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POLICY

Kirby Medical Center (KMC) understands that not all people are able to pay their hospital bills due to a variety of financial reasons. As part of our mission statement and not-for-profit purpose, KMC offers the “Kirby Financial Assistance Program” to assist people who cannot pay their hospital bill, by providing discounted or free financial assistance. The Kirby Financial Assistance Program process begins with the Patient Registration department and is completed by the Patient Financial Services (PFS) department.

PROCEDURE

I. PERSONS ELIGIBLE FOR UNCOMPENSATED FINANCIAL

- A. Individuals/families may be eligible for some type of assistance from Kirby Financial when the amount of their individual or family income is equal to or less than two and one half times the Community Services Administration (CSA) Poverty Income Guidelines, as published annually in the Federal Register.

II. DEFINITION OF INCOME

- A. Income refers to the total amount of earnings before taxes and deductions (gross income). Sources of income include but are not limited to the following:
 1. Money, wages, and salaries before any deduction, but not including food or rent in lieu of wages.
 2. Receipts from self-employment or from an owned farm or business after deductions for business expenses.
 3. Regular payment from the following:
 - a. Public assistance
 - b. Social Security
 - c. Unemployment and Worker’s Compensation
 - d. Strike benefits from union funds
 - e. Veteran’s benefits
 - f. Training stipends
 - g. Alimony
 - h. Child support
 - i. Military family allotments or other regular support from an absent family member or someone not living in the household.
 4. Government employee pensions, private pensions, and regular insurance or annuity payments.
 5. Income from dividends, interest, rents, royalties, estates, or trusts.
 6. Other sources including checking, savings, stocks, bonds, CDs, or cash.

- B. Income will be calculated for all members of the household regardless of Internal Revenue dependency status.
- C. Income will be calculated for all dependents claimed on the Internal Revenue Service tax return regardless of primary residence.

III. VERIFICATION OF INCOME AND ASSETS

- A. For determining eligibility, income and assets may be verified by one or more of the following methods:
 - 1. A review of a completed tax return from the previous calendar year including W-2 forms. If no taxes were filed it must be noted on the application.
 - a. Students must provide their parents' income tax information for the previous calendar year.
 - 2. A review of the most recent paycheck or unemployment check stubs for a period of 3 consecutive months.
 - 3. A review of information from financial and/or lending institutions reflecting the current value and loan balance of existing assets.
 - 4. A review of checking/savings account statements for the past 3 months. If there are no checking/savings accounts it must be noted on the application.
 - 5. A review of the statement of monthly benefits from Social Security, when applicable.
- B. Levels of income may be verified for either the previous 12 months, or the previous 3 months multiplied by 4. Qualification is valid under either calculation method.
- C. Applicants **may** be required to provide any or all of the following:
 - 1. A letter of denial from Medicaid or proof of application through the Insurance Exchange or Get Covered Illinois.
 - 2. Information on why taxes were not filed in the previous year.
 - 3. Statements from 401(k)/403B and/or stocks and Bonds.
 - 4. Any additional financial information requested from the PFS Director in order to verify information on the application.

IV. PRESUMPTIVE ELIGIBILITY

- A. Presumptive eligibility may be determined on the basis of individual life circumstances. In these situations, a patient is deemed to be eligible for a 100 percent reduction from charges (i.e. full write-off). A patient is presumed to be eligible and therefore does not need to complete a financial assistance application if they meet one of the following criteria:
 - 1. Participation in state funded prescription programs.
 - 2. Participation in Women's Infants, and Children's Programs (WIC)
 - 3. Food stamp eligibility
 - 4. Subsidized school lunch program eligibility
 - 5. Low income/subsidized housing is provided as a valid address
 - 6. Patient is deceased with no known estate
 - 7. Patient states that he/she is homeless. The due diligence efforts must be documented.
 - 8. Patient is currently eligible for Medicaid, but was not eligible on a prior date of service. Instead of making the patient duplicate the required paperwork KMC will rely on the financial assistance determination process from Medicaid.

9. Situations where a patient does not complete an application and there is adequate information to support the patient's inability to pay will be forwarded to the PFS Director for consideration. The PFS Director may use the information obtained and run it through the financial tool Payment Navigator to check the responsible individual(s) percentage of poverty level used to calculate Kirby Financial Assistance.
10. Patient is mentally incapacitated with no one to represent them.

V. APPLICATION PROCESS

- A. A patient may request a verbal application with the Patient Financial Service Director under extenuating circumstances.
- B. A Kirby Financial Application packet will be sent or given upon request or at the discretion of the PFS or Registration staff.
- C. The applicant's account(s) will be documented with the date the packet was given/sent.
- D. Accounts will have all collection activity suspended until the application has been adjudicated.
- E. The patient/family must complete the "Kirby Financial Assistance Application" form. **ALL** information requested must accompany the application. Applications must be complete, legible, signed, and dated. Applications not meeting these conditions will be returned to applicant for clarification/completion.
- F. The patient/family should return applications to the PFS department located at 1000 Medical Center Drive Monticello, IL within sixty days of receipt. If not returned within this time frame a new application will be required.
- G. PFS staff will process complete applications within 15 business days.
- H. Upon receipt of the completed application, it will be forwarded to the PFS Director for adjudication.
- I. Patient has 240 days from date of final statement to apply for Kirby Financial Assistance.
- J. If approved previous private payments (See Policy Private Pay Balances) are eligible for refund during the allotted approval time

VI. LEVEL OF FINANCIAL ASSISTANCE

- A. The level of financial assistance is based upon income and may be partially based upon medical expenses.
 1. If the family/household income is equal to or less than 150% of the Federal Poverty level for the appropriate family size the assistance will be 100%.
 2. If family/household income is greater than 150% and equal to or less than 280% of the Federal Poverty Level the percentage of assistance is based upon a sliding scale as illustrated below.

Example: Family of 3 with an income of \$35,100
 100% = \$ 30,240
 280% = \$ 56,488
 Difference Between 280% and 150% = \$ 26,248 280% minus income
 (\$56,488- \$35,100) = \$ 21,388
 Divide 21,388 by 26,248= 81.4%
 Kirby Financial Assistance at 81.4% of the charges

- B. In the event of "special" circumstances where the income exceeds the poverty guidelines but medical bills are high, the PFS Director may determine partial eligibility provided proper documentation is attached to the application and worksheet.

C. Applicants will receive a letter communicating the disposition of their application.