



ORIGINATOR: Patient Financial Services	POLICY DESCRIPTION/TITLE: Charity Care and Financial Assistance
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I. Purpose

Three Rivers Health is committed to excellence in providing high quality health care while also meeting the diverse needs of the people that reside within our service area. TRH believes that emergency and other non-elective medically necessary care should be accessible to all, regardless of age, gender, cultural background, geographic location, physical mobility, or the ability to pay. TRH acknowledges that in some cases an individual will not be financially able to pay for the services that they receive. This policy is intended to comply with Section 501® of the Internal Revenue Code and the regulations promulgated thereunder and shall be interpreted and applies in accordance with such regulations. This policy has been adopted by the governing Board of the Hospital in accordance with the regulations under Section 501®.

In the event that no third-party coverage is available for the individual, TRH will allocate funds every year that will be available for financial assistance. Wherever possible, a determination of eligibility for financial assistance will be initiated prior to, or at the time of service by the financial counselor. This policy will identify the circumstances when TRH may provide care without charge or at a discount based on the financial need of the individual.

The financial assistance policy provides guidelines for financial assistance to self-pay individual patients receiving emergency and other non-elective medically necessary services based on financial need (includes full write off and discounted care) and is in addition to other discounts offered by TRH (prompt-pay and catastrophic discounts). This policy will also provide guidelines for amounts that may be charged to self-pay patients who receive medically necessary services that are not considered emergent or non-elective. Elective procedures will not qualify for discounts.

The following patient types are assumed to be covered by this policy:

Emergency Department Outpatients and Observation
Emergency Department Admissions
IP/OP follow-up related ER Visit
Employed Physician Practice Visits

II. POLICY

- A. All or a portion of emergency and non-elective care may be considered for financial assistance if an individual presents with any of the following conditions:
1. No third-party coverage is available
 2. Patient is already eligible for assistance (Medicaid), but services are not covered.
 3. Medicare or Medicaid benefits have been exhausted.
 4. Patient is determined to qualify for a catastrophic care discount. In this case the patient's liability is capped at 30 % of their annual gross income.
- B. Financial Assistance Policies are transparent and available to the individuals served at any point during the care process in languages that are appropriate for the TRH service area in compliance with the Language Assistance Services Act and in the primary languages of any populations with limited proficiency in English that constitute more than 10% of the residents of the community served by TRH.
1. **Website:** TRH facilities will post complete and current versions of the following on their respective websites in English and in primary languages of any population with limited proficiency in English that constitute more than 10% of the residents of the community served by TRH.
 - a. Financial Assistance Policy (FAP)
 - b. Financial Assistance Application Form (FAA Form)
 - c. Plain Language Summary of the Financial Assistance Policy (PLS)
 - d. Contact information for TRH Financial Counselors
 2. Signage (in English and in the primary languages of any populations with limited proficiency in English that constitute more than 10% of the residents of the community served by TRH) will be displayed in TRH facilities at all points of admission and registration areas, including the Emergency Department. All signage will contain the following elements:
 - a. The hospital's facility website address where the FAP and FAA Form can be accessed.
 - b. The telephone number and physical location (room number) that

individuals can call or visit with any questions about the FAP, or the application process.

3. TRH will make paper copies of the FAP, FAA Form and the PLS available upon request and without charge, both in public locations in the hospital or clinics (i.e. admission and registration areas) and by mail. Paper copies will be available in English and in the primary languages of any populations with limited proficiency in English that constitute more than 10% of the residents of the community served by the facility.
 4. Financial Counselor Visits: Financial counselors will attempt to provide personal financial counseling to individuals admitted to TRH who are classified as self-pay. Interpreters will be used, as indicated, to allow for meaningful communication with people who have limited English proficiency. Financial assistance and discount information will be made available.
- C. TRH and the individuals served each have responsibility for the processes related to the financial assistance policy.

1. TRH Responsibilities:

- a. TRH has a financial assistance policy to evaluate and determine an individual's eligibility for financial assistance.
- b. TRH has means to communicate the availability of financial assistance to individuals in a manner that will promote full participation by the individual.
- c. TRH workforce staff in Patient Financial Services and Patient Registration areas understand the TRH financial assistance policies and are able to direct questions regarding the policy to the proper hospital staff.
- d. TRH requires all contracts with third parties who collect bills on the behalf of TRH to include provisions that these agencies will follow TRH financial assistance policies.
- e. The TRH Revenue Cycle Department (under direction of CFO) provides organization oversight for the provisions of financial assistance and the policies/procedures that will govern the financial assistance process.
- f. Upon receiving the individual's request for financial assistance, TRH will notify the individual within a reasonable time frame.
- g. TRH will provide options for payment arrangements.
- h. TRH maintains (and requires billing contractors to maintain) documentation that supports the offer, application for, and provision for assistance for a minimum period of seven years.
- i. TRH will periodically review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.

2. Individual Patient Responsibilities

- a. To be considered for a discount under the financial assistance policy, the individual must cooperate with TRH to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for services, such as Medicare, Medicaid, and other third-parties.
- b. To be considered for a discount under the policy, the individual must provide TRH with financial and other information needed to determine eligibility (which includes completing the application forms and cooperating fully with the information gathering process).
- c. An individual who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan.
- d. If an individual qualifies for partial discounts, they must make good faith efforts to honor the payment plan for their discounted bills. Any changes in their financial situation must be communicated to TRH, so as to review how these changes impact the current financial assistance being provided.

D . Financial assistance eligibility determinations and the process of applying for assistance will be equal, consistent, and timely.

1. Identification of Potentially Eligible Individuals. Requests for financial assistance will be honored up to 240 days after the date the first statement is remitted to the individual either by mail or electronic bill.

- a. Registration, and pre-registration by Central Scheduling will promote identifying people who need financial assistance.
- b. Financial Counselors will make best efforts to contact all self-pay IP during the course of their stay or at discharge.
- c. TRH will ensure that the facility's PLS will be distributed along with the FAA Form to every individual before discharge from the facility.
- d. The PLS will be included with at least three billing statements that are sent to the individual during the 120 – day period after the first billing statement is sent.
- e. An individual will be informed about TRH FAP in all oral communications regarding the amount due for their care.
- f. The individual will be provided with at least one written notice (notice of actions that may be taken) that informs the individual that the hospital may take action to report adverse information about the individual to consumer credit reporting agencies/credit bureaus if the individual does not submit an FAA Form or pay the amount due by a specified date. This deadline cannot be earlier than 120 days after the first billing statement is sent to the individual. The notice must be provided to the individual at least 30 days before the deadline specified in the notice.

2. Requests for Financial Assistance. Requests for financial assistance may be received from multiple sources (the patient, family members, community organization, church, admin, etc.)

- a. Requests received from third parties will be directed to financial counselor.
- b. The financial counselor will work with the third party to provide resources available to assist the individual with the application process.
- c. Upon request, an estimated charges letter will be provided to individuals who request such.

3. Eligibility Criteria

- a. To be eligible for a 100% reduction from gross charges (full write off) the individual's household income must be at or below 200% of the current Federal Poverty Guidelines. Individuals with household income that exceeds 200%, and up to 400% of the Federal Poverty Guidelines, will be eligible for a partial discount. For people who qualify for the FAP, they will not be billed more than "Amounts Generally Billed (AGB) to insured patients, which is based on the average amount paid by private insurers and Medicare (and co-pays and deductibles) for medically necessary services. Individuals can contact TRH Patient Registration Services to see how TRH determined the AGB percentage.
- b. For individuals who exceed 400% of the Federal Poverty Guidelines, they will not qualify for a discount. TRH does offer discounts for individuals who pay within a certain time-period. Presently the discount is set at 40% of billed charges. For account balances that are less than \$500, a written Financial Assistance application may be waived if eligibility criteria can be determined through the following means:
 - **Credit Check or scoring criteria**
 - **Payment Predictive software**
 - **Other approved criteria/means to determine ability to pay**
- c. Periodically, TRH, will assess the discount policy to see if it reflects the market with respect to the competition, and may make changes as recommended.
- d. In addition to income level evaluation as outlined above, an asset means test will also be applied to determine eligibility for financial assistance. Available assets is defined as cash, cash equivalents, and non- retirement assets. For the purpose of this policy, the amount of patient responsibility is 100% of the patient responsibility not to exceed the greater of: 1) 10% of available assets or 2) Required payment per the Financial Assistance and self-Pay Discount Worksheet for Non-Elective services.
- e. When determining an individual's income, the following terms apply: Household size and income includes all members of the immediate

family and other dependents in the household as follows:

1. An adult and, if married, a spouse.
 2. Any natural or adopted minor children of the adult or spouse.
 3. Any minor for whom the adult and spouse has been given the legal responsibility by a court.
 4. Any student over 18 years old, dependent on the family for over 50% support (current tax return of the responsible adult is required).
 5. Any other persons dependent on the family's income for over 50% support (current tax return of the responsible adult is required).
- f. Income can be verified by using a personal financial statement or by obtaining copies of Form W-2, Form 1040, bank statements or any other form of documentation that supports reported income.
 - g. Documentation supporting income verification and Available Assets is to be maintained in patient files for future reference.
 - h. A credit report can be generated for the purpose of identifying additional expenses, other obligations, and income to assist in understanding the financial issues for the individual. A third party scoring tool may be used to help determine financial assistance eligibility.
 - i. Catastrophic care discounts will be applied per the policy. The patient liability will be capped at 30% of the annual gross income for the individual.
 - j. Financial assistance application forms will be evaluated up to 240 days after the first bill is sent to the patient, or when a change in financial status is determined. If there are additional services provided within 3 months after the last application approval, another application will not be necessary.
 - k. Presumptive Eligibility: Individuals who are uninsured and have one of the following may be considered eligible for the highest discount in the absence of a completed Financial Assistance Application Form:
 - Individual is homeless
 - Individual is incarcerated for a felony
 - Individual is deceased and has no estate able to pay debt.
 - Individual is eligible for Medicaid, but not at date of service.
 - Individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act.
 - Individual has a payment risk score of D or higher.

4. Method for Applying for Financial Assistance

- a. TRH Financial Assistance Application Form. In order to apply for financial assistance, the individual will complete the TRH Financial Assistance Application Form. The individual will provide all required supporting data to verify eligibility, which includes supporting documentation to verify income.
- b. An individual can obtain a copy of the TRH Financial Assistance Application Form by accessing it on the TRH hospital website, by requesting a free copy by mail, or by contacting the TRH hospital's Patient Registration Services Department, or by requesting a copy in person at any of TRH hospital's patient registration locations.
- c. A completed TRH FAP Form will be submitted to the Patient Registration Services Department for processing. Proof of income and available assets will be required from the individual.

5. Actions that May be taken in the event of Non-Payment:

A TRH facility may report outstanding debts for care provided to individuals to consumer credit reporting agencies or credit bureaus only in the following situations:

a. No Financial Assistance Application Form Submitted:

An individual has not submitted a Financial Assistance Application Form in the 120 day period following the date after the first billing statement was sent (the notification period) to the individual (or, if later, the specified deadline date given in the written notice of actions that may be taken (see D. 1. F. above).

b. Incomplete Financial Assistance Application Form Submitted:

If an individual submits an incomplete FAP Form during the 240-Day period following the date on which the first billing statement was sent to the individual (the application period), the TRH hospital must take the following actions:

1. Suspend any reporting to consumer
2. Provide the individual with a written notice that describes the additional information that or documentation required under the FAP or Financial Assistance Application Form and include the hospital's PLS with the notice.
3. Provide the individual with at least one written notice that informs the individual that the hospital may engage in adverse reporting to consumer credit reporting agencies/credit bureaus. If the individual does not complete the Financial Assistance Application Form or pay the amount due by a specified deadline. The deadline must not be earlier than the last day of the application period or 30 days after the written notice was provided to the individual.

If the Financial Assistance Application Form is not completed by the specified deadline discussed above, the hospital may initiate adverse reporting to consumer credit reporting agencies/credit bureaus. Liens attached to insurance (auto, liability, life and health) are permitted in connection with the collection process. No other personal judgments or liens will be filed against FAP eligible individuals.

C. Complete Financial Assistance Application Submitted: If an individual submits a complete Financial Assistance Application Form during the application period (240 days after the first billing statement is sent), TRH must take the following actions:

1. Suspend any adverse reporting to consumer credit agencies/credit bureaus.
2. Suspend any collection activity during the consideration of a completed TRH Financial Assistance Application Form. A note will be entered into the patient's account to suspend collection activity until the financial assistance process is complete. If the account has been placed with a collection agency, the agency will be notified to suspend collection efforts until a determination is made. This notification will be documented in the account notes.
3. Document the determination as to an individual's eligibility for financial assistance.
4. Notify the individual in writing within 60 days after receiving a completed Financial Assistance Application Form of the eligibility determination and the basis for the determination.
5. Provide the individual with a billing statement that indicates the amount owed as a FAP eligible individual and describes how the individual can get the information regarding the charges for care and how TRH determined the amount the individual owed.
6. Refund any excess payments to the individual that the hospital received.
7. Make sure that all recently adverse information reported to the credit agency/credit bureau is removed in a timely fashion.
8. Provide a written notification of denial to any individual determined not to be FAP-eligible and include a reason for denial and a process and contact information that for filing an appeal. If an individual disagrees with the decision to deny financial assistance, the individual may request an appeal in writing within 45 days of the denial. The appeal must include any additional relevant information that may assist in the appeal. Requests for denial appeal will be reviewed by the Financial Assistance Committee. Decisions made by the Committee will be communicated to the individual within 60 days of the review, with a final decision noted.

D. Patient Registration Services Responsibilities

- 1. Financial Assistance Committee:** A summary of the financial assistance applications and resulting decisions processed by Patient Registration Services will be reviewed monthly by the Committee. The Financial Assistance Committee will consist of the CFO, Patient Registration Supervisor, Financial Assistance Counselor, Practice Manager and the Compliance Officer. Provision of financial assistance that exceeds \$10,000, must be approved by Financial Assistance Committee. All other assistance must be approved by the CFO.
2. Following review by the Committee, or the CFO depending on the dollar amount, the approved financial assistance will be applied to the individual's account by Patient Registration Services.
3. Patient Registration Services has the responsibility for determining that the hospital has made adequate efforts to determine whether an individual is FAP-eligible and whether the hospital may take action to report adverse information to consumer credit agencies/credit bureaus. The Hospital will designate specific Patient Registration Services staff to address the Financial Assistance process.
4. Any billing companies that contract with TRH for collections services must follow this policy with respect to billing and collections.

E. Individual Payment Plans

1. Payment plans for partial financial assistance will be individually developed with each patient. All collection activities will conform with the federal and state laws that govern debt collections. No interest will accrue to account balances while payments are being made unless the individual has chosen to participate in a long-term arrangement that bears interest.
2. If an individual complies with the terms of their payment plan, no collection action will be taken.

F. Record – Keeping

1. A record, paper or electronic, will be maintained that reflects authorization of financial assistance along with copies of the application and any worksheets.
2. Summary information regarding applications processed and financial assistance provided will be maintained for a period of seven years. Summary information includes the number of patients who applied for assistance at TRH, how many patients received assistance, the amount of the financial assistance provide to each patient, and the total bill for each patient.

3. The cost of financial assistance will be reported annually on the hospital's Community Benefit Report. Financial Assistance (Charity Care) will be reported as the cost of care provided (not charges) using the most recently available operating costs and the cost to charge ratio.
4. Subordinate to Law: The provision of financial assistance may now or in the future be subject to federal, state, or local law. Such law governs to the extent it imposes more stringent requirements than this policy.