for care delivered in hospital outpatient areas, emergency rooms, and for physician office visits.

**VI. APPLICATION GUIDELINES:**

FNAQ's are available at all Carilion Patient Access/Registration points or at Eligibility Assistance Services, located at 213 South Jefferson Street, Suite 303, in downtown Roanoke. The application can also be printed from the Revenue Cycle Management Intranet site or from [www.carilionclinic.org](http://www.carilionclinic.org). You may also request a FNAQ by calling 540-224-5948, option 1, or 1-800-283-1224, option 1.

A FNAQ may be submitted prior to or upon admission or at any time during the billing process. The guarantor must request each service to be considered in the approval process, including individual dependent names and locations of service.

FNAQ's are to be returned to:

Carilion Clinic  
CASB Suite 303  
P.O. Box 24022  
Roanoke, Va. 24022-0032