IOWA HEALTH SYSTEM

Title: Financial Assistance 1.BR.34

Effective Date: 9/9/05; Rev: 4/07, 12/07, 10/10, 8/11, 2/12

POLICY: IHS affiliates shall fulfill their charitable missions by providing health care services to all individuals without regard to their ability to pay. IHS affiliates shall provide fair discounts and financial protection to low income underinsured or uninsured patients. IHS affiliates shall use consistent and fair collection practices for all patients.

SCOPE: IHS system wide. All IHS and wholly owned affiliate facilities including, but not limited to, hospitals and ambulatory surgery centers.

PROCEDURE: IHS affiliates are committed to meeting the needs of everyone in their communities, including those who cannot pay for their care. Similarly, patients who are able to pay have an obligation to pay and providers have a duty to seek payment from these individuals.

1. Financial Assistance Guidelines. Financial assistance will be available for only medically necessary health care services provided to persons who meet the financial and documentation criteria defined in this policy. Certain substance abuse and mental health programs reserve the right to offer different discounts as determined appropriate by the facility. Discounts shall be based on the following guidelines:

Hospital Patients, Physician Clinic Patients and Home Health Patients

1.1 Full charity care shall be provided to underinsured and uninsured patients earning 200% or less of the Federal Poverty Income Guideline (FPIG).

1.2 For financially needy underinsured or uninsured patients earning between 201% and 400% of the FPIG, discounts shall be provided to limit such patient's payment obligation to the amount of the patient account balance after subtracting the percentage discount applicable to the patient's FPIG Household Income provided in the following table.

Discount	Current Year's Federal Poverty Income Guidelines for Family Size
100%	Family income is less than or equal to **200%** of FPIG
80%	Family income is **201%** to **225%** of FPIG

60%	Family income is **226%** to **250%** of FPIG
40%	Family income is **251%** to **300%** of FPIG
20%	Family income is **301%** to **400%** of FPIG
0%	Family income is greater than **400%** of FPIG

An individual who is presumed eligible under these criteria will continue to remain eligible for six months following the date of the initial approval, unless facility personnel have reason to believe the patient no longer meets the criteria.

1.3 Iowa Health System reserves the right to limit eligibility to a shorter period and/or may require periodic reviews to confirm continuing eligibility.

1.4 Iowa Health System reserves the right, on a case-by-case basis and at the discretion of the affiliate CFO or CFO designee, to extend eligibility for financial assistance to patients whose Household Income exceeds 400% of the FPIG.

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

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

1.5.2 *Family Investment Program*, under Iowa Code Chapter 239B.

1.5.3 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 facility such as a hospital, clinic, or office 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.

1.5.4 County and state relief programs. Some Iowa counties offer a financial assistance program designed to provide emergency short term assistance to persons lacking the resources to meet their basic needs for food, shelter, fuel, utilities, clothing, medical, dental, hospital care and burial. The state also offers programs providing energy assistance to applicants who qualify (i.e., LIHEAP State of Iowa Energy

Assistance). Accepted programs also include WIC nutrition assistance.

1.5.5 *Barnabas Uplift, Mission Health* program. Barnabas Uplift assists local, faith and community-based organizations in building individual, family and community self-sufficiency; its Mission Health program provides affordable health care. Eligibility under Mission Health may be limited to the approval term determined by Mission Health if the patient doesn't choose to apply with Iowa Health system.

1.5.6 Other programs may be added at the discretion of the facility.

Patients who meet presumptive eligibility criteria under this Section 1.5 may be granted financial assistance without completing the financial assistance application. Documentation supporting the patient's qualification for or participation in a program 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, an individual who is presumed eligible under these presumptive criteria will continue to remain eligible for six months following the date of the initial approval, unless facility personnel have reason to believe the patient no longer meets the presumptive criteria.

1.6 The Federal Poverty Income Guidelines will be updated annually from updates published by the United States Department of Health and Human Services.

1.7 This policy can be applicable to patient deductibles. It is not applicable to discounts provided under Policy 1.BR.33, Discounts for Uninsured Patients.

1.8 In determining whether a patient meets the eligibility criteria for financial assistance, the affiliate will consider the extent to which the patient's household has assets other than income that could be used to meet his or her financial obligation. The affiliate will also take into account any liabilities that are the responsibility of the patient's household.

Unlike income, assets and liabilities have a lot of variability. Assets will include such things as cash, savings and checking accounts, certificates of deposit, stocks and bonds, individual retirement accounts (IRAs), trust funds, real estate and motor vehicles. This list is not intended to be inclusive.

1.9 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.)

1.10 Waivers or discounts of Medicare or Medicaid copays or deductibles may be granted based on financial need as provided in Section 3 of this policy.

1.11 Medical Indigency. Financial assistance may be provided to patients who are determined to be medically indigent. "Medically indigent" means patients who are unable to pay some or all of their medical bills because their medical bills exceed a certain percentage of their family or household income or assets (for example, due to catastrophic costs or conditions), even though they have income or assets that otherwise exceed the generally applicable eligibility requirements for free or discounted care under the IHS guidelines.

1.11.1 The patient shall apply for financial assistance in accordance with this policy. The patient shall supply documentation to support his/her medically indigent status. Examples of documentation that may be used include but are not limited to, copies of patient medical bills, information related to patient's drug costs, or other evidence of healthcare costs for which the patient is responsible.

1.11.2 In most cases, the patient shall be expected to pay a portion of the medical bill.

2. Hospital Patient Financial Assistance Calculation.

2.1 Amounts charged for hospital emergency or other medically necessary hospital care that is provided to individuals eligible for assistance under this policy may not be more than the amounts generally billed to individuals who have insurance covering such care. Amounts billed to those who qualify for financial assistance may be based on either the best, or an average of the three best, negotiated commercial rates, or Medicare rates. Hospitals may not use gross charges to calculate such amounts.

2.1.1 The following method should be used to calculate "amounts generally billed to individuals who have insurance" in 2.1 above. A hospital must first establish a collection rate per contract based on historical negotiated commercial rates (for example, 70% of billed charges) based upon the past three years (for example, 69%, 70%, 71% = 70%).

For underinsured patients, the total billed charges will be reduced by the applicable rate (for example, under the scenario above, an underinsured patient's responsibility should be equal to or less than 70% of total billed charges).

For uninsured patients who qualify for financial assistance, the total billed charges will be reduced by the applicable discount (30% in the example above) prior to application of any financial assistance to such bill.

3. Discounts for Government Sponsored Program Patients (Medicare or Medicaid).

3.1 IHS affiliates may waive or reduce Medicare or Medicaid coinsurance or deductibles only based on financial need if the following requirements are met:

3.1.1 The waiver or discount is not advertised. (It is proper to advise patients on an individual basis that waivers of copays or deductibles in the event of financial need are possible and the patient may apply for such benefits at the time or immediately before treatment is provided.).

3.1.2 The discount is not routinely offered, but only to those patients in financial need who wish to apply.

3.1.3 The waiver or discount satisfies one of the following:

3.1.3.1 The waiver or discount is made following an individualized good faith assessment of financial need;

3.1.3.2 The waiver or discount is made after reasonable efforts have failed to collect the copayment, deductibles or full payment directly from the patient; or

3.1.3.3 The waiver or discount is in settlement of a disputed claim resulting from services provided to the beneficiary.

3.2 Written records documenting the reasons for each waiver or discount shall be considered cost report supporting documents and therefore shall be retained as such in accordance with Policy 1.AD.03, Record Retention.

4. Communicating Availability of Charity Care and Financial Assistance.

4.1 Affiliate Responsibilities. Each affiliate will have a means of widely communicating the availability of charity care and financial assistance to all patients and within the community served by the affiliate. Examples of mechanisms that the provider may use to do this include:

4.1.1 Placing signage, information, or brochures in appropriate areas of the provider (e.g., the emergency department, and registration and check-out/cashier areas) stating that the provider/physician practice offers

charity care and describing how to obtain more information about financial assistance.

4.1.2 Placing a note on the health care bill and statements regarding how to request information about financial assistance.

4.1.3 Placing a notice on the opening page of the website of hospital providers.

4.1.4 Placing a notice which summarizes the hospital's policy concerning charity care and financial assistance in a media outlet of general circulation in the community at least two times/year.

4.1.5 Designating departments or individuals who can explain the provider's charity care policy.

4.1.6 Staff who interact with patients will be instructed to direct questions regarding the charity care policy to the proper provider representative.

4.2 After receiving the patient's request for financial assistance and any financial information or other documentation needed to determine eligibility for financial assistance, the patient will be notified of the patient's eligibility determination within a reasonable period of time.

5. Patient Responsibilities Regarding Financial Assistance. If applicable, prior to being considered for financial assistance, the patient/family must cooperate with the provider to furnish information and documentation to apply for other existing 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-IHS network providers may be required to access their primary network before being considered for financial assistance.

5.1 To be considered for charity care or financial assistance the patient/family must furnish the provider with a completed application provided by the provider or, if requested, documentation to support the presumptive eligibility criteria described in Section 1.3.

5.2 In the event the patient does not initially qualify for charity care or financial assistance after providing the requested information and documentation, the patient may re-apply if there is a change in their income, assets, or family responsibilities.

5.3 A patient who qualifies for partial discounts must cooperate with the provider 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.

5.4 Patients who qualify for partial discounts must make a good faith effort to honor the payment plans for their discounted health care bills. They are responsible for communicating to the provider any change in their financial situation that may impact their ability to pay their discounted health care bills or to honor the provisions of their payment plans.

6. Collection Guidelines. Affiliates' collection efforts shall not include wage garnishments or other legal process seizures without the prior approval of the Central Billing Office, the affiliate CFO or Compliance Officer. Personal property (other than cash or cash equivalents) attachment or seizure will not occur. The entry of a judgment automatically attaches to real estate; however, no seizure of the patient's primary residence will occur.

/s/ William B. Leaver

William B. Leaver
IHS President