FINANCIAL ASSISTANCE POLICY

STATEMENT OF PURPOSE:

As part of our mission, we serve the mental and behavioral health needs of those requiring short-term intervention and mental health enhancement regardless of the ability to pay for the services provided. This policy establishes guidelines for a structured procedure so as not to exclude anyone from seeking medical services depended upon a person's resources to pay for those services rendered at the Hospital. It is intended to address those that do not have the ability to pay and to offer a discount from billed charges for those who are able to pay a portion of the costs of their care. This policy provides the program application assistance procedures, the methodology for applying for financial assistance, the policy for calculating eligibility for free or discounted care, and the actions the hospital may take in the event of non-payment. Upon adoption by the Board of Directors, this policy represents the official financial assistance policy, herein called the FAP, and follows the guidelines set forth in the Internal Revenue Code Section 501(r). The Hospital also reserves the right to attempt to recover payment for those medical services provided.

FAP DEFINITIONS:

Amounts Generally Billed (AGB) means using the billing and coding process the hospital would use if the FAP-eligible individual were a Medicare fee-for-service patient. The AGB is set at the total amount Medicare would allow for the care including the patient's personal responsibilities.

Assets Liquid assets that can be converted to cash to meet financial obligations.

Billing and Collections Policy means the Hospital Policy entitled: "Bad Debt Policy" is the same and may be amended from time to time.

Emergency Services means a medical condition of a patient that has resulted from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place the patient's health in serious jeopardy, result in serious impairment to bodily functions of the patient or result in serious dysfunction of any bodily organ or part.

Extraordinary Collection Actions (ECA) Actions taken by the Hospital against an individual related to obtaining payment of a bill for care that requires a legal process, selling an individual's debt to another party, or reporting adverse information to consumer credit reporting agencies.

FAP-Eligible means an individual eligible for financial assistance under this Policy.

Federal Poverty Guidelines measures of income levels issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for this financial assistance program.

Hospital Facility is required to follow the 501(r) requirements with respect to care provided for emergency and medically necessary services.

Insured Patient is defined as one who has third party coverage as determined and documented by the hospital.

Limitation on Charges refers to limiting the amounts charged for emergency and other medically necessary care provided to individuals eligible for financial assistance to not more than the amounts generally billed to individuals who have insurance covering the same care. In addition, the Hospital may not engage in ECAs before reasonable efforts have been made to determine whether the individual is eligible for financial assistance.

Medically Necessary Services means those services required to identify and treat an illness or injury.

Patient Advocate is a hospital employee or contracted employee designated to assist patients with screening, application for and enrollment in health coverage programs.

Plain Language Summary is a written statement that notifies an individual that the Hospital offers financial assistance under a FAP and provides the information in a clear, concise, and easy to understand description.

Self-Pay or Uninsured Patient is one who does not have third party coverage from a health insurance plan, Medicare, or state funded Medicaid is considered Self-Pay or Uninsured.

FAP POLICY:

This policy refers to medical services rendered to patients who claim they are not able to pay all or any of the costs when healthcare services are rendered. Although designated as charity, when the Hospital believes that a patient who claims charity has assets usable for payment of services given, the Hospital policy is to make every reasonable attempt to collect payment for medical services rendered.

It is the policy of the Hospital that no patients seeking medical service that can be provided by the Hospital will be denied access to those services solely because of the inability to pay for those services. The Hospital will provide without discrimination, care for emergency services and medically necessary services to individuals regardless of whether they are eligible based on the Hospital's Financial Assistance Policy (FAP). Debt collection activities in the hospital facility where such activities could interfere with the provisions of medically necessary care are prohibited.

The Hospital may make available services without charge or at a reduced charge, based on the ability to pay as determined by the Hospital. The amounts charged for medically necessary care provided to individuals eligible for financial assistance will not be more than the amounts generally billed (AGB) to individuals who have insurance covering the same care.

The Hospital reserves the right to investigate and inquire as to the available assets, income, and other factors which would assist the Hospital in making the determination of the ability to pay.

All patients may apply for financial assistance prior to the Hospital engaging in any extraordinary collection activities (ECA). The Hospital will not engage in ECAs against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is FAP-eligible for the care.

In the event the patient dies, the Hospital reserves the right to pursue all possible claims against the decedent's estate or against any other person or entity having a legal obligation to pay for the decedent's medical services to recover all or as much as possible amounts owing to the Hospital by the decedent for Hospital services rendered which were unpaid at the time of the decedent's death.

This policy is posted on the Hospital's website and is available at various locations throughout the Hospital. In addition, each Hospital's billing statement includes a notice regarding the availability of financial assistance. The patients and the Hospital community are also notified via signage located within the Hospital.

A plain-language summary of the FAP is available upon request and is offered as part of the admission process.

FAP POLICY INSTRUCTIONS:

The following are instruction statements regarding how the policy is executed.

Alternative sources of payment

All commercial, federal, and state health and medical payment sources available to the patient will be billed prior to receiving financial assistance under the Hospital's FAP.

Eligibility Criteria and Determination

In determining the adequacy or inadequacy of income, 250% of the most current federal poverty income guidelines will be the basis for eligibility. The gross income of the patient and the patient's household, the patient's household size, and other medical/financial obligations will be compared to the 250% poverty income guideline for final determination.

Presumptive Eligibility

Patients who are deemed to be presumptively eligible for financial assistance will receive a financial adjustment to their final statement balance based on the patient's individual scoring criteria.

Limitation of Charges/Amounts Generally Billed

The Hospital limits the amounts charged for medically necessary services provided to individuals eligible for assistance under this Policy to not more than the amounts generally billed to individuals who have insurance coverage for such care. The AGB is derived using a prospective method of calculating the AGB by using the billing and coding process the hospital would use if the FAP-eligible individual were a Medicare fee-for-service patient. The AGB is set at the total amount Medicare would allow for the care including the patient's personal responsibilities.

Methods for Applying for Financial Assistance

Patients may apply for financial assistance by completing the FAP application prior to, at the time of, or after services are rendered. Applications may be accessed at the Hospital, from the Hospital web-site, or requesting an application by phone at 765-464-0400. Applications may also be mailed to the Hospital at:

River Bend Hospital
2900 N. River Rd
West Lafayette, IN 47906

Notification Requirements

The availability of the FAP will be widely publicized within the communities serviced by the Hospital. The admission area shall have posters prominently displayed that advise patients of the existence of the Hospital FAP and will make reasonable efforts to distribute a plain language summary (PLS) of the FAP and offer a FAP application form to individuals before being discharged from the Hospital; or by including a PLS of the FAP with all billing statements during the 120-day notification period. There is direct web access to the PLS; and the Hospital will provide at least one written notification informing the patient of any ECAs the Hospital may take if the FAP application is not received or payment has not been received.

Write-Offs and Adjustments

Medically necessary services will be written off, in whole or in part, if the patient's financial assistance application is approved. Any patient whose income is below 138% of the FPG must apply for Indiana HIP and be denied before receiving financial assistance.

All determinations pertinent to this FAP are to be made by the Chief Financial Officer.

Signature Authority

FAP write-offs will be granted by the Chief Financial Officer.

FAP PROCEDURES:

The following policy guidelines are to be applied to all patients:

Insurance Screening Criteria: It is the procedure of the Hospital to exhaust all third-party resources and insurances. If then, the patient has no other means to meet his/her financial obligation, a financial assistance application will be offered to the patient.

Application Initiation: The application requires the patient to provide their name, current address, and valid contact information as well as the names and ages of persons in their household. The application requires the patient to list all income amounts and their sources. Documentation of all information provided on the application is required to complete the assistance application. Patient Advocates are available to help anyone wanting to apply for assistance during their hospital stay. The financial assistance applications shall be considered on a case-by-case basis. A signature is required on the application and it is the responsibility of the patient to complete the application.

Financial Assistance Determination: The review process will take into consideration family income, family size and assets of the guarantor. The Hospital will verify income using any reasonable method to establish eligibility including W-2s, pay stubs, income tax returns, or other oral or written verification from employers or public service agencies. If a guarantor's annual gross income is within the financial assistance guidelines, and there are not substantial assets, the account will qualify for financial assistance. If patient does not meet the guidelines or refuses to complete an application, the account will be considered a self-pay account with the patient responsible for payment. The patient will be provided a written copy of the final determination.

HOSPITAL BILLING AND COLLECTIONS POLICY:

Accounts for hospital services for patients who are able, but unwilling, to pay are considered uncollectible bad debts. The unpaid discounted balances of patients who qualify for the FAP are considered uncollectible bad debts. The Billing and Collections Policy will be posted to the Hospital website. In addition, a free copy of the Billing and Collections Policy can be obtained by request to the Hospital.

The Hospital has the responsibility for monitoring and ensuring that a reasonable effort to determine whether an individual is FAP-eligible and for determining whether and when extraordinary collection actions may be taken in accordance with this policy and the Billings and Collections Policy.

The Hospital will implement collection action after it has made reasonable efforts to determine whether the patient account is eligible for financial assistance under the Financial Assistance Policy:

At the beginning of each month a statement will be mailed to the patient requesting payment. The patient is asked to contact the billing office to discuss payment options. If payment arrangements are made, then a monthly statement will be mailed with the agreed upon payment due within 30 days.

After the third statement is mailed out and there is no payment made within the next 30 days, the account will be recommended for bad debt write off.

Any statements returned with address unknown or no forwarding address will be recommended for bad debt write off.

Appendix

Provider listing covered by the Hospital's FAP

- Jennifer L. Bell, D.O.
- Marina Bota, M.D.
- Steven M. Goad, M.D.
- Joel D. Hart, M.D.
- Nathan K. Jamison, M.D.
- Vernon L. Little, M.D.
- Rahila I. Qazi, M.D.
- Thomas L. Rohde, M.D.
- Lori J. Rogers, M.D. – Medical Staff President
- Zeinab M. Tobaa, M.D.
- Anne K. Wessel, M.D.
- Brian Primeau, Psychologist