



## Health Services Discounting and Financial Assistance Policy

### I. DEPARTMENT:

Healthcare System-wide; inclusive of services billed under 20-2844893 and 20-8032568.

### II. PURPOSE:

To establish eligibility guidelines for certification under the Health Services Discounting and Financial Program at Nashville General Hospital (NGH) and Clinics, and to provide a discounting policy for the uninsured.

### III. DEFINITIONS:

- A. Financial Assistance Program Oversight Committee (FAPOC):** Chief Nursing Officer, Operating Room Director, Utilization/Case Management; Perioperative Leadership, Chief Medical Officer, Pharmacy Director, Revenue Cycle Leadership, and Compliance Officer. The FAPOC will manage changes to the Financial Assistance Policy and serve as a line of appeal for physicians whose cases have been denied under the Financial Assistance Policy.
- B. Patient Advocacy Team:** Patient Access Manager, Patient Advocate, and a Financial Counselor. The Team will meet on an as needed basis. This group will also serve as a line of appeal for patients whose applications for the Financial Assistance Program have been denied. The Patient Advocate will also serve as a line of appeal for patients whose procedures have been denied coverage due to level of medical necessity.

### IV. POLICY STATEMENT:

Nashville General Hospital is committed to providing excellent, medically necessary healthcare to all patients regardless of age, race, creed, gender, sexual identification, or ability to pay. The hospital financial assistance program has been established to provide financial relief to Davidson County residents who are unable to meet their financial obligations for eligible healthcare services (See Appendix A) provided at or authorized by Nashville General Hospital. Patients who do not qualify for full (100%) financial assistance may qualify for discounts on a sliding fee scale. **Patients/families who reside in Davidson County and who qualify for food stamps or who have been certified for financial assistance by Federally Qualified Health Centers (FQHCs) are automatically qualified for 100% assistance under the Nashville General Financial Assistance Program. Nashville General Hospital accepts Neighborhood Clinics 12-month approval for charity services. All other charity approvals are for 6-month periods.**

Available Discounting Programs for Eligible Medically Necessary Services as outlined in



## Appendix A.

- Uninsured Discount
  - 40% discount off billed charges (not to exceed 175% of cost of services received as calculated pursuant to TCA 68-11-262 as amended from time to time). This discount is offered to all uninsured patients who do not qualify for other financial assistance or insurance programs. This discount shall be reviewed annually and remain in compliance with TCA 68-11-262 – not considered Financial Assistance Program care.
- Prompt Pay Discount (management may approve PPD based on billing circumstance)
  - 20% Discount – Paid in full within 4 days of service
  - 15% Discount – Paid in full within 5 - 15 days of service
  - 10% Discount – Paid in full within 16 - 30 days of service
- Financial Assistance Program Discount (Sliding Scale)
  - 60% Discount – 300% - 400% of FPG (Appendix B) 10% up to \$2,500 paid in advance
  - 80% Discount – 200% - 300% of FPG 5% up to \$1,000 paid in advance
  - 100% Discount – Under 200% of FPG, a \$20 Administration Fee Applies
- Catastrophic Discount – The Patient Advocacy Team will review all requests for coverage of expenses related to catastrophic events. Determinations will be made on a case by case basis.

## V. APPLICATION PROCESS:

- A. A financial assistance application will be provided to patients/families for services they are seeking or services that have been provided within the past 240 days. Eligibility determination will be made upon receipt of complete application, supporting documentation, and an attestation of the accuracy of the information provided. Falsification of these application documents will result in denial of benefits through the hospital's financial assistance program and notification to any outside law enforcement agencies as appropriate.
- B. Applications and fact sheets are distributed by Patient Access at the point of registration or the Patient Accounting Department including billing representatives. All completed applications will be tracked by the Financial Counseling to assure documents are received and a final determination is made within 30 days. Formal written notification of approval or denial will be provided to the patient with information on their right of appeal.
- C. Health Services Financial Assistance Program Certification Cards will be issued to individuals who qualify for the financial assistance program. The card is not an insurance card and does not automatically qualify a patient to receive services. The card should be presented at the time of scheduling and/or registration to identify the patient as an NGH Financial Assistance Program participant. This card does not obligate NGH for services provided to a patient at another healthcare organization. NGH will only be responsible for providing services to patients under this program to the extent that NGH has the capacity



to do so through its current patient care offerings, whether via inpatient services or outpatient services. NGH will not be obligated to pay outside facilities including other hospitals for the costs of services it does not currently provide.

- D. Applicants can be approved for up to 180 days from the date of application. If at any time the income/assets information changes, the applicant is obligated to provide updated information and be re-qualified for program participation. No less than 30 days prior to expiration of the Financial Assistance Program certification, patients/families should contact patient financial services to request an extension and provide up- to- date financial information. A new application is not required. This application process through MedAssist is moving towards a contact-less process eliminating the need for the patient to physically come in for application. These efforts to make the process customer-friendly will continue. The vendor’s software is used for processing and tracking

## VI. ELIGIBILITY DETERMINATIONS:

- A. The following requirements (see table below) will be used in determining eligibility for participation in the Health Services Financial Assistance Program. Additionally, patients must have exhausted the application process for all local, state, and federal income supplement and insurance programs prior to acceptance in the NGH Financial Assistance Program. Applications and supporting documentation will be kept on file (electronically) to support the approval or denial for 7 years past the date of service.
- B. NGH recognizes the need for flexibility in this process and will attempt in every case to assist the patient. If the applicant is unable to provide all required documentation, The Patient Access Manager, or designee and/or a Patient Advocacy Team member may accept alternative supporting documents and exercise sound judgment to make an eligibility determination. All activity will be documented on the application and in the patient’s account.

Eligibility Requirements	Documentation Requirements
All recipients of financial assistance must be residents of Davidson County <sup>1</sup> AND must meet the requirements of Section 1 or Section 2 below.	
Section 1 Must meet ONE	Certified for Financial Assistance by an FQHC as verified by patient financial assistance representative
	Recipient of food stamps as verified by patient financial assistance representative
Section 2 Must meet ALL	Has exhausted application process for other local, state, and federal income supplement/assistance and insurance programs as verified by patient financial assistance representative.
	Meets income/asset guidelines using the Health and Human Services Federal Poverty Level <sup>2</sup> (App. B1) and provides original documents showing proof of household income and assets for most recent three months (App. C)



	Ineligible for TennCare and has not been removed from TennCare rolls due to non-payment of premium as verified by NGH patient financial counselor.
	Has no access/opportunity to participate in a health insurance program or participation in such program would cause undue financial hardship as determined by the Patient Advocacy Team. <sup>3</sup>
	NGH services have been rendered within the last 240 days or services are pending as verified by patient scheduling/financial software. NGH will continue to support patient’s healthcare visits using the Medical Home model for primary care and testing.

<sup>1</sup> Individuals in treatment programs located in Davidson County are not automatically considered residents of Davidson County. If the patient was not a Davidson County resident prior to entering the treatment program, the residency requirement is not met. If the Financial Counselor questions the residency status, the case can be referred to Patient Advocacy for a final determination. Applicants may be required to provide a signed affidavit attesting to county of residence.

<sup>2</sup> Patients may meet income guidelines but still have substantial liquid assets with which to satisfy the patient financial obligation for services. A spend-down of these assets may be required before the patient is eligible for the Financial Assistance Program.

<sup>3</sup> Although insurance coverage may be available through employer-sponsored or Federal Health Exchange plans, premiums of 8% or more of net income would constitute a financial hardship.

**VII. PUBLIC NOTIFICATION:**

- A. Notification of the availability of our financial assistance programs and the process to apply will be posted at all points of registration, in the patient handbook, on billing statements, and on the hospital website. The policy is available for review upon request.

**VIII. REFUSAL OF SERVICES AND LIMITS ON DISCOUNTING:**

- A. Uninsured non-Davidson County residents will not be scheduled for elective services at NGH and will be referred to their county of residence to obtain healthcare services.
- B. Davidson County residents scheduled for elective services will be required to provide full payment or complete a payment plan arrangement at/before registration for the service. Patients who are unable to pay may be rescheduled pending application/acceptance into the Financial Assistance Program or until the financial obligation can be met.
- C. Patient’s with access to health insurance who elect not to pay premiums are not eligible for charity discounts. Under-insured patients, such as those who chose high-deductible healthcare plans to lower their premium are not eligible for discounting but will be considered on a case by case basis for partial discounting.

**IX. PATIENT APPEALS PROCESS:**



- A. Appeals related to acceptance into financial assistance program: Applicants who are not approved for a financial assistance program will receive a letter of denial (Appendix D). Within 30 days of denial, patients may appeal the decision to the Patient Advocacy Team. All appeals decisions are final. Patient appeals should be sent to:

Patient Advocacy Team  
ATTN: Patient Access Manager  
Nashville General Hospital  
1818 Albion Street  
Nashville, TN 37208  
615-341-4000  
PatientAccessManager@Nashvilleha.org

- B. Appeals related to financial assistance program coverage for medical procedures: Patients may appeal to the Patient Advocate if their planned medical procedure is denied under the financial assistance program due to medical necessity. The Patient Advocate will review all appeals and refer appropriate cases to the FAPOC for final determination.

Patient Advocate  
ATTN: Patient Access Manager  
Nashville General Hospital  
1818 Albion Street  
Nashville, TN 37208  
615-341-4000  
PatientAdvocate@Nashvilleha.org

## **X. PHYSICIAN APPEALS PROCESS:**

- A. Physicians may appeal directly to the FAPOC regarding medical procedures that have been denied coverage under the financial assistance program due to the level of medical necessity. The appeal must be in writing (electronic mail acceptable). Within 14 days, the Financial Assistance Program Oversight Committee (FAPOC) will meet with the physician to review the case. The physician may present additional clinical information at this time. A minimum 3 CPAT members must be present to hear the appeal. All appeals decisions are final. Physician appeals should be sent to:

Financial Assistance Program Oversight Committee  
ATTN: Patient Access Manager  
Nashville General Hospital  
1818 Albion Street  
Nashville, TN 37208



# Nashville General Hospital at Meharry

615-341-4000

PatientAccessManager@NashvilleHA.org

## **APPENDIX SECTION**

Appendix A

Appendix B

Appendix C

Appendix D

Eligible Services

Poverty and Asset Guidelines

Documentation Requirements

Sample Letter – Financial Assistance Approval/Denial



## APPENDIX A Eligible Services

Eligible Expenses under the Health Services Discounting and Financial Assistance Programs listed below are outlined in the following table.

### Available Discounting Programs

- Uninsured Discount
- Prompt Pay Discount
- Financial Assistance Discount
- Catastrophic Discount

Type of Service	Covered	Exceptions	Notes
Hospital Admission – Inpatient	YES	Elective treatments excluded	Treatment must be approved and must meet Medical Necessity guidelines as determined by Utilization Management.
Hospital Observation Status	YES		Must meet medical necessity guidelines as determined by Utilization Management
Emergency Department	YES	NONE	
Ancillary Departments	YES	If deemed Medically Necessary	Uninsured/FA Scheduling Fee \$10*
Clinic Services – Internal Medicine	YES	All specialties are excluded except Ophthalmology	Uninsured/FA Scheduling Fee \$10*
Treatments – Outpatient Surgery, Procedure Room	YES	Elective Treatments, unless deposit requirement is met	Uninsured/FA Scheduling Fee Based on Sliding Scale 10%-25%*
Pharmacy	Yes	Community Pharmacy excluded	High costs drugs will go to CPOC for approval

\*Wellness Incentive – As an incentive to patients to keep all appointments and follow-through with medically indicated plans of care, NGH will refund a portion of the fees in the form of a credit that can be used toward future services at NGH.



## APPENDIX B Poverty and Asset Guidelines

Eligibility will be determined based on the current-year Federal Poverty Guidelines published on the US Department of Health & Human Services website, published in the Federal Register.

### HHS POVERTY GUIDELINES FOR 2021

The 2021 poverty guidelines are in effect as of January 13, 2021. The Federal Register notice for the 2021 Poverty Guidelines was published February 1, 2021.

<b>2021 Poverty Guidelines (48 states)</b>		
<b># Persons in the Household</b>	<b>Poverty Guideline, up to \$</b>	<b>200% of Federal Poverty Guideline</b>
1	\$12,880	\$25,760
2	\$17,420	\$34,840
3	\$21,960	\$43,920
4	\$26,500	\$53,000
5	\$31,040	\$62,080
6	\$35,580	\$71,160
7	\$40,120	\$80,240
8	\$44,600	\$89,200
	Add \$4,540 for each additional person	

### Asset Guidelines

Patient Financial Services will review financial status with all applicants for assistance. When liquid assets are available, a spend down and payment of 25% of the cost of the treatment will be required before Financial Assistance Funds can be applied. Urgent and Emergent services will not be delayed pending spend down.





## **APPENDIX C Documentation Requirements**

### **Proof of Identity and Davidson County Residency**

- US/State photo driver license or US/State photo ID card

**If the patient does not have the above, then 1 primary and 1 secondary form of identification is required. See list below of acceptable primary and secondary sources.**

### **Primary**

- Original or Certified Birth Certificate
- Military Identification (ID Card or Discharge papers)
- US Citizenship and/or Immigration Service Documentation (Certificate of Naturalization, Citizenship, Employment Authorization)
- Marriage License/Certificate - original or certified copy filed after marriage (Must include applicant's full name)
- Student ID with picture or SSN
- Employee identification badge with picture or SSN
- Passport with picture
- US immigration documents with picture
- Credit card with picture
- Identification card issued by foreign consulate with picture
- Federal Census Record – must include applicant's full name and date of birth
- Legal Change of Name (Divorce, etc.) – must have judge's original signature and/or official court seal

### **Secondary**

- Computerized Check Stub – must include applicant's full name preprinted on the stub
- Notarized affidavit attesting to applicant's income or wages
- Union Membership Cards – must include applicant's full name with photo and/or Social Security #
- Financial Institution Documents (Computer printouts of bank statements, savings account or loan documents)
- Social Security Document (Original SS Card, printout/benefits statement, SS Check or Direct Deposit verification of SS check)
- IRS tax forms – W2
- Property tax receipts
- Military Records – Assignment orders, selective service cards, Leave and Earning statements
- School Records – transcripts, diploma, GED
- Vehicle Documents- registration or title

### **Proof of Residency**



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(2 items required with Davidson County addresses - original documents required)

- Primary or Secondary proof of identity with address
- Rental Lease or Receipts with address
- Utility Bills with address
- Any item meeting the State of Tennessee proof of residency requirements
- Notarized statement of domicile (mission, relative, friend)
- If statements are not notarized this validity can be confirmed by telephone by the financial counselor. Electronic eligibility verification can be used if current within 6 months.

## **Proof of Household Income**

(All income for the family unit in the household for most recent three months – original documents required) \*

- Pay stubs
- Last tax return
- Notarized letter from employer
- List of all assets (savings, checking, 401K, CD's, stocks, bonds, cars, boats, property)
- Divorce or Legal Separation documents (or affidavit that spouse has not lived with or provided financial support for the applicant/dependents for at least one year)

\*Family Unit will be defined as legal family members living under the same roof regardless of age. Individuals living temporarily with family members due to COVID, or other extenuating reasons may present a letter to that effect for individual consideration and waiver of reporting all household income.

## **Proof of Expenses**

(All expense records for most recent three months – original documents required)

- Rental/Lease/Mortgage records
- Utility bills
- Vehicle loans
- Insurance
- Verification of dependents

## **Proof of Healthcare Exemption**

Individuals with income above 138% of the Federal Poverty Level must show that purchasing healthcare through an employer or through the Federal Health Exchange would cause financial hardship.

- Written documentation from an employer outlining premiums for purchasing healthcare.
- Documentation from the Federal Health Exchange outlining premiums for purchasing a Qualified Health Plan.



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Proof of Healthcare Exemption (Effective Jan. 2021)		
# Persons in the Household	138% of Poverty Guideline	Add \$6,265 for each additional person in household.
1	\$17,775	
2	\$24,040	
3	\$30,305	
4	\$36,570	
5	\$42,835	
6	\$49,100	
7	\$55,366	
8	\$61,548	



# Nashville General Hospital at Meharry

## APPENDIX D Sample Letter Financial Assistance Approval/Denial

[Date]

Nashville General Hospital  
Financial Counseling Office  
1818 Albion Street  
Nashville, Tennessee 37208

Dear [Name]:

Nashville General Hospital is your local hospital, and we pride ourselves in serving the Nashville community for 130 years. All services have costs associated with them and we take our Stewardship obligation to the taxpayers and Metro Government very seriously.

We have reviewed your application for Financial Assistance. Your application has been:

. Approved  
. Denied

Level of Discount:  
Reason(s):

Eligibility Dates:  
Your Options:

Please carry this card with you, present it when you arrive, or when you call for an appointment. Please reach out to our Financial Counseling Office for more information or to appeal this decision.

Thank you for choosing Nashville General Hospital as your local healthcare provider. We look forward to serving you.

With Kindest Regards,

**Mr. Mark Chase**  
Patient Access Management Team  
615-341-4131