

# Goshen Hospital Administrative Manual

<b>Subject: Financial Assistance Policy</b>	<b>Approval Date: 11/22/2005, 7/24/2015</b>
<b>Initiator: Director, Patient Financial Services</b>	<b>Approval: Chief Financial Officer</b>
<b>JCAHO Standard: RI.1.30</b>	<b>Review Date: 9/20/2010</b> <b>Revised Date: 05/17/2013, 03/12/2015, 7/24/2015, 10/7/2016, 6/30/2017</b>

**POLICY:**

It is the policy of Goshen Hospital to grant indigent allowances, hardship adjustments or assistance with COBRA premiums to those patients incapable of paying for their personal medical care and who are unable to qualify for financial assistance through federal and state government assistance programs. No patient will be denied access to appropriate care based upon his or her ability to pay for non-elective services.

**SCOPE:**

To further the mission of Goshen Health and to strengthen our patient, community and physician relationships, Goshen Hospital has developed discounting practices for the uninsured and underinsured patients. Some patients may be capable of paying only a portion of their hospital bill as they do not have the financial resources available. Other patients may receive hospital care where the hospital is unable to assess the patient’s capability to pay, such as the homeless or transients, or may not have the ability to earn an income such as the incarcerated, and some patients seek relief from their financial responsibility by filing personal bankruptcy action through a U.S. Bankruptcy Court.

**DEFINITION:**

Financial Assistance is care rendered without anticipation of full payment. Financial Assistance, as defined by Goshen Hospital, is broken down into five discount amounts based on three levels of assistance offered:

<u>Level 1</u>	<u>Level 1 Ins</u>	<u>Level 2</u>
100% Discount from AGB charges	90% Discount from AGB charges	50% Discount from AGB charges
80% Discount from AGB charges	70% Discount from AGB charges	40% Discount from AGB charges
70% Discount from AGB charges	60% Discount from AGB charges	35% Discount from AGB charges
60% Discount from AGB charges	50% Discount from AGB charges	30% Discount from AGB charges
50% Discount from AGB charges	40% Discount from AGB charges	25% Discount from AGB charges

Financial Assistance may also be granted in the form of assistance in payment COBRA premiums (see Cobra Premium Assistance Program Policy).

**Eligibility Criteria – Level 1 Financial Assistance for Uninsured Patients Residing in Total Service Area**

1. Services must be medically necessary based on CMS medical necessity guidelines.
2. Services must be provided in a Goshen Hospital setting or a hospital facility and billed by Goshen Hospital. (See list of physician services covered and non-covered by this policy at the end of this document)
3. Patient must not have any form of insurance coverage available (including government plans, private insurance, liability, workmen’s compensation, auto).
4. If patient provides any form of insurance coverage, financial assistance discounting will be based on Level I Ins discounts.
5. Patients covered by Emergency-only Medicaid may apply for Level 1 assistance for non-emergent services if medically necessary.
6. If patient is insured and elects to not provide their insurance information for claim submission, they are not eligible to apply for financial assistance.
7. Patients must apply for Medicaid coverage or provide proof of previous denial of coverage prior to applying for financial assistance
8. Patients must reside in the “Total Service Area” as defined by the Marketing Department or in the following Michigan counties: ***Cass, Branch, St. Joseph***. (See Total Service Area map)

\*\*Service Area exceptions are allowed for patients receiving services through our  
Emergency Department\*\*

9. Patients must provide proof of all household income to include the following:
  - a. Paystubs: last 4 consecutive paystubs, if paid weekly or 2 if paid bi-weekly, etc.
  - b. Documentation for: current year of Social Security award letter, child support, TANF, unemployment, investment, trust fund, retirement/pension or any other source of income received in the last 30 days.
  - c. If self-employed, please provide most recent tax return, including all pages of Schedules.
  - d. We require a Wage History Report from your local Work One office for a patient or family member over the age of 18 with no income. If unemployed within the last 30 days, please provide a letter from the previous employer stating termination date. Patients may locate their local office at <http://www.in.gov.dwd/WorkOne>.
  - e. If the patient has no earned income, we require a support statement from the person providing financial support to the patient, signed by both the patient and supporter.
  - f. If a household member over the age of 18 is a full-time high school or college student and is not receiving income, a current-semester class schedule will be required to prove student status.
10. Household bank statements:
  - a. Savings, checking and/or pre-paid cards for the last 30 days will be required
  - b. Certificates of deposit, money market accounts, stock and/or bonds and retirement account statements will be required  
**(Notice: If a patient has a valid financial assistance determination letter from a Federally Qualified Health Center, we will accept this determination in place of items #8 and #9 listed above)**
11. Proof of current residency requirements:

- a. Any type of statement (not from Goshen Hospital), paystub, bank statement or mortgage statement can be used a proof of residency as long as it has the patient/guarantor name and address listed
12. Other information needed, if applicable:
- a. If uninsured at the time of service, the patient/guarantor will be screened and if deemed appropriate, will be required to apply and comply with government insurance. (Notice: If a patient has a valid financial assistance determination letter from a Federally Qualified Health Center, we will not require the patient/guarantor to apply and comply with government insurance for non-emergent services)
  - b. If insured at the time of service but insurance card was not available, patients will be required to provide a copy of the front and back of their insurance ID card(s)
  - c. If the patient and/or immediate family member(s) are self-employed and do not file taxes, patient must provide statements from customers in the last 30 days including name, contact information and amounts paid to the patient and/or family members
13. Patients must fall no higher than 400% of the Federal Poverty Guidelines with total household income for all immediate household members (Patient, Father, Mother, Spouse, Child, Step-Child, Grandchildren living under the same roof).

Following a determination of financial assistance eligibility, an individual will not be charged more than “amounts generally billed” (“AGB”) for emergency or other medically necessary care.

**Eligibility Criteria – Level 2 Financial Assistance - Out-Of Service Area Patients**

- 1. Services must be medically necessary based on CMS medical necessity guidelines.
- 2. Services must be provided in a Goshen Hospital setting or a hospital facility and billed by Goshen Hospital. (See list of physician services covered and non-covered by this policy at the end of this document)
- 3. If patient is insured and elects to not provide their insurance information for claim submission, they are not eligible to apply for financial assistance.
- 4. If uninsured at the time of service, the patient/guarantor will be screened and if deemed appropriate, will be required to apply and comply with government insurance. (Notice: If a patient has a valid financial assistance determination letter from a Federally Qualified Health Center, we will not require the patient/guarantor to apply and comply with government insurance for non-emergent services)
- 5. Uninsured patients must reside in one of the following cities that surround our Total Service Area:
  - a. Claypool 46510
  - b. Mentone 46539
  - c. Argos 46501
  - d. Plymouth 46563
  - e. Walkerton 46574
  - f. Avilla 46710
  - g. Kendallville 46755
  - h. Granger 46530
  - i. Mishawaka 46544
  - j. Columbia City 46725

- k. Larwill 46764
- 6. Insured patients must reside in either the Total Service Area or Level 2 zip code areas (see attached Total Service Area map).

**\*\*Service Area exceptions are allowed for patients receiving services through our Emergency Department\*\***

- 7. Patients must provide proof of all household income to include the following:
  - a. Paystubs: last 4 consecutive paystubs, if paid weekly or 2 if paid bi-weekly, etc.
  - b. Documentation for: current year of Social Security award letter, child support, TANF, unemployment, investment, trust fund, retirement/pension or any other source of income received in the last 30 days.
  - c. If self-employed, please provide most recent tax return, including all pages of Schedules.
  - d. We require a Wage History Report from your local Work One office for a patient or family member over the age of 18 with no income. If unemployed within the last 30 days, please provide a letter from the previous employer stating termination date. Patients may locate their local office at <http://www.in.gov.dwd/WorkOne>.
  - e. If the patient has no earned income, we require a support statement from the person providing financial support to the patient, signed by both the patient and supporter.
  - f. If a household member over the age of 18 is a full-time high school or college student and is not receiving income, a current-semester class schedule will be required to prove student status.
- 8. Household bank statements:
  - g. Savings, checking and/or pre-paid cards for the last 30 days will be required
  - h. Certificates of deposit, money market accounts, stock and/or bonds and retirement account statements will be required
- 9. Proof of current residency requirements:
  - i. Any type of statement (not from Goshen Hospital), paystub, bank statement or mortgage statement can be used a proof of residency as long as it has the patient/guarantor name and address listed
- 10. Other information needed, if applicable:
  - j. If uninsured at the time of service, we may require the patient/guarantor to apply and comply with government insurance
  - k. If insured at the time of service but insurance card was not available, patients will be required to provide a copy of the front and back of their insurance ID card(s)
  - l. If the patient and/or immediate family member(s) are self-employed and do not file taxes, patient must provide statements from customers in the last 30 days including name, contact information and amounts paid to the patient and/or family members
- 11. Patients must fall no higher than 400% of the Federal Poverty Guidelines with total household income for all immediate household members (Patient, Father, Mother, Spouse, Child, Step-Child, Grandchildren living under the same roof).

Following a determination of financial assistance eligibility, an individual will not be charged more than “amounts generally billed” (“AGB”) for emergency or other medically necessary care.

## **Basis for Calculating Amount Charged to Patients**

Financial Assistance-eligible patients will be charged 48% of gross charges as the AGB (amounts generally billed). Goshen Hospital determines this amount based upon the “look-back” method based on allowed amounts for all contracted private health insurers together with Medicare fee-for-service payments and Medicare HMO plans.

## **Method for Applying for Financial Assistance**

Patients may apply for Goshen Hospital Financial Assistance by completing the Financial Assistance Application form attesting to their family size and income, and meeting other eligibility requirements related to residency criteria.

The Financial Assistance application form will be offered to all patients during their hospital stay or outpatient encounter. The application is also provided to patients via our Goshen Health website at <http://goshenhealth.com/Patient-Tools/Pay-Online>. Information will also be included on each patient statement. Patients will be encouraged to complete the form at or before the time of service or as soon as they have a patient-due balance.

To apply for Financial Assistance, patients must complete our Financial Assistance Application and return to Goshen Hospital with the required supporting documents (as listed in the *Financial Assistance Required Documentation* form). To allow for timely processing, patients are asked to return completed paperwork within 14 days. Complete applications will be processed within 3-4 weeks of receipt. A determination letter will be mailed to you once your application has been processed. Approved applications will be valid for 1 year from the date of application.

Financial Assistance adjustments will be authorized and administered by the Patient Financial Services Department based on the information supplied on the Financial Assistance application form. The application forms will be retained in the Financial Advocate’s office for privacy and audit purposes.

Patients eligible for financial assistance under our policy will receive free or discounted assistance according to the following sliding scale:

Annual Family Income	Level 1 Discount	Level 1 Ins Discount	Level 2 Discount
≤ 200% FPG	100%	90%	50%
201% - 250%	80%	70%	40%
251% - 300%	70%	60%	35%
301% - 350%	60%	50%	30%
351% - 400%	50%	40%	25%

### **Physician Services Covered by Policy**

Li Liang, M.D. (Goshen Health Pathologist)  
Min Yan, M.D. (Goshen Health Pathologist)  
Victoria Owens, M.D. (Goshen Health Pathologist)  
Abdul Basit, M.D. (Goshen Hospital billed services for Cardiology interpretations only)  
Blair MacPhail, M.D. (Goshen Hospital billed services for Cardiology interpretations only)  
Abrar Sayeed, M.D. (Goshen Hospital billed services for Cardiology interpretations only)  
Dicky Bhagat, M.D. (Goshen Hospital billed services for Cardiology interpretations only)  
Rao Betina, M.D. (Goshen Hospital billed services for Cardiology interpretations only)

### **Physician Services Not Covered by Policy**

Any provider rendering care in an Outpatient, ED, Inpatient, OBV, Surgical setting within the hospital facility including but not limited to:

Goshen Physicians  
Goshen Center for Cancer Care  
Goshen Medical Group  
Gerig Surgical Associates  
Fairhaven Physicians  
Apogee Hospitalist Group (Physician services for inpatient and observation care)  
Radiology, Inc. (Physician services for Radiology interpretations)  
Elkhart Emergency Physicians, Inc. (Physician services for Emergency Department visits)  
Michiana Anesthesia Care (Physician services for anesthesia services)

\*\*Providers listed above may have their own Financial Assistance Policy. Patients must contact the individual Provider for additional information\*\*

### **How to Obtain Information and Assistance Regarding our Financial Assistance Policy**

For information regarding our Financial Assistance Policy and Financial Assistance Application form, patients may contact our Financial Advocates located near the Main Lobby in our facility at 200 High Park Avenue, Goshen, Indiana. Financial Advocates may be reached by phone at (574) 364-2607 or toll-free at (888) 507-7452. For Spanish callers: (574) 364-2975.

### **Approval Process for Adjustments**

Adjustments made to a patient account(s) require approval based on dollar amount to be adjusted off. Approval limits are as follows:

**Up to \$2,500: Approval by Manager, Patient Financial Services**  
**\$2,501 - \$25,000: Approval by Director, Patient Financial Services**  
**\$25,001 - \$100,000: Approval by Chief Financial Officer**  
**Balances over \$100,000: Approval by Chief Executive Officer**

**Management reserves the right to determine eligibility for financial assistance without a completed assessment form if the patient or information is not reasonably available and eligibility is warranted under the circumstances. Additional consideration can be given to**

**deceased patients without an estate or accounts that have been reviewed and scored by an external party such as a credit reporting agency.**

**Actions That May be Taken in the Event of Nonpayment**

The actions that Goshen Hospital may take in the event of non-payment are described in a separate policy. Patients and community members may obtain a free copy of this policy by contacting the following:

Goshen Hospital  
Patient Financial Services  
200 High Park Ave  
Goshen, IN 46526  
(574) 364-2420  
(888) 507-7462

Copies of the Financial Assistance Policy, Financial Assistance Summary and Financial assistance application are also available on our website at [www.GoshenHospitalFinancialAssistance.com](http://www.GoshenHospitalFinancialAssistance.com). Documentation is available in English and Spanish.

FORMULATED: 9/05/05

APPROVED: 11/22/05

REVIEWED: 09/20/10, 10/7/2016, 6/30/2017

REVISED: 05/17/2013, 03/12/2015, 7/24/2015, 10/7/2016, 6/30/2017