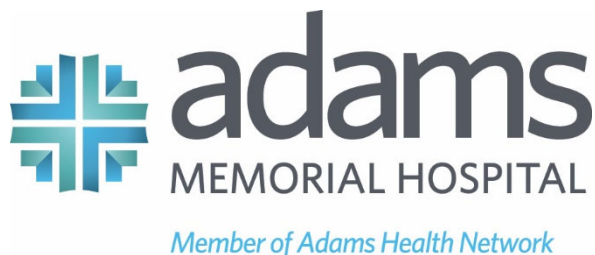


POLICY: AHN Financial Assistance Program/Charity Care
ADAMS HEALTH NETWORK
DECATUR, INDIANA



POLICY: PFS 01.01 - Financial Assistance Program (a/k/a Charity Care)
ISSUED TO: Patient Financial Services, Patient Resource Advocate, Patient Care Services,
Scheduling, Registration, Physician Offices
DATE ISSUED: 9/1/2013
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PURPOSE: To provide qualified patients with the assistance to fulfill their financial obligations for services rendered.

POLICY STATEMENT: Adams is committed to providing emergency and medically necessary primary health care services to patients without regard to their ability to pay.

DEFINITIONS:

AMG = Adams Medical Group
AMH = Adams Memorial Hospital
EMS = Emergency Medical Services (ambulance)
Family = is defined as a group of two 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.
MRI = Magnetic Resonance Imaging
OT = Occupational Therapy
PRA = Patient Resource Advocate
PT = Physical Therapy
ST = Speech Therapy

PROCEDURE:

1. Services that may be used with this program:
 - a. EMS services, emergency room services, and all other AMH services stemming from the emergency room:
 - i. Radiology
 - ii. Lab
 - iii. Observation admission stay (including surgery)
 - iv. Inpatient admission stay (including surgery)
 - v. Employed providers performing above services
 - b. Primary care services, including obstetrics, in AMG offices in Berne, Decatur, Geneva, Monroe, and Monroeville that are medically necessary.
2. Services that may not be used with this program:

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- a. Scheduled procedures at AMH, e.g.: surgery, scope, pain management, ambulatory care, obstetric deliveries, etc.
 - b. Scheduled tests and elective services at AMH, e.g.: MRI, ultrasound, nuclear medicine, sleep lab, outpatient laboratory, radiology, rehab (PT/OT/ST), etc.
 - c. Patient directed services (no provider order needed), e.g.: Direct Access Testing in the Laboratory, Direct Access Physical Therapy, etc.
 - d. StatCare.
 - e. Specialty care services in AMG offices, e.g.: pulmonary, orthopedics, general surgery, gynecology, wound care, pain management, physical medicine and rehabilitation, etc.
 - f. Contracted services, such as, Summit Radiology and Indiana Pathology.
 - g. Services not billed by AMH or AMG.
3. Signage:
- a. Signage regarding this Financial Assistance Program will be displayed in the emergency room and AMG office settings.
 - b. The policy will be displayed on the AHN website and available for download or can be requested from the PRA.
4. Eligibility:
- a. Discounts will be based on income and family size only.
 - i. AMH uses the Census Definition of family. (See above in the Definitions section.)
 - ii. Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, interest, dividends, rents, royalties, income from estates, trusts, education assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits, such as food stamps and housing subsidies, do not count.
 - b. The patient must reside in Adams County, Indiana.
5. Discount percentages – The measure for financial assistance will be a sliding scale based on the U. S. Department of Health and Human Services' Federal Poverty Guidelines (FPG) as follows:
- a. At or below 100% of FPG = 100% discount.
 - b. At or below 150% of FPG = 75% discount.
 - c. At or below 200% of FPG = 50% discount.
6. Application process – Applicants for the Financial Assistance Program must complete the application form. Supporting documentation, such as tax returns and check stubs, as listed in the application form are required. Applications are available by contacting the PRA via telephone at 260-724-2145 x11108 or in-person Monday-Friday, from 8:00 am until 4:30 pm.
- a. Applications will be accepted and considered at any time up until the date that is 240 days after the date of the first billing statement. Applications made during this time frame will be considered even if the account has already been placed with a collection agency. If such as application is received, collection efforts will be terminated or modified as appropriate based on the financial assistance determination.

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- b. If an incomplete application is received, a letter or phone call will be generated by the PRA asking for the additional information to be provided within 30 days.
 - c. A letter either approving or denying an application will be sent to the applicant within 30 days of the receipt of a completed application.
 - d. Denials may be appealed through the Patient Financial Services Department. All appeals should be requested in writing and include supporting documents that demonstrate the inability to pay that were not available or included at the time of the initial consideration.
 - e. An approval of financial assistance will apply with respect to all services in Section 2 above from the date of the original services for which financial assistance was sought and continuing for 180 days after the financial assistance is approved. Additional services rendered and charges incurred after this time will require the completion of a new application.
7. Balances remaining after application of the financial assistance discount are subject to timely payment consistent with the standard Adams billing and collection practices, including placement with a collection agency after 3 billing statements without payment in full or an approved payment plan in place.
8. Presumptive Financial Assistance Eligibility – Patients who are unable to complete an application form may be eligible for financial assistance if other evidence is available which may indicate financial hardship. This information may be obtained from a patient interview, credit bureau, or other available records. Consideration may be given on an individual basis. Examples of patient circumstances that would indicate financial hardship and presumptively qualify for financial assistance are as follows:
- a. Deceased with no estate.
 - b. Account uncollectable due to discharge of account by bankruptcy.
 - c. Patients who are homeless at the time of registration or admission.
 - d. Any account returned by the collection agency that has been determined to be uncollectable may be considered for financial assistance.
 - e. Patients that require urgent or emergent care covered under a non-contracted Medicaid plan will be considered presumptively eligible for financial assistance.
9. Special Circumstances – Services provided under special circumstances may be considered on a case-by-case basis including aged accounts. Determination of assistance for these types of occasions will be decided by the AHN CFO or the Director of Revenue Cycle. Any special circumstances for use the AHN Financial Assistance program will be communicated to the PRA for application completion with the patient or the patient’s representative.

DOCUMENT OWNER/AUTHOR: Patient Financial Services
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