

Financial Assistance Program

PURPOSE

To provide guidelines and procedures for Great River Health System's Financial Assistance Program, which includes Fort Madison Community Hospital (FMCH), Great River Medical Center (GRMC), and Great River Physicians and Clinics (GRPC). This policy does not include services provided by external sources.

POLICY

Great River Health System will not discriminate in providing emergent and medically necessary services to those in need regardless of their ability to pay. The Financial Assistance Program is designed to identify individuals who are uninsured or under insured and in need of free or discounted medical care. Assistance will be determined by an individual assessment. The patient is ultimately responsible to fulfill his/her financial obligation and may not be granted financial assistance until application requirements are met.

OPERATIONAL DEFINITIONS

Financial assistance, also known as charity care:

Assistance given by providing free or discounted health care services to individuals based on financial need

Family:

Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on his/her income tax return, that person may be considered a dependent for purposes of the provision of financial assistance.

Uninsured:

The patient has no level of insurance or third-party assistance to help meet his/her payment obligations.

Under insured:

The patient has some level of insurance or third-party assistance but still has an out-of-pocket responsibility that exceeds his/her financial abilities.

Limitation on Charges:

Total charges for patients with emergency or medically necessary care who qualify for financial assistance are limited to no more than the amounts generally billed to individuals with insurance coverage. Limitation on Charges applies ONLY to FMCH and GRMC.

Amount Generally Billed:

An amount equivalent to the average amount billed to patients with insurance coverage, after insurance pays

Medically Necessary:

Services or items reasonable and necessary for the diagnosis or treatment of illness or injury

METHOD FOR APPLYING

Obtain and complete financial assistance application:

- Applications are available:
 - At all Great River Health System facilities
 - Online at <https://www.greatriverhealthsystem.org> and <https://fmchosp.com>
 - Mailed to you by calling:
 - Patient Billing office at 877-404-4763 option 2
 - Patient Accounts department at (855)682-3422
 - Patient Financial Services department at (319)376-2114
- Return completed application with all required documentation by mail to:
 - GRMC, Attn: Patient Billing, PO Box 668, West Burlington, IA 52655
 - FMCH, Attn: Business Office, PO Box 174, Fort Madison, IA 52627

MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

Great River Health System will advise patients and their families of the Financial Assistance Policy through the following means:

- Direct patient contact, in person, or by phone
- At the point of registration at all clinic and hospital locations
- In the Emergency Department during registration or discharge
- On the back of patient statements
- Online at <https://www.greatriverhealthsystem.org> and <https://fmchosp.com>
 - The policy and application are down loadable and printable.
- Public agencies and not-for-profit agencies serving the community member who are likely to use financial assistance

DETERMINATION OF FINANCIAL NEED & ELIGIBILITY

A request for financial assistance may be made by the patient or any person who could reasonably be expected to act on behalf of the patient, has a reasonable basis to believe that the patient may qualify for discounted services, and can provide information required to establish eligibility.

A. Who can receive financial assistance?

1. Uninsured patients who can provide proof that they don't qualify for government programs such as Medicaid
2. Patients whose charges are not covered by their Medicaid, Medicare, and/or third party insurance
3. Patients whose charges are not covered for days exceeding length of stay limits covered by Medicaid or other indigent care programs
4. Insured patients with out-of-pocket expenses due to coinsurance, deductible, and copay
 - a. This includes but is not limited to third party and public payers that are contracted with the health system

B. Required Documentation:

1. Completed and signed financial assistance application
2. Most recent tax return
3. Proof of household income in the form of, but not limited to:
 - a. Copy of two most recent pay stubs
 - b. Proof of unemployment
 - c. Social Security and/or pension income letter(s), most recent Social Security and/or pension check(s), or bank statement showing direct deposit
4. If uninsured, Medicaid denial letter from the Department of Human Services or Great River Health System's Patient Eligibility Services

C. Age, gender, race, social or immigrant status, sexual orientation, or religious affiliations are NOT considered when determining eligibility.

D. Financial assistance is based on current Federal Poverty Level (FPL) guidelines and is updated on an annually.

E. Financial assistance discount guidelines:

| GROSS INCOME AS PERCENT OF FPL | PERCENT OF ASSISTANCE/DISCOUNT |
|---------------------------------------|---------------------------------------|
| 0-200% | 100% |

| | |
|-----------------|-----|
| 201-225% | 75% |
| 226-250% | 50% |
| 251-275% | 25% |
| 276-300% | 15% |

- F. All medically necessary services will qualify for financial assistance consideration for all providers listed in Appendix A and Appendix B
- G. Long-term care services at Klein Center are exempt from this policy.
- H. Deductible and coinsurance amounts claimed as Medicare bad debt are exempt from this policy
- I. A letter will be sent to each applicant informing him/her of eligibility determination.
- J. If approved, financial assistance applications must be renewed every twelve months. Financial counselors may re-evaluate household income any time they find it necessary.
- K. Financial assistance is applied to existing balances.

PRESUMPTION OF FINANCIAL NEED AND ELIGIBILITY

There are situations when a patient is presumed to be eligible for financial assistance but there is no financial assistance application or documentation to support eligibility. GRMC and FMCH can use other sources to determine eligibility.

- A. External publicly available data sources that provide credit scoring information showing a patient's ability to pay for services.
- B. Individual life circumstances that may include:
 1. State-funded prescription programs
 2. Homeless or received care from a homeless clinic
 3. Participation in Women Infants and Children program (WIC)
 4. Food stamp eligibility
 5. Subsidized school lunch program
 6. Low-income/subsidized housing

7. Energy assistance recipient
 8. Eligible for state or local assistance programs that are unfunded (ex. Medicaid spend-down)
 9. Patient is known to be incarcerated
 10. Patient is deceased with no estate
- C. If a financial assistance application is obtained after presumptive eligibility is applied, the presumptive eligibility discount will be reversed, and financial assistance will be applied.
- D. Patients who refuse to complete a Presumptive Medicaid application may not be considered for financial assistance.

LIMITATION ON CHARGES

The Patient Protection and Affordable Care Act (PPACA) Sec. 907(a)(5)(A) requires not for profit hospitals to limit the amount charged to uninsured patients who qualify for financial assistance under this policy. The total charge for uninsured patients who receive emergent or medically necessary care are limited to no more than the amount generally billed (AGB) to individuals with insurance coverage.

1. GRMC and FMCH use the Look Back method when calculating the limitation on charges and AGB. These calculations are based on historical claims related to Medicare fee for service, Blue Cross Blue Shield, and commercial insurances.
2. The AGB calculations are different for GRMC and FMCH.
3. The AGB calculations are re-evaluated on an annual calendar year basis and can be provided to applicants by request.
4. The uninsured patient's account balance is reduced by the limitation on charges percentage. This new balance, called the AGB, is then discounted based on the financial assistance eligibility percentage.
5. Great River Physicians and Clinics is a for-profit entity and it is NOT required to limit charges billed to uninsured patients therefore, is exempt from this calculation.

EXTENUATING CIRCUMSTANCES

Occasionally, there are extenuating circumstances which could cause Great River Health System to grant a financial assistance discount to patients who may otherwise not qualify for financial assistance under the above-described criteria. Example: patient has more medical debt than to income, resulting in an inability to meet his/her financial obligation. It is at the discretion of GRHS to grant financial assistance discounts to patients with these extenuating circumstances.

RELATIONSHIP TO COLLECTION POLICIES

Refer to the Great River Health System [Billing and Collection Policy](#).

COMMUNITY HEALTH NEEDS ASSESSMENT

Great River Health System is dedicated to promoting healthy behaviors and improving health outcomes. To achieve this goal we have adopted strategies to reduce obesity rates and preventable hospital stays due to chronic disease; prevent or reduce teen births and STDs among youth/young adults; prevent and reduce alcohol, tobacco, and other drug abuse among our youth and young adults (includes prescription drug abuse); and improve the population's mental health and well-being. In addition, we are focused on promoting elderly wellness by implementing strategies to improve the health, function and quality of life of older adults.

REGULATORY REQUIREMENTS

In implementing this policy, Great River Health System management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy. The Manager of Patient Financial Services-Patient Billing is responsible for monitoring and evaluating compliance.

APPENDIX

- A. FMCH Included Services and Clinics
- B. GRMC Included Services and Clinics / GRPC Included Clinic

REFERENCES

- Social Security Act, section 1867 (42 U.S.C. 1395dd)
- Federal Poverty Guidelines – updated each year in February and published in the Federal Register. Available on the internet at ASPE.HHS.GOV/POVERTY/POVERTY.htm
- PPACA – Patient Protection and Affordable Care Act of 2010

LINKS TO RELATED DOCUMENTS

- [Billing and Collection Policy](#)

APPENDIX A: FMCH INCLUDED SERVICES AND CLINICS

FMCH Included Hospital Services

| | | | | |
|------------------------|----------------------|-------------------------|--------------------------|----------------------|
| Annex | Cardiac Rehab | Home Health and Hospice | Occupational Health | Surgical |
| Anticoagulation Clinic | Cardiac Pulmonary | Inpatient | Radiology | Wound Healing Center |
| Birth Place | Emergency Department | Laboratory | Rehabilitation & Therapy | |

FMCH Included Clinics

| | | | | |
|-----------------|------------------------|------------------------------------|-------------|--------------------|
| Cardiology | Internal Medicine | Ophthalmology | Podiatry | The Women's Center |
| Dermatology | My Care Walk-In Clinic | Orthopedics | Psychiatry | Urology |
| Family Practice | Neurology | Otolaryngology (ear, nose, throat) | Pulmonology | |
| General Surgery | Oncology | Pediatrics | Specialty | |

APPENDIX B - GRMC INCLUDED SERVICES AND CLINICS / GRPC INCLUDED CLINICS

GRMC Hospital Services

| | | | | |
|---------------------|----------------------|--------------------|------------------------|----------------------|
| Acute Care | Digestive Health | Inpatient Pharmacy | Pediatrics | Surgical Services |
| Cancer Center | Emergency Department | Laboratory | Psychiatric Care | Swing Unit |
| Cardiovascular Care | Heart and Vascular | Nursery | Rehabilitation | Wound and Hyperbaric |
| Day Hospital | Inpatient Dialysis | Obstetrics | Respiratory Care | |
| Diagnostic Imaging | Intensive Care | Palliative Care | Sleep Disorders Center | |

GRMC Included Hospital Based Clinics

| | | | |
|------------------------|----------------------|-------------------------|----------------|
| Cardiology | Hematology Oncology | Orthopaedic Specialists | Surgeons |
| Eye Specialists | Medicine Specialists | Pre-Surgery | Urology |
| Family Medicine | Mental Health | Pulmonology | Women's Health |
| Family Medicine, Mercy | Nephrology | Radiation Oncology | Wound |

GRPC Included Clinics

| | | | |
|-----------------------|---|------------|------------|
| Urology, Fort Madison | Mediapolis | Quick Care | West Point |
| Keokuk | Orthopaedic Specialists, Mount Pleasant | Wapello | |