

Subject: Providing Financial Assistance	Policy #: C-009
Dept/Initiator: Clinical Services/Finance	Effective Date: 04/01/03
Distribution: System Manual/Compliance	Revision Date: 01/24/13, 05/19/17
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Approved By: Financial Assistance Committee	Date: 04/01/03
Approved By: Martin Guthmiller	Date: 05/28/03

I. PURPOSE:

- 1.1 To provide a set of guidelines by which Orange City Area Health System is able to identify patients that may be eligible for financial assistance.
- 1.2 To evaluate, approve or deny financial assistance requests.
- 1.3 Recommend for approval or denial to reviewing committees and Executive Management the patients who are eligible for financial assistance.
- 1.4 To write off approved patient financial assistance requests.
- 1.5 TO inform all patients and the public of the availability of financial assistance.

II. POLICY:

- 2.1 Financial assistance applicant shall not be denied financial assistance based on race, creed, sex, national origin, handicap or age.
- 2.2 Social Work Services and/or Business Office personnel will interview potential financial assistance recipients.
 - 2.2.1 Recommendations of potential financial assistance patients will be referred to and reviewed by a Financial Assistance Committee consisting of at least two senior managers.
 - 2.2.2 Financial assistance applicants will be asked to apply for other available resources for payment upon request of the Business Office.
 - 2.2.3 Financial assistance applicants will complete a financial statement, provide a copy of most recent tax return, and provide other financial or pertinent information.
- 2.3 The Financial Assistance Committee will review all submitted financial information and start the process to approve or deny these financial assistance requests.
- 2.4 The Financial Assistance Committee will prepare a report for the CFO of all patient accounts recommended for financial assistance write-off.
 - 2.4.1 Emergency care and medically necessary care and services are included in financial assistance.
 - 2.4.2 The following are excluded from financial assistance. This may include, but are not limited to elective/routine procedures, surgeries, Medical Clinic visits limited to 4 per calendar year, physical therapy beyond 20 visits in a calendar year, nursing home levels of care, self-administered drugs and supplies.
- 2.5 Approved financial assistance requests will be written off in the month they are approved.

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2.6 The Financial Assistance Application must be filled out annually.

III. PROCEDURE:

- 3.1 Anyone knowing a patient requesting or needing financial assistance for hospital/clinic care should provide the patient with the financial assistance application or direct those requests to Social Work Services, the Business Office, or Patient Financial Counselors.
- 3.2 Social Work Services Business Office or Patient Financial Counselors should interview patients requesting financial assistance upon receiving the application form if the information on the form is incomplete or unclear.
- 3.2.1 Interviewing personnel will discuss all other financial resources available to the patient.
- 3.2.2 Patient will be instructed to request financial assistance from other sources. (Example: Medicaid, SSI or County assistance).
- 3.2.2.1 Financial assistance will not be granted to a patient until all other resources have been exhausted, applicant must provide proof of denial unless otherwise decided by the Financial Assistance Committee
- 3.3 Completed financial assistance requests will be forwarded to the Financial Assistance Committee. Completed financial assistance requests should contain verification of income.
- 3.3.1 All assets, liabilities, family size and income should be identified. Income alone will not be used to identify a person's eligibility for financial assistance. The size of a medical obligation can make anyone in need of financial assistance consideration.
- 3.3.1.1 Other guidelines that will be used for determining financial assistance consideration will be individual and/or family income and net worth, employment status or earning capacity, family size, other financial obligations, frequency of healthcare services and other sources of payment for healthcare services rendered.
- 3.3.2 The financial assistance application and account will be reviewed as to the status of other possible resources and whether applicant sought other means of assistance.
- 3.3.2.1 Patient/guarantor may be denied financial assistance if they are not cooperative in seeking other financial assistance.
- 3.3.3 The financial assistance application will be reviewed for other forms of government-assisted programs such as ADC, low-income housing, food stamps, energy assistance programs, etc.
- 3.3.3.1 If indication is made on the application that other government assisted programs are being utilized, this will be an indication that financial assistance may be needed.
- 3.3.4 Questions or concerns regarding the financial assistance application will be asked of the patient/guarantor.
- 3.3.5 Partial financial assistance will be considered when the patient expresses a desire to pay something but lacks the ability to pay for the entire obligation.
- 3.3.6 If a financial assistance request shows high assets in excess of liabilities as a result of a home or farm property or equipment, a patient/guarantor will not be forced to sell the assets to pay off the Orange City Health System medical obligation. However, an

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application may be denied if the excess assets show that the family has sufficient resources to pay or borrow.

- 3.3.7 OCAHS will not engage in extraordinary collection actions before taking reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance.
- 3.4 After approval has been received from the CFO, the patients' accounts will be written off to financial assistance. A list of all financial assistance accounts approved for write-off will be provided to the CFO.
- 3.5 The Financial Assistance Committee has the right to revoke any financial assistance application due to inappropriate use of the policy.
- 3.6 Granting full or partial financial assistance.
A patient with a household income of 225% or less of the federal poverty level is eligible for full financial assistance. A patient with a household income between 226% and 375% of FPL is eligible for partial financial assistance on a sliding scale.
- 3.6.1 For patients (or guarantors) who are deemed qualified for partial financial assistance, Orange City Area Health system will submit a bill to the patient or guarantor reflecting the discount for the partial financial assistance. In these cases, the amount accepted for payment for emergency or other medically necessary care will not exceed the amount OCAHS accepts as "payment in full" for the same services provided to patients who are insured by third party payors, including Medicare and all private health insurers. The amounts generally billed to individuals is the same as the payment in full.
- 3.6.1.1 The "payment in full" for insured patients has two components: the amount required to be paid by the third party insurer plus the amount required to be paid by the patient.
- 3.6.2 The "payment in full" amount is established by calculating the weighted average of discounts provided to Medicare and all private commercial health insurers. The "payment in full" calculator is established every twelve months by analyzing the actual claims paid for the previous twelve months.
- 4.0 The availability of financial assistance is communicated by the posting of signs at registration areas, policy, summary and application available on the ohealthsystem.org website, written notification on patient billing statements, and informational materials made available to local social services agencies. In addition, staff and healthcare providers may mention the availability of financial assistance when discussing the bill over the telephone or in person.