UnityPoint Health

Title: Financial Assistance – UnityPoint Health Non-Hospital Providers **1.BR.34(a)**

Effective Date: 02/11/15; Rev.: 01/16; 10/19

POLICY: Iowa Health System, d/b/a UnityPoint Health ("UPH"), non-hospital providers ("Providers") shall fulfill their charitable missions by providing medically necessary health care to all patients, without regard to the patient's financial ability to pay. UPH Providers shall provide fair discounts and financial protection to eligible patients.

SCOPE: All UnityPoint freestanding clinics, freestanding home health agencies, durable medical equipment providers, wholly-owned freestanding ambulatory surgery centers, hospice providers, laboratory providers and freestanding outpatient mental health centers. This Policy does not apply to services provided in retail settings, such as Virtual Care.

PRINCIPLES: Providers will 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 who are able to pay have an obligation to seek affordable insurance coverage and pay for services, and Providers have a duty to seek payment from those individuals.

The purpose of this Policy is to outline the circumstances under which Providers will provide free or discounted care to patients who are unable to pay for services.

1. Financial Assistance Guidelines. Financial assistance will be available for only medically necessary health care services provided to persons who meet the criteria and requirements contained in this Policy. Discounts shall be based on the following guidelines, unless subject to state law requirements that will take precedence.

   1.1 For financially needy patients earning less than 400% of Federal Poverty Income Guidelines ("FPIG"), the patient responsibility will be discounted based on the table below:

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

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

1.3 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.)

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

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

1.4.2 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 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.

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

1.4.4 Women, Infants, and Children ("WIC") nutrition assistance.

1.4.5 Patients who meet presumptive eligibility criteria 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, 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.

1.5 Waivers or discounts of Medicare or Medicaid copays or deductibles may be granted based on financial need as provided in this Policy.

1.6 Medically Indigent. 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 (for example, due to catastrophic costs or conditions), even though they have income that otherwise exceeds the generally applicable eligibility requirements for free or discounted care under the UPH guidelines.

1.6.1 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.

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

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

2.1 Providers may waive or reduce Medicare or Medicaid co-insurance or deductibles only based on financial need if the following requirements are met:

2.1.1 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.)

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

2.1.3 The waiver or discount satisfies one of the following:

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

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

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

2.2 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.

3. Communicating Availability of Charity Care and Financial Assistance.

3.1 Facility Responsibilities. Providers 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 Provider. Examples of mechanisms that Providers may use to do this include:

3.1.1 Placing signage, information, or brochures in appropriate areas of the Provider (e.g., registration and check-out/cashier areas) stating that the Provider offers charity care and describing how to obtain more information about financial assistance.

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

3.1.3 Placing a notice on the opening page of the website of the Provider.

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

3.1.5 Designating departments or individuals who can explain the Provider's charity care policy.

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

3.2 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.

4. 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-UPH network providers may be required to access their primary network before being considered for financial assistance.

4.1 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 information provided in the application.

4.2 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.

4.3 A patient who qualifies for partial discounts must cooperate with the Provider to establish a reasonable payment plan that takes into account available income, the amount of the discounted bill(s), and any prior payments.

4.4 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.

5. Collection Guidelines. Collection efforts shall not include wage garnishments or other legal process seizures without the prior approval of the Clinic Billing Office, the Provider 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.

____

Kevin E. Vermeer
UPH President