

<b>Viborg- Pioneer Memorial Hospital &amp; Health Services: Patient Financial Services:</b>	<b>Financial Assistance</b>
	<b>APPROVED BY:</b> CHIEF FINANCIAL OFFICER
<b>DATE REVIEWED/REVISED:</b> 12/31/2021	<b>FORMULATED BY:</b> DIRECTOR-MANAGER

#### SCOPE

Provide financial assistance to all qualified patients.

#### PURPOSE

Pioneer Memorial Hospital & Health Services (PMH&HS) is committed to provide emergency and medically necessary care to all patients without regard to race, creed, sex, national origin, disability, age or ability to pay. This policy sets forth the PMH&HS policy and procedures to offer and provide financial assistance to all qualified patients receiving emergency and medically necessary care at PMH&HS's hospital and clinics.

#### POLICY

Patients receiving emergency or medically necessary care and services at Pioneer Memorial have the opportunity to apply for financial assistance. For patients who meet the eligibility criteria established in this policy, Pioneer Memorial will offer financial assistance that can reduce their financial obligations for payment of these services.

#### DEFINITIONS

**Emergency Care and Services:** Individuals who present to emergency departments seeking emergency care shall receive a medical screening examination by a qualified medical person to determine if an emergency medical condition exists. An emergency medical condition is one manifesting symptoms, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, that the absence of immediate medical attention is likely to cause serious dysfunction or impairment to a bodily organ or function, or serious jeopardy to the health of the individual or unborn child. With respect to a pregnant woman having contractions, an emergency medical condition also includes situations where there is not enough time to safely transfer the woman prior to the delivery, or a transfer would pose a threat to the individual or her unborn child. (See PMH&HS Policy COM1107, Standards of Conduct Relating to EMTALA Compliance).

**Medically Necessary Care and Services:** Medically necessary care and services include procedures and treatments necessary to diagnose and provide curative or palliative treatment for physical or mental conditions in accordance with professionally recognized standards of health care. The term "medically necessary" does not include for example cosmetic procedures, birth control or fertility treatments, gastric by-pass procedures, non-emergency

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dental services, experimental or non-traditional care, tests, or treatment, hearing aids, and retail services such as pharmacy, optical shop, or durable or home medical equipment.

For purposes of this policy, Pioneer Memorial reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and standard of "medically necessary" for the purpose of eligibility for financial assistance.

#### PROCEDURE

##### Eligibility Criteria for Financial Assistance:

1. Pioneer Memorial will adhere to an established methodology to determine eligibility for full or partial financial assistance. The methodology shall consider whether the health care services meet either the "emergency care and services" or "medically necessary care and services" criteria, as well as income, family size and resources available to pay for care.
2. A patient (or patient guarantor) with a household income of 200% or less of the Federal Poverty Level (FPL) is eligible for full financial assistance.
3. A patient or (patient guarantor) with a household income between 201% and 350% of the FPL is eligible for partial financial assistance based on a sliding scale.

Annual Family Income	Maximum Discount
200% or less FPL	100%
201% - 250%	75%
251% - 300%	50%
301% - 350%	36
351% or above of FPL	0%

4. Eligibility for full or partial financial assistance is contingent upon the completion of a Financial Assistance Application and submission of sufficient documentation requested by Pioneer Memorial to demonstrate financial need. Information collected from the application will include:
  - Name, address, date of birth, and social security number of applicant and spouse
  - Marital status
  - Employer information, including position and years employed, hourly wage, and hours worked per week
  - Health insurance provider, including group number and insured subscriber number, Medicare number and Medicaid number
  - Monthly Household Income including:
    - o Gross Employment Wages/Salary
    - o Part-Time Jobs (gross wages)
    - o Self-Employment Income

- o Social Security/Disability
  - o Retirement (All Sources)
  - o Veteran Pension
  - o Unemployment Compensation
  - o Workers Compensation
  - o Union Benefits
  - o Child Support/Alimony
- Monthly Household Expenses including:
    - o House Payment
    - o Rent
    - o Utilities (phone/cell phone, cable, internet, electric, heat, water/sewer, garbage)
    - o Food
    - o Child Care/Daycare
    - o Child Support Expense
    - o Property Taxes
    - o Property Insurance
    - o Credit Cards
    - o Bank Loans
    - o Vehicle Payment
    - o Transportation/Car Expense
    - o Auto Insurance
    - o Health/Dental/Life Insurance
    - o Prescriptions/medications
    - o Other (list each)
- Additional information regarding:
    - o Bankruptcy
    - o Judgments or liens filed against you
    - o Receipt of benefits such as welfare payment, food stamps, Medicaid, emergency energy assistance, County Poor Relief, etc.
    - o Medical bills - PMH&HS and non-PMH&HS
5. Exceptional circumstances may influence a patient's or guarantor's eligibility for financial assistance and may be considered on a case-by-case basis. These circumstances include, but are not limited to:
- Employment status
  - Total amount of debt (medical and non-medical)
  - Terminal illness
  - Total monthly expenses

6. Once Pioneer Memorial has provided emergency or medically necessary services, a patient or guarantor may submit a Financial Assistance Application. The right to apply for financial assistance consideration begins on the date of service and extends through the 240th day after the first billing statement is sent to the patient or guarantor. However, patients and guarantors are encouraged to submit their Financial Assistance Applications as soon as possible.

**Public Notice and Posting of Availability of Financial Assistance:**

1. Pioneer Memorial takes reasonable efforts to fully inform all patients and the public of the availability of financial assistance, including the following means of communication:
  - Posting of signs in the Emergency Room and all patient admission/registration areas and make available paper copies of the Financial Assistance Policy (FAP), Financial Assistance Application and the plain language summary upon request.
  - Offering a copy of the plain language summary as part of the admission or discharge process.
  - Posting of the Financial Assistance Policy, the Financial Assistance Application and the plain language summary on the hospital website at [www.pioneermemorial.org](http://www.pioneermemorial.org).
  - Providing written notification on patient billing statements.
  - Mentioning the availability of financial assistance when discussing the bill over the telephone or in person with patients or guarantors.
  - Providing information to local social services agencies.
2. Pioneer Memorial's Financial Assistance Policy, the Financial Assistance Application, and a plain language summary are available free of charge. Individuals may obtain these documents through the following means:
  - Paper copies are available in person or can be mailed to the patient upon request.
  - Copies can be accessed, downloaded and printed from the website ([pioneermemorial.org](http://pioneermemorial.org)).
3. Pioneer Memorial takes reasonable efforts to help overcome any language or disability barrier that may serve as an impediment to informing patients and guarantors about the availability of financial assistance, including:
  - Making available the translation of the Financial Assistance Policy, application form and summary of the policy in the language spoken by each limited English proficiency language group that constitutes the lesser of 1,000 individuals or 5% of the community served by the hospital.
  - Providing interpreters upon request of the patient or patient's companion to accommodate either language or disability needs.

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**List of Providers Covered and Not Covered by Financial Assistance Policy (FAP):**

1. Financial assistance can be granted solely for emergency or other medically necessary services provided by Pioneer Memorial providers. This policy applies to the following providers who provide services at Pioneer Memorial:
  - Pioneer Memorial Hospital
  - Viborg Medical Clinic
  - Parker Medical Clinic
  - Centerville Medical Clinic
  
2. Services provided by non-PMH&HS physicians, providers, facilities or organizations are not eligible for financial assistance granted through this policy. This policy does not apply to the following groups that may treat a Pioneer Memorial patient:
  - Sanford Health
  - Sanford Breast Health Institute
  - Sanford Cardiovascular Institute
  - Sanford Radiologists
  - Sanford Surgical Associates
  - CORE Orthopedics Avera Medical Group
  - Foot & Ankle Clinic P.C.
  - Pulmonary & Sleep Consultants

**Financial Assistance Application Process:**

1. Patients or guarantors seeking financial assistance can obtain a Financial Assistance Application from Patient Financial Service by the following methods:
  - By telephone at 605-326-5161
  - By mail at 315 N. Washington St., PO Box 368, Viborg, SD 57070
  - By visiting **[www.pioneermemorial.org](http://www.pioneermemorial.org)**
  
2. Patients or guarantors seeking financial assistance have the following obligations:
  - Complete, sign and submit a Financial Assistance Application.
  - Submit sufficient documentation to establish financial need, including documents such as the latest filed IRS tax return and the two most recent pay stubs.
  - Respond to follow up questions and further requests for information so that Pioneer Memorial can accurately and promptly assess eligibility for financial assistance.

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- Resolve and finalize any pending matters with applicable insurers and third party payers so that Pioneer Memorial can proceed with the processing of a Financial Assistance Application.
  - Cooperation in applying for other financial assistance available through state or local agencies if qualified under the eligibility criteria of such programs.
3. Upon receipt of a Financial Assistance Application that is deemed "incomplete", Pioneer Memorial will:
- Suspend all extraordinary collection activity on current accounts and also unpaid accounts that may have been referred to an external collection agency while the application remains incomplete and awaiting all required documents.
  - Provide a written notice of additional information needed and contact information for assistance with completing the application.
  - Allow patients or guarantor a reasonable amount of time to submit the supporting documentation and to respond to follow up requests. A pending or incomplete Financial Assistance Application will be cancelled if the patient or guarantor fails to submit all required supporting documentation within 30 days, or fails to respond to any follow-up questions and requests within 30 days.
  - In the event that the "incomplete" application is cancelled for any reason stated above, the unpaid accounts shall be subject to the terms and provisions of Pioneer Memorial's collection policy.
4. Upon receipt of a Financial Assistance Application that is deemed "complete", Pioneer Memorial will:
- Suspend all extraordinary collection activity on current accounts and also unpaid accounts that may have been referred to an external collection agency until such time that Pioneer Memorial makes a final determination on the eligibility for financial assistance.
  - Make a determination of the eligibility for financial assistance within 30 days of receipt a completed Financial Assistance Application. The Director of Patient Financial Services will review the Financial Assistance Application with the CEO and/or CFO, and a determination of financial assistance will be approved or denied.
  - Notify the patient or guarantor by mail within 10 days of Pioneer Memorial's determination to approve or deny the Financial Assistance Application.
  - In cases where full or partial financial assistance is approved, make appropriate adjustments in the patient account to reflect the percentage and amount of financial assistance.

5. Subject to Pioneer Memorial's discretion, once a patient or guarantor has qualified for financial assistance, the eligibility can be extended up to a maximum of six months from the approval date to cover future qualified care or services. To be eligible for this extended term, Pioneer Memorial may require patients or guarantors to provide updated financial information.
6. There instances when a patient may appear eligible for charity care discounts, but there is no financial assistance application form on file due to a lack of supporting documentation. Often, there is adequate information provided by the patient through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Pioneer Memorial Hospital & Health Services could use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
  - State-funded prescription programs;
  - Homeless or received care from a homeless clinic;
  - Participation in Women, Infants and Children programs (WIC);
  - Food stamp eligibility;
  - Subsidized school lunch program eligibility;
  - Eligibility for other state or local assistance program that are unfunded (e.g. Medicaid spend-down);
  - Low income/subsidized housing is provided as a valid address; and
  - Patient is deceased with no known estate
7. Pioneer Memorial shall maintain confidentiality for all Financial Assistance Applications and supporting documents and may share this information of Pioneer Memorial only upon written or verbal request from the patient or guarantor, or upon request by Pioneer Memorial's external auditors, collection agencies or law firms

#### **Limitation of Charges for Full and Partial Financial Assistance:**

1. All individuals that are FAP-eligible will not be charged more than the amounts generally billed (AGB) for their emergency or medically necessary care.
  - "Amounts generally billed" for insured patients has two components: The amount required to be paid by the third party insurer **plus** the amount required to be paid by the patient.
  - The "amounts generally billed" is calculated annually by Pioneer Memorial and is based on a twelve-month look-back period from October to September. The calculation is the sum of all Inpatient and Outpatient

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claims allowed by Medicaid for emergency and other medically necessary care divided by the sum of the associated gross charges related to those claims.

- Therefore, Pioneer Memorial will bill self-pay patients who qualify for financial assistance under this policy (incomes at or less than 350% of the Federal Poverty Guidelines) not more than the Inpatient and Outpatient combined Medicaid overall adjustment rate.
2. For patients or guarantors who are deemed qualified for full assistance, Pioneer Memorial will send a written notification by mail within 10 days of the determination. The account will be 100% forgiven.
  3. For patients or guarantors who are deemed qualified for partial financial assistance, Pioneer Memorial (or its external collection agency if the patient account has been referred to collections) will submit a bill to the patient or guarantor reflecting the discount for the partial financial assistance and any self-pay discount.
  4. The statement sent to the patient will show the gross charges, self-pay discount, any financial assistance discounts, and the net patient responsibility amount.
  5. If a patient or guarantor submits a complete application and is determined to be eligible, Pioneer Memorial will refund amounts paid for care in excess of what they would owe, unless less than \$5.00.

#### **Collections Practices:**

1. Pioneer Memorial expects payment from patients and guarantors who have the ability to pay. In the event such patients or guarantors fail or refuse to fulfill their financial obligation, Pioneer Memorial may engage in collections action including the referral of unpaid accounts to external collection agencies. Pioneer Memorial will not engage in extraordinary collection actions before taking reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance.

#### **Compliance:**

1. In implementing this Policy, Pioneer Memorial Hospital & Health Services management shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.