

**Freeman Regional Health Services**  
**Financial Assistance Policy**

**1.0 Introduction**

- 1.1 In a spirit of charity, Freeman Regional Health Services (FRHS) exists in response to our Mission to provide healthcare services in our service area.
- 1.2 Our philosophy on providing healthcare for sick and needy patients:
  - 1.2.1 We believe that providing healthcare for those who require it is an obligation of justice, as well as charity and mercy.
  - 1.2.2 We believe that all persons have a right to medically necessary healthcare and equal access to diagnostic and therapeutic treatment regardless of financial status.
  - 1.2.3 We believe caring and ensuring equal access to medically necessary healthcare is a societal obligation and should be shared by all healthcare institutions and society in general.
  - 1.2.4 We believe that our healthcare organization, because of our deep concern for human dignity, have an obligation to respond as fully as possible to the healthcare needs of the poor and medically indigent in our area.
  - 1.2.5 We believe that we have a dual responsibility to maintain a leading role in providing medically necessary, cost effective healthcare for the poor and medically indigent and to take an advocacy role by working toward adequate reimbursement of healthcare services for the poor and medically indigent.

**2.0 Scope**

- 2.1 This policy and procedure pertains to Freeman Medical Center, and Rural Medical Clinics.

**3.0 Purpose**

- 3.1 The purpose of this policy is to state specifically how FRHS views financial assistance, charity care, how requests for charity care will be addressed, and to ensure that FRHS will follow and apply uniform billing practices.
- 3.2 Patients who are without health insurance, or otherwise show a demonstrated inability to pay for healthcare services received, may qualify for various financial assistance programs. Providing qualified patients with financial assistance for healthcare needs is an essential element of fulfilling IRS non-profit guidelines.

**4.0 Policy**

- 4.1 FRHS is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual

financial situation. FRHS strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care.

- 4.2 Charity care is not a substitute for personal responsibility. Patients are expected to cooperate with FRHS's procedures for obtaining charity care or other forms of financial assistance and to contribute to the cost of their care based on their ability to pay. Individuals and/or families with the financial capacity to purchase health insurance are encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual and/or family assets.
- 4.3 FRHS shall maintain an open door policy to provide **emergency and medically necessary medical care** to the community within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd). No limitations or situations for rendering care will be based on the patient's ability to pay.
- 4.4 This policy is specifically targeted at low-income, uninsured and underinsured patients who meet certain eligibility requirements and is not intended to be applied to insured or self insured patients who have the means to accept the responsibility for their incurred charges.
- 4.5 FRHS recognizes that certain state and/or federal laws require it to make good-faith efforts to collect all accounts and as such, collection agency services will be utilized in accordance with standard business industry practice.
- 4.6 Additionally, FRHS recognizes that certain state and/or federal laws do not allow discounts to all patients and as such, FRHS will only consider discounts on a case-by-case basis as requested by the patient or his or her legal representative or guardian. FRHS also recognizes that laws may prevent it from discounting or waiving certain co-pays and deductibles.
- 4.7 Any patient can complete an application and apply for financial assistance. Financial assistance can include full or partial charity adjustments, Medicaid, and other state and county assistance programs. The financial assistance program is designed to meet all Federal and State requirements.
- 4.8 FRHS has discretion to weigh any extenuating circumstances when determining eligibility for financial assistance and when determining discount levels. Any such determinations must meet the parameters of this policy at a minimum such that eligibility may become easier for a patient to meet or discount levels are greater than prescribed in this policy.

## 5.0 Guiding Principles

- 5.1 To: Provide community assistance to patients and families when charges for hospital/clinical services received create an undue financial hardship.
- 5.2 To: Create a process in which all financial resources of the patient are evaluated (including household income and under some state laws, the income of adult children) and charity care provided relative to the patient's entire financial situation including all healthcare obligations.

5.3 To: Provide a uniform, consistent billing practice and charity care program.

## 6.0 Definitions

**Bad Debt** is defined as those amounts that are uncollectible and do not meet the charity care services eligibility criteria. Bad Debt is the result of unsuccessful collection efforts on accounts of patients unwilling to pay. FRHS will use all methods legally available to collect on accounts of patients who have the means, yet are unwilling to pay. Any discounts to and write offs due to bad debt shall not count as charity care.

**Charity Care:** 100% free medical care for Emergency or Medically Necessary Services provided by FRHS. Patients who are Uninsured or Underinsured for a medically necessary service who are ineligible for governmental or other coverage, and who have family incomes not in excess of 150% of the Federal Poverty Guidelines may be eligible to receive 100% Charity care based on their financial assistance application. FRHS may determine or re-determine a patient's eligibility for charity care any time information on the patient's eligibility becomes available.

**Financially Indigent:** Uninsured or underinsured patients who are provided care with no obligation or a discounted obligation to pay for the services rendered. These patients are also defined as poor or economically disadvantaged and have income at or below federal poverty levels.

**Indigent by Design:** Patients who were offered health insurance and chose not to participate in the employers health plan AND whose income is in excess of 400% of the Federal Poverty Guidelines. FRHS may, at its sole discretion, grant a discount to patients deemed to be indigent by design and will work with such patients to arrive at a payment schedule acceptable to both parties. FRHS will use all methods legally available to collect on accounts of patients who are deemed indigent by design. Any discounts in this category shall not count as charity care.

Other situations that may be deemed Indigent by Design include, but are not limited to:

- Patients under 26 who qualify for inclusion on their parents health insurance plan
- College students who did not elect the student health plan

**Medically Indigent:** Patients whose medical or hospital bills, after payment by third-party payers, exceed the financial resources available to the patient. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. In addition, medically indigent shall also include catastrophic medical expenses of patients where after payment by third-party payers, the residual amount exceeds the financial resources available to the patient.

**Medically Necessary:** Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site and duration; and (c) not primarily for the convenience of the patient, physician, or other health care provider. (AMA definition of "medical necessity" Policy H-320.953[3], AMA Policy Compendium).

**Partial Charity Care:** Care at a discounted rate for Emergency or Medically Necessary services provided by FRHS. Patients who are Uninsured or Underinsured for a medically necessary service, and who have family incomes in excess of 150% of the Federal Poverty Guidelines, are eligible to receive Partial Charity Care in the form of a discount of up to 50% off of net inpatient, outpatient and/or clinic charges. However,

patients who would otherwise qualify for Partial Charity Care but who have sufficient liquid assets available to pay for care without becoming Medically Indigent are not eligible for Partial Charity Care. Authorized Patient Financial Advocates, Patient Financial Services and Senior Staff may grant a larger discount than the grid allows if the situation warrants the larger discount and may go up to 100%.

**Patient – Household:** Those who are responsible for payments for self or dependents. This may not be limited to those living directly at a single residence and may encompass any dependent relationship such as a child or dependent at college in a different town. This may also encompass other dependents living at the same residence such as dependent relatives living within the household.

**Presumptive Charity Care:** A determination that a patient is presumed eligible for Charity Care when adequate information is provided by the patient or through other sources which allow FRHS to determine that the patient qualifies for Charity Care. (See Attachment IV)

## 7.0 Eligibility (HR3590 (4)(A)(i))

- 7.1 FRHS will adhere to an established methodology to determine eligibility for Charity Care and Partial Charity Care. The methodology shall consider whether health care services meet Emergency or Medical Necessity criteria, as well as income, net assets, family size, and resources available to pay for care.
- 7.2 Uninsured and underinsured patients whose income/family income does not exceed 150% of the current Federal Poverty Guidelines may be granted 100% forgiveness of their charges for emergent or medically necessary care. Patient's assets will be taken into account for eligibility even if his or her income/family income is at or below 400% of the Federal Poverty Guidelines. For example, a patient with annual income of \$10,000 and positive net assets of \$100,000 may have the resources to pay his or her bill.
- 7.3 Uninsured and underinsured patients whose income/family income is greater than 150% of the Federal Poverty Guidelines may be granted up to 50% forgiveness of their charges for emergent or medically necessary care based on a sliding scale.
- 7.4 Uninsured, underinsured, and indigent by design patients whose income/family income is greater than 400% of the Federal Poverty Guidelines may be eligible
- 7.5 for discounted care based on their particular circumstances. Such discounts are at the discretion of the organization and will not be counted as charity care.
- 7.6 FRHS has the option to provide a prompt pay discount. Such discounts are at the discretion of the organization and will NOT be counted as charity care.

- 7.7 Eligibility for Charity Care and Partial Charity Care will extend for up to 90 days from the date eligibility is determined, but can be re-examined at any time new information is available. The 90 day period is contingent upon the patient working in good faith with FRHS on all payment sources.
- 7.8 Circumstances that may disqualify a patient for a charity care are:
- 7.8.1 Fraud (providing false information on the Financial Assistance Application & Patient Financial Information Form).
  - 7.8.2 Patient or legal representative/guardian unresponsive to requests for information.
  - 7.8.3 Refusal to fully complete Financial Assistance Application & Patient Financial Information Form.
  - 7.8.4 Refusal to provide requested documentation of income and assets.
  - 7.8.5 Refusal to cooperate with the charity care policy.
  - 7.8.6 Refusal to cooperate with any reasonable payment arrangements.

## 8.0 Calculation Methodology (HR3590 (4)(A)(ii))

- 8.1 All available financial resources shall be evaluated before a determination regarding charity care or partial charity care is made. FRHS shall consider the financial resources of the patient, as well as other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse). Special consideration may be given for the patient's primary residence and primary vehicle.
- 8.1.1 If, in the course of evaluating the patient's financial circumstances, it is determined that the patient may qualify for federal, state, or local programs or insurance coverage, financial counseling will be provided to assist patients in applying for available coverage. **Charity Care and Partial Charity care will be denied to patients/guarantors who do not cooperate fully in applying for available coverage.**
  - 8.1.2 Patients with Healthcare Reinsurance or Medical Savings Accounts are insured for purposes of this policy and the amount on deposit will be considered as an available resource toward payment for services.
  - 8.1.3 If a patient has a claim, or potential claim, against a third party from which the hospital's bill may be paid, the hospital will defer its Charity Care determination pending disposition of the third party claim.
- 8.2 Eligibility for Charity Care or Partial Charity Care will be determined using a sliding scale in excess of 150% of the Federal Poverty Level Guidelines as published annually in the Federal Register, as well as consideration of available assets and liabilities and any extenuating circumstances.

- 8.3 FRHS organizations will use **Attachment V** for scoring Charity Care and Financial Assistance Applications and apply the applicable discount to patient's bill where the patients income is in excess of 150% of the Federal Poverty Guidelines.
- 8.4 Patients/Guarantors shall be notified in writing when a determination concerning Charity Care or Partial Charity Care has been made.
- 8.5 All information obtained from patients and guarantors shall be treated as confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable federal, state or local privacy laws.
  - 8.5.1 Applications and supporting documentation should not be stored in the patient's paper or electronic record. Storage should be in the central contract management system or other electronic, secure central repository as may be determined by committee.

## 9.0 **Presumptive Charity Care (HR3590 (4)(A)(ii))**

- 9.1 Presumptive Charity Care is a tool of last resort and applies only after all other avenues have been exhausted. There are occasions when a patient may appear eligible for a charity care discount, but there is no financial assistance form on file because documentation was lacking that would support the provision of financial aid. Such instances have resulted in a patient's bill being assigned to a collection agency and ultimately recognized in the accounting records as a bad debt expense, due to a lack of payment. This approach, however, results neither in a fair solution for the patient nor in an appropriate accounting of the transaction. Often there is adequate information provided by the patient or through other sources, which could provide FRHS with sufficient evidence to provide the patient with a charity care discount, without needing to determine eligibility for medical indigence. This presumptive eligibility, when properly documented internally by staff, is sufficient to provide a charity care discount to patients who qualify. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted to the patient is a 100% write-off of the account balance.
- 9.2 Some patients are presumed to be eligible for charity care discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs such as food stamps or WIC). FRHS shall grant only 100% charity care discounts to patients determined to have presumptive charity care eligibility. FRHS shall internally document any and all recommendations to provide presumptive charity care discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

- 9.2.1 To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.
- 9.2.2 For instances in which a patient is not able to complete an application for financial assistance, FRHS may grant a 100% charity care discount without a formal request, based on presumptive circumstances, approved by the CFO or CEO.
- 9.2.3 FRHS shall utilize the Standardized Patient Charity Care Discount Application Form – Presumptive Eligibility (see **Attachment IV**).
- 9.2.4 The determination of presumptive eligibility for a 100% charity care discount shall be made on the basis of patient/guarantor income, not solely based on the income of the affected patient.
- 9.2.5 Individuals may not be required to complete additional forms or provide additional information if they already have qualified for programs that, by their nature, are operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals may be considered charity care and shall be considered as qualifying such patients on the basis of presumptive eligibility. Examples of patient situations that reasonably assist in the determination of presumptive eligibility can be found on Attachment IV to this policy.

## **10.0 Application Process (HR3590 (4)(A)(iii))**

- 10.1 Patients can apply for financial assistance by contacting the business office or by visiting [www.freemanregional.com](http://www.freemanregional.com) to obtain all application materials. Copies of documents to substantiate income levels and assets shall be provided by the patient/guarantor (e.g.: W-2, most recent Tax Return, Pay Stubs, and/or Bank Statements)
- 10.2 The patient/guarantor shall be required to provide information sufficient to determine whether he or she is eligible for benefits available from insurance, Medicare, Medicaid, Workers' Compensation, third party liability and other federal, state, or local programs. Use **Attachment I**.
- 10.3 In the event that FRHS determines that a patient is ineligible for Charity Care or Partial Charity Care, the patient may appeal that decision in writing to the Chief Financial Officer (CFO) or designee within thirty (30) days following receipt of the bill for which financial assistance has been requested. Failure to appeal will result in the decision becoming final. The determination of the CFO or designee shall not be subject to further appeal.
- 10.4 Patients who return a completed application must have all extraordinary collection activities reversed on their accounts and refunded any amounts they have paid above and beyond their new calculated balance.

- 10.5 Patients who return an incomplete application must be given 10 business days to complete the application and all extraordinary collection activities must be suspended. The patient must also be sent a letter indicating what information is needed to process their application and the contact information to use if they have questions.

## **11.0 Procedure**

- 11.1 FRHS staff identify self pay outpatient and inpatient emergent care patients by using Meditech reports.
- 11.1.1 Staff checks for Charity Care application
- 11.2 Staff gathers required paper application material:
- 11.2.1 Paper application, **Attachment I**
- 11.2.2 Self addressed envelope
- 11.2.3 Medicaid, state or county eligibility pre-screen questionnaire. Also, **Attachments II, III, IV**
- 11.2.4 Financial assistance pamphlet or other written material
- 11.2.5 Written instructions that include where to return or send the packet and a phone number to contact for assistance. Instructions do not need to be exhaustive and be similar to a half sheet of paper with large font:
- Please return Financial Assistance Packet to:  
Freeman Regional Health Services  
PO Box 370  
Freeman SD 57029-0370  
Please contact 605-925-4000 for assistance.

### **Inpatient**

- 11.3 Staff obtains approval from patient's nurse to visit patient when necessary.
- 11.4 Staff may visit patient in room as appropriate to patient's condition, makes introduction and outlines the financial assistance program:
- 11.4.1 Discusses with patient (or guardian/representative) his or her current situation
- 11.4.2 Describes all appropriate assistance programs which may include:
- 11.4.2.1 Provides Federal Poverty Guideline (FPG) information
- 11.4.2.2 Provides Financial Assistance and Billing Practices Policy
- 11.4.2.3 Discusses required documents for validating eligibility
- 11.4.2.4 Discusses legal guidelines for applying for programs
- 11.4.2.5 Provides information on financial assistance program



- 11.5 Staff may complete the Medicaid, state or county eligibility pre-screen questionnaire to determine if patient is eligible for a healthcare program.
- 11.6 If patient pre-qualifies and applies for Medicaid, state or county programs and patient is denied, staff refers the patient to the financial assistance program.
- 11.7 Staff provides patient with Financial Assistance application.
  - 11.7.1 Provides patient with a list of required documents to complete process
  - 11.7.2 Provides self addressed envelope to mail documents back to
  - 11.7.3 Provides important contact numbers for patient to call with questions
  - 11.7.4 Informs patient that application including all required documents must be complete within 14 business days after discharge
- 11.8 Patient can complete Financial Assistance application at home and submit in self-addressed envelope for approval.
- 11.9 Patient Financial Advocate obtains required signatures from patient or caregiver.

### **Outpatient**

- 11.10 Based on charges incurred, when warranted, staff contacts Outpatient and ED discharged patients by phone and performs all steps outlined above starting at 11.4.2.1. The documents are mailed to patient with same deadline of 10 days to complete, or refer the visit to outsource partner for screening if appropriate.
- 11.11 If the Financial Assistance application is received – staff will:
  - 11.11.1 Review the application for accuracy and completeness
  - 11.11.3 Determine patient's Financial Assistance eligibility
- 11.12 If the patient is not eligible, staff sends a letter to the patient explaining the reason for rejection, the appeal process, and contact information.
- 11.13 Senior leader signs off on application approval letter. See **Attachment V** for financial assistance determination and approval authority levels.
- 11.14 Patient Financial Counselor has the financial assistance adjustment posted into Meditech.

### **Clinics (other than Outpatient)**

- 11.15 Services provided in the clinic setting:
  - 11.15.1 Per standard procedures (Revenue Cycle or otherwise), all patients will be asked for proof of insurance at check-in.
  - 11.15.2 If the patient declares no insurance, the receptionist/admitting person will offer a packet of info consistent with 11.2 above.
  - 11.15.3 If patient states they have previously filled out a financial assistance application, the receptionist/admitting person will advise Business Office staff.

11.16 Services provided outside the clinic:

11.16.1 The clinic or physician will not reasonably be able to screen for charity care in certain instances such as when services are provided within non-FRHS locations.

11.16.2 Clinic will bill the patient as normal. All bills must include the language in 12.2 below.

11.16.3 If a patient requests a financial assistance application, billing or designated staff will send the application packet consistent with 11.2 above.

**After Receipt of the Financial Assistance Application (All)**

11.17 Completed applications and attached documents will be forwarded to the Business Office.)

11.18 Applications will be scored and determination letters sent to the patient or guardian within 3 weeks of receipt.

**12.0 Billing and Collections\_(HR3590 (4)(A)(iv))**

12.1 At the time of billing, the organization shall provide to all SELF-PAY, low-income, uninsured patients that qualify for free or discounted care under this policy the same information on services and charges that it provides to all other patients receiving care. Qualified patients will be granted a self pay discount and any applicable Charity Care discount. Thus, the gross charges, applicable discounts, and net balance will show on the bill with the net charges being the patient's responsibility to pay.

12.1.1 If the patient qualifies for 100% charity care, no further bills will be sent. A letter will be sent instead indicating that the patient's bill has been completely forgiven.

12.2 When sending a bill to any patient, the organization shall include on the bill all of the following information:

12.2.1 A statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the organization for help in paying for the services that were provided; and

12.2.2 A statement that provides the patient with an organization phone and website contact info for which the patient may obtain information about the organization's financial assistance policy for low-income uninsured patients and how to apply for such assistance for the payment of services that were provided

12.3 If the patient qualifies for the organization's financial assistance policy for low-income or uninsured patients and is cooperating with the organization with regard to efforts to settle an outstanding bill within current self pay collection policy guidelines and timeframes, the organization or its agent shall not send, nor intimate that it will send, the unpaid bill to any outside collection agency. At such

time as the organization sends the uncollected account to an outside collection agency, the amount referred to the agency shall reflect the reduced-payment level for which the patient was eligible under the organization's financial assistance policy for low-income uninsured patients. FRHS does not report any data to any of the credit agencies.

- 12.4 FRHS will allow 240 days from the first post discharge billing statement for patients to apply for financial assistance.
- 12.5 FRHS will allow all patients 120 days from the first post discharge statement to apply for financial assistance before initiating any extraordinary collection activities (ECA). FRHS considers placement at a collection agency an ECA.
- 12.6 Prior to sending to a collection agency, FRHS will provide the patient with a statement or final notice that contains a listing of the specific collection action(s) it intends to initiate, and a deadline after which they may be initiated (that is no earlier than 30 days after the date the notice is provided); a summary of the FAP will also be included with the notice. The language to be used on statements or billing notices is: "Extraordinary collection activity may result upon non-payment of your account within 30 days of the date of this notice. This activity may include the placement of your account with a debt collection agency. Subsequent to judgment, the collection agency may choose to proceed with garnishment."
- 12.7 Any extended payment plans offered by FRHS, or its representative, in settling the outstanding bills of patients who qualify for financial assistance shall be interest-free so long as the repayment schedule is met.

### **13.0 Public Notice, Posting, and Communication with Patients. (HR3590 (4)(A)(v))**

- 13.1 FRHS shall post a notice, in accordance with the Community Assurance Provision of the Hill-Burton Act and various other State and Federal requirements, regarding the availability of financial assistance for the payment for services provided to low-income uninsured patients.
- 13.2 The Community Assurance Provision of the Hill-Burton Act under Title VI of the Public Health Service Act requires recipients of Hill-Burton Funds to make services provided by the facility available to persons residing in the facility's service area without discrimination on the basis of race, color, national origin, creed, or any other ground unrelated to the individual's need for the service or the availability of the needed service in the facility. The community service obligation does not require the facility to make non-emergency services available to persons unable to pay for them. It does, however, require the facility to make emergency services available without regard to the person's ability to pay. This assurance is in effect for the life of the facility only so long as the facility is operated by a not-for-profit or public entity. For reference, please visit

<http://www.hhs.gov/ocr/hburton.html> and  
<http://www.hrsa.gov/osp/dfcr/obtain/CONSFAQ.HTM>.

13.3 Notices shall be posted in the community's dominant language(s) in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as emergency departments, billing offices, admitting offices, and outpatient service settings as well as the organization's website.

13.3.1 Posted notices shall contain the following:

13.3.1.1 A statement indicating that the organization has a financial assistance policy for patients who are low income and/or uninsured may not be able to pay their bill and that this policy provides for charity care and reduced-payment for healthcare services; and

13.3.1.2 Identification of a contact phone number that a patient can call to obtain more information about the financial assistance policy and about how to apply for such assistance.

13.4 In addition, FRHS will make the financial assistance policy widely publicized within the communities they serve. Publication may include, but is not limited to, newspaper, radio, or television advertisements, website, mailers, flyers, or distribution at centers or locations frequented by indigent populations such as food pantries or shelters.

13.5 Make reasonably available, and/or on request, the booklet "A guide to your hospital bill and insurance" both in print form and on each hospital website.

13.6 FRHS shall post on its website or otherwise make available to the public on a reasonable basis, notification that it has a financial assistance program for low-income, uninsured patients and the organization's contact person or department to request financial assistance.

#### **14.0 Limitation on Charges (HR3590 (5)(A) & (B))**

14.1 FRHS recognizes that Medicare regulations require uniform Hospital "charges" for cost reporting purposes. Therefore all patients must be "charged" the same amount for the same service.

14.2 FRHS also recognizes that Section 501(r)(5) limits amounts "charged" to patients for emergency or other medically necessary care to amounts not more than those generally billed to individuals who have insurance covering such care.

14.2.1 This provision applies to Hospital charges. Clinic, Long Term Care and other health care charges are NOT subject to Section 501(r)(5).

14.2.2 We believe that Congress' intent is that qualifying self-pay patients should not be billed gross charges, but rather charged gross charges, provided a discount, and billed the net amount. We believe Congress utilized the

word “charged” interchangeably with “billed” which is not correct in this instance.

14.2.3 Therefore, FRHS organizations shall BILL 100% **self pay** patients who qualify for charity care or financial assistance under this policy (incomes at or less than 400% of the Federal Poverty Guidelines) not more than the IP & OP combined Medicaid & private pay overall adjustment rate. This rate may vary and will be reviewed on an annual basis.

14.3 The statement sent to the patient will show the gross charges, self-pay discount, any charity care or financial assistance discounts and the net patient responsibility amount.

14.4 Clinics bill the best rate for charges to self pay and the bill may not necessarily show the gross charges and self pay discount, but rather only the best net charge.

## **15.0 Data Compilation and Reporting Requirements**

15.1 FRHS shall annually compile and post on its website or otherwise make available to the public on a reasonable basis the following data in accordance with the Internal Revenue Service (IRS) guidelines:

15.1.1 The amount of charity care provided based on cost.

15.1.2 The un-reimbursed costs of care provided to beneficiaries of government programs including, but not limited to Medicaid and county indigent programs with this item being defined as the shortfalls between costs and off-setting reimbursement/revenue that a hospital experiences in providing care.

15.1.3 The un-reimbursed costs of care provided to beneficiaries of Medicare with this item being defined as the shortfalls between costs and off-setting reimbursement/revenue that a hospital experiences in providing care. This item is not to be included in the Community Benefits Report except as a separate note.

15.1.4 The amount of Bad Debt incurred based on cost. This item is not to be included in the Community Benefits Report except as a separate note.

## **16.0 Compliance Monitoring**

16.1 FRHS quality assurance shall periodically conduct audits to ensure compliance with this policy.

## **17.0 Amendments/Interpretation**

17.1 This policy is subject to change without prior notice, is subject to interpretation by FRHS at its sole discretion, and is not intended to create any contractual relationship or obligation.

Freeman Regional Health Services
Financial Assistance Application &
Patient Financial Information

This form is to provide information to assist you in satisfying your financial obligation to FRHS.

Applicant Name \_\_\_\_\_ Spouse or Significant Other Name \_\_\_\_\_

Current Address \_\_\_\_\_ Renting \_\_\_\_\_ Buying \_\_\_\_\_ Years lived at \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Marital Status: S M D W Sep Other

Applicant Social Security # \_\_\_\_\_ mar Spouse Social Security # \_\_\_\_\_

Applicant Birth Date \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_

Please list dependents: (attach separate sheet if necessary)

Table with 6 columns: Name, Age, Relationship, Name, Age, Relationship. It contains three rows of blank lines for entering dependent information.

Applicant Employer \_\_\_\_\_ Spouse or Sig. Other Employer \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Years Employed \_\_\_\_\_

Have you applied for or do you have Medicaid coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

Are you currently a student? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under the age of 26 does your parent's employer offer healthcare coverage for you? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicants should apply for Medicaid and any other potential financial assistance programs before completing this application for Financial Assistance. If you are a resident of South Dakota, you must also apply for County Poor Relief before applying for Financial Assistance. If you have any questions regarding financial assistance or information required on this application, please contact the Patient Accounts Manager at FRHS, 605-925-4000.

By submitting this assistance application, I understand that the facility receiving this application may share it and related documentation with other FRHS facilities that are involved with my treatment or may have provided separate treatment.

<b>Monthly Household Income</b>	<b>Applicant</b>	<b>Spouse/Other Household Members</b>	<b>Monthly Household Expenses</b>	<b>Applicant/Spouse/Other Household Members</b>
Employment (Gross/Net Pay)	\$ _____	\$ _____	Rent/Mortgage	\$ _____
Social Security/Disability Retirement/Veteran Pension (all sources)	\$ _____	\$ _____	Food	\$ _____
Unemployment Comp.	\$ _____	\$ _____	Car Payments	\$ _____
ADC/WIC/Food Stamps	\$ _____	\$ _____	Child Care	\$ _____
Alimony/Child Support	\$ _____	\$ _____	Transportation/car expense	\$ _____
Investment/Interest Income	\$ _____	\$ _____	Medical/Dental*	\$ _____
Other (List _____)	\$ _____	\$ _____	Insurance (car, medical, etc..)	\$ _____
<b>Total Monthly Income</b>	\$ _____	\$ _____	Credit Card (_____)	\$ _____
<b>Net Monthly Income</b>	\$ _____	\$ _____	Collection Agencies	\$ _____
<b>Total Income last 12 months</b>	\$ _____	\$ _____	Clothing	\$ _____
<b>Copy of Tax Return and last 2 months pay stubs are required.</b>			Other (List _____)	\$ _____
			<b>Total Monthly Expenses</b>	\$ _____

**ASSETS (Current market value)**

Cash on hand/Bank/Savings	\$ _____
Investments/CD's (Market value)	\$ _____
Loan/Cash value of Life Insurance	\$ _____
Residence: sq. ft. total _____	
Purchase Price	\$ _____
Estimated Value Now	\$ _____
Primary Vehicle: Year/Model _____	\$ _____
Vehicle: Year/Model _____	\$ _____
Farm Real Estate: # of acres _____	\$ _____
Farm Equipment	\$ _____
Livestock	\$ _____
Rental Property	\$ _____
Business	\$ _____
Other _____	\$ _____
<b>Total Assets</b>	\$ _____

**LIABILITIES**

Medical Bill* _____	\$ _____
Medical Bill * _____	\$ _____
Medical Bill * _____	\$ _____
Credit Card(s)	\$ _____
Loan on furniture & Appliances	\$ _____
Home Loan (current balance)	\$ _____
Vehicle Loan (current balance)	\$ _____
Real Estate Loan (current balance)	\$ _____
Amount owed on farm equip.	\$ _____
Amount owed on livestock	\$ _____
Loan on Rental Property	\$ _____
Loan on Business	\$ _____
Amount owed on other	\$ _____
Amt owed to Collection Agency	\$ _____
<b>Total Liabilities</b>	\$ _____

\* Out-of Pocket Expense or Liability only (net of any insurance, discounts, third party liability, or any other potential claim)

Were you offered health insurance from your employer?  Yes  No

Were you denied health insurance by your employer?  Yes  No

Are you eligible for COBRA benefits?  Yes  No

I hereby acknowledge that the information given to FRHS is true and correct. I authorize FRHS to verify any of the information given by me. I will provide documentation of this information upon request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

**INTERNAL USE ONLY**

Points \_\_\_\_\_ Full \_\_\_\_\_ Partial \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT III**

**Freeman Regional Health Services**

**CONSENT TO RELEASE OF INFORMATION TO COUNTY OF RESIDENCE**

I, the undersigned, understand that I will receive or have received at the above healthcare facility and at the time of treatment, I either have/had no insurance coverage, and/or am not aware of any insurance coverage, commercial or otherwise, to which the healthcare organization may submit claims on my behalf for the purpose of obtaining payment and/or related benefits for my healthcare treatment. I also affirm that I am not eligible for Indian Health Service benefits nor am I a member of a Native American tribe and thus Indian Health Services and/or the Bureau of Indian Affairs are not potential resources for the FRHS facilities to submit claims for my healthcare treatment on my behalf. I also affirm that I have not served in any branch of the military for any period of time, or if I have served in a branch of the military, the healthcare that I am receiving is not eligible or covered by the Veteran's Administration.

I understand that I may or may not have the personal financial resources to pay the costs for healthcare treatment and care as recommended by my attending/treating physician and as such, this form is being signed by me to authorize all persons, agencies, or institutions (including this healthcare organization and my physician(s)) to release to the welfare director, auditor, states attorney, and/or county commissioners of my county of residence, information concerning my social security number, medical information concerning my healthcare treatment, and financial information concerning me and/or members of my household. This information will be required by my county of residence to process benefits on my behalf for which I may be eligible.

By signing, I indicate that I fully understand this Consent to Release of Information, and am voluntarily signing below.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, year.

\_\_\_\_\_  
\*Patient Social Security Number

\_\_\_\_\_  
\*County of Residence

\_\_\_\_\_  
\*Patient

\_\_\_\_\_  
Patient Representative

\_\_\_\_\_  
\*Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
\*Account #

\*Required



**ATTACHMENT IV**

**Freeman Regional Health Services  
Financial Assistance Application  
Presumptive Eligibility**

Patient Name: \_\_\_\_\_

Patient SSN: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Account Number: \_\_\_\_\_

Eligibility Criteria that may be considered:

<b>Initial if Yes</b>	<b>Reason for Eligibility</b>
	Homeless or received care from a homeless clinic
	No income
	Participation in Women's, Infant's and Children's programs (WIC)
	Food stamp eligibility
	Subsidized school lunch program eligibility
	Eligibility for other state or local assistance programs that are un-funded (e.g Medicaid spend-down)
	Family or friends of the patient have provided information establishing the household's inability to pay
	Low income/subsidized housing is provided as a valid address
	Patient is deceased with no known estate
	Patient/Grantor is incarcerated, has no assets and is not eligible for parole within the next 18 months.
	Other (Describe):

**Verification**

Attach documentation or written attestations demonstrating eligibility

Submitters Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Submitters Name: \_\_\_\_\_ Title: \_\_\_\_\_

**ATTACHMENT V**

**Discount Grid**

Total owed to hospital       \$ \_\_\_\_\_  
Total owed to clinic           \$ \_\_\_\_\_  
Grand total                     \$ \_\_\_\_\_

**Percent of discount for hospital and clinic charges\***

**A score of 0 qualifies for 100% discount.**

		Total Points (see page 2)						
		1-2	3-5	6-8	9-11	12-14	15-17	18-20
Grand Total	Less than \$500	25%	25%	25%	20%	10%	DNQ*	DNQ
	\$500 to \$1,000	50%	40%	30%	20%	10%	DNQ	DNQ
	\$1,000 to \$1,999	60	50	40	30	20	10	0
	\$2,000 to \$2,999	70	60	50	40	30	20	10
	\$3,000 to \$3,999	80	70	60	50	40	30	20
	\$4,000 to \$4,999	90	80	70	60	50	40	30
	Over 5,000	90	90	80	70	60	50	40

**Patients with 21+ Points do not qualify for any discount.**

**Approval Thresholds**

CFO > \$10,000

Any charity approvals above \$10,000 will be communicated up to the CEO.

\* CEO CFO has the ability to grant 100% discount when warranted.

\*DNQ (Does not qualify for any discount)

Points assignment:

Gross Income in excess of 150% poverty level*		Net Asset Home Only	Net Assets Excluding Home:		
Income	Points	Amount	Points	Amount	Points
0 to 1,999	0	0 to 60,000	0	0 to 2,499	0
2,000 to 3,999	1	60,000 to 69,999	1	2,500 to 4,999	1
4,000 to 5,999	2	70,000 to 79,999	2	5,000 to 7,499	2
6,000 to 7,999	3	80,000 to 89,999	3	7,500 to 9,999	3
8,000 to 9,999	4	90,000 to 99,999	4	10,000 to 12,499	4
10,000 to 11,999	5	100,000+	5	12,500 to 14,999	5
12,000 to 13,999	6			15,000 to 17,499	6
14,000 to 15,999	7			17,500 to 19,999	7
16,000 to 17,999	8			20,000 to 22,499	8
18,000 to 19,999	9			22,500 to 24,999	9
20,000 to 21,999	10			25,000 to 27,499	10
22,000 to 23,999	11			27,500 to 29,999	11
24,000 to 25,999	12			30,000 to 32,499	12
26,000 to 27,999	13			32,500 to 34,999	13
28,000 to 29,999	14			35,000 to 37,499	14
30,000 to 31,999	15			37,500 to 39,999	15
32,000 to 33,999	16			40,000 to 42,499	16
34,000 to 35,999	17			42,500 to 44,999	17
36,000 to 37,999	18			45,000 to 47,499	18
38,000 to 39,999	19			47,500 to 49,999	19
40,000 to 41,999	20			50,000 to 52,499	20
42,000 and over	21			52,500 and over	21

**2015 HHS Poverty Guidelines\*\***

Family Size	48 States & DC		
	100%	150%	400%
1	\$11,770	\$17,655	\$47,080
2	15,930	23,895	63,720
3	20,090	30,135	80,360
4	24,250	36,375	97,000
5	28,410	42,615	113,640
6	32,570	48,855	130,280
7	36,730	55,095	146,920
8	40,890	61,335	163,560
For each additional person add	4,160	6,240	16,640

\*Use current year poverty guidelines

\*\* Source: <http://aspe.hhs.gov/poverty/index.shtml#latest> accessed May 28, 2014