



## Title: Financial Assistance – Hospital Facilities

1.BR.34

Effective Date: 09/09/05; Rev: 04/07, 12/07, 10/10, 08/11, 02/12, 01/16

**POLICY:** Iowa Health System, d/b/a UnityPoint Health (UPH) Hospitals and Hospital Organizations shall fulfill their charitable missions by providing emergency and other medically necessary health care services to all individuals without regard to their ability to pay. UPH Hospitals and Hospital Organizations shall provide financial assistance to eligible patients.

**SCOPE:** All UPH Hospitals and Hospital Organizations (referred to collectively as “UPH Hospitals”) that are 501(c)(3) tax-exempt. Schedule C, attached, describes what services and provider practices are covered at UPH Hospitals.

**PRINCIPLES:** As charitable tax-exempt organizations under Internal Revenue Code (IRC) Section 501(c)(3), UPH Hospitals meet the medically necessary health care needs of all patients who seek care, regardless of their financial abilities to pay for services provided. Similarly, patients have an obligation to obtain insurance coverage and pay for a portion of their health care services, and UPH Hospitals have a duty to seek payment from patients.

Pursuant to Internal Revenue Code Section 501(r), in order to remain tax-exempt, each UPH Hospital is required to adopt and widely publicize its financial assistance policy.

The purpose of this policy is to outline the circumstances under which UPH Hospitals will provide discounted care to financially needy patients.

### 1. Definitions.

- 1.1 Hospital. A facility that is required by a state to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated by a Hospital Organization under a single state license are considered to be a single Hospital.
- 1.2 Hospital Organization. An organization recognized, or seeking to be recognized, as described in Section 501(c)(3) that operates one or more Hospitals. This includes any other organization that has the principal function or purpose of providing Hospital care.
- 1.3 Allowed Amounts. Maximum amount of payment for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.”

- 1.4 Amounts Generally Billed to Individuals Who Have Insurance (AGB). The following method is used by Hospitals to calculate Amounts Generally Billed to Individuals Who Have Insurance in this policy.
    - 1.4.1  $AGB\% = (\text{Sum of all Allowed Amounts by Medicare Fee For Service} + \text{Sum of all Allowed Amounts by private health insurers during a prior 12-month period}) / (\text{Sum of Gross Charges For the Same Claims})$
    - 1.4.2  $AGB = (\text{Gross Charges for Medically Necessary Care or Emergency Medical Care}) \times (AGB \%)$
    - 1.4.3 The current AGB amounts for each UPH Hospital are attached at Schedule B to this policy. The AGB amounts will be updated annually.
  - 1.5 Medically Necessary Care. Services that are (1) consistent with the diagnosis and treatment of the patient's condition; (2) in accordance with standards of good medical practice; (3) required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient's practitioner or caregiver; and (4) the least costly type of service which would reasonably meet the medical need of the patient.
  - 1.6 Emergency Medical Care. As defined in the Emergency Medical Treatment and Labor Act (EMTALA), a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ part. It also includes a pregnant woman who is having contractions.
  - 1.7 Patient(s). Includes either the patient and/or the patient's responsible party (parent, guardian, guarantor).
  - 1.8 FINA-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.
2. Eligibility for Financial Assistance.
    - 2.1 Financial assistance is available for only Medically Necessary Care and Emergency Medical Care provided to FINA-Eligible Patients. Financial assistance shall be based on the following guidelines, unless subject to conflicting state law requirements that will take precedence as outlined in Schedule A attached to this policy.
    - 2.2 FINA-Eligible Patients who are below 600% of the current Federal Poverty Income Guidelines (FPIG) may be FINA-Eligible. FINA-Eligible Patients will

not be billed more than the Amounts Generally Billed to Patients who have insurance.

- 2.3 Hospital bills will be further reduced by the following amounts for patients in each FPIG category below:

<u>0-200% of FPIG:</u>	100% discount off AGB
<u>201-225% of FPIG:</u>	65% discount off AGB
<u>226-250% of FPIG:</u>	45% discount off AGB
<u>251-300% of FPIG:</u>	25% discount off AGB
<u>301-400% of FPIG:</u>	5% discount off AGB
<u>401-600% of FPIG:</u>	AGB only

- 2.4 Household income will be considered in determining whether a Patient is eligible for assistance. Household income includes but is not limited to the following: Traditional married couples, children (biological, step, or adoption) and couples living together. (Married or couples living together requires that the parties present as a couple and share expenses, whether same sex or male/female.)
- 2.5 In addition to household income, the Hospital will consider the extent to which the Patient's household has assets that could be used to meet his or her financial obligation. Assets may include, but are not limited to, cash, savings and checking accounts, certificates of deposit, stocks and bonds, individual retirement accounts (IRAs), trust funds, real estate (excluding the Patient's home) and motor vehicles. The Hospital will also take into account any liabilities that are the responsibility of the Patient's household.
- 2.6 Information from a Patient's (or member of Patient's household) prior financial assistance applications may be used to determine current eligibility for assistance. UPH also uses third party agencies to assist with collections. If those agencies provide UPH with a statement regarding a Patient's likely FPIG level, UPH will use that information in determining the FINA-Eligibility status and the level of discount available.
- 2.7 Presumptive Eligibility. Patients who meet presumptive eligibility criteria under this Section may be granted financial assistance without completing the financial assistance application. Documentation supporting the Patient's qualification for or participation in a program listed below at 2.7.1 must be obtained and kept on file. Documentation may include a copy of a government issued card or other documentation listing eligibility or qualification, or print

screen of web page listing the Patient’s eligibility. Unless otherwise noted, a Patient who is presumed eligible under these presumptive criteria will continue to remain eligible for six months following the date of the initial approval, unless Hospital personnel have reason to believe the Patient no longer meets the presumptive criteria.

2.7.1 Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100% financial assistance:

2.7.1.1 The U.S. Department of Agriculture Food and Nutrition Service *Food Stamp Program*.

2.7.1.2 Limited eligibility – Illegal undocumented persons/ 3-day emergency window. The Iowa Department of Human Services allows for up to three days of Medicaid benefits to pay for the cost of emergency services for undocumented persons who do not meet citizenship, alien status, or social security number requirements. The emergency services must be provided in a Hospital that can provide the required care after the emergency medical condition has occurred. Presumptive eligibility for this category will be considered valid 6 months from the date of the emergent event.

2.7.1.3 Medicaid program (excluding lock-in and/or spend-down)

2.7.1.4 Women, Infants, and Children (WIC) nutrition assistance

3. Communicating Financial Assistance Information.

3.1 Each Hospital will communicate the availability of financial assistance to all Patients and within the community. Copies of the financial assistance policy (Policy 1.BR.34), financial assistance application and Plain Language Summary will be available by mail, on each Hospital’s website, and in person at each Hospital.

3.2 The UPH Central Billing Office is available by phone at (888) 343-4165 to answer questions about the policy, or Patients should go to the cashier’s office at the Hospital to obtain this information.

3.3 UPH Hospitals will develop a Plain Language Summary of this policy.

3.3.1 The Plain Language Summary will be available by mail, on each Hospital’s website, and in person at each Hospital.

3.3.2 The Plain Language Summary will be offered as part of the Patient intake and/or discharge process.

- 3.3.3 The Plain Language Summary must be included when a Patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. UPH Policy 1.BR.40, Billing and Collections, contains additional detail about billing & collection practices, and may be obtained at each Hospital and on each Hospital's website.
- 3.4 This financial assistance policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency (LEP) populations constitute the lesser of 1,000 persons or more than 5% of the community served by the Hospital. These translated documents will be available by mail, on each Hospital's website, and in person at each Hospital.
- 3.5 These notices and documents may be provided electronically.
- 4. Method for Applying for Financial Assistance.
  - 4.1 Patient Applies For Insurance Coverage or Seeks Third-Party Responsibility. In order to be considered for financial assistance, the Patient must also furnish information to identify other financial resources that may be available to pay for the Patient's health care, such as Medicaid, Medicare, third party liability, etc. Patients with valid health care coverage through non-UPH network providers are required to access their primary network before being considered for financial assistance.
    - 4.1.1 This policy does not apply to the portion of a Patient's services that have been, or may be, paid for by a first or third party payer such as an automobile insurance company or worker's compensation. As allowed by the States of Iowa, Illinois, and Wisconsin, when a Patient presents for services following an accident or injury, the Hospital may place a hospital lien against the third party settlement.
  - 4.2 Patient Must Complete the Financial Aid Application. To be considered for financial assistance, the Patient must furnish the Hospital with a completed financial assistance application and required supporting documentation. The application may be completed using information that is collected in writing, orally, or through a combination of both.
  - 4.3 Patient Notified of Eligibility. After receiving the Patient's financial information, the Hospital will notify the Patient of his/her eligibility determination within a reasonable period of time.
    - 4.3.1 If the Patient does not initially qualify for financial assistance, the Patient may reapply if there is a change in income, assets, or family responsibilities.

4.3.2 A Patient who qualifies for financial assistance must cooperate with the Hospital to establish a reasonable payment plan that takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.

4.3.2.1 A Patient who qualifies for financial assistance must make a good faith effort to honor the payment plans. The Patient is responsible for communicating any change in his/her financial situation that may impact his/her ability to pay the discounted health care bills or to honor the provisions of any payment plans.

*/s/ William B. Leaver*

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William B. Leaver  
UPH President

## **SCHEDULE A - ILLINOIS LAWS**

Hospital Uninsured Patient Discount Act\*: In Illinois, the Hospital Uninsured Patient Discount Act requires all Illinois hospitals to provide discounts to uninsured Illinois patients who meet certain eligibility criteria.

Under the law, patients with a family income up to 200% FPL in urban areas and 125% in rural areas (or at critical access hospitals) will receive a 100% discount. Patients with a family income between 201-600% FPL in urban areas and 126-300% FPL in rural areas (or at critical access hospitals) will receive a discount to 135% of the hospital's cost. The act also has a maximum collectible amount of 25% of annual family income for those who meet the eligibility criteria and do not have significant assets.

These discounts only apply to medically necessary health care services that would be covered under Medicare; it does not apply to elective cosmetic surgery or non-medical services such as social and vocational services. The discount does not apply to physician services.

Patients may be required to apply for Medicare, Medicaid, AllKids, SCHIP, or other public programs if they might qualify.

*\*IL Public Act 95-965*

Fair Patient Billing Act\*: In Illinois, the Fair Patient Billing Act also requires Illinois hospitals to provide discounts to uninsured patients who meet certain eligibility criteria.

Uninsured patients with a family income up to 200% FPL in urban areas and up to 125% in rural areas will receive a 100% charitable discount for services exceeding \$300.

Uninsured patients with a family income between 201-600% FPL in urban areas and up to 126-300% in rural areas will receive a discount from charges for services exceeding \$300.

This act also has a maximum collectible amount of 25% of annual family income for those who meet the eligibility criteria.

Patients may be required to apply for insurance and/or assistance in order to qualify for these discounts.

*\*IL Public Act 94-885*

**SCHEDULE B – AMOUNTS GENERALLY BILLED***(Updated as of 1/1/2018)*

	<b>Amounts Generally Billed (AGB) as a % of Charges</b>	<b>AGB Discount</b>
UnityPoint Health Cedar Rapids – Continuing Care Hospital at St. Luke's L.C.	32%	68%
UnityPoint Health Cedar Rapids – St. Luke's/Jones Regional Medical Center	54%	46%
UnityPoint Health Cedar Rapids – St. Luke's Methodist Hospital	32%	68%
UnityPoint Health Des Moines – John Stoddard Cancer Center	26%	74%
UnityPoint Health Des Moines – Blank Children's Hospital	26%	74%
UnityPoint Health Des Moines – Iowa Lutheran Hospital	28%	72%
UnityPoint Health Des Moines – Iowa Methodist Medical Center	26%	74%
UnityPoint Health Des Moines – Methodist West Hospital	26%	74%
UnityPoint Health Dubuque – The Finley Hospital	35%	66%
UnityPoint Health Fort Dodge – Trinity Regional Medical Center	34%	66%
UnityPoint Health Grinnell – Grinnell Area Hospital	42%	58%
UnityPoint Health Keokuk – Keokuk Area Hospital	32%	68%
UnityPoint Health Madison – Meriter Hospital, Inc.	40%	60%
UnityPoint Health Peoria – Methodist Medical Center of Illinois	30%	70%
UnityPoint Health Peoria – Pekin Memorial Hospital	22%	78%
UnityPoint Health Peoria – Proctor Hospital	32%	68%
UnityPoint Health Quad Cities – Trinity Medical Center – Bettendorf	35%	65%
UnityPoint Health Quad Cities – Trinity Medical Center – Moline	33%	67%
UnityPoint Health Quad Cities – Trinity Medical Center – Rock Island	33%	67%
UnityPoint Health Quad Cities – Trinity Muscatine	40%	60%
UnityPoint Health Sioux City – St. Luke's Regional Medical Center	43%	57%
UnityPoint Health Waterloo – Allen Memorial Hospital Corporation	38%	62%
UnityPoint Health Waterloo – UnityPoint Health Marshalltown	35%	65%



**SCHEDULE C – Covered Services and Provider Practices by Hospital**  
*(Updated as of 9/30/2017)*

The following UnityPoint Health Hospitals and Hospital Organizations are covered under Policy 1.BR.34, Financial Assistance – Hospital Facilities. Generally, services that patients receive at these Hospitals/Hospital Organizations are covered under the policy; however, please see the separate sections by hospital below for clarification of what services a Patient may receive at a specific Hospital/Hospital Organization that are not covered under this policy. Also, as part of UPH’s mission, we want to make our Hospitals/Hospital Organizations available to all providers in our communities who may or not be employed by UnityPoint Health. Providers can be physicians, nurse practitioners, physician assistants, etc. To assist in understanding which of these providers are covered under this policy the comprehensive Provider Practice Listing following the chart below details whether:

- (1) Their professional services are covered under this Policy 1.BR.34, Financial Assistance – Hospital Facilities.
- (2) Their professional services are covered under separate Policy 1.BR.34(a), Financial Assistance – UnityPoint Health Non-Hospital Providers.
- (3) Their professional services are not covered under any UnityPoint Health financial assistance policies as they are not employees of Unity Point Health.

<b>UnityPoint Health Hospital</b>	<b>Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)</b>
UnityPoint Health Cedar Rapids – Continuing Care Hospital at St. Luke's L.C.	The physician/professional portion of services for emergency room care, pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Cedar Rapids – St. Luke's/Jones Regional Medical Center	

<p>UnityPoint Health Cedar Rapids – St. Luke's Methodist Hospital</p>	<p>The physician/professional portion of services for emergency room care, pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.</p>
<p>UnityPoint Health Des Moines – John Stoddard Cancer Center</p>	<p>The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.</p>
<p>UnityPoint Health Des Moines – Blank Children's Hospital</p>	<p>The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.</p>
<p>UnityPoint Health Des Moines – Iowa Lutheran Hospital</p>	<p>The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.</p>
<p>UnityPoint Health Des Moines – Iowa Methodist Medical Center</p>	<p>The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.</p>
<p>UnityPoint Health Des Moines – Methodist West Hospital</p>	<p>The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.</p>

<p>UnityPoint Health Dubuque – The Finley Hospital</p>	<p>United Clinical Laboratories is located in our hospital and if you receive services from them they are not covered under our policy unless you are also receiving our hospital services.</p> <p>The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be separately billed.</p>
<p>UnityPoint Health Fort Dodge – Trinity Regional Medical Center</p>	<p>The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.</p>
<p>UnityPoint Health Keokuk – Keokuk Area Hospital</p>	<p>The physician/professional portion of services for emergency room care, pathology, and radiology will not be covered under this financial assistance policy and be billed separately.</p>
<p>UnityPoint Health Madison – Meriter Hospital, Inc.</p>	<p>The physician/professional portion of services for emergency room care, pathology, radiology/imaging, obstetrics services and anesthesiology will not be covered under this financial assistance policy and will be billed separately. Turville Bay is located within our hospital and if you receive services from them they are not covered under our policy.</p>
<p>UnityPoint Health Peoria – Greater Peoria Specialty Hospital</p>	<p>No services covered.</p>
<p>UnityPoint Health Peoria – Methodist Medical Center of Illinois</p>	<p>The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.</p>

UnityPoint Health Peoria – Pekin Memorial Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Peoria – Proctor Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately. Services received at The Illinois Institute for Addiction Recovery are not covered under this financial assistance policy.
UnityPoint Health Quad Cities – Trinity Medical Center – Bettendorf	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities – Trinity Medical Center – Moline	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities – Trinity Medical Center - Rock Island	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities – Trinity Muscatine	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Sioux City – St. Luke's Regional Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be separately billed.

UnityPoint Health Waterloo – Allen Memorial Hospital Corporation	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Waterloo – UnityPoint Health – Marshalltown	The physician/professional portion of services for pathology and radiology/imaging will not be covered under this financial assistance policy and be billed separately.

**THE FOLLOWING PROVIDER PRACTICE LISTING IS UPDATED QUARTERLY.**