LOST RIVERS MEDICAL CENTER

SUBJECT/TITLE: Financial Assistance Policy	PAGES: 4
DEPARTMENT/SCOPE: Policy and Procedure	OWNER: LeeAnn Betzer

SCOPE: All affiliated facilities of ("Lost Rivers Medical Center"), including, but not limited to all corporate departments, independent contractors, and billing and collection vendors.

DEFINITION:

Financial Assistance for those patients who qualify for our payment plans, or Charity care.

PURPOSE:

This Policy establishes the framework pursuant to which the Lost River Medical Center identifies patients that may qualify for financial assistance, provides financial assistance, and accounts for financial assistance. With the Understanding that at any time a patient has the right to apply on their own for Medicaid (within time limits) as well as Charity Care.

POLICY:

All patients will be eligible to apply for financial assistance at any time during the continuum of care or billing cycle. Patients are given the opportunity to apply for financial assistance up to 90 days from the date of service. Each patient's situation will be evaluated according to relevant circumstances, such as income, assets or other resources available to the patient or patient's family when determining the ability to pay the outstanding patient account balance. The LRMC's Financial Assistance Policy will be administered under the Eligibility Guidelines consistent with federal and state laws for budgeting, determining, and reporting financial assistance.

PROCEDURE:

LRMC's Financial Assistance Policy is available for qualifying individuals who are unable to pay their Hospital Charges bill. LRMC is dedicated to administering its financial assistance policy in a fair, consistent, and objective manner respecting the dignity of each patient served. LRMC's Financial Assistance Policy will be administered in a manner that seeks to allocate financial assistance in a way that maximizes the benefit received by the communities LRMC serves. No patient will be denied financial assistance because of their race, religion, or national origin or any other basis which is prohibited by law. In implementing this financial assistance policy for the benefit of the communities that LRMC serves, LRMC will comply with all applicable federal, state, and local laws, rules, and regulations.

Admissions department Policy

Every Morning check in and sign-in early morning lab patients. Gather weekend admissions from Nurses Station and put weekend admissions in date order to insure first in first out. (Exception is VA and Medicare Advantage plans. If those are identified pull those out and work first. They have stricter time issues.)

Work Weekend admission in between walk-ins, Scheduled Ultrasound and MRI's.

If there is no insurance and no phone contact listed on the consent form then use 208-000-0000. Put a note on top of electronic chart requesting phone number.

Attempts should be made to collect from patient claims less than $250 at time of service (including Payment Plan) at first contact. Un-Insured patients may be eligible for Medicaid, or Charity Care.

Under-insured patients may be eligible for Medicaid or Charity Care.

A patient who is unable to pay his or her Hospital Charges bill is encouraged to apply for financial assistance by completing a Financial Assistance Application. LRMC's business office personnel, customer service personnel, and billing and/or collection personnel or contractors must be familiar with this Financial Assistance Policy and answer questions relating to the policy. All applications will be reviewed and a determination made as to whether all or a portion of the patient's bill qualifies for financial assistance. It is the responsibility of the patient to actively participate in the financial assistance screening process. This includes providing the LRMC with information concerning actual or potentially available health benefits coverage (including Medicaid eligibility and available COBRA coverage.). A patient can be denied financial assistance if they do not provide the information that has been requested in a timely manner.

Financial Assistance - Request Initiated by Patient/Responsible Party: A Financial Assistance Application must be provided to any person requesting financial assistance. Financial assistance may only be granted if sufficient information is available to allow for a determination that the patient satisfies the eligibility guidelines of this policy and according to the current year's HHS Poverty Guidelines. The percentage of charity care is based upon annual income, family size, and amount of charges. The LRMC may utilize information reported on financial applications and information gathered from independent third-party sources to evaluate a patient's eligibility for financial assistance. If patient disputes determination concerning charity care, other information may be provided by the patient to justify expenses that may be considered reasonable to exclude from their income.

Request Initiated by a Third Party: In some cases, LRMC may be able to determine, from financial and other information provided by independent third-party vendors that a patient qualifies for financial assistance even though a financial application has not been completed.

Follow-Up Collection Efforts: In general, no subsequent attempt shall be made to collect charges from the patient or responsible party which have been approved for one hundred percent (100%) write-off under the Financial Assistance Policy (subject to the rights of subrogation) except to the extent a patient or responsible party receives a recovery from any third party or other source. Financial discounts may be completely or partially reversed in the event of a recovery from a third-party or other source.

The following collection activities that will occur during the first one hundred twenty (90) days that a medical bill is outstanding include:

Summary billing statements will be sent to the patients that identify: Total Charges, Insurance Payments, Discounts, Patient Payments and the current balance.

Reference Lab Service Details: Please see attached workflow chart for handling reference lab claims. Claims will be handled on a claim by claim basis.

Approval and Reporting:

Approval of Charity Care:

The patient is eligible for a Charity Care when all documentation is received and income and family size criteria for discounts are met.

- ***Family*** *is defined as: 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 (including related by birth, marriage, or adoption and residing together, significant others); all such people (including related subfamily members) are considered as members of one family.*

- ***Income*** includes 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. Non-cash benefits (such as food stamps and housing subsidies) do not count.

- ***Expenses*** including Rent/Mortgage, Heating (electrical/oil/propane), Water/Sewer/Garbage, Health Insurance premiums may be deducted from the income amount before determination is made on the level of eligibility.

Management: LRMC's Financial Support Services is responsible for the oversight of the Financial Assistance Policy. The LRMC's Business and Admissions Office is responsible for the day-to-day management of the LRMC's Financial Assistance Policy.

Information Verification: LRMC's Financial Support Services shall establish procedures that specify what application information is subject to verification. In no case should the establishment of verification procedures discriminate against any group of patients nor unduly limit a patient's access to financial assistance.

Approval – Prior to Providing Services: Occasionally, a patient or physician may seek an eligibility determination in advance of LRMC's services being provided. In those cases the Financial Assistance Application would be utilized for prior determination of services being performed.

Timeframes/guidelines for Approved Charity Care: LRMC's approved charity care is valid for 6 months from the initial date of service and for follow up services pertaining to the initial diagnosis.

Payment Arrangements: LRMC Financial Support Services will contact the patient to make payment arrangements on the patient's responsibility. If payment arrangements are not met, the amount adjusted off for charity care will be re-applied to the patients account and the full/initial balance will be turned over to LRMC's collection agency.

Out of State Medicaid-Charity Care: Patients who present to the hospital that have another states Medicaid, will be reviewed by the billing staff and if there are no possible means of reimbursement from out of state Medicaid plan, then patients will be offered charity care for the services in question. Billing staff will complete a Financial Support Application and attach proof (provided by patient) of out of state Medicaid and eligibility for services rendered. This information will be considered the supporting documentation to qualify for the charity care adjustment. The out of state Medicaid has already determined financial need when the patient applied in that state and met their eligibility requirements.

Forms that will be used to support the Financial Assistance Process:

- Initiate Financial Assistance Letter
- Patient Financial Support Application
- Charity Care Approval Letter
- Payment Plan Letter

HHS Poverty Guidelines for 2024
The 2023 poverty guidelines are in effect as of January 17, 2024.

Federal Register Notice, January 17, 2024.

Income Based Charity

	Sliding Fee Plan		
Family Size	Income Based Sliding Scale		
1	$0.00	-	$15,060.00
2	$0.00	-	$20,440.00
3	$0.00	-	$25,820.00
4	$0.00	-	$31,200.00
5	$0.00	-	$36,580.00
6	$0.00	-	$41,960.00
7	$0.00	-	$47,340.00
8	$0.00	-	$52,720.00
Each additional person	$0.00	-	$5,380.00

100% Charity

20% Patient Responsibility

	Sliding Fee Plan		
Family Size	20% Sliding Scale		
1	$15,060.00	-	$18,072.00
2	$20,440.00	-	$24,528.00
3	$25,820.00	-	$30,984.00
4	$31,200.00	-	$37,440.00
5	$36,580.00	-	$43,896.00
6	$41,960.00	-	$50,352.00
7	$47,340.00	-	$56,808.00
8	$52,720.00	-	$63,264.00
Each additional person	$5,380.00	-	$6,456.00

80% Charity

35% Patient Responsibility

	Sliding Fee Plan		
Family Size	35% Sliding Scale		
1	$18,072.00	-	$20,331.00
2	$24,528.00	-	$27,594.00
3	$30,984.00	-	$34,857.00
4	$37,440.00	-	$42,120.00
5	$43,896.00	-	$49,383.00
6	$50,352.00	-	$56,646.00
7	$56,808.00	-	$63,909.00
8	$63,264.00	-	$71,172.00
Each additional person	$6,456.00	-	$7,263.00

65% Charity

50% Patient Responsibility

	Sliding Fee Plan		
Family Size	50% Sliding Scale		
1	$20,331.00	-	$22,590.00
2	$27,594.00	-	$30,660.00
3	$34,857.00	-	$38,730.00
4	$42,120.00	-	$46,800.00
5	$49,383.00	-	$54,870.00
6	$56,646.00	-	$62,940.00
7	$63,909.00	-	$71,010.00
8	$71,172.00	-	$79,080.00
Each additional person	$7,263.00	-	$8,070.00

50% Charity

75% Patient Responsibility

	Sliding Fee Plan		
Family Size	75% Sliding Scale		
1	$22,590.00	-	$26,355.00
2	$30,660.00	-	$35,770.00
3	$38,730.00	-	$45,185.00
4	$46,800.00	-	$54,600.00
5	$54,870.00	-	$64,015.00
6	$62,940.00	-	$73,430.00
7	$71,010.00	-	$82,845.00
8	$79,080.00	-	$92,260.00
Each additional person	$8,070.00	-	$9,415.00

25% Charity