

Masonicare Health Center

Financial Assistance Policy for Hospital Services

Updated August 2018

Purpose:

Masonicare Health Center offers financial assistance under this “**Financial Assistance Policy for Hospital Services**” for uninsured or underinsured patients who are unable to pay for their medically necessary hospital care. This policy reflects Masonicare’s commitment to providing quality health care while servicing the diverse needs of those living in the service area with an inability to pay for medically necessary services.

Scope:

This policy relates to all medically necessary geriatric hospital acute medical inpatient services, geriatric hospital psychiatric inpatient services and hospital outpatient services (collectively, “Hospital Services”) provided by Masonicare Health Center. All medically necessary care including emergency medical conditions will be treated regardless of a patient’s ability to pay (note that Masonicare Health Center does not have an Emergency Room or Emergency Department). Extraordinary collection activity (“ECA”) will not be pursued in the collection of amounts billed for Hospital Services. ECA’s include: reporting to a collection agency; selling individuals debt to another party; actions that require a legal or judicial process; and other similar collection actions. Collection activities may be found in the Billing & Collections Policy located on Masonicare’s website at www.masonicare.org .

Services Eligible for Support:

All medically necessary Hospital Services provided by Masonicare Health Center. Medically necessary care is defined as that hospital care which has been ordered by a physician. There are no other providers covered by this policy.

Services Not Eligible for Support:

Excluded from this policy are: all non-Hospital Services of Masonicare Health Center (skilled nursing, independent living, assisted living), secured liens, liability cases and any Hospital-related services by providers rendering Hospital-related care not billed by Masonicare Health Center (independent medical services provided by hospitalists, radiologists, cardiologists, pathologists, others- see “Providers NOT Covered Under Financial Assistance Policy for Hospital Services” pages 6-10 below). Financial assistance will be denied by Masonicare Health Center if patients are eligible or refuse to apply for other funding such as Medicaid.

Procedure:

Financial assistance is available for individuals who can demonstrate an inability to pay for services received in accordance with this Financial Assistance Policy. Inability to pay is determined on a case-by-case basis by the Financial Services Department personnel who will review the application for income qualification. The documentation and application requirements as set forth in the policy must also be met.

Qualifying Criteria for Financial Assistance:

A 100% discount is available for medically necessary Hospital Services to patients who earn 200% or less of the Federal Poverty Level Guidelines. A 100% discount is also available for all medically necessary Hospital Services where for the patient responsibility in excess of 20% of the family household income. In all cases the documentation and application requirements as set forth in this policy must be met.

Uninsured / Underinsured Eligibility:

Masonicare's mission calls on us to provide healthcare to everyone regardless of ability to pay. We are committed to treat all patients equally and fairly. Eligibility amounts for financial assistance are based on consistent use of fair rules and guidelines.

Income eligibility is based on current Federal Poverty Guidelines (see "2018 Poverty Guidelines" page 5 below). Patients with income levels under 200% of the federal poverty guideline who are ineligible for State Medicaid Assistance will receive 100% financial relief. In all cases the documentation and application requirements as set forth in this policy must be met.

A patient eligible for the Financial Assistance Policy for Hospital Services is billed only the amount that he or she is personally responsible for paying after all deductions, discounts (including those available under this policy) and insurance payments have been applied. For patients covered under this Financial Assistance Policy for Hospital Services, Masonicare utilizes the look back method to determine the amount generally billed (AGB) for purposes of this policy. The hospital facility will determine the AGB for the Hospital Services provided to a patient eligible for Financial Assistance under this policy by multiplying the facility's gross charges for the medically necessary care provided, by the calculated average payment percentage of all traditional Medicare claim payments received compared to the related gross published rates. Financial assistance is applied up to the calculated value of the AGB for those qualifying patients in full settlement of amounts due for the medically necessary services rendered. For the period October 1, 2018 to September 30, 2019, this discounted rate is 70.10% of gross charges. This rate will be updated annually no later than October 1 of each coming year.

Catastrophic Costs Eligibility:

Financial assistance is also available for medically indigent patients. Medical indigence occurs when a person is unable to pay some or all of their medical bills because their medical expenses exceed a certain percentage of their family or household income (due to catastrophic costs or conditions), regardless of whether they have income that otherwise exceed the financial eligibility requirements for free care under the Uninsured / Underinsured Eligibility requirements.

Catastrophic costs or conditions occur when there is a loss of employment, death of a primary wage earner or excessive medical expenses. Medical indigence/catastrophic circumstances will be evaluated on a case by case basis that includes the review of the family household income.

If an insured patient claims catastrophic circumstances and applies for financial assistance, medical expenses for Hospital Services that are the responsibility of the patient in excess of 20% of the family household income will be eligible for 100% financial assistance (with co-pays and deductibles included as a component the amounts considered as owed in the calculation of the catastrophic costs financial assistance). In all cases the documentation and application requirements as set forth in this policy must be met.

Medicaid Assistance:

An application for State Medicaid Assistance (Medicaid) must be completed for those patients with a verified income below 100% of poverty guidelines (see “2018 Poverty Guidelines” page 5 below).

If a patient is approved for Medicaid with no spend-down, the proof of eligibility determination from the Department of Social Services can be used as verification of income and be eligible for 100% financial assistance. If the balance on a patient’s account is the result of a spend-down, the income guidelines will apply to determine eligibility. The look back method will also apply so the remaining balance due may not be eligible for financial assistance.

Documentation for Establishing Income:

Supporting documentation of income is needed, including: (4) consecutive payroll check stubs for all household members or a letter from the employer documenting salary; copy of the Unemployment Compensation Benefit Letter; Alimony or Child Support Determination Letter(s); letter from Social Security / Disability / Pension documenting the gross income benefit amount; notarized Letter by a Guarantor or person providing support; documentation of interest income, dividends and/or income from any other source; copy of Federal Income Tax Return forms for the last two years (including Schedule C- Form 1040 or Schedule K1). The total number of dependents in the household must also be documented.

To Apply for Financial Assistance for Hospital Services:

Requests for financial assistance may be made at the following times; during preadmission, registration, any time during or after services are rendered, or whenever a change has occurred in the individual’s circumstances. At Masonicare Health Center copies of the Financial Assistance Policy for Hospital Services, the Financial Assistance Application for Hospital Services and Plain Language Summary can also be obtained in the following areas: Admissions department, 203-679-5901 (located to the immediate left as you enter the Health Center); Geriatric hospital acute medical inpatient unit, 203-679-5901 (located on Sturges 3); Geriatric hospital psychiatric inpatient unit, 203-679-5901 (located on Sturges 4); Hospital outpatient clinic, 203-679-5902 (located on Sturges 2); and are available on Masonicare’s website(www.masonicare.org).

Financial Counselors are available to work with patients in completing a financial assistance application in order to determine what financial assistance is available. Patients may contact a Financial counselor at Masonicare by calling (203) 678-7873. Financial Counselors can also provide free copies of the Financial Assistance Policy for Hospital Services, the Financial Assistance Application for Hospital Services and the related Plain Language Summary. Copies of these documents can also be requested via mail sent to the address below.

To apply for financial assistance, submit a completed Financial Assistance Application for Hospital Services (and all required supporting documents) to:

Masonicare Financial Services Department
PO Box 70
Wallingford, CT 06492-3048

Financial Services Department personnel must determine eligibility within 30 days of receipt of a completed Application. An Application will be processed as it is received during the 180 day application period from the date of the initial bill (or later if within the 30 day resubmission period).

If any of the required documents are not received, the Application will be considered pending. Written notification will be sent to the applicant detailing the missing documentation. This notice will provide contact information along with questions regarding the missing information. If missing documentation is not provided with 30 days from the date of the notice, the Application will be denied. An approved Application will cover all previous services as well as future qualifying services for the next 6 months.

Presumptive Support:

Masonicare Health Center recognizes that not all patients are able to provide complete financial information. Therefore, approval of Financial Assistance for Hospital Services may be determined based on limited available information. When such approval is granted, it is classified as “presumptive support”. No application is required for this group. Examples are: deceased patients; homeless patients; patient bankruptcies; members of religious organizations who have taken a vow of poverty and have no resources; and patients who are qualified for other State Assistance Programs that are income based.

Related Masonicare Health Center Policies:

Policy # ADMIN0067 Emergency Response for Resident / Patient Related Issues- Management of emergency or life threatening conditions without consideration of ability to pay.

Policy # COMPL0011 Admissions Policy- Nondiscrimination in admission and provision of services.

2018 Poverty Guidelines

[Table based on annual gross income effective for the period of January 31, 2018 through the date of the next “Annual Update of the HHS Poverty Guidelines” expected in January 2019]

Family Size	Poverty *	200% Poverty **
1	\$12,140	\$24,280
2	\$16,460	\$32,920
3	\$20,780	\$41,560
4	\$25,100	\$50,200
5	\$29,420	\$58,840
6	\$33,740	\$67,480
7	\$38,060	\$76,120
8	\$42,380	\$84,760

*For families/households with more than 8 persons, add \$4,320 for each additional person.

**For families/households with more than 8 persons, add \$8,360 for each additional person.

[NOTE THAT THESE VALUES WILL BE REVISED WITH AN IMMEDIATE EFFECTIVE DATE
UPON THE NEXT HHS PUBLISHED UPDATE]

Providers NOT Covered Under Financial Assistance Policy for Hospital Services [A-D]

[Updated August 2018]

Last Name	First Name	Credentials
Adesola	Olutoyin	APRN
Adetola	Adedayo	MD
Alfirii	Alina	MD
Almeida	Samantha	PA
Alvarado	Camille	MD
Archambault	Michael	MD
Armstrong	Lori	DO
Arnaout	Bachaar	MD
Aronson	Marc	MD
Arose	Bruce	MD
Balas	Horatiu	MD
Balsamo	Joseph	MD
Bansal	Anu	MD
Bao	Shanshan	MD
Bargielski	Brenda	APRN
Bass	Stacey	MD
Baweja	Harpreet	MD
Biceglia	Chanon	APRN
Biello	Christina	DO
Brown	Curtland	MD
Brown	R. Timothy	MD
Bruno	Charles	DO
Carlton	Michael	MD
Chughtai	Irfan	MD
Chung	David	MD
Conard	Frederick	MD
Cooney	John	MD
Coughlin	Bret	MD
Crescenzi	Zina	APRN
Cusano	Anthony	MD
Dalsania	Amritlal	MD
Dinauer	Philip	MD
Drabinski	Mark	MD
Duffy	Patrick	MD

Providers NOT Covered Under Financial Assistance Policy for Hospital Services [E-J]

[Updated August 2018]

Last Name	First Name	Credentials
Edwards	Meredith	APRN
Ernstoff	Jon	MD
Farquhar	Thomas	MD, PhD
Farrell	William	MD
Fillmore	Brett	MD
Fortgang	Paul	MD
Foster	John	MD
Foxman	Ethan	MD, PhD
Gambardella	Paul	DPM
Garcia	Christopher	MD
Gianoli	Daniel	MD
Giosa	Richard	MD
Glazer	David	DMD
Glucksman	William	MD
Golub	Robert	MD
Gordon	Robert	MD
Gottlieb	Jeffrey	MD
Hallisey	Michael	MD
Heiat	Asefeh	MD
Herbst	Tiimothy	MD
Herter	Rebecca	APRN
Horky	John	MD
Hudson	Faith	APRN
Hynecek	Robert	MD
Jajoo	Devika	MD
James	Diana	MD, PhD
Jo	Kevin	MD
Johnson	Maria	MD
Jordan	Susan	MD
Joseph	Andrea	LCSW

Providers NOT Covered Under Financial Assistance Policy for Hospital Services [K-O]

[Updated August 2018]

Last Name	First Name	Credentials
Kahlon	Roopkiranjot	MD
Kaliney	Ryan	MD
Kallen	Joshua	MD
Karak	Prasanta	MD
Kazemi	Shoeleh	MD
Kernisan	Gregory	MD
Khan	Angabeen	MD
Kim	Jeongwon	MD
Klein	Stephen	MD
Korn	Minori	APRN
Lazarides	Lazaros	MD
Lee	Steve	MD
Lee	Daniel	MD
Leff	Peter	MD
Levinson	Michael	MD
Logan	Jennifer	MD
Mali	Mrinal	MD
Mani	Kalpana	MD
Marino	Angelo	MD
Martillotti	Jared	MD
McMahon	Michael	PA
Miller	Douglas	MD
Mills	Nicole	APRN
Milne	Catherine	APRN
Montesi	Donna	APRN
Montgomery	Douglas	MD
Moore	Christine	APRN
Moote	Douglas	MD
Morges	Wilfredo	APRN
O'Brien	Kandi	APRN
Ogbogu	Lawrence	APRN
Ollenschleger	Martin	MD
O'Loughlin	Michael	MD
Opalacz	John	MD

Providers NOT Covered Under Financial Assistance Policy for Hospital Services [P-V]

[Updated August 2018]

Last Name	First Name	Credentials
Pappas	Estell	DPM
Patel	Anal	MD
Peccerillo	Joseph	MD
Perpetua	Ronald	APRN
Poole	William	MD
Recko	Daniel	OD
Reiners	Gina	APRN
Rock	Reuben	MD,DDS
Rodrigues	Allan	MD
Rogers	Joseph	DPM
Rojo	Carolyn	APRN
Rosenberg	Ronald	MD
Rosshirt	Werner	MD
Rutkowski	Gregory	MD
Sack	David	MD
Sajedi	Payam	MD
Schwartz	Ronald	MD
Shaikhly	Hadeer	MD
Sharif	Mohammad	MD
Spivack	George	MD
Stanislavose	Jesmi	APRN
Stevenson	David	APRN
Sussman	Steven	MD
Szerejko	Margaret	MD
Temkin	Steven	MD
Tuakli- Wosornu	Yetsa	MD
Turner	Gregory	MD
Urbanski	Steven	MD
Vetter	Christine	MD
Volpe	John	MD

Providers NOT Covered Under Financial Assistance Policy for Hospital Services [W-Z]

[Updated August 2018]

Last Name	First Name	Credentials
Walaliyadda	Anuruddha	MD
Weigert	Jean	MD
White	Jonathan	MD
Wilhelm	Michael	CRNA
Wilkes	Harold	MD
Willett	John	MD
Wrubel	Gregory	MD
Yang	Wendy	APRN
Youmans	Erik	MD
Zimmerman	David	MD
Zoltani	Zombor	MD