
ADMINISTRATIVE MANUAL
FINANCIAL ASSISTANCE A-090

POLICY: HealthSource Saginaw (HSS) will grant financial assistance to patients/residents who lack health insurance coverage and who cannot pay for all or part of the healthcare services rendered. We are committed to maintaining our Financial Assistance policy to be consistent with our mission, vision and values and which takes into account an individual's ability to pay for medically necessary health care services.

PURPOSE: To establish a guideline for making consistent and objective decisions regarding eligibility for financial assistance. Consideration for financial assistance will be given equally to all eligible persons, regardless of race, gender, religion, age, national origin, veteran's status, marital status, gender identification, immigration status or other legally protected status.

All information provided through the Application for Financial Assistance form (PA-27) is confidential and protected by HIPAA guidelines.

This policy describes the processes for evaluating requests for and determining financial assistance based on the Federal Poverty Guidelines, adjusted for family size:

- 100% financial assistance for income levels at or below 250%
- 95% financial assistance for income levels between 251% and 275%
- 90% financial assistance for income levels between 276% and 300%
- 85% financial assistance for income levels between 301% and 325%
- 80% financial assistance for income levels between 326% and 350%
- 75% financial assistance for income levels between 351% and 375%
- 70% financial assistance for income levels between 376% and 400%

PROCEDURE:

- When the Patient Financial Representative is notified that a patient/resident may qualify for or is requesting financial assistance, an Application for financial assistance Form (PA-27 attached) is provided for completion.
 - Incomplete forms will be denied. Patients/residents may appeal the denial and provide the missing information.
- In addition to all income sources, property values and bank balances in excess of the following formulas will be considered income to determine financial assistance.
 - Property values in excess of twice the current year's Federal Poverty Guidelines will be considered income.
 - Savings plus checking account balances in excess of one time the Federal Poverty Guidelines will be considered income.

- Upon completion and submission of the Application for Financial Assistance form, the Chief Financial Officer (CFO) or CFO's designee will review and determine any financial assistance based on the financial assistance guidelines and the information provided on the Application for Financial Assistance Form (PA-27).
- Applicants at or below the government guidelines are eligible for approval of financial assistance considerations. When a patient/resident qualifies for a financial assistance allowance, Request for Patient/Resident Balance Adjustment Form (PA-26) will be completed for the amount to be adjusted.
- The patient/resident/guarantor will be notified by the Patient Financial Representative as to the amount of financial assistance approved.
- Patients/residents who have qualified for Public Assistance and have been determined to have a patient/resident pay amount will not qualify for further financial assistance through HSS. These patients/residents have already been granted assistance by the government. Any patient/resident who requests financial assistance but has not requested Public Assistance may be asked to apply prior to receiving financial assistance.
- Policy A-90 is not applicable to private pay residents in the Long Term Care neighborhoods; these residents receive applicable discounts under Policy A-122.
- Financial assistance approvals will be honored for six months from the original date of service with an open balance. Further consideration would require a new Application for Financial Assistance form be completed.

Referenced Policy:

A-122 Basic Long-Term Care Financial Agreements for Self-Pay Patients

REVIEWED: December 2004, March 2011, October 2016

REVISED: July 2001, February 2009, June 2009, February 2014, February 2017, October 2019, October 2021



Michelle Trevillian
President & CEO

Attachments: PA-26 – Request for Patient/Resident Balance Adjustment (Appendix I)
PA-27 – Application for Financial Assistance Determination Form (Appendix II)

Appendix I

REQUEST FOR PATIENT/RESIDENT BALANCE ADJUSTMENT (PA-26)

ACCOUNT # _____

PATIENT/RESIDENT: _____

EPISODE: _____

PRIMARY INSURANCE: _____

ADMISSION DATE: _____

DISCHARGE DATE: _____

DENIED DATES: _____

TOTAL AMOUNT OF ADJUSTMENT \$ _____

Justification: _____

Approval Signatures:

Approval Dates:

Patient Accounting Director

Chief Financial Officer (required for patient/resident balance adjustments > \$5,000)

President & Chief Executive Officer (required for patient/resident balance adjustments > \$20,000)

Appendix II

APPLICATION FOR FINANCIAL ASSISTANCE (PA-27)

The information requested on this form is to provide HealthSource Saginaw the ability to give full consideration to a request for credit through an extended payment agreement or financial assistance. This information will be kept confidential and will not be used for any other purpose. By signing below, you attest to the fact that all is true and correct.

PATIENT/RESIDENT INFORMATION

DATE: _____

Patient/Resident Name: _____

Address: _____

Social Security Number: _____

Telephone Number: Home: _____

Work: _____

Cell: _____

Guarantor Name: _____

Guarantor Address: _____

Guarantor Social Security Number: _____

Guarantor's Telephone: Home: _____

Work: _____

Cell: _____

Number of dependents with ages: _____

Appendix II

APPLICATION FOR FINANCIAL ASSISTANCE (PA-27)

Guarantor's Employer: _____ Years Employed: _____

Employer's Address: _____

Spouse's Full Name: _____

Spouse's Employer: _____ Years Employed: _____

Has patient/resident applied for health coverage via the Affordable Care Act? Y / N

Date: _____ Please attach copy of response

INCOME INFORMATION

Gross Wages: Guarantor: \$_____ (weekly, bi-weekly, annually)

Spouse: \$_____ (weekly, bi-weekly, annually)

Other Income: \$_____ (Social Security, Pension, Child Support, SSI, Investments, Alimony, etc.)

ASSET INFORMATION

Housing: Rent: _____ Own: _____ -If owned, indicate value of home: \$_____

Automobiles:

1) Year _____	Make _____	Value: \$ _____
2) Year _____	Make _____	Value: \$ _____
3) Year _____	Make _____	Value: \$ _____

Checking Account(s) Current Balance: \$_____

Bank/Institution(s): _____

Savings Account(s) Current Balance: \$_____

Bank/Institution(s): _____

Other Assets (Please list item and value) (i.e.: boat, vacation homes, time shares, etc.)

Appendix II

APPLICATION FOR FINANCIAL ASSISTANCE (PA-27)

STATEMENT:

The information provided on this form is subject to verification. Please attached copies of your most recent pay stubs (one month), three months of bank statements, your last Federal Income tax forms to support the information provided on this document. This form MUST be filled out in its entirety and include the requested documents in order to be considered.

Printed Name of person completing this form: _____

Telephone # for questions: _____

Relationship to the patient/resident: _____

Signature of person completing this form

Date

FOR INTERNAL USE ONLY:

☐

Approved

☐

Denied

Authorized Signature

Date

Appendix II

APPLICATION FOR FINANCIAL ASSISTANCE (PA-27)

READON FOR DENIAL

Poverty Guidelines, 48 Contiguous States (all states except AK and HI)

2021 Annual

Household/ Family Size	100%	250%	275%	300%	325%	350%	375%	400%
1	\$12,880	\$32,200	\$35,420	\$38,640	\$41,860	\$45,080	\$48,300	\$51,520
2	\$17,420	\$43,550	\$47,905	\$52,260	\$56,615	\$60,970	\$65,325	\$69,680
3	\$21,960	\$54,900	\$60,390	\$65,880	\$71,370	\$76,860	\$82,350	\$87,840
4	\$26,500	\$66,250	\$72,875	\$79,500	\$86,125	\$92,750	\$99,375	\$106,000
5	\$31,040	\$77,600	\$85,360	\$93,120	\$100,880	\$108,640	\$116,400	\$124,160
6	\$35,580	\$88,950	\$97,845	\$106,740	\$115,635	\$124,530	\$133,425	\$142,320
7	\$40,120	\$100,300	\$110,330	\$120,360	\$130,390	\$140,420	\$150,450	\$160,480
8	\$44,660	\$111,650	\$122,815	\$133,980	\$145,145	\$156,310	\$167,475	\$178,640
9	\$49,200	\$123,000	\$135,300	\$147,600	\$159,900	\$172,200	\$184,500	\$196,800
10	\$53,740	\$134,350	\$147,785	\$161,220	\$174,655	\$188,090	\$201,525	\$214,960
11	\$58,280	\$145,700	\$160,270	\$174,840	\$189,410	\$203,980	\$218,550	\$233,120
12	\$62,820	\$157,050	\$172,755	\$188,460	\$204,165	\$219,870	\$235,575	\$251,280
13	\$67,360	\$168,400	\$185,240	\$202,080	\$218,920	\$235,760	\$252,600	\$269,440
14	\$71,900	\$179,750	\$197,725	\$215,700	\$233,675	\$251,650	\$269,625	\$287,600

2021 Monthly

Household/ Family Size	100%	250%	275%	300%	325%	350%	375%	400%
1	\$1,073	\$2,683	\$2,952	\$3,220	\$3,488	\$3,757	\$4,025	\$4,293
2	\$1,452	\$3,629	\$3,992	\$4,355	\$4,718	\$5,081	\$5,444	\$5,807
3	\$1,830	\$4,575	\$5,033	\$5,490	\$5,948	\$6,405	\$6,863	\$7,320
4	\$2,208	\$5,521	\$6,073	\$6,625	\$7,177	\$7,729	\$8,281	\$8,833
5	\$2,587	\$6,467	\$7,113	\$7,760	\$8,407	\$9,053	\$9,700	\$10,347
6	\$2,965	\$7,413	\$8,154	\$8,895	\$9,636	\$10,378	\$11,119	\$11,860
7	\$3,343	\$8,358	\$9,194	\$10,030	\$10,866	\$11,702	\$12,538	\$13,373
8	\$3,722	\$9,304	\$10,235	\$11,165	\$12,095	\$13,026	\$13,956	\$14,887
9	\$4,100	\$10,250	\$11,275	\$12,300	\$13,325	\$14,350	\$15,375	\$16,400
10	\$4,478	\$11,196	\$12,315	\$13,435	\$14,555	\$15,674	\$16,794	\$17,913
11	\$4,857	\$12,142	\$13,356	\$14,570	\$15,784	\$16,998	\$18,213	\$19,427
12	\$5,235	\$13,088	\$14,396	\$15,705	\$17,014	\$18,323	\$19,631	\$20,940
13	\$5,613	\$14,033	\$15,437	\$16,840	\$18,243	\$19,647	\$21,050	\$22,453
14	\$5,992	\$14,979	\$16,477	\$17,975	\$19,473	\$20,971	\$22,469	\$23,967