

Category: Fiscal

Effective: 07/01/2016

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POLICY:

1. Divine Savior Healthcare is committed to providing extraordinary healthcare. As a part of this commitment, Divine Savior Healthcare recognizes the financial needs of patients and families within the communities we serve. We are committed to providing Community Care to qualified individuals that have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. DSH will provide care for emergency medical conditions, without discrimination, to individuals regardless of their ability to pay or their eligibility for financial assistance.
2. Included within this policy:
 - a. Eligibility criteria for Financial Assistance,
 - b. The methodology used to calculate amounts charged to patients that are eligible for Financial Assistance according to this policy,
 - c. The method by which patients can apply for Financial Assistance,
 - d. The efforts taken to widely publicize the policy within the hospital and the communities it serves,
 - e. Amount generally billed (AGB) and the method for which it is applied to emergency and other medically necessary services.
3. Patients are expected to cooperate with Divine Savior Healthcare's procedure in determining Community Care and Financial Assistance eligibility. Individuals that may qualify for governmental coverage will be encouraged to do so as well as those that have the financial means to purchase health insurance.
4. To manage its resources and responsibilities and to provide assistance to the greatest number of patients in need, the Board of Directors has established these guidelines for providing Financial Assistance. This policy will be reviewed by the Governance Committee of the Board of Directors on an annual basis, along with a written report on the amount of Community Care delivered in the past year.

PROCEDURE:

1. ELIGIBLE SERVICES UNDER THIS POLICY:

- a. With regard to this policy, “Community Care” or “Financial Assistance” refers to medically necessary healthcare services provided by DSH without charge or at a discounted rate. The following services are eligible:
 - i. Emergency medical services provided in an emergency room setting.
 - ii. Services for a medical condition that would lead to a serious adverse change in the health of an individual.
 - iii. Non-elective services provided in response to life-threatening circumstances.
 - iv. Medically necessary services are evaluated on an individual basis and covered at DSH’s discretion.

2. ELIGIBILITY FOR CHARITY CARE & FINANCIAL ASSISTANCE:

Eligibility will be considered for individuals who are uninsured, underinsured, ineligible for governmental health plans, and who are unable to pay for their care, based upon the determination of financial need outlined within this policy. Community Care determination will be based upon an individual’s financial need and will not take into account gender, race, social status, sexual orientation, or religious affiliation. Individuals must reside or have a primary care physician in DSH’s service area as defined by Divine Savior Healthcare Administration.

3. PROCESS BY WHICH PATIENTS APPLY FOR FINANCIAL ASSISTANCE:

- a. Financial need will be determined using procedures that assess an individual’s financial need. These may include the following:
 - i. A completed application to include personal, financial, and other information needed to assist in determining financial need. This shall include proof of income, assets and liabilities. See application for required documentation.
 - ii. The use of external publically available data to determine a guarantor’s ability to pay.
 - iii. Reasonable efforts by DSH to seek alternative sources of coverage (public or private) and payment.
 - iv. Review of the patient’s assets and all other financial resources available to them
 - v. A review of all outstanding accounts for the individual, as well as previous payment history.
- b. It is preferred that an application for Community Care be completed prior to receiving medically necessary or emergent services. However, DSH will accept application at any point within the collection process. Financial need will be re-evaluated at each service, for those services rendered within 90 days of the date of service approved with the original application approval.
- c. Requests for Community Care will be processed promptly. Patients applying will be notified within 15 business days of receipt of a completed application.

4. PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY:

- a. Patients who are unable to complete an application form may be eligible for Community Care if other evidence is available which may indicate financial hardship. This information may be obtained from a patient interview, credit report, or other available records. Consideration will be given on an individual basis.

- b. Other provisions under presumptive eligibility:
 - i. Deceased with no estate – based on the conclusion that the decedent has no assets, and therefore no ability to pay. *
 - ii. Accounts uncollectible due to Discharge of Debtor by bankruptcy. *
 - iii. If it has been determined that a patient has been approved for Medical Assistance, all accounts currently in the A/R with DSH will be written off to Community Care after payment is received from the insurance. *
 - iv. Any account returned by the collection agency that has been determined to be uncollectible may be considered Community Care. *
 - v. Qualified individuals under another organization’s similar Community Care application process.
- * No Community Care application needs to be completed in these instances.

5. ELIGIBILITY CRITERIA & AMOUNTS GENERALLY BILLED TO PATIENTS:

- a. Eligible services under this policy will be made available to patients based upon a sliding fee scale, according to their financial need as determined with reference to Federal Poverty Levels.
- b. Community Care allowances up to 100% may be provided to applicants. See attachment of criteria eligibility based on Federal Poverty Levels which may change annually.
- c. The allowance amount is based on poverty guidelines established by the Department of Health and Human Services and Asset limitations set forth by Divine Savior Healthcare.
- d. Write-offs in excess of \$5,000 require approval of the CFO. Director of Patient Accounts or Director of Finance may approve write-offs less than \$5,000.
- e. Patients whose family income does not make them eligible for allowances at 100%, will have financial responsibility for services no greater than the Amounts Generally Billed (AGB).
- f. To calculate the AGB, Divine Savior Healthcare takes the total Medicare, Medicaid, Commercial, and Managed Care payments for the prior fiscal year and divides it by charges for those same payors. This percentage is then applied to uninsured balances that are eligible under this program. In following this procedure, the gross charges would be reduced by 59.2% in fiscal year 2016.
- g. DSH will recalculate the AGB on an annual basis, based upon data from the prior 12 months. The AGB calculated will be effective October 1st each year and applied to determinations made on or after that date regardless of the date of service or original date of application.

6. EFFORTS TO WIDELY PUBLICIZE THE COMMUNITY CARE POLICY:

- a. Community Care notifications will be made available at all points of admission at the hospital campus as well as our affiliated clinics. Copies will be made available in the language of any population consisting of 10% or more in the community.
- b. Notices of the Community Care and Financial Assistance Policy will be made available with a minimum of one billing statement.
- c. Notifications will be present within the Emergency and Urgent Care Department.
- d. Patients will be able to obtain a free copy of the policy, and application for community care at all points of admission, as well as the business office.
- e. The policy will be publicized on Divine Savior Healthcare’s website, along with a link to the application and locations of our Patient Financial Specialists who are trained to assist.

7. REFERENCE TO COLLECTION POLICIES:

Divine Savior Healthcare's management team will develop policies and procedures for internal and external collection practices. These actions include those that may be taken by the hospital in the event of non-payment, including collections activity and reporting to credit agencies. Patients who qualify for Community Care and are acting in good faith to resolve their hospital bills may be offered an extended payment plan and collection efforts will cease. Divine Savior Healthcare will not engage in extensive collection actions, such as wage garnishments, liens on property, or other legal action without first making reasonable efforts to determine whether a patient is eligible for Financial Assistance under this policy. Reasonable efforts include the following:

- a. Validation of the balance owed and that all sources of payment have been identified and billed by DSH.
- b. Documentation that DSH has attempted to offer the patient an opportunity to apply for Community Care
- c. Documentation that the patient does not qualify for Financial Assistance
- d. Documentation that the patient has been offered a payment plan but has not honored the terms of the agreement.

RELATED DOCUMENTS:

1. Billing and Collection Policy
2. Federal Poverty Levels
3. Physicians list of eligible providers for Divine Savior's Community Care Program