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## Financial Assistance English

### **POLICY:**

It is the policy of Goshen Health to grant financial assistance to those patients who are uninsured or underinsured and whose income is at or below 400% of the Federal Poverty Guidelines (FPG) and who meet the eligibility requirements described below. This assistance may include discounts from billed charges, hardship adjustments or assistance with COBRA premiums. No patient will be denied access to appropriate non-elective care based upon his or her ability to pay.

### **SCOPE:**

To further the mission of Goshen Health and to strengthen our patient, community and physician relationships, Goshen Health has developed discounting practices for the uninsured and underinsured patients whose income is at or below 400% of the Federal Poverty Guidelines (FPG). Some patients may be capable of paying only a portion of their bill as they do not have the financial resources available. Other patients may receive care where Goshen Health is unable to assess the patient's capability to pay, such as the homeless, transients.

### **DEFINITION:**

Financial Assistance is a discount to the billed amount for medically necessary care rendered to a patient of Goshen Health. Financial Assistance, as defined by Goshen Health, is broken down into five discount groups covering up to 400% of the Federal Poverty Guidelines (FPG). Discounts for insured patients may be lower than uninsured patients. See the specific discount levels in Appendix B broken down into Goshen Hospital and Goshen Physician rates.

### **For Goshen Hospital balances only:**

- Financial Assistance may also be granted in the form of assistance in payment of COBRA premiums (see Cobra Premium Assistance Program Policy).
- Financial Assistance-eligible patients will be charged a percentage of gross charges based on the current year AGB calculation (amounts generally billed). Goshen Hospital determines this amount annually using 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. For 2023, the AGB percentage is 33.06% of gross charges. For additional information, you may contact a Financial Advocate at (574) 364-2607.

Qualification for Financial Assistance based on income will be determined using the following methods:

1. Completion of the facilities Financial Assistance Application as described below; or
2. Approved for financial assistance using qualification method 1 as described above within 90 days prior to the date of Eligible Services being rendered; or
3. Presumptive Eligibility - Prior to extraordinary collection activity (ECA), self-pay patient accounts will be reviewed using predictive analytics to determine if the patient/guarantor qualifies for financial assistance. If there is adequate information provided by the patient or through other sources, the patient may be deemed presumptive charity without a formal application. The following types of accounts may be considered eligible for financial assistance without documentation under the presumptive charity program (1) Referrals from approved community agencies, (2) No estate (deceased), (3) Eligible for State/Federal Programs where program funding has been exhausted, (4) Low income or subsidized housing, (5) Participation in the Women, Infants, and Children's programs (WIC), (6) State funded housing programs, or (7) Unemployed persons with no Third party insurance coverage.

### **Eligibility Criteria**

1. Services must be medically necessary based on CMS (Centers for Medicare and Medicaid Services) medical necessity guidelines.
2. Services must be provided in a Goshen Health setting which includes any bill from Goshen Hospital and all Goshen Physicians locations as outlined in Appendix A. Bills from organizations outside of Goshen Hospital and Goshen Physicians are not covered.
3. If a patient has any form of insurance coverage (including government plans, private insurance, liability, workmen's compensation, auto), discounts may be reduced. See table in Appendix B.
4. Patients covered by Emergency-only Medicaid may apply for Level 1 assistance, as outlined in Appendix B, for non-emergent services if those services meet the medically necessary guidelines from CMS.
5. If patient is insured and elects to not provide their insurance information for claim submission, they are not eligible to apply for financial assistance.
6. Patients who qualify for Medicaid programs must apply for Medicaid coverage or provide proof of previous denial of coverage prior to applying for financial assistance.
7. For Level 1 Financial Assistance, Patients must reside in the "Total Service Area" as defined in Appendix C or in the following Michigan counties: ***Cass, Branch, St. Joseph.*** Level 2 Financial Assistance is only available for those that live in one of the following cities surrounding the total service area:
  - Claypool 46510
  - Mentone 46539
  - Argos 46501
  - Plymouth 46563
  - Walkerton 46574

- Avilla 46710
- Kendallville 46755
- Granger 46530
- Mishawaka 46544
- Columbia City 46725
- Larwill 46764

\*\*Service Area exceptions may be granted for patients living outside the total service area who have received services in the Goshen Hospital Emergency Department\*\*

### **Required Documentation for Financial Assistance**

1. Completed application with the following supporting documentation.
2. 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 the patient's 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.
3. Household bank statements:
  - a. Savings, checking and/or pre-paid cards for the last 30 days will be required
  - b. Certificates of deposit and retirement account statements will be required  
**(Notice: If a patient has a valid financial assistance determination letter from Vista/Maple City Federally Qualified Health Center, we will accept this determination in place of items #8 and #9 listed above)**
4. Proof of current residency requirements:
  - a. Any type of statement (not from Goshen Hospital or Goshen Physicians), 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
5. 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 Vista/Maple City 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
6. Patients must fall no higher than 400% of the Federal Poverty Guidelines with total household income for all immediate household members age 18 and over (Patient, Father, Mother, Spouse, Child, Step-Child, Grandchildren living under the same roof).

**Goshen Health 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.**

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

Patients may apply for Goshen Health 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 may be offered to patients during their hospital stay or outpatient/Goshen Physicians encounter. The application is also provided to patients via the Goshen Health website at <https://goshenhealth.com/patient-information/pay-a-bill>. 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 the Financial Assistance Application and return to Goshen Health with the required supporting documents (as listed in the *Financial Assistance Required Documentation* form and, in this policy,). Complete applications will be processed within 3-4 weeks of receipt. A determination letter will be mailed to the patient once the application has been processed. Approved applications will be valid for 1 year from the date of application. Applications will be backdated to cover accounts that have not been sent to collections, Accounts with Goshen Health that have gone to collections will be backdated up to 240 days in compliance with the 501r IRS requirements.

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.

### **For Goshen Hospital balances only:**

- Financial Assistance-eligible patients will be charged a percentage of gross charges based on the current year AGB calculation (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. For additional information, you may contact a Financial Advocate at (574) 364-2607.

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

For information regarding the Financial Assistance Policy and Financial Assistance Application form, patients may contact the Goshen Hospital Financial Advocates located near the Main Lobby in the facility at 200 High Park Avenue, Goshen, Indiana. Goshen Hospital Financial Advocates may be reached by phone at (574) 364-2607. For Spanish callers: (574) 364-2975. Applications are also available at any of the Goshen Physicians locations. Goshen Physicians Financial Advocates may be reached by phone at (574) 364-4727. Applications are also available online at [GoshenHealth.com/financial-assistance](http://GoshenHealth.com/financial-assistance).

### **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 - \$50,000: Approval by Director, Patient Financial Services**

**\$50,001 - \$100,000: Approval by Chief Financial Officer**

**Balances over \$100,000: Approval by Chief Executive Officer**

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

The actions that Goshen Health 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 the Goshen Health website at [www.GoshenHospitalFinancialAssistance.com](http://www.GoshenHospitalFinancialAssistance.com). Documentation is available in English and Spanish.

## **Appendix A – Included Entities for Financial Assistance Policy Coverage**

Professional services rendered by the following entities are covered by the Financial Assistance Policy:

- Goshen Hospital
- Goshen Center for Cancer Care
- Goshen Physicians

**Appendix B – Discount rate based on FPG Group and Level**

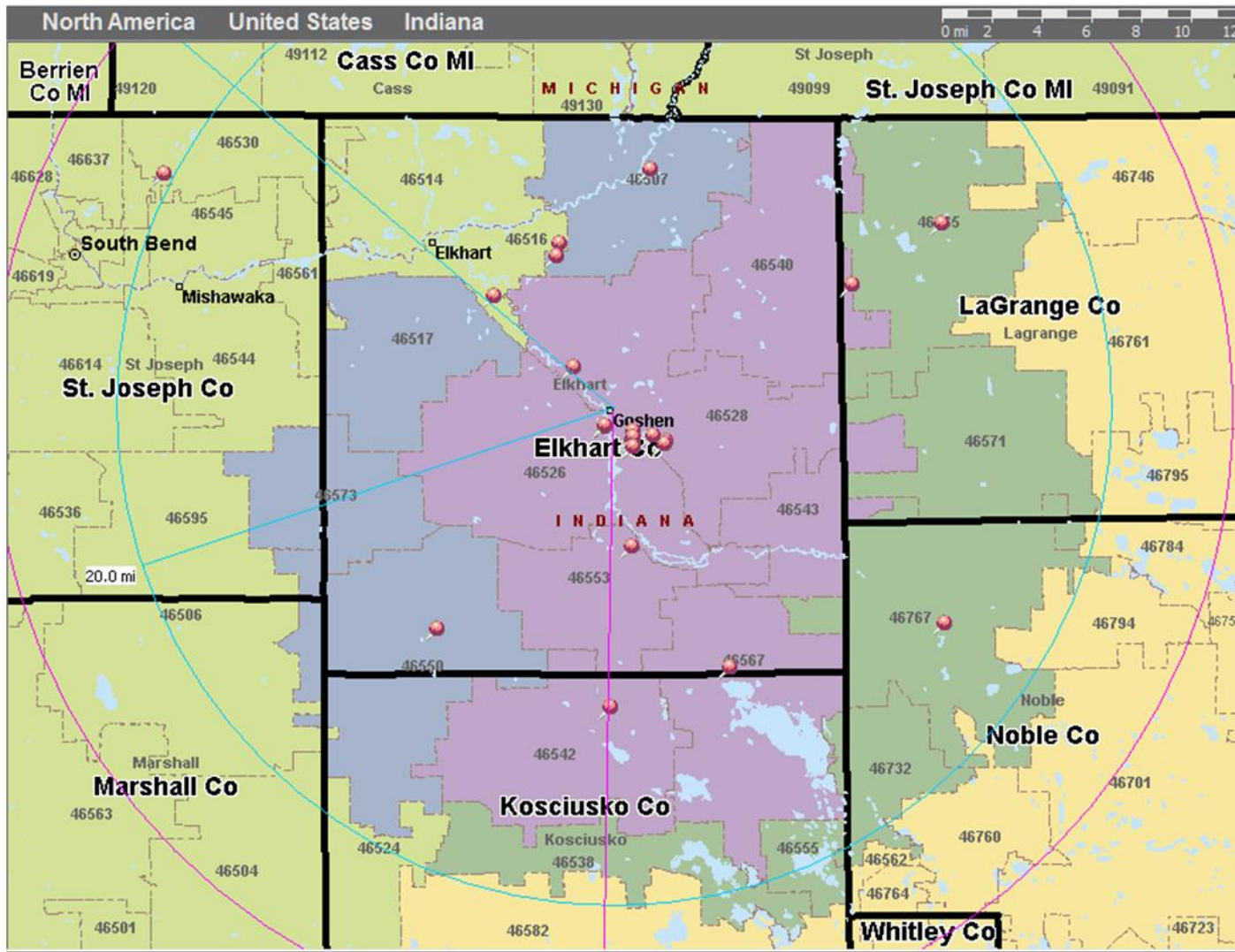
Annual Family Income (% FPG <sup>1</sup> )	Hospital <sup>2</sup> Level 1 Discount	Hospital <sup>2</sup> Level 1 Insured Discount	Hospital <sup>2</sup> Level 2 Discount	Physician Practice <sup>3</sup> Level 1 Discount	Physician Practice <sup>3</sup> Level 1 Insured Discount	Physician Practice <sup>3</sup> Level 2 Discount
≤100%	100.00%	90.00%	50.00%	85%	85%	85%
101% - 133%	100.00%	90.00%	50.00%	75%	75%	75%
134% - 167%	100.00%	90.00%	50.00%	50%	50%	50%
168% - 200%	100.00%	90.00%	50.00%	30%	30%	30%
201% - 250%	80.00%	70.00%	40.00%	30%	30%	30%
251% - 300%	70.00%	60.00%	35.00%	No Additional Discount	No Additional Discount	No Additional Discount
301% - 350%	60.00%	50.00%	30.00%	No Additional Discount	No Additional Discount	No Additional Discount
351% - 400%	50.00%	40.00%	25.00%	No Additional Discount	No Additional Discount	No Additional Discount

1 - FPG stands for Federal Poverty Guidelines

2 - Hospital is defined as any service performed outside of a clinic setting. Includes ambulatory surgical centers, stand alone imaging centers, etc. Percentage is the additional discount taken after other applicable discounts (i.e. uninsured/AGB (Amount Generally Billed) discounts, insurance payments, etc.).

3 - Physician Practice is defined as all services provided in a clinic setting such as office visits, office procedures, clinic labs, specialist visits, etc. Percentage is the additional discount taken after other applicable discounts (i.e. uninsured discount)

Appendix C – Areas Covered under Level 1 Financial Assistance



Total Service Area	
	Primary Market
	Secondary Market
	Secondary Market