

GREENE COUNTY MEDICAL CENTER

Jefferson, IA 50129

Administration
Financial Assistance

Prepared by: _____, Chief Financial Officer

Approved by: _____, Chief Executive Officer

Date Original: 7/05

Date Revised: 1/14, 2/15, 2/16, 6/16, 3/17, 8/17, 5/18, 8/18, 5/19, 8/19, 2/21, 2/22, 1/23

Date Reviewed: 8/06, 8/07, 8/08, 8/09, 7/10, 8/11, 8/12, 8/13, 8/14

Principles: Greene County Medical Center is committed to meeting the medically necessary health care needs of all patients who seek care, regardless of their financial ability to pay for services provided. Patients have an obligation to obtain insurance coverage and pay for a portion of their health care services, and the medical center has a duty to seek payment from patients. Similarly, Greene County Medical Center shall provide fair discounts and financial protection to low income underinsured or uninsured patients. Greene County Medical Center shall use consistent and fair collection practices for all patients.

Purpose: This policy is to outline the circumstances under which Greene County Medical Center 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.

1.2 Patient(s). Person receiving the care and/or a guarantor's responsible party.

1.3 Allowed Amounts. Maximum amount an insurer will pay for covered health care services. This may be called "eligible expense," "payment allowance," "negotiated rate," or "reasonable and customary."

1.4 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.

1.5 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 severe dysfunction of any bodily organ part. It also includes a pregnant woman who is having contractions.

1.6 Amounts Generally Billed to Individuals who have Insurance (AGB). Patients eligible for Financial Assistance will not be charged more than the amount allowed by insurance for their emergent or medically necessary care. AGB must be calculated annually using recent 12-month period. The medical center must start using the new AGB amount by the 120th day following the 12-month period.

The following method is used by the medical center to calculate Amounts Generally Billed to individuals who have insurance in this policy.

1.6.1 $AGB\% = (\text{Sum of all Allowed Amounts by Medicare Fee for Service during a prior 12-month period}) / (\text{Sum of Gross Charges for the Same Claims})$

1.6.2 $AGB = (\text{Gross Charges for Medically Necessary Care or Emergency Medical Care}) \times (AGB\%)$ or $(\text{Gross Charges for all medical care})$

1.6.3 The current AGB percentage for Greene County Medical Center is 56%.

1.7 Medically Indigent. Patients who are unable to pay some or all of their medical bills 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 this policy.

1.8 Household Income. The number of members in the household includes, but is not limited to the following: traditional married couples, dependent 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).

1.9 Extraordinary Collective Actions (ECAs). Include selling individual's debt to another party (with certain exceptions); reporting adverse information about individual to consumer credit reporting agencies or credit bureaus; deferring or denying medically necessary care because of nonpayment for previously provided care covered under the FAP; and actions that require legal or judicial process (other than a lien permitted under state law in certain circumstances).

2. Financial Assistance Guidelines.

2.1 Financial Assistance provides free or discounted care to individuals who cannot afford to pay. Greene County Medical Center may determine inability to pay before or after medically necessary services are provided.

Financial Assistance will be available for only medically necessary care and emergency medical care provided to eligible patients who meet the financial and documentation criteria defined in this policy.

2.2 Discounts on hospital bills may be further reduced for patients in the Federal Poverty Income Guidelines category according to the table in Appendix B, which is updated annually.

3. Qualifications of Financial Assistance Eligibility

3.1 Documentation supporting that 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.

3.2 Household income will be considered in determining whether a patient is eligible for assistance.

3.3 In determining whether a patient meets the eligibility criteria for Financial Assistance, Greene County Medical Center 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 obligations. Assets may include, but are not limited to: cash, savings and checking accounts, stocks and bonds, investments, real estate property, motor vehicles, individual retirement funds (IRAs), and trust funds. The medical center will also take into account any liabilities that are the responsibility of the patient's household and review monthly living expenses.

3.4 Greene County Medical Center reserves the right, on a case-by-case basis, and at the discretion of the CFO to extend eligibility for Financial Assistance to patients whose household income exceeds the limits set forth in the table in Appendix B, which is updated annually.

3.5 Presumptive Eligibility. Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100% Financial Assistance for services performed at Greene County Medical Center:

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

3.5.2 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.

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

3.5.3.1 Patients with a Medicaid spend down may be eligible if they meet the requirements of this policy.

3.5.4 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.

3.5.5 Patients who meet Presumptive Eligibility criteria under this Section may be granted Financial Assistance without completing the Financial Assistance application.

3.6 Duration of Eligibility. Unless otherwise noted, an individual who is presumed eligible under this policy's criteria will continue to remain eligible for twelve-months following the date of the initial approval, unless facility personnel have reason to believe the patient no longer meets the eligibility criteria.

3.7 After a patient's twelve-month eligibility has expired, a patient may re-apply for Financial Assistance. The medical center will not honor previous Financial Assistance eligibility to determine if that patient is eligible for an additional twelve months.

4. Federal Poverty Income Guidelines

4.1 The Federal Poverty Income Guidelines (FPIG) will be updated annually from updates published by the United States Department of Health and Human Services. Discounts will be determined according to earnings at the time of service based on the below criteria.

4.1.1 Full Financial Assistance, 100% discount off AGB, shall be provided to underinsured and uninsured patients earning 175% or less of FPIG.

4.1.2 Financial Assistance for 80% discount off AGB shall be provided to underinsured and uninsured patients earning 176-200% of the FPIG.

4.1.3 Financial Assistance for 60% discount off AGB shall be provided to underinsured and uninsured patients earning 201-225% of the FPIG.

4.1.4 Financial Assistance for 40% discount off AGB shall be provided to underinsured and uninsured patients earning 226-250% of the FPIG.

4.1.5 Financial Assistance for 20% discount off AGB shall be provided to underinsured and uninsured patients earning 251-275% of the FPIG.

5. Method of Applying for Financial Assistance

5.1 Patient Applies for Insurance Coverage or Seeks Third-Party Responsibility. 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 insurance through network providers may be required to access their primary network before being considered for Financial Assistance.

5.1.1 Any applications received after an account has been turned over to a collection agency will not be considered.

5.2 Patient Must Complete the Financial Assistance Application. To be considered, the patient/family must furnish the medical center with a completed application with necessary documents, or if requested, documentation to support Presumptive Eligibility criteria. Below are the documents requested, to the extent applicable, with the Financial Assistance Application:

5.2.1 Last filed Federal Income Tax Return

5.2.2 Proof of income (pay-check stub (last 3 months), letter from employer, W2)

5.2.3 Last statement for: checking, savings, stocks, bonds, CDs, 401K, IPERS, life insurance. (Last 3 months statements for checking and savings)

5.2.4 Proof of Medicaid application; Notice of Decision (if applicable)

5.3 Patient Notified of Eligibility. 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 by phone or mail of the patient's eligibility determination within 30 days.

5.3.1 In the event the patient does not initially qualify for 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.

5.3.2 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.

5.3.3 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.

5.4 Financial Assistance may be provided to patients who are determined to be Medically Indigent.

5.4.1 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.

6. Communication/Publication Financial Assistance Information.

Greene County Medical Center will make the Financial Assistance Policy, Financial Assistance Application and the Plain Language Summary (PLS) widely available to all patients within the hospital and the community.

6.1 The Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary will be posted on the medical center's website under the Financial Assistance tab. It is also available by mail or in person at the medical center, 1000 West Lincoln Way, Jefferson, IA 50129, in the Business Office and upon request at the following Registration areas: Outpatient, Inpatient, Emergency Department, Rehabilitation, Specialty Clinics or Family Medicine Clinic.

6.2 Patients can also contact the Patient Financial Counselor by phone at (515) 386-0278 to obtain the materials and ask questions regarding the policy and application process.

6.3 The PLS will be offered as part of the Patient intake and/or discharge process.

6.4 The PLS must be included when a Patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. Billing statements will have contact information to reach the Business Office to provide information regarding the Financial Assistance process, along with the website, www.gcmchealth.com, where copies can be found. Greene County Medical Center's Patient Payment Policy contains additional detail

about billing & collection practices and may be obtained in the medical center's Business Office.

6.5 This Financial Assistance Policy, the Plain Language Summary, and all Financial Assistance forms are available in English and in Spanish. These translated documents will be available by mail, on our website www.gcmchealth.com, and in the Business Office and Registration areas at the medical center.

6.6 The Financial Assistance Policy and Application will be available at the following locations within Greene County:

- All local churches in Jefferson
- All county libraries
- Greene County Christian Action Center—112 E Harrison St
- Greene County ISU Extension Office—104 W Washington St
- Habitat for Humanity—114 S Chestnut St
- New Opportunities—401 N Elm St, Suite A

7. Collection Guidelines. Greene County Medical Center will not engage in ECAs against a patient to obtain payment for care before the medical center has made reasonable efforts to determine whether the individual is eligible for assistance under the medical center's FAP. Refer to the Greene County Medical Center's Patient Payment Policy.

8. Equal Opportunity. Greene County Medical Center is committed to upholding the multiple federal and state laws that preclude discrimination based on race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state, or local laws.

9. Confidentiality. Greene County Medical Center will uphold the confidentiality and individual dignity of each patient. The medical center will meet all HIPAA requirements for handling personal and health information and will not disclose any personal information unless otherwise noted by the patient.

Appendix A

Covered Providers under Greene County Medical Center's Financial Assistance

All providers the medical center bills for out of Greene County Family Medicine and
Greene County Specialty Clinics
NorthStar Anesthesia

Non-Covered Providers

The following providers and specialists bill for their own services. Contact the
specific provider for assistance.

Audiology—Dr. Ashley Price
Cardiology—Dr. Craig Stark
Cataracts—Wolfe Eye Clinic
Dermatology—Radiant Complexion Dermatology Clinic
Greene County Emergency Medical Services (EMS)
Hepatology—Dr. Donald Hillebrand
Iowa Radiology
McFarland Clinic
Orthodontia
Pathology Labs
Pulmonology/Sleep Medicine
Vascular Surgery—Dr. Nick Southard
EMG Studies – Dr. Todd Troll
SCP Providers
General Surgery – Dr. Smith

Appendix B

Discount will be based on household income using the following guidelines:

Financial Assistance Discount:		100%	80%	60%	40%	20%
# Household	%FPIG	175%	200%	225%	250%	275%
	1	25,515	29,160	32,805	36,450	40,095
	2	34,510	39,440	44,370	49,300	54,230
	3	43,505	49,720	55,935	62,150	68,365
	4	52,500	60,000	67,500	75,000	82,500
	5	61,495	70,280	79,065	87,850	96,635
Household Income						