**Crawford Memorial Hospital**
**Rural Health/Satellite Clinics**
**Policies & Procedures**

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| Title/Description: | **Financial Assistance Policy - Clinics** | | |
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| Effective Date: | 9/1994 | Last Review Date: | 9/2023 |
| Review Due: | 1/2024 | Last Revision Date: | 9/2023 |
| Applies To: | CMH Rural Health Clinics | Approved By: | CPMO |

**PURPOSE:**

To establish a policy for providing financial assistance for patient accounts and to specify the notification requirements, including additional assistance for uninsured patients.

**POLICY:**

Financial assistance may be granted upon completion of requirements by Director of Clinic Systems. Patients whose family income is less than 400% of the Federal Poverty Guidelines will qualify for partial or full assistance under this policy. Financial Assistance patients will not be charged more than amounts generally billed to insured patients. Exceptions may be granted only by Chief Practice Management Officer's approval. Attached is a list of Practitioners covered under this policy, which may be updated without revising this policy.

Presumptive Eligibility
Uninsured patients will be screened for presumptive eligibility criteria prior to the first billing. Presumptive eligibility for 100% assistance includes any patient who is homeless, deceased with no estate, mental incapacitation with no one to act on the patient's behalf and current Medicaid eligibility. Presumptive eligibility for 100% assistance also includes the patient's eligibility in any of the following programs: Women's, Infants', and Children's (WIC) Program, Supplemental Nutrition Assistance Program (SNAP), Illinois Low Income Home Energy Assistance Program (LIHEAP), Patient's Medicare Premiums are paid by the state, living at an address defined as low income housing, or participation in a school lunch program. No application will be required for patients meeting presumptive eligibility criteria; however, proof of status and/or application for potential insurance coverage may be requested.

Application-based Eligibility
Financial Assistance will be granted based on percentages of the most recent poverty guidelines as established by the Federal Government Services Agency.

Eligibility: Discounts will be based on income and family size only for the Crawford Memorial Hospital (CMH) Rural Health Clinics (RHC). CMH RHC uses the Census Bureau definitions of each.

A. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
B. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or

retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Other criteria may also be taken into consideration. Proof of current income will be required.
If partial charity is granted, the remaining portion will need to adhere to "Accounts Receivable Policy" and "Financial Assistance Chart". For uninsured patients approved for financial assistance at 300% of Poverty Level and below, the patient will be notified that we cannot collect more than 20% of their total annual income of the previous 12 months.

Financial assistance will only be granted after all available sources of payment have been exhausted. The same guidelines will be followed for both uninsured and insured patients. See attached "Financial Assistance Chart" and "Accounts Receivable Policy".

The Financial Assistance application form will adhere to the information request limits contained in the Fair Patient Billing Act, and will contain a required certification statement signed by the applicant. Asset information requested on the financial assistance application will not be utilized in determining the National Health Service Corp (NHSC) sliding fee.

The clinic billing department will be responsible for tracking the statistics regarding financial assistance applications.

Notification of Financial Assistance will be placed in conspicuous locations including point of service, statements, web site, and other places specified in the procedure section of this policy.

This policy adheres to Public Act 094-0885, an Illinois 2006 law, Public Act 095-0965, an Illinois 2008 law, Public Act 097-0690, an Illinois 2012 law, Section 501(r) of the Internal Revenue Code, and Public Acts 102-004 and 102-0504, Illinois 2021 laws.

**PROCEDURES:**

We will publish notification of financial assistance in clinic reception areas. Clinic Billing office will also have signs. Notification and copies of the forms will also be placed on the hospital website. A notice will also appear on statements and bills to patients.

Patients being referred to a collection agency will be mailed a summary of the financial assistance process prior to any extraordinary collection actions (ECAs). Applications and information on assistance will be given to all patients without regard to their immigration status, health insurance, or residency.

Patient statements will contain contact information for billing inquiries, as well as how a patient may apply for financial assistance.

A patient may obtain a Financial Assistance Form in any clinic, the registration area, the clinic billing department, the Business Office, or the Hospital website. The application may be filled out by any person who knows the patient's financial situation and can provide the requested documents. CMH shall ask for an applicant's race, ethnicity, gender, employment status, occupation, housing status, and preferred

language on the financial assistance application. However, the questions shall be clearly marked as optional responses for the patient and shall note that responses or nonresponses by the patient will not have any impact on the outcome of the application. Questions about the form should be directed to the clinic billing department.

After a patient has requested financial assistance, they have 30 days to return requested documentation to the billing office. After all information is collected, the Financial Assistance Analysis Form should be completed. The clinic billing office should respond back to the patient in writing within 14 business days of receiving the application and required documentation. When a patient requests a financial assistance form, the clinic biller should inquire if there are any other related accounts such as a Hospital or Home Health account, and notify other billing staff as appropriate.

The AR representatives will turn completed financial assistance forms in to the Director of Clinic Systems for approval. The Director of Clinic Systems may approve the form with the highest discount according to the "Financial Assistance Chart" or the Affordable Care Act's (ACA) "Amount Generally Billed" discount, if applicable. All financial assistance applications approved will be valid for 1 year from approval before another application must be completed. Any special situations that do not fall within the parameters of this chart but that Director of Clinic Systems recommends charity care must be approved by the Chief Practice Management Officer. Approved forms should be shared with the Hospital billing office staff when needed.

Financial Assistance will be available to patients who must have received medically necessary care and all other sources of payment (Medicare, Medicaid, insurance, liability, etc) must be exhausted. Accounts that have been sent to bad debt collection agencies and legal action has been initiated on may not be considered for financial assistance because the clinic and collection agencies have invested significant costs to collect the debt and the patient had been given opportunities to request assistance before legal action had been initiated.

A patient who does not qualify for financial assistance initially may re-apply at any time that there is significant change in their financial situation as long as their accounts are in good standing. All patients will have at least 120 days from the first statement date (considered the notification date) to submit an application before the bill goes to a collection agency. Any applications received until 240 days from the first statement date of notification of financial assistance will result in immediately suspending collection activity until the application is processed.

The clinic will not pursue legal action for non-payment of bills against financial assistance patients who have clearly demonstrated that they have neither sufficient income nor assets to meet their financial obligations. The clinic will not place a lien on a financial assistance patient's primary residence. The clinic will not execute a lien by forcing the sale or foreclosure of a financial assistance patient's primary residence to pay for an outstanding medical bill. The clinic will not use body attachment to require the financial assistance patient or responsible party to appear in court.

The clinic will ensure that the guidelines outlined above are followed by any external collection agency engaged to assist in obtaining payment on outstanding bills from financial assistance patients.

Emergency care will always be provided without discrimination according to EMTALA laws. An application for or award of financial assistance will not affect a patient's access to treatment for emergency medical conditions.

Amounts billed to a patient qualifying for financial assistance will not exceed the amounts generally billed to patients with insurance coverage for the same care. Amount generally billed (AGB) is calculated per the Affordable Care Act's Look-Back Method for claims paid in the prior calendar year (regardless of service date). The calculation under the Look Back Method divides total amount "allowed" by Medicare and all private health insurers by total gross charges. "Allowed" amount is the amount reimbursed by insurance plus the amount to be paid by the patient, regardless of whether the amount is actually paid.

Other Financial Assistance Resources

1. Illinois Department of Human Services – Robinson
   1110 North Allen Street
   Robinson, IL 62454
   (618) 544-3151

2. Illinois Breast & Cervical Cancer Program
   For additional information, call the Women's Health Line at 888-522-1282

   The Illinois Breast and Cervical Cancer Program offers free mammograms, breast exams, pelvic exams, and Pap tests to eligible women. Even if a woman has already been diagnosed with cancer, she may receive free treatment if she qualifies. The program was launched in Illinois in 1995.

   You may be able to receive free services if you are a woman:
   - Living in Illinois
   - Without insurance
   - 35 to 64 years old
     - younger women may be eligible in some cases

3. Partnership for Prescription Assistance funded by America's pharmaceutical research companies

   The Partnership for Prescription Assistance (PPA) is a free and confidential service that helps connect uninsured and underinsured patients struggling with affordable access to medicines to prescription assistance programs that offer medicines for free or nearly free. If you don't have prescription coverage and can't afford your medications, you can call 1-888-4PPA-Now or go to www.pparx.org. You may qualify for reduced or free prescriptions.

CRAWFORD MEMORIAL HOSPITAL

Listing of Providers/Practitioners covered by Hospital Financial Assistance Policy

- Emergency Services Physician Group
- Radiologists
- Anesthetists
- Pathologists
- Hospitalists
- Sleep Medicine Physician
- CMH Orthopedic & Sports Medicine – Orthopedic Practitioners
- General Surgery Clinic – General Surgeons
- Oncology and Gynecology services provided in the Consulting Clinic
- CMH Home Health Services
- Wound Clinic Practitioners
- Pain Clinic Practitioners

Listing of Providers/Practitioners covered by Clinic Financial Assistance Policy

- CMH Rural Health Clinic
- CMH Rural Health Clinic – Oblong
- CMH Rural Health Clinic – Palestine
- CMH Rural Health Clinic – Med Center
- Orthopedic services provided by CMH providers outside of CMH
- Surgeon services provided by CMH providers outside of CMH

Providers/Practitioners/Services NOT covered

- Local physicians that are not in the CMH Rural health Clinics, including those physicians' hospital visits and procedures
- Consulting Clinic physician services (Neurologist, Ophthalmologist, Otolaryngologist, Cardiologist, Bariatrics, Nephrologist, Audiologist, Podiatrist)
- Surgeon fee when performed by a Consulting Clinic physician
- Cardiologist interpretations of outpatient pulmonary tests
- Event Monitor contracted services for 24-hour alerting to critical events
- Providers of Durable Equipment, Orthotics, Prosthetics, and other home-use devices
- Hospice services not performed by CMH Rural Health Clinics
- Cosmetic services, even if performed by covered providers listed above