



POLICY AND PROCEDURE		POLICY NO.:
<u>Subject:</u> Financial Assistance Policy		PA-COL 3
ORIGINAL DATE:	SUPERSEDES:	PAGES:
08/14/2007	08/14/2007, 07/30/2008, 10/12/2009, 09/12/2012, 05/11/2014, 11/1/2014	24

Key Words: Helping Heart, Charity, Uninsured, Underinsured

Applies to: Inpatient: Outpatient: Provider: All:
Video:

I. POLICY:

The Methodist Hospitals, Inc. (“Methodist”) is dedicated to servicing the health care needs of its patients. To assist in meeting those needs, we have established this Financial Assistance Policy (“FAP”) to provide financial relief to those patients who first meet the following requirements: are U.S. citizens; ask for assistance for medically necessary services or meet presumptive charity requirements; and who are unable to meet their financial obligation, including low-income, uninsured, or medically indigent, who reside within the Country. Methodist is committed to providing emergency and medically necessary healthcare services to patients regardless of their insurance status or ability to pay. This financial assistance policy is intended to be in compliance with applicable federal and state laws for our service area. Patients qualifying for assistance under this policy will receive a discount for care received from Methodist’s facilities and Methodist’s employed providers.

Financial assistance provided under this policy is done so with the expectation that patients will cooperate with the policy’s application procedures and those of public benefit or coverage programs that may be available to cover the cost of care. Methodist will not discriminate on the basis of age, sex, race, creed, color, disability, sexual orientation, national origin, or immigration status when making financial assistance determinations. The basis of this program is the truthful and accurate provision and submission of financial information from the patient and/or responsible party(ies). Patients and/or responsible parties that intentionally misrepresent their household financial information will be automatically disqualified from any consideration whatsoever with regard to this program. Intentional misrepresentation determination is the sole right of the Methodist.

The extent of this program is predicated on the financial ability of Methodist to provide free and discounted services to patients living within our Country, based on sound business practices and sustained fiduciary stewardship over the hospitals' limited financial resources.

II. DEFINITIONS:

- A. Amount Generally Billed (“AGB”):** The amount generally billed is the expected payment for emergency or medically necessary services from patients, and/or a patient’s guarantor. For qualifying patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method described in §1.501(r)-5(b) (3) of the Internal Revenue Code. The Look Back Method will be based on actual past claims paid to Methodist by Medicare Fee-for-Service. The claims to be included in the AGB calculation will be claims allowed during the prior calendar year. The amounts for co-insurance, co- payments and deductibles will be included in the numerator along with the Medicare Fee-for-Service. The gross charges for said claims will be included in the denominator. The AGB will be calculated annually by the 45th day following the close of the prior calendar year, and implemented by the 120th day following the close of the calendar year. Prospectively, Methodist may change the method of calculation and/or the AGB Billed Percentage at any time upon update to this policy.
- B. Amount Generally Billed Percentage:** The AGB percentage will be calculated each year by the 45th day of the year, and is described in Appendix 4 of this policy. Prospectively, Methodist may change the method of calculation and/or the AGB Billed Percentage at any time upon update to this policy.
- C. Application Period:** The period during which applications will be accepted and processed for financial assistance. The application period will be at a minimum from the date the care is provided and not less than the 240th day after the date that the first post-service billing statement is provided.
- D. Assets:** Personal property and items of value including savings accounts owned by the patient and/or responsible party. Retirement funds (however, distributions and payments from pension or retirement plans will be included in income), the principal residence and ordinary automobiles are excluded from consideration when evaluating the patient’s income and ability to pay unless they are determined to be an extraordinary asset. Extraordinary assets are those items over and above the basic needs of housing and transportation required for self-sufficiency. Examples of extraordinary assets would be: savings accounts with value in excess of estimated annual expenses; personal property considered recreational, such as vacation homes; non-income generating land; and multiple vehicles per adult in the family
- E. Catastrophic Care Assistance:** Financial assistance provided to eligible patients with annualized family incomes in excess of 400% of the Federal Poverty Level, and Assets of less than the equivalent of 600% of the Federal Poverty Level, and financial obligations over a 12 month period resulting from medical services provided by Methodist in excess of 25% of the family income or for patients with extenuating circumstances, which must be approved by the Chief Financial Officer.
- F. Discounted Care:** Financial assistance that provides a discount, for eligible medical services provided by Methodist, based on a sliding scale, for eligible patients, or patient guarantors, with annualized family incomes between 200- 400% of the Federal Poverty Level.
- G. ELIGIBLE SERVICES:** Services eligible under the Methodist financial assistance policy must be clinically appropriate and within generally accepted medical practice standards. They include the following:
1. Emergency medical services provided in an emergency setting, as well as care provided in an emergency setting for the purpose of stabilizing a patient’s condition.
 2. Non-elective services provided in response to life-threatening circumstances in a non-emergency setting.

3. Medically necessary services, such as inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury or illness, as well as services typically defined by Medicare or other health insurance coverage as “covered items or services.”
4. Services of providers employed by METHODIST are covered under this policy. Please see Appendix three for a full listing of providers included.
5. Services not eligible for financial assistance (unless specifically indicated otherwise, such as to address a Community Needs Assessment objective) include the following:
 - a. Elective procedures not medically necessary, as well as services typically not covered by Medicare or defined by Medicare or other health insurance coverage as not medically necessary.
 - b. Lasik Surgery, Chiropractic Care, Fertility Services, Contacts/Glasses, Cosmetic Surgery/Plastic Services (however, plastic surgery required to correct a disfigurement caused by injury or illness or congenital defect or deformity will be considered Medically Necessary), Hearing Aides, Orthodontics, Dental Services, Optometry.
 - c. Services received from care providers not billed under Methodist tax identification number (e.g. private and/or non – Methodist medical or physician professionals, ambulance transport, etc.) Patients are encouraged to contact these providers directly to inquire into any available assistance and to make payment arrangements. See Appendix 3 for a listing of providers not covered under this policy.
 - d. Deductibles and coinsurance associated with medically necessary services provided to patient’s out-of-network as defined by their insurers.

H. Emergency Medical Condition: As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd). The term “emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions:
 - a. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - b. That transfer may pose a threat to the health or safety of the woman or the unborn child.

I. Family Size and Composition: Family size is calculated to include the patient, his/ her spouse (including a legal common law spouse) and his/her legal dependents according to the Internal Revenue Service rules. Therefore, if the patient claims someone as a dependent on their Income Tax Return, they may be considered a dependent for purposes of the provision of financial assistance.

J. Family/Household Income: An applicant’s family income is the combined gross income of all adult members of the family living in the household and included on the most recent federal tax return. For patients under 18 years of age, family income includes that of the parent or parents and/or step-parents, or caretaker relatives. Family income is determined using the Census Bureau definition, which include the following income when computing federal poverty guidelines:

1. 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 stipends, alimony, capital gains, regular support from outside the household, insurance and annuity payments, income from rents, royalties, etc.

2. Noncash benefits (such as food stamps and housing subsidies) do not count;
3. Determined on a before-tax basis;
4. Excludes capital losses

- K. Federal Poverty Level:** The Federal Poverty Level (FPL) uses income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.
- L. Full Charity:** Household income that is equal to or less than 200% of Federal Poverty Guidelines (FPG). (Qualifying applications will receive 100% relief from their hospital obligations.) Patients/guarantors qualifying for 100% charity assistance will qualify for Methodist Helping Heart Charity ("MHCI"). This coverage will last for a period of 4 months from date of applicable service and the MHCI Plan will be loaded as the patient/guarantor's primary insurance plan. Patients/guarantors will have to reapply for MHCI after the 4 months has expired.
- M. Guarantor:** An individual other than the patient who is responsible for payment of the patient's bill.
- N. Gross Charges:** Total charges at the full established rate for the provision of patient care services before deductions from revenue are applied.
- O. Helping Hand Loan:** This loan program is thru Methodist Hospital and we do not run any credit checks. It has a fixed interest rate of 4.25% and you can extend payments up to 36 months or required approval for extension.
- P. Homeless:** As defined by the Federal government, and published in the Federal Register on December 5, 2011 by HUD: An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.
- Q. Income verification:** Patients that are currently receiving financial assistance by Trustee, County, State and/or Federal assistance, with appropriate proof of such, need not provide the hospital with other income information. Municipalities that qualify patients for income assistance and healthcare assistance are recognized as qualifying agencies and no further income information will be necessary.
- R. Medically Necessary:** As defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.
- S. Medicare Fee-For-Service (FFS):** Health insurance available under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c – 1395w-5).

T. Methodist Hospital Helping Heart Plans: Patients/guarantors qualifying for less than 100% charity write offs may fall into one of the Methodist Hospital Helping Heart Plans. Charity coverage will last for a period of 4 months. Patient's must verbally update all demographic and income data upon registration during the 4 month period. The notification period begins on the date the initial care was provided and ends on the minimum of the 240th day after the hospital provides the individual with the first billing statement. Patients cooperating with the initial screening process, and meets the income qualifications will be eligible for the Helping Heart Plan. Patients/guarantors failing to comply with the guidelines as set out in this policy will not be eligible for any charity considerations or write-offs.

U. Partial Charity: A sliding scale reduction in billed charges in accordance to gross (pre-tax) income evaluation for patients who do not qualify for any other financial assistance, who ask for assistance and cooperate fully with the financial need determination process or meet Presumptive Eligibility requirements. Patients/guarantors whose income is between 201 - 400% of the Federal Poverty Guidelines will qualify for one of the following assistance plans:

1. Helping Heart Financial Assistance Plan 1 (HH90) 201-250% FPG = 90% patient balance due
2. Helping Heart Financial Assistance Plan 2 (HH70) 251-300% FPG = 70% patient balance due
3. Helping Heart Financial Assistance Plan 3 (HH50) 301-350% FPG = 50% patient balance due
4. Helping Heart Financial Assistance Plan 4 (HH45) 351-400% FPG = 45% patient balance due

Any patient balance determined by Partial Charity, will be adjusted to comply with the upper limited as set by AGB.

V. Payment Agreement: A Payment Agreement is either a Payment Plan or a Helping Hand Loan.

W. Payment Plan: A payment plan that is agreed to by both Methodist and a patient, or patient's guarantor, for out-of-pocket fees. The payment plan shall take into account the patient's financial circumstances, the amount owed, and any prior payments.

X. Payment Plan Options: Up to a 12 Month Payment Plan at no interest - with a minimum payment of \$25.00. The balance must be paid in 12 months or require approval for extension.

Y. Presumptive Eligibility: Under certain circumstances, uninsured patients may be presumed or deemed eligible for financial assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

Z. Private Health Insurer: Any organization that is not a governmental unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

AA. Qualification Period: Applicants determined eligible for financial assistance will be granted assistance for a period of four months. Assistance will also be applied retroactively to unpaid eligible accounts incurred for services received twelve months prior to application date.

BB. Uninsured Discount/Underinsured Discount: Patients with no third-party coverage, as permitted under this policy, will be provided an uninsured discount for eligible services provided by Methodist, at the time that the undiscounted charges are rendered.

CC. Uninsured Patient: A patient with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses.

DD. Underinsured Patient: An individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by Methodist.

III. PROCEDURE:

ELIGIBILITY CRITERIA

Financial assistance will be extended to uninsured and underinsured patients, or a patient's guarantor, who meet specified criteria, as defined below. These criteria will assure that this financial assistance policy is consistently applied across Methodist. Methodist reserves the right to revise, modify or change this policy as necessary or appropriate. Payment resources (insurance available through employment, Medical Assistance, Victims of Violent Crimes, etc.) must be reviewed and evaluated before an account is considered for financial assistance to assure that Methodist resources are prudently managed in providing financial assistance. If a patient appears to be eligible for other assistance, Methodist will refer the patient to the appropriate agency for assistance with completing the necessary applications and forms. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for financial assistance. Financial assistance applicants will be responsible for applying to public programs and pursuing private health insurance coverage. Patients, or patient's guarantors, choosing not to cooperate in applying for programs identified by Methodist as possible sources of payment for care, may be denied financial assistance. Applicants are expected to contribute to the cost of their care based on their ability to pay, as outlined in this policy. Patients, or patient's guarantors, identified as likely to qualify for Medicaid, must apply for Medicaid coverage or produce a Medicaid denial that was received within the previous six (6) months of applying for Methodist financial assistance. Patients, or patient's guarantors, must cooperate with the application process outlined in this policy to obtain financial assistance. The criteria to be considered by Methodist when evaluating a patient's eligibility for financial assistance include family income, assets, and medical obligations. Methodist's financial assistance program is available to all U.S. citizens meeting the eligibility requirements set forth in this policy, regardless of geographic location or residency status. Financial assistance will be extended to patients, or a patient's guarantor, based on financial need and in compliance with federal and state laws. Financial assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with insurer's contractual agreement. Financial assistance is typically not available for patient co-payment or balances after insurance in the event that a patient fails to comply reasonably with insurance requirements such as obtaining proper referrals or authorizations. Generally, out of network balances may be reviewed on a case by case basis. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account, will be expected to utilize account funds prior to being granted financial assistance. (Add to application) Methodist reserves the right to reverse the discounts described herein in the event that it reasonably determines that such terms violate any legal or contractual obligations of Methodist. A patient may only receive financial relief from the financial assistance policy or Self-Pay Policy, but not both for the same patient account. If a patient participates with a given State's Medicaid, for which

Methodist is not a participating provider, then Methodist may choose to disregard the patient's coverage when considering eligibility for financial assistance—some factors to consider are as follows: number of claims received from a State in a given year; a State's requirements to also enroll physicians; authorization time frame, etc.

Payment by Patient:

Payment in full is expected, for balances due, within 30 days of the initial patient statement. If unfeasible for a patient, or guarantor, to pay in full within this timeframe, a Payment Agreement may be extended for up to three years (or longer if approved) for any balance remaining after discounts have been granted to applicants eligible for financial assistance. The term of the Payment Agreement will be based on the applicant's outstanding medical bills, family income and any extenuating circumstances. If an agreed upon Payment Plan is reached, the Payment Plan will be interest-free if paid in full within 12 months. If a payment timeframe longer than 12 months is requested, a Helping Hand Loan may be provided which will incur an interest charge, unless extenuating circumstances exist. Patients are responsible for communicating with Methodist anytime an agreed upon Payment Agreement cannot be fulfilled. Lack of communication from the patient may result in the account being assigned to a collection agency or legal action. If a patient is on a Payment Agreement and then qualifies for financial assistance or additional financial assistance, the Payment Agreement will be adjusted accordingly. In the event a patient fails to pay or does not pay the full amount he/she owes, then Methodist may pursue patient for payment or refer to a third party to pursue payment—see the Billing and Collections Policy.

PRESUMPTIVE ELIGIBILITY

Methodist understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. There may be instances under which a patient's qualification for financial assistance is established without completing the formal financial assistance application. Other information may be utilized by Methodist to determine whether a patient's account is uncollectible and this information will be used to determine presumptive eligibility. Presumptive eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

1. Patients or guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy is discharged will be written off.
2. Patients or guarantors who are deceased with no estate in probate.
3. Patients or guarantors determined to be homeless.
4. Accounts returned by the collection agency as uncollectible due to any of the above reasons.
5. Patients or guarantors who qualify for State Medicaid programs, will be eligible for assistance for any cost-sharing obligations associated with the program or uncovered services, unless prohibited by State law.

Methodist understands that certain patients may be non-responsive to Methodist's application process. Under these circumstances, Methodist may utilize other sources of information to make an individual assessment of financial need. This information will enable Methodist to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

Methodist may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity.

The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for Methodist financial assistance under the traditional application process.

The electronic technology, when utilized, will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows Methodist to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

When electronic enrollment is used as the basis for presumptive eligibility, patient financial services will conduct a presumptive charity care screening by utilizing an automated screening tool. Patients will be screened to determine if a charity care adjustment will be provided for unpaid eligible services for retrospective dates of service which are up to 12 months prior to the date presumptive eligibility was approved. For patients who cannot be qualified for 100% financial assistance under Presumptive Eligibility, they may still be considered under the traditional financial assistance application process for increased financial assistance. For patients who do not qualify for 100% financial assistance under Presumptive Eligibility, Methodist will provide a written notice informing the patients that increased financial assistance may be available. This notice will include a plain language summary of the financial assistance policy and actions that may be initiated if a financial assistance application is not submitted or the outstanding balance not paid. The following patients who were screened under the Presumptive Eligibility process will be sent a written notice: (a) patients who qualified for partial financial assistance; (b) patients who were denied financial assistance; and (c) patients for who there was not sufficient information available to determine approval or denial.

Patient accounts granted 100% financial assistance under Presumptive Eligibility will be reclassified under the financial assistance policy. They will not be sent to collection, will not be subject to further collection actions, will not be sent a written notification of their electronic eligibility qualification, and will not be included in the hospital's bad debt expense.

EMERGENCY MEDICAL SERVICES

In accordance with FEDERAL EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA) regulations, no patient is to be screened for financial assistance; payment information; or debt collection prior to the rendering of services for an Emergency Medical Condition. Methodist will not discriminate on the basis of age, sex, race, creed, color, disability, sexual orientation, national origin, immigration status or FAP eligibility in providing services for an Emergency Medical Condition. Methodist may request a patient to make payment; or pay outstanding debts; or pay cost sharing obligations (i.e. copayments, coinsurance, and deductibles) after services for an Emergency Medical Condition were rendered. No request for payment or debt collection activities will be permitted that may cause a delay in necessary care for an identified Emergency Medical Condition occurring anywhere or at any time at Methodist.

AMOUNTS BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

For an Uninsured/Underinsured patient or a patient meeting Catastrophic Care Assistance who qualifies for financial assistance under this policy, the amount billed to the patient will not exceed the Amount

Generally Billed (“AGB”) that will be determined utilizing a Look Back Method. Therefore, any patient balance determined by Partial Charity or a Catastrophic Balance, will be adjusted to comply with the upper limited as set by AGB.

The Look Back Method will be based on amounts allowed under Medicare Fee-For-Services. The claims to be included in the AGB calculation will be claims allowed during the prior calendar year. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare Fee-For-Service. The gross charges for said claims will be included in the denominator. The AGB will be calculated annually by the 45th day following the close of the prior calendar year, and implemented by the 120th day following the close of the calendar year.

Patients determined eligible for financial assistance will not be expected to pay gross charges for eligible services while covered under Methodist financial assistance policy.

APPLYING FOR FINANCIAL ASSISTANCE

Eligibility for financial assistance will be based on financial need at the time of application. In general, documentation is required to support an application for financial assistance. However, patients that are currently receiving financial assistance by Trustee, County, State and/or Federal assistance, with appropriate proof of such, need not provide the hospital with other income information, and municipalities that qualify patients for income assistance and healthcare assistance are recognized as qualifying agencies and no further income information will be necessary as well with appropriate proof of such. Documentation for income and assets (when applicable) should be included for all patients applying for financial assistance, where such information is available and accessible to the patient. During the screening process the patient's signature will signify the patient's request for financial assistance. In those instances where, due to circumstances beyond their control, documentation is unavailable, information obtained during the interview process, or information obtained from other, supportive persons attesting to the patient's financial circumstances shall be utilized to attempt determining eligibility. If adequate documentation is not provided, Methodist may seek additional information as well. Reliable evidence to support the need for financial assistance is required. Income will be determined on a before-tax basis. The following income documentation is required from patients, or their guarantors, to determine eligibility:

1. Copy of the Federal tax return, and all attached Schedules, from the most recent tax year
2. Current Proof of Income (copy of most recent pay stubs or other documentation)
3. Proof of other 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 stipends, alimony, regular support from family members not living in the household, insurance and annuity payments, etc.
4. Current Bank Statements
5. While the FAP program is primarily income based, as mentioned in this policy, assets will be valued and added to the household or family unit's total income in some cases. Patients/guarantors will need to reasonably provide documentation and other information requested regarding assets.

Noncash benefits (such as food stamps and housing subsidies) do not count and capital losses are also excluded from income calculation.

The following asset documentation is required from patients, or their guarantors, to determine eligibility:

1. Checking accounts
2. Savings accounts
3. Money market accounts
4. Certificates of deposit
5. Annuities
6. Non-retirement investment accounts
7. Retirement accounts, including pensions
8. Real estate
9. Other assets

Applications for financial assistance may be submitted up to 240 days after the date of the first post-discharge statement.

If an application is incomplete, or there has been a request for additional information, the application will remain active for 30 days from the date the letter was mailed to the applicant requesting this information. If the applicant has not responded within the 30 day timeframe, the application will be denied.

During the period in which the fully completed Financial Assistance Application (FAA) is being reviewed, there will be a stay of all collection proceedings. The FAA will be documented in the patient record or scanned and the account will be noted. The normal billing process is to continue while the FAA is reviewed and considered. If a complete, conforming FAA is approved by the appropriate Methodist representative, this will be noted in the patient's file and the account balance will be adjusted accordingly using the appropriate code. Financial assistance applications are to be submitted to the following office:

The Methodist Hospitals, Inc.
Financial Services
600 Grant
Gary, IN 46402
Fax: 219-886-6930

The Methodist Hospitals, Inc.
Financial Services
8701 Broadway
Merrillville, IN 46410
Fax: 219-738-6606

If denied financial assistance, the patient or patient's guarantor, may re-apply at any time there has been a change of income or status.

ELIGIBILITY DETERMINATIONS, APPEALS AND DISPUTE RESOLUTION

Patients must be notified of the decision in writing regarding their FAA within thirty (30) days of submitting a completed application. An applicant determined eligible for financial assistance will be refunded payments in excess of the amount determined owed by the patient or guarantor on the unpaid accounts for which they have been granted assistance under the Methodist financial assistance policy. Refunds apply to excess payments of \$5 or more. In accordance with this policy, financial assistance is generally not extended for co-payments or balances after insurance when a patient fails to obtain proper referrals or authorizations, or if such assistance is not in accordance with insurer's contractual agreement, therefore such payments received will not be refunded.

Patients may appeal this decision in writing within 30 days of receiving notification to:

The Methodist Hospitals, Inc.
Attn: Financial Services
600 Grant St.
Gary, IN 46402
Fax: 219-886-6930

Appeals must be filed within 30 days of the date of the original decision. The Financial Assistance Committee will review the appeal for further consideration. Decisions of the Financial Assistance Committee will be final.

QUALIFICATION PERIOD

If an applicant is determined eligible for assistance, Methodist will grant financial assistance for a period of four months from the date of approval. Financial assistance will also be applied retroactively to all unpaid bills for eligible accounts incurred for services received twelve months prior to application date.

NOTIFICATION OF FINANCIAL ASSISTANCE

Information on the Methodist financial assistance policy and instructions on how to contact Methodist for assistance and further information, as well as information on payment options, will be posted in hospital and clinic registration and admitting locations, and in the hospital emergency department and on patient statements. This information may also be obtained from financial counselors throughout the organization.

The Methodist Financial Assistance Policy, application, Plain Language Summary, Billing and Collections Policy; and Self-Pay Policy will be available on the system's website at www.methodisthospitals.org/billing_info/obtaining-financial-assistance/. This information is also available free of charge. If you need help in completing the financial assistance application, you may call (219) 886-4584 or (219) 738-5508 to speak with a financial counselor.

Information on the Methodist financial assistance policy will be communicated to patients in culturally appropriate language. Information on financial assistance, and the notice posted in hospital and clinic locations will be translated and in any language that is the primary language spoken by the lessor 1,000 or 5% of the residents in the service area.

In addition, Methodist includes reference to payment policies and financial assistance on all printed Methodist monthly patient statements and collection letters. Information on the Methodist financial assistance policy is available, at any time, upon patient request.

REGULATORY REQUIREMENTS

Methodist will comply with all federal, state and local laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this policy. This policy requires that Methodist track financial assistance provided to ensure accurate reporting. Information on financial assistance provided under this policy will be reported annually on the IRS Form 990 Schedule H.

RECORD KEEPING

Methodist will document all financial assistance in order to maintain proper controls and meet all internal and external compliance requirements.

Program Limitations

The Methodist Hospitals, Inc. is committed to serving the underprivileged within our community to the fullest extent our limited financial resources permit. To ensure prudent management of limited resources, Methodist shall review these programs on a regular, periodic basis and institute adjustments based on our limited financial resources to ensure our longevity and commitment to future services to those in need.

V. REFERENCE:

EMTALA Policy
Self-Pay Billing & Collection Policy
Federal Poverty Guidelines, US Department of Health and Human Services
IRS Notice 2015-46 and 29 CFR §§1.501(r) (4) – (6)
26 CFR 250 (31 Dec 2014) p78954-79016
Appendix 1: Financial Assistance Application Form
Appendix 2: FPL
Appendix 3: Covered providers and departments
Appendix 4: Amounts Generally Billed (AGB) Percentage
Appendix 5: Public Access to documents
Appendix 6: Plain Language Summary

V. DOCUMENT INFORMATION

A. Prepared by

Patient Access Manager 6/1/2016
Patient Financial Services Supervisor 6/1/16
Director of Revenue Cycle 6/1/16

B. Review and Renewal Requirements

This policy will be reviewed every three years and as required by change of law, practice or standard.

C. Review / Revision History

Revised on: 08/15/2007
Revised on: 07/30/2008
Revised on: 10/14/2009
Revised on: 09/25/2012
Revised on: 05/1/2014
Revised on: 11/1/2014
Revised on: 6/30/2016

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Department Director & Vice President(s) of the Service Group(s):

Department Director
Pete Melcher

Date
6/30/2016

Chief Financial Officer
Matthew Doyle

Date
6/30/2016

REVISION HISTORY 8/16/2007; 07/30/2008; 10/14/2009; 9/25/2012;
05/01/2014; 11/01/2014; 6/30/2016

This Policy & Procedure has been reviewed and/or approved by the following committee(s):

Board of Directors for The Methodist Hospitals, Inc.

Financial Assistance Policy

Appendix 1

The Methodist Hospitals, Inc.
Financial Assistance Application

**APPLICATION FOR THE METHODIST HOSPITALS, INCORPORATION
HELPING HEART
FINANCIAL ASSISTANCE PROGRAM
Northlake Campus (219) 886-4584 Southlake Campus (219) 738-5508**

(Please read and initial the statements below)

_____ This policy applies ONLY to charges billed by The Methodist Hospitals, including charges for providers billed by The Methodist Hospitals. This policy does NOT apply to other providers who may treat you at The Methodist Hospitals.

_____ I understand that I will be asked to provide proof of the information which I have given on this form and I agree to give the Hospital the necessary verification.

_____ Resources are limited and it is necessary to set limits and guidelines. These limits are not designed to turn away or discourage those in need from seeking treatment. They are in place to assure that the resources that The Methodist Hospitals can afford to devote to its patients are focused on those patients who are in need of Financial Assistance, rather than those who choose not to pay. Only emergency and medically necessary healthcare services are eligible for free or discounted services.

_____ Financial assessments and the review of patients' financial information are intended for the purpose of assessing need, as well as, gaining a holistic view of the patients' circumstances.

_____ The information I provided on this application is true and correct to the best of my knowledge and belief. I understand that the statements I have made on this form are subject to investigation and verification.

_____ I understand that a person who receives assistance by giving false information or by failing to report information may result to a denial of Financial Assistance .

.....

Patient Name _____
(Please Print)

Patient/Guarantor Signature _____

Address _____

Home Phone # _____ Cell Phone # _____

Date of Birth _____ Social Security Number _____

**APPLICATION FOR THE METHODIST HOSPITALS, INCORPORATION
HELPING HEART & MHHCI
FINANCIAL ASSISTANCE PROGRAM**

Please help us to assist you in determining your eligibility for free or discounted care on your Methodist Hospital bill:

Family unit (Please complete all information below)

Name	Age	Relationship	Meet IRS regulations for	Employed

Employment Information-Patient

Current Employer:	
Address:	Phone #
Start Date:	End Date:

Employment Information-Spouse

Current Employer:	
Address:	Phone #
Start Date:	End Date:

Employment Information-Other

Current Employer:	
Address:	Phone #
Start Date:	End Date:

**APPLICATION FOR THE METHODIST HOSPITALS, INCORPORATION
HELPING HEART
FINANCIAL ASSISTANCE PROGRAM**

INCOME INFORMATION

I and/or my spouse or parent(s) receive money. (Circle one) YES NO
If yes, the money comes from:

- | | |
|---------------------------------|---------------------------------|
| A. Supplemental Security income | I. Union Benefits |
| B. Social Security | J. Sick Benefits |
| C. Veteran's Benefits | K. Roomers and Boarders |
| D. Railroad Retirement | L. Rental of property |
| E. Pension | M. Regular money from relatives |
| F. Military Allotment | N. Wages |
| G. Unemployment Compensation | O. Other (describe) _____ |
| H. Support Payments | |

Type (letter from)	Name of Person receiving	For Whom?	Amount	How Often?

ANNUAL INCOME: Copy of most current IRS 1040 Income Tax Return(s)

MONTHLY COMBINED INCOMES: Please add income listed above.*

A. Patient/Guarantor		\$ _____
B. Spouse	+	\$ _____
C. Other Income from legal dependents	+	\$ _____

***Documentation required**

**APPLICATION FOR THE METHODIST HOSPITALS, INCORPORATION
HELPING HEART
FINANCIAL ASSISTANCE PROGRAM**

The responses to the below questions may be used in addition to family income criteria in determining financial eligibility:

Resources (check all that apply and provide dollar amount)

<input type="checkbox"/> Saving Account \$ _____	<input type="checkbox"/> Other money in burial account in bank with funeral director, or with others (Specify and provide dollar amount)
<input type="checkbox"/> Certificate of Deposit \$ _____	_____
<input type="checkbox"/> Checking Account \$ _____	_____
<input type="checkbox"/> U.S. Savings Bonds \$ _____	_____
<input type="checkbox"/> Stocks or Bonds \$ _____	_____
<input type="checkbox"/> Savings and Loan Association \$ _____	<input type="checkbox"/> Other (Specify and provide dollar amount)
<input type="checkbox"/> Credit Union Shares \$ _____	_____
<input type="checkbox"/> Income Tax refund \$ _____	_____

- a. Is the head of the household widowed or divorced? _____
- b. Are there any other medical or financial problems within the family unit? _____
- c. Has the patient filed for bankruptcy recently? _____
- d. Have you applied for Medicaid within the past **6 months**? Yes or No
- If so, please provide your Case Number: _____

Copy of check stubs, bank statements, Income tax forms and any other supporting documents will be required to process your application.

Attach an additional sheet of paper if necessary to provide answers.

**APPLICATION FOR THE METHODIST HOSPITALS, INCORPORATION
HELPING HEART & MHHCI
FINANCIAL ASSISTANCE PROGRAM**

OTHER SUPPORTING DOCUMENTS to be requested:

1. Copy of the Federal tax return, and all attached Schedules, from the most recent tax year
2. Current Proof of Income (copy of 3 recent pay stubs or other documentation)
3. Proof of other 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 stipends, alimony, regular support from family members not living in the household, insurance and annuity payments, etc.
4. Current Bank Statements (3 months)
5. While the FAP program is primarily income based, as mentioned in this policy, assets will be valued and added to the household or family unit's total income in some cases. Patients/guarantors will need to reasonably provide documentation and other information requested regarding assets.

Printed Name of Person Completing Form if other than patient _____
Relationship to patient _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby certify that the preceding information is true and accurate to the best of my knowledge. I agree to notify The Methodist Hospitals, Inc. of any change in my income status within ten days of such changes. Furthermore, I will apply for any assistance (Medicaid, Medicare, etc.) which may be available to me for payment towards my hospital bill and/or other medical bills. I understand The Methodist Hospitals, Inc., reserves the right to obtain a copy of my credit file as part of the application process.

I UNDERSTAND THAT THE INFORMATION, WHICH I SUBMIT IS SUBJECT TO VERIFICATION BY THE METHODIST HOSPITALS, INC. OR ITS ENTITIES/FACILITIES AND SUBJECT TO REVIEW BY OTHERS REQUIRED. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

(Application cannot be processed without signature).

Patient Signature _____ Date _____

**APPLICATION FOR THE METHODIST HOSPITALS, INCORPORATION
HELPING HEART & MHHCI
FINANCIAL ASSISTANCE PROGRAM**

Document Request Form

In order to assist you with your Medicaid or Helping Heart Application, we will need the following information:

*****Please Submit All That Applies*****

- Total household income (This includes All members of your household)
- Paycheck Stubs for Past **3** Months
- Federal Tax Return for the prior year
- Disability/Social Security/Child Support/Alimony/SSI/Rental Income/ Pension/Unemployment, etc.
- 3 Months Bank Statements
- Mortgage/Rental Receipts
- State ID/Driver's License/Social Security Card/ Birth Certificates
- Notarized Statements from Person Who Provides Food and Shelter for the Patient
- Letter from Township (If receiving assistance)
- Verification of Assistance from DFR, Food Stamps, TANF, etc.
- Cash Surrender Value of Life Insurance Policies

Application and documentation must be returned **within 30 days** in order to avoid a delay of processing your application for assistance. Please do not send in original documents as they will not be returned; copies are much preferred.

If you qualify for the Helping Heart Charity Program at less than 100%, please set up payment arrangements on the remaining balance. A no-interest payment plan can be arranged for balances paid within **12** months. If more than **12** months is needed, please contact the Financial Services Department for assistance:

Southlake Campus
Financial Services
Methodist Hospital
8701 Broadway Ave
Merrillville, IN 46410
(219) 738-5508

Northlake Campus
Financial Services
Methodist Hospital
600 Grant Street
Gary, IN 46402
(219) 886-4584

**Financial Assistance Policy
Appendix 2
Discount Level (Effective January 2016)**

Income & Asset Thresholds: The following figures are the 2015 Health and Human Services poverty guidelines which were published in the Federal Register on January 25, 2016.

Persons in Family/Ho usehold	Poverty guideline (100%)	200% of Poverty	225% of Poverty	250% of Poverty	275% of Poverty	400% of Poverty	Asset Threshold (100% of poverty x6)
1	\$11,880	\$23,760	\$26,730	\$29,700	\$32,670	\$47,520	\$71,280
2	\$16,020	\$32,040	\$36,045	\$40,050	\$44,055	\$64,080	\$96,120
3	\$20,160	\$40,320	\$45,360	\$50,400	\$55,440	\$80,640	\$120,960
4	\$24,300	\$48,600	\$54,675	\$60,750	\$66,825	\$97,200	\$145,800
5	\$28,440	\$56,880	\$63,990	\$71,100	\$78,210	\$113,760	\$170,640
6	\$32,580	\$65,160	\$73,305	\$81,450	\$89,595	\$130,320	\$195,480
7	\$36,730	\$73,460	\$82,643	\$91,825	\$101,008	\$146,920	\$220,380
8	\$40,890	\$81,780	\$92,003	\$102,225	\$112,448	\$163,560	\$245,340

Financial Assistance Policy
Appendix 3
Covered Providers and Departments

- 1) The Methodist Hospitals, Inc. (Hospital): All locations
- 2) Physician and physician extenders bill under Methodist's tax identification number, which are as follows: Methodist Physician Group; Indiana Surgical Associates at The Methodist Hospitals, Inc.; and Hospitalists.

Note: Services must be covered by Financial Assistance Policy and provided by the above Covered Providers and Departments to qualify for financial assistance.

Providers NOT Covered by Financial Assistance Policy

- 1) Emergency Department Physicians/Physician Extenders
- 2) Radiologists & Physician Extenders
- 3) Pathologists & Physician Extenders
- 4) Anesthesiologists & Physician Extenders
- 5) All other physician and physician extenders not billed under Methodist's tax identification number

Financial Assistance Policy
Appendix 4
Amounts Generally Billed (AGB) Percentage

Methodist utilizes the "Look-Back" Method. Prospectively, Methodist may change the method of calculation and/or the AGB Billed Percentage at any time upon update to this policy.

AGB Percentage for March 1, 2015 -- 27.7% (72.3% Discount from charges. Based on Medicare claims discharged in 2014)

ABG Percentage for March 1, 2016 -- 25.1%. (74.9% Discount from charges. Based on Medicare claims discharged in 2015)

**Financial Assistance Policy
Appendix 5
Public Access to Policy**

Information on the Methodist Financial Assistance Policy, and the Methodist Self-pay Billing and Collection Policy will be made available to patients and the community served by Methodist through a variety of sources.

1. Patients and guarantors may request free copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via mail at:

The Methodist Hospitals, Inc.
Attn: Financial Services
600 Grant St.
Gary, IN 46402

2. Patients and guarantors may request free copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via phone at (219) 886-4584 or (219) 738-5508.
3. Patients and guarantors may download copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via www.methodisthospitals.org/billing_info/obtaining-financial-assistance/.
4. Patients and guarantors may request free copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary in person at the following locations:

- a. Methodist Hospitals
600 Grant St.
Gary, IN 46402

- b. Methodist Hospitals
8701 Broadway
Merrillville, IN 46410

**Financial Assistance Policy
Appendix 6
Plain Language Summary
The Methodist Hospitals, Inc.**

**The Methodist Hospitals, Inc.
FINANCIAL ASSISTANCE POLICY SUMMARY**

The Methodist Hospitals, Inc. ("Methodist") is dedicated to servicing the health care needs of its patients. To assist in meeting those needs, we have established a "Financial Assistance Policy" to provide

financial relief to those patients who ask for assistance for medically necessary services and who are unable to meet their financial obligation. The Financial Assistance Policy applies to all Methodist's locations, employed physicians and physician extenders.

Applicants should have...

- U.S. Citizenship
- Limited or no health insurance (underinsured or uninsured)
- A household income at or below 400% of the current year's Federal Poverty Guidelines or incur a financially catastrophic balance

To uninsured patients, we offer emergency and other medically necessary services in our hospital at no charge to you if your income is at or below 200% of the Federal Poverty Guidelines (the "FPG"). Patients whose income is between 200 – 400% of FPG are eligible for sliding-scale financial relief. All applicants will be screened for other sources of payment to determine what level of financial assistance may be granted. All applicants must comply with the application process or meet presumptive charity requirements in order to receive financial assistance. If you are uninsured and are not eligible for financial assistance, you may still qualify for a discount under our Self-Pay Policy. Please request to speak with a financial counselor regarding the Self-Pay Policy.

If you have insurance, you may still qualify for financial assistance on your patient balance. The patient balance (when allowed for by the private insurer/employer plan) for emergency and other medically necessary services will be fully adjusted off if your income is at or below 200% of the Federal Poverty Guidelines (the "FPG"). Patients whose income is between 200 – 400% of FPG are eligible for sliding-scale financial relief. All applicants will be screened for other sources of income to determine what level of financial assistance may be granted. All applicants must comply with the application process in order to receive financial assistance.

If you have a Catastrophic Balance, which is defined as a balance due to Methodist which is greater than 25% of your annual family income as determined over a 12 month period, you may be eligible for financial assistance. Please ask to speak to a financial counselor for more details.

Under the financial assistance policy, you will not be billed more for emergency or other medically necessary care than the amount of the average payment percentage we are paid by Medicare.

You may apply for financial assistance at any time, even after services have been rendered; however, there are time limitations, as well as limitations to which services/accounts qualify for financial assistance—please see the full Financial Assistance Policy and/or request to speak to a financial counselor. You may obtain a free copy of the financial assistance policy and the financial assistance application form by the following methods: (1) on the Methodist Hospital website at www.methodisthospitals.org/billing_info/obtaining-financial-assistance/ or (2) at our Northlake or Southlake campus in our admissions areas or emergency departments; or (3) by calling Financial Services at **219-886-4584** or **219-738-5508** to request that a free copy of our financial assistance policy and application form be mailed to you. You also have the option to set up an appointment with one of our financial counselors. Our financial counselors are here to assist you in completing the application—please reach out to them.

The financial assistance policy applies only to Methodist and for physician and physician extenders' services billed under Methodist's tax identification number. This policy does not apply to non-employed physicians and physician extenders who also treat patients at Methodist. A list of providers which are and are not covered by this policy is located in Appendix 3 of the Financial Assistance Policy.

Hay disponibles versiones en español de este documento, de la Política de Asistencia Financiera y de la Solicitud de asistencia financiera. Solicite copias gratuitas o visite www.methodisthospitals.org/billing_info/obtaining-financial-assistance/.