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Owner:	*Dennis Pluard: CFO & VP of Operations*
Policy Area:	*Finance*
References:	

Financial Assistance Program

Policy Number	AFPP7

PURPOSE:

To provide the framework under which financial assistance may be provided to patients who do not have the ability to pay for medically necessary services.

STATEMENT OF POLICY:

Sarah Bush Lincoln Health System (SBLHS) will provide without discrimination, care for emergency medical conditions (including EMTALA) regardless of a patient's eligibility for other services and/or financial assistance as described in this policy. Patients are eligible to apply for financial assistance for medically necessary services only. In no event will a patient be denied medically necessary services due to lack of payment for previous services or due to a previous account. Management of SBLHS reserves the right to alter the provisions of this policy based on the facts and situations that arise on a case-to-case basis. The Board of Directors of SBLHS delegates the authority to change any and all attachments to this policy to the President and CEO or the CFO and V/P of Operations.

A. Definitions:
   For the purpose of this policy, the terms are defined in **(Attachment A).**

B. Geographic Restrictions:

   1. Sarah Bush Lincoln will provide medically necessary services to uninsured and underinsured patients who reside in the nine (9) county area of Coles, Moultrie, Douglas, Shelby, Effingham, Jasper, Cumberland, Clark and Edgar counties of Illinois. In addition, the services detailed on **(Attachment B)** will not be provided to uninsured and underinsured patients regardless of their place of residence.

C. Communication and Implementation of the Program:
   It is the intent of SBLHS that measures are taken to widely publicize the policy within the communities we serve. This includes, but is not limited to:

   1. Signs and brochures placed in the waiting areas of the Emergency Department, the Admitting/ Registration area, physicians' offices and other appropriate areas of the System's facilities. These will specify that SBLHS's facilities offer financial assistance for medical services, and describe how to obtain more information. **Signage provided by the National Health Service Corps (NHSC) will be displayed explaining our participation.**

2. Registration Staff, financial counselors and clinic directors that are designated to explain the SBLHS financial assistance policy.
3. Publication on the SBLHS website, information on patient billing statements, written and documented oral communication with patients, communications with physicians, mid-level providers and community health centers.
4. All new employees receive basic education about the program during their first 30 days in General Employee Orientation.
5. Customers seeking Financial Assistance may pick up a Financial Assistance application located throughout the Sarah Bush Lincoln sites or the customer can obtain an application via the Sarah Bush Lincoln website at www.sarahbush.org. The Financial Assistance application can also be accessed and printed from (**Attachment C)** on this policy.
6. The customer should review the application to see what requirements are needed that meets their situation. The application and supporting documentation should be either mailed to Sarah Bush Lincoln, PO Box 372, Mattoon, Illinois 61938 or the information can be dropped off at Sarah Bush Lincoln, Patient Financial Services Department, 1005 Health Center Drive, Suite 201, Mattoon, Illinois 61938.
7. The Plain Language Summary can be accessed by going to (**Attachment D)**.
8. A list of providers delivering emergency or other medically necessary care can be accessed by going to www.sarahbush.org or a paper copy can be requested by contacting Sarah Bush Lincoln, Patient Financial Services Department, PO Box 372, Mattoon, Illinois 61938.
9. Provision of charitable services will be governed both by administrative and by clinical review. Education is provided to all employees, as well as the public, regarding the criteria and the processes to be followed in the application of this Financial Assistance policy. SBLHS and its subsidiary corporations may seek assistance in funding charitable services from available sources, including philanthropy, public assistance, and county aid.

D. **Billing and Collection Policies**:
Patients will not be turned over to a collection agency for collection of their account, be subject to legal or judicial process, or reported to credit bureau reporting service until reasonable efforts have been made to determine whether the individual is eligible for financial assistance under this policy. See ("**Patient Financial Services Billing and Collection Policy**").

E. Reasonable efforts include:
1. Notification of the availability of financial assistance to qualified individuals as specified in this policy, at the time of admission, registration, or scheduling of services whether in writing or documented orally;
2. Include statements sent to the patient's or guarantor's billing address that inform the patient of the balance on their account and availability of financial assistance; or
3. Letters and phone calls to the patient or guarantor requesting payment on their account and the availability of financial assistance.
Accounts written off as a bad debt and referred to a collection agency but later determined to qualify for financial assistance will be placed on hold at the collection agency and added to the balances considered for Financial Assistance. The amount of the adjustment applicable to the accounts at the collection agency will be transmitted to the agency after the adjustment has been made.

Any patient/family member who gives false information or who received proceeds of an insurance policy or liability settlement without applying to the original account balance will be so notified and any policy discounts issued will be reversed.

Any applications received will be processed during the 240 day application period from the post discharge date. The patient will have an additional 30 days immediately after the 240 day application date to provide any additional documentation requested from the patient by SBL to process the application. Failure on the part of the patient or family member to provide either verbal information or requested documents within 30 days of the request may be deemed sufficient to terminate the process and result in subsequent denial of assistance.

Receipt of revised Federal Poverty Guidelines ("FPG"), published annually by the United States Department of Health and Human Services, will not affect any payment agreement in place at time of receipt. The most recent HHS FPG can be located at http://aspe.hhs.gov/poverty.

Patients and/or family members incurring additional self -pay balances who have previously been qualified for assistance will remain qualified for a period of twelve months following their initial determination for assistance. A new application for financial assistance must be completed if the most current application is greater than twelve months old. If the previous application is less than twelve months old, any new self-pay balances will be written off to the extent allowed by the application on file. Services not eligible to receive consideration for financial assistance are detailed in **Attachment B**:

F. Procedure for Determining Financial Assistance:

In establishing the patient's responsibility for payment, SBLHS will analyze the Family Income. Family Income is defined as the annual earnings and cash benefits from all sources before taxes, less payment for child support and employer required contributions of the guarantor and the guarantor's spouse or Partner. Partner means a person who has established a civil union pursuant to Illinois Religious Freedom Protection and Civil Union Act [750 ILCS 75] or the Religious Freedom and Marriage Fairness Act [750 ILCS 80]. SBLHS will apply several tests to both the insured and uninsured applicant to determine financial responsibility. The lowest balance determined from these tests will be the guarantor's financial obligation. Any account balance in excess of the lowest calculated financial ability to pay will be written off as a charitable discount.

1. **Income Test:** Family Income is used to determine the financial obligation. Available Family Income is calculated as fifteen percent (15%) of the Family Income, in excess of one hundred thirty percent (130%) of the FPG for a period of four (4) years. In other words, no more than sixty percent (60%) percent of the Family Income in excess of one hundred thirty percent (130%) of the FPG will be considered Available Family Income. Available Family Income will be determined by reviewing the most recently filed federal income tax return(s) or estimated based on the completed application as well as a review of the relevant documents supporting the information in the application such as recent pay stubs and estimated support from family members.
2. **Discount Test:** A sliding discount will be applied to accounts with income beginning at one hundred thirty percent (130%) of the FPG, as published at the time the application is completed, and ending at four hundred percent (400%) of the FPG. For each increment of income up to 400% of the FPG, the discount decreases by 10 percentage points. If a patient's income is below one hundred thirty percent (130%) of the FPG they receive a 100% discount.
3. **Amount Generally Billed (AGB) Test**: Any patient eligible for financial assistance will be billed no more than an amount determined by multiplying the gross charges for all emergency medical care and medically necessary services provided to such individual by the Amount Generally Billed (AGB) percentage. Guarantors with family income less than 400% of the Federal Poverty Guidelines are

eligible for the AGB discount. The AGB percentage means the percent calculated annually which is equal to (i) the aggregate dollar amount of claims paid for all emergency medical care and other medically necessary services during the twelve (12) month period ended December of each year by both Medicare and all private health insurers as primary payers, together with any associated portions of those claims due from Medicare beneficiaries or insured persons for co-payments, co-insurance or deductibles plus any lump sum or adjustment payments related to the care of patients by Medicare or other payers divided by (ii) the gross charges applicable to all claims included in calculating the amount under clause (i).The AGB percentage shall be applied to all eligible applicant's accounts effective thirty (30) days following the end of the twelve (12) month period used in determining the AGB percentage. Only emergency or medically necessary services will be eligible for consideration in this calculation.

4. **Adjusted to Cost Test:** (Uninsured Patients only) Patients with income less than one hundred thirty percent (130%) of the FPG will receive a 100% discount. For patients with income between one hundred thirty percent (130%) and four hundred percent (400%) of the FPG, a discount equal to the difference between the charges on the account and one hundred thirty-five percent (135%) of Cost will be applied. Cost will be determined by applying the ratio of inpatient cost to charges from the most recently filed Medicare cost report (Worksheet C Part I). A copy of Worksheet C Part I will be filed annually with the Attorney General of the State of Illinois. Guarantors with family income above four hundred percent (400%) of the FPG will not qualify.
   The maximum amount collected in a 12-month period from an eligible guarantor is twenty-five (25%) of the family's annual gross income. The time period begins as of the first date of service determined to be eligible for a discount. For any subsequent services to be included in the maximum, the patient must inform the hospital that he had received prior services from that hospital which were determined to be eligible for discount.

G. **Eligibility Determination and Application Processing**:
Patients who seek financial assistance will be required to submit a written request for determination of eligibility. This request must include a completed and signed application and the appropriate attachments which cover income pertaining to the guarantor. Income levels will be verified by the financial assistance staff in Patient Financial Services through direct communication. Patients submitting less information than required by the Illinois Uninsured Discount Act (most recent tax return; or most recent W-2 or 1099, copies of two most recent pay stubs; or written income verification from employer; or one other reasonable form of third-party income verification) **(Attachment E)** will be informed of the information missing and will continue to receive billing statements until the application is deemed complete. Failure to complete the application may lead to the account being turned over to collection. Completed Financial Assistance applications will be processed within 3 business days of receipt of application and required documentation.
Eligibility Criteria for Presumptive Determinations: The presumptive eligibility criteria set forth below shall be applied to a patient prior to or as soon as reasonably possible after the patient's receipt of health care services from SBLHS and prior to the issue of any bill for those health care services. Furthermore, prior to an account being turned over for purposes of collection, a final review will be made to determine if the patient's known circumstances surrounding their personal situation support the conclusion that they meet the presumptive eligibility criteria.
Some common, specific scenarios where a patient may be eligible for financial assistance but unable to document it are listed below. This is not an all-encompassing list. Unique situations that suggest the patient may be eligible for financial assistance that are not listed may occur and should be evaluated independently.

- A patient is a foreign national who was in the area for a limited period of time and appears to have limited means as best we can tell. We can confirm or have a reasonable belief that the patient has returned to their country and it is questionable whether they will return to this area again. Furthermore, they do not qualify for any kind of other assistance program.
- The patient is deceased. There is no probate filed in the local jurisdiction where the person resided. There may or may not be family we can locate. No assistance programs are available to cover the patient's services.
- The patient is known to be homeless.
- Participation in state programs such as:
  - Food Stamps;
  - Women, Infants and Children Nutrition Program (WIC);
  - Supplemental Nutrition Assistance Program (SNAP);
  - Illinois Free Lunch and Breakfast Program;
  - Low Income Home Energy Assistance Program (LIHEAP);
  - Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
  - Receipt of grant assistance for medical services.
- A credit status check indicates the patient/guarantor has a high probability to qualify for financial assistance.
- The patient is a full-time student who is on his/her own.
- The patient is age 25 or below living on his/her own.
- The patient is mentally incapacitated with no one to act on patient's behalf
- The patient is disabled or unemployed.
- The patient is elderly and is not on Medicare or had Medicare Part B only.
- The patient is eligible for Medicaid, but not on date of service or for non-covered service.
- The patient has a serious or debilitating illness or injury that could cause a person who was previously employed to be unable to work for an extended (6 months or more) period.

Triggers by themselves are not a definitive reason to grant presumptive charity, but are an indicator that further review of the patient's circumstances may be warranted.

SBL may obtain further qualifying information from other resources refer to the "Other Resources for Qualifying Information" (**Attachment F)**.

The following individuals are authorized to examine the facts of a potential Presumptive Financial Assistance case and make a determination as to whether to approve the write-off of specific amounts:

1. $1 to $1,999 – Patient Account Supervisor
2. $2,000 to $14,999 – Manager of Patient Financial Services
3. $15,000 to $39,999 – Vice-President, Finance and Operations
4. Greater than $40,000 – Chief Executive Officer

Once an affirmative determination is made the presumptive reason will be documented. If a valid address is available, the patient will be notified of the determination.

The following individuals are authorized to examine the facts of a Financial Assistance Application **(Attachment C)** make a determination as to whether to approve the write-off of specific amounts.

1. $1 to 5,000 - Financial Assistance Staff
2. $5,001 to $15,000 - Manager of Patient Financial Services
3. $15,001 t0 40,000 - CFO & V/P of Operations
4. Greater than $40,001 - Chief Executive Officer

After a complete application has been received, patients will be notified of the eligibility determination within a reasonable period of time. The patient will also be advised of his or her responsibilities under these guidelines.

H. **Accountability and Internal Control**:

1. Daily administration of this financial assistance policy shall be the responsibility of the CFO & V/P of Operations. Uncompensated/financial assistance shall be estimated annually in the operating budget.
2. The Patient Financial Services Manager is responsible for maintaining cumulative journals of all financial assistance rendered so that monthly reports may be prepared to monitor the experience of SBLHS facilities in providing financial assistance.
3. Filing Requirement: In conjunction with the filing of Worksheet C Part I required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report shall be filed with the Office of the Attorney General, which shall include all information described in Illinois Rule 77 IAC Section 4500.40, as amended from time to time.
4. As of the implementation of this policy the board of directors hereby approves management to substitute attached documents as updates are required.

I. **Patient Responsibilities**:

1. Patients are expected to make a good faith effort to provide all information requested in the application and as defined in the Illinois Fair Patient Billing Act.
2. The granting of financial assistance is contingent on patients applying for all viable public programs such as, but not limited to, Medicare, Medicaid, All Kids, and Children's Health Insurance Program (CHIP), that are reasonable given the patients situation.
3. Patients are also expected to fully cooperate with recovering a liability claim, automobile insurance benefits including medical payments, underinsured and uninsured benefits; worker's compensation claim, and providing coordination of benefits and pre-existing information to their health plan.
4. To be considered for a discount under the financial assistance policy, an uninsured or underinsured person must cooperate with SBLHS to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care.
5. To be considered for a discount under the financial assistance policy, an uninsured or underinsured person must provide the hospital with financial and other information needed to determine eligibility. An incomplete application will not halt billing and collection activity. Only a complete application, including the requested supporting documentation, will be considered a request for assistance and cause the billing and collection process to be suspended.

6. A request for financial assistance under this policy must be made by or on behalf of the patient, unless the patient meets one or more of the presumptive eligibility requirements outlined above. Patients may apply for, and will be encouraged to apply for financial assistance before, during or within a reasonable time after medical services are provided. In the event they do not initially qualify for financial assistance after providing the requested information and documentation, patients may re-apply if there is a change in their income, , or family size responsibility. A patient who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan in accordance with the **Patient Financial Services Billing and Collections Policy,** which takes into account available income, the amount of the discounted bill(s), and any prior payments.
7. Uninsured patients who qualify for partial discounts must make a good faith effort to honor the payment plans for their discounted hospital bills. They are responsible for communicating to the hospital any change in their financial situation that may impact their ability to pay their discounted hospital bills or to honor the provisions of their payment plans.

Attachments:

Attachment A_Definitions.docx
Attachment B_Services Excluded
Attachment C: Financial Assistance Application
Attachment C: Programa de Ayuda Financiera
Attachment D_Plain Language Summary
Attachment E_Information
Attachment F_Qualifying Information Resources
Attachment G_Discount Table

Approval Signatures

Approver	Date
Sara East: Administrative Office Coordinator [HC]	05/2016
Jerry Esker: President & CEO [HC]	05/2016
Dennis Pluard: CFO & VP of Operations [HC]	05/2016
Bob O'Rourke: Chief Accounting Officer [HC]	05/2016