GOOD SHEPHERD HEALTH CARE SYSTEM
SYSTEM-WIDE POLICIES AND PROCEDURES
Finance

SUBJECT: Patient Financial Assistance		**ADMINISTRATIVE APPROVAL:**				**NO. 218**	
		SUPERSEDES: New				**Page 1 of 6**	
DEPARTMENT RESPONSIBLE FOR POLICY MAINTENANCE: Patient Financial Services		**REVIEWED DATE: 8/03, 7/06, 7/07, 9/09, 9/10, 9/11, See Overview tab for Properties Page** **FORMULATED: 10/1/92**					
REVISED DATE:	**12/04**	**8/05**	**10/07**	**9/08**	**10/09**	**05/11**	
		See Overview tab for Properties Page					

PURPOSE:

To implement Board Policy B-103 "Charity Care."

POLICY:

Good Shepherd Health Care System (GSHCS) will provide financial assistance according to a sliding scale from200% up to 300% of Federal Poverty Guideline (FPG). All services that are emergent or medically necessary may qualify to receive allowances up to 100%.

The following services are excluded from receiving allowances under this policy:

- Elective procedures (excluding sterilizations)
- Services for patients who have verifiably used an identity other than their own
- Services for which the patient is expecting a third party settlement.
- Home Medical Equipment retail services.

The following services may qualify for partial allowances under this policy:

- Orthopedic joint replacements – up to 90%
- Elective sterilization services – up to 75%.
- Services to self-employed applicants – up to 75%.
- Phase III Cardiac Rehabilitation - up to 50%.
- Services to patients who would have been eligible for health insurance coverage, but chose not to apply - up to 50% per single service. (6-month eligibility not applicable)
- Home Medical Equipment – total adjustment not to exceed $1,000.

All patient write-offs including employee discounts will be considered as financial assistance.

Once a patient has been deemed eligible under our Financial Assistance Policy (FAP), and has received emergency or other medically necessary care as defined under this policy, they will not be charged more than amounts generally billed (AGB) to insured patients after all other applicable deductions and discounts (including discounts available under the FAP) have been applied and less any amounts reimbursed by insurers.. We will not use "gross charges". GSHCS may at any time change the AGB percentage, but at a minimum will update the AGB percentage once every 12 months.

GSHCS will publicize the Financial Assistance policy in English and Spanish by the following methods:

- Paper copies of the following: FAP summary (shown below), 218a - Financial Assistance Application & Income Range and FAP available upon request and free of charge in the hospital or by mail
- Public display of the FAP summary in the Patient Financial Representative (PFR) offices and in the Emergency Room
- Posting of the FAP summary on the GSHCS website
- Distribution of the FAP summary to CAPECO, Agape House, local state DHS and Unemployment offices
- Good Shepherd Medical Group Business Offices

GSHCS will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the FAP. It will meet the requirements of existing federal laws such as the Emergency Medical Treatment and Labor Act (EMTALA). It will not discourage individuals from seeking appropriate emergency medical care. Also maintained on our website is a list of providers that deliver care at our facility that do or do not offer financial assistance under our FAP.

GSHCS will not engage in "extraordinary collection actions" (ECA) against patients before having made reasonable efforts to determine if the person has been deemed eligible under our FAP. ECA include the following:

- Putting liens on property
- Foreclosure on real property
- Attaching or seizing bank accounts
- Commencing civil action
- Causing an arrest
- Garnishing wages
- Subjection to writ of body attachment
- Selling of debt to another party
- Reporting adverse information to a credit agency

Reasonable efforts will include the following:

- Properly notifying an individual about our FAP during the Notification Period
- Properly addressing an incomplete FAP application
- Properly determining eligibility on all complete FAP applications during both the Notification Period and the Application Period

The Notification Period begins on the first day of care and ends on the 120th day after GSHCS provides the patient with the first billing statement. Once the application is received, the Notification Period is considered complete. If the patient fails to submit a complete FAP application and the notification requirements were met, then GSHCS may engage in ECA.

Notification is generally met if any of the following have occurred:

- A plain language summary of the FAP has been distributed and the application is offered to the patient before discharge
- A plain language summary of the FAP is included with at least three billing statements and all other written communications regarding the bill
- The patient is informed about the FAP in all oral communications regarding amount due for care
- At least one written notice is provided that informs the patient about the ECAs that GSHCS may take if the patient does not submit a FAP application or pay the amount due before a specified date during the notification period

GSHCS will include in the plain language summary the following:

- Existence of our Financial Assistance policy
- Brief description of the eligibility requirements
- Website address and physical locations where copies of FAP and FAP application can be obtained
- Name and contact information for questions on FAP application
- Availability of translations
- Statement that no FAP-eligible patient will be charged more than AGB for emergency or other medically necessary care

GSHCS will accept and process completed FAP applications for an additional 120 days following the Notification Period. This is called the Application Period. During this period, if the patient submits an **incomplete** FAP application, GSHCS meets the reasonable efforts requirement if it:

- Temporarily suspends any ECAs against the patient
- Provides a written notice that describes the additional information needed under the FAP
- Provides at least one written notice that informs the patient about the ECAs that GSHCS may take if the patient does not submit a completed FAP application or pay the amount due by a deadline
- Provides notification to the patient at least 30 days before the later of either the deadline in the notice or the application period end date

If the patient submits a **complete** FAP application, GSHCS will suspend all ECAs, make a determination of FAP eligibility and notify the patient in writing of the determination. If the patient is eligible under our FAP, GSHCS will do the following:

- Provide a billing statement that indicates the amounts the patient owes as a FAP-eligible patient and shows the AGB

- Refund any excess payments made
- Take reasonable measures to reverse any ECAs taken against the patient

PROCEDURE:

FAP applications are available to all patients at any PFR office. A PFR may be reached at 541-667-3450 or may be contacted via email at pfs@gshealth.org. Patients are encouraged to fill out and return the FAP application as quickly as possible to aid in the resolution of their account(s). Patients are required to provide the following documents for each person receiving income in the household:

- Most recent Federal Tax Return (Complete tax returns are required for self-employed applicants)
- Most recent payroll check stub and/or proof of unemployment benefits
- Most recent bank statements

Charity allowances are approved on a case-by-case basis. GSHCS may also determine FAP eligibility on the basis of information other than the information provided on the FAP application. Allowances are based on household size and household income. Eligibility is capped at a maximum of $80,000 of household income. This amount may be adjusted annually to reflect local economic conditions. Household income is determined by the adjusted gross income listed on the applicant's most recent Federal Tax Return or pro-rated current-year income – whichever is higher. Household income for applicants may be derived from multiple sources which include: the adjusted gross income on the applicant's most recent Federal Tax Return plus depreciation (from Schedule C), Schedule K income (partnerships and S corps), Schedule F (Farming), bank statements, check stubs, resources that produce interest income, and other publicly available data.

GSHCS may also consider as income any property owned by a company or individual, regarded as having value and available to meet debts, commitments, or legacies. However, asset consideration as an available source of household income applies to Hospital Inpatient accounts only.

Eligibility and allowance amounts are approved by the Patient Financial Services Director or their designee once each week. Once approved, the patient's application and eligibility are valid for a period of six months. During this period, a new FAP application is not required. After the six month period of eligibility expires, the patient will be required to fill out a new FAP application and provide updated income information.

Good Shepherd Health Care System (GSHCS) will provide charitable allowances according to a sliding scale from 200% up to 300% of Federal Poverty Guideline. As an example, a household of 3 may earn up to $60,480 and be eligible for a discount under this policy. All services that are emergent and medically necessary will qualify, except elective procedures (not including sterilizations) and services for which the patient is expecting a third party settlement.

Eligible services may receive allowances up to 100% with the following exceptions: Phase III Cardiac Rehab patients and patients eligible for health insurance coverage, but choose not to sign up, may qualify for allowances up to 50%. Elective sterilization services and self-employed applicants may qualify for allowances of up to 75%. Orthopedic joint replacement services may qualify for allowances of up to 90%. Home Medical Equipment retail sales and patients who it has been confirmed have received services using an identity other than their own are not eligible under this Financial Assistance policy (FAP).

Once a patient has been deemed eligible under our FAP, the patient will not be expected to pay "gross charges". They will not be charged more than "amounts generally billed" (AGB) to individuals with insurance that had services at our hospital. An AGB adjustment will be subtracted from the amount they owe on their bill. GSHCS may at any time change the AGB percentage, but at a minimum will change the AGB percentage once every 12 months.

FAP applications are available to all patients in English and Spanish at any Patient Financial Representative (PFR) office, Good Shepherd Medical Group Business Offices or on our website at GSHealth.org. Also maintained on our website is a list of providers that deliver care at our facility that do or do not offer financial assistance under our FAP. For questions or information a PFR may be reached at 541-667-3450 or may be contacted via email at pfs@gshealth.org. Patients are encouraged to fill out and return the FAP application as quickly as possible to aid in the resolution of their account(s). Patients are required to provide the following documents for each person receiving income in the household:

- Most recent Federal Tax Return (Complete tax returns are required for self-employed applicants)
- Most recent payroll check stub and/or proof of unemployment benefits
- Most recent bank statements

Financial Assistance is approved on a case-by-case basis. GSHCS may also determine FAP eligibility on the basis of information other than the information provided on the FAP application. Allowances are based on household income, household size and other assets (for inpatient accounts only). Eligibility is capped at a maximum of $80,000 of household income. This amount may be adjusted annually to reflect local economic conditions. Household income is determined by the adjusted gross income listed on the applicant's most recent Federal Tax Return or pro-rated current-year income – whichever is higher. Household income for self-employed applicants is determined from multiple sources which may include: the adjusted gross income on the applicant's most recent Federal Tax Return plus depreciation (from Schedule C), Schedule K income (partnerships and S corps), Schedule F (Farming), bank statements or a presumptive charity score.

Eligibility and allowance amounts are approved by the Patient Financial Services Director or their designee once each week. Once approved, the patient's application and eligibility are valid for a period of six months. During this period, a new FAP application is not required. After the six-month period of eligibility expires, the patient will be required to fill out a new FAP application and provide updated income information.

GSHCS will not engage in "extraordinary collection actions" (ECA) against patients before having made reasonable efforts to determine if the person is eligible under our FAP. The full FAP is available upon request by calling 541-667-3450.