

 <p>SIDNEY HEALTH CENTER <i>Exceptional Care for Life</i></p>	Business Operations Policy and Procedure Manual	
	TITLE: Financial Assistance Program	
	Section: Patient Accounts	POLICY # BUS-012
Prepared by: Patient Accounts Date: 4/30/2009	Effective Date: 3/22/2017	# of Pages: 9
Approved by: Tina Montgomery, CFO Date: 6/30/17	Revised Date: 6/30/2017	Inactive Date:

REFERENCES:

1. Administrative Directive
2. Financial Assistance Application
3. <http://aspe.hhs.gov/poverty>

PURPOSE:

To make available discount services to those in need. This program is designed to provide financial assistance and/or financial counseling through a Patient Financial Counselor, who acts as a patient advocate by offering explanation and possible solutions to those who cannot pay in full.

SCOPE:

This policy applies to all emergency and medically necessary inpatient and outpatient services provided to patients who qualify for assistance in accordance with the terms and conditions listed in this policy. A determination of qualification of Financial Assistance will cover services provided by Sidney Health Center. The policy also covers the redering of professional services by physicians and other providers employed or contracted by SHC, as listed on the “Providers covered under by this policy”. Any services provided by a noncovered physican or care provider will be the responsibility of the patient and the noncovered physican or care provider

SHC will provide health care services to individuals that are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether such patients may qualify for Financial Assistance under this policy. SHC will not engage in any actions that discourage individuals from seeking emergency medical care.

Any services that are deemed as not Medically Necessary are not eligible for Financial Assistance.

DEFINITIONS:

Amounts Generally Billed (AGB) – The amounts generally billed for emergency or Medically Necessary Services provided to patients who have insurance. AGB will be determined annually by using a 12 month measurement period utilizing the look back method.

Family - a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (included related subfamily members) are considered as members of one family.

FPG – Federal Poverty Guidelines

Financial Assistance - Free or discounted care through a sliding fee schedule to those who have no means, or limited means, to pay for their medical services.

Household - A household consists of all the persons who occupy a housing unit whether they are related to each other or not. SHC will be considering household income to make determinations for charity care and may make exceptions for unrelated individuals living in the household.

Income - earnings, unemployment compensation, workers' compensation, Social Security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (food stamps, housing subsidies) **do NOT** count.

Minor Children/Divorced Parents - Both natural parents shall be responsible for the payment of medical services provided to minor children. Both family units would be required to complete a financial assistance application

Patient Advocate - One who works with the patient and/or guarantor to find reasonable payment alternatives.

Qualifying Medical Service – Medical services that are eligible for the financial assistance program.

SFS – Sliding Fee Schedule

SHC - Sidney Health Center

Unrelated Individual - An unrelated individual is a person who is not living with any relatives. An unrelated individual may be the only person living in a household in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption. (e.g. foster child, roommates, etc.)

POLICY:

SHC offers financial assistance by identifying outside assistance programs and if eligible providing free or discounted care to all who are unable to pay. SHC will base program eligibility on a person's ability to pay and will not discriminate based on age, gender, race, creed, disability or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

PROCEDURE:

- 1. Administration** - The Financial Assistance Program will be administered through the Patient Accounts Manager or his/her designee. Information about this program's policy and procedure will be provided and assistance offered with completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
- 2. Notification to Patient of Program**
 - A. Financial Assistance Application (Exhibit A) will be available to all patients at time of service when registering. Plain Language Summary will be offered at the time of admission or before discharge. The brochure presents payment options and serves as a financial assistance application, if needed.
 - B. An explanation of the Financial Assistance Program, plain language summary and an application form are available on SHC's website.
 - C. There is also information on the FAP on the Kiosk at the back entrance and the Kiosk by the admittance desk and ER admittance desk. In addition, each clinic office is provided with FAP brochures/applications and plain language summary to put on display in each waiting room.
- 3. Ability to Pay** - All patients seeking emergency or medically necessary healthcare services at SHC are assured that they will be served regardless of ability to pay for the service and regardless of whether such individual may qualify for financial assistance under the Financial Assistance Policy.
- 4. Non-Discrimination** - Determination of eligibility of a patient for assistance shall be applied regardless of the source of referral and without discrimination as to race, color, creed, national origin, age, handicap status, or marital status.

SHC will not engage in any action that discourages individuals from seeking emergency medical care, such as demanding that payment be received prior to treatment or other activities that could interfere with the provision of emergency care on a non-discriminatory basis.

5. Non-Eligible Services

- A. Elective Services - Patient care which is considered elective (non-emergent), cosmetic, and/or experimental shall not be considered eligible for assistance.
- B. Spend Downs - Patient spend downs as determined by Medicaid, state or county medical programs are not eligible for assistance. (The Patient Accounts Manager can make exceptions on a case-by-case basis).

6. Eligibility Criteria – Financial assistance will be based on income and family size only, as defined above.

7. Alternative Payment Sources - All alternative payment resources must be exhausted, including all third-party (from insurers) and Federal and State programs. Applicants may need to submit evidence of denial from such sources (section 8C, 6 & 7).

8. Completion of Application

- A. If a verbal request is made prior to, at time of or shortly after time of registration, SHC will make an initial assessment of potential eligibility. If potential assistance is indicated with initial assessment, SHC will not initiate collection efforts or requests for deposits pending the receipt of the completed application and final eligibility determination. The applicant or responsible party must be cooperative with SHC's efforts to reach a determination of eligibility with other assistance programs and to validate the information needed.
- B. The patient/responsible party must complete the Financial Assistance Program application in its entirety. Forms and instructions on how to complete the application will be provided to the applicant or responsible party when assistance is requested, when need is indicated, or when financial screening indicates a potential need.
- C. Applicants must provide the following:
 - 1. Most recently filed federal tax return.
 - 2. Two months of most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed).
 - 3. Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.
 - 4. Any other information requested to complete the processing of the application.

5. Self-declaration of income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to SHC's Patient Accounts Manager for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
 6. Written verification from public assistance for Medicaid/Blue Chip denials. (when applicable).
 7. Verification of unemployment or worker's compensation.
- D. By signing the application, persons authorize SHC access in confirming income as disclosed on the application form. SHC may make inquiries of employers, banks, credit bureaus, and other institutions for the purpose of verifying statements made by the applicant. Providing false information on an application will result in all financial assistance being revoked and the full balance of the account(s) restored and payable immediately.
- E. If an application is unable to be processed due to the need for additional information, the applicant has two weeks (14 days) from the application date to supply the necessary information. If a patient does not provide the requested information within the two weeks' time period, their application will be denied. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Financial Assistance Program.
- F. Following the initial request for assistance, the SHC may request that the patient pursue other sources of funding, including but not limited to, Medicaid, county or state medical, crime victims, SSI or SSDI, or other third-party liability payers as appropriate. The applicant must show that a reasonable attempt has been made to acquire health insurance through any programs they may be eligible.
- G. Requests for discounted services may be made by patients, family members, physicians, SHC personnel or others who are aware of existing financial hardship. In the case of a clinic visit, the assistance program will only be made available for SHC provider visits. Information and forms can be obtained online and from social services, registration or patient accounting.

9. Eligibility Determination

- A. Those with incomes at or below 100% FPG will receive a full 100% discount. Those with incomes above 100% of FPG but at or below 200% FPG will be charged according to the attached sliding fee schedule (Exhibit B). The SFS will be updated

during the first quarter of every calendar year with the latest federal poverty guidelines. <http://aspe.hhs.gov/poverty>

- B. If a patient qualifies for Financial Assistance under this policy, the patient's billed charges will be no more than the same Amounts Generally Billed (AGB) for emergency or other Medically Necessary Services as patients who have insurance coverage. SHC will determine AGB by using the Internal Revenue Services' prescribed "look back method" by multiplying full charges for medically necessary care provided to a patient by the AGB percentage.

The AGB percentage is calculated annually as follows:

- Sum all allowed (including payment from beneficiaries and insurers) by Medicare fee-for-service, Medicaid, and private payers during a prior 12 month period divided by the sum of gross charges for those claims.
- The AGB percentage for a 12 month period will be applied no later than 120 days following the end of the 12 month measurement period.

10. Notification of Determination

- A. The Financial Assistance Program determination will be provided to the applicant(s) in writing, and will include the percentage of discount, or if applicable, the reason for denial within thirty (30) days of the receipt of the completed application.
- B. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with SHC.
- C. Financial Assistance Program applications cover any outstanding patient balances prior to the application date that are not in legal collection status and any balance incurred within 12 months after the approved date, unless their financial situation changes significantly.
- D. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income.

11. Refusal to Pay - If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted through normal collection efforts regarding their payment obligations and options. If the patient does not make effort to pay or fails to respond, this constitutes refusal to pay and the patient may be referred to an outside collection agency.

12. Record Keeping – Information related to Financial Assistance Program decisions will be maintained and preserved in a centralized confidential file.

- A. Applicants that have been approved for the Financial Assistance Program will be logged in a password protected system. Denials will also be logged. These will be tracked via the EMR billing program.
- B. The Business Office Manager will maintain an additional monthly log identifying the program participants and dollar amounts. Any denials will also be logged.

13. Policy and Procedure Review – Annually, the amount of the Financial Assistance Program provided will be reviewed by the CEO and/or CFO. The SFS will be updated based on the current FPG. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in policies and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

14. Budget - During the annual budget process, an estimated amount of Financial Assistance Program service will be considered when calculating deductions from revenue. The Board of Directors approves final budget amounts.

Appendix A

**Financial Assistance Application
Policies-Procedures\Patient Accounts\FinancialAssistanceApplication.pdf**

Appendix B

Sliding Fee Schedule

Appendix C

List of participating Providers

Appendix D

List of nonparticipating Providers

Appendix B

2017 Sliding Fee Schedule

Persons in Family/Household	Federal Poverty Guideline	Income level for 100% Discount	Income level for 75% Discount	Income level for 50% Discount	Income level for 25% Discount
1	\$12,060	\$12,060	\$15,075	\$18,090	\$21,105
2	\$16,240	\$16,240	\$20,300	\$24,360	\$28,420
3	\$20,420	\$20,420	\$25,225	\$30,630	\$35,735
4	\$24,600	\$24,600	\$30,750	\$36,900	\$43,050
5	\$28,780	\$28,780	\$35,975	\$43,170	\$50,365
6	\$32,960	\$32,960	\$41,200	\$49,440	\$57,680
7	\$37,140	\$37,140	\$46,425	\$55,710	\$64,995
8	\$41,320	\$41,320	\$51,650	\$61,980	\$72,310
9	\$45,500	\$45,500	\$56,875	\$68,250	\$79,625
10	\$49,680	\$49,680	\$62,100	\$74,520	\$86,940

Appendix C

Providers at Sidney Health Center covered by the Financial Assistance Policy

- **Sidney Health Center Departments and the following Offices:**
 - **Audiology & Hearing Aid**
 - [Ashley Anderson, AuD](#)
 - **Ear-Nose-Throat/Head & Neck Surgery**
 - [Brett Bennion, MD](#)
 - **Family Nurse Practitioners**
 - [Jacquelyn Free, FNP-C](#)
 - [Janie Darby, FNP](#)
 - [Patti Iversen, FNP](#)
 - [Wendy Wiltzen, FNP](#)
 - **General Surgery**
 - [Edward Bergin, MD](#)
 - [Kelly O'Neal, MD](#)
 - **Internal Medicine**
 - [Jerome Kessler, MD](#)
 - [Rajohn Karanjai, MD](#)
 - **Family Medicine**
 - [Lisa Rosa-Re', MD](#)
 - **Obstetrics/Gynecology**
 - [Lisa Ross, MD](#)
 - [Malua Tambi, MD](#)
 - **Orthopedic Surgery**
 - [James Scott, MD](#)
 - [Jeffrey Gilles, MD](#)
 - **Pathology**
 - [John Andelin, MD](#)
 - **Pediatric Medicine**
 - [George E. Scordalakes, MD](#)
 - **Physician Assistant**
 - [Bert Lepel, PA-C](#)
 - [Jesse Belville, PA](#)
 - [Jessica Jeffries, PA-C](#)
 - **Podiatry**
 - [Michael LaPan, DPM](#)
 - **Radiation Oncology**
 - [Lyle M. Harrison, MD](#)
 - **Radiology**
 - [Leszek Jaszczak, MD](#)
 - **Mondak Clinic**
 - **Walk-in Clinic**
 - **Cardic Rehabilitation**
 - **Cancer Center**
 - **Rehabilitation Services**

Appendix D

Providers at Sidney Health Center not covered by the Financial Assistance Policy

- O. Pete Council, MD
- Shari Twigg, MD
- Clinical Colleagues
- V Rad
- Advanced Aesthetics