

Policies and Procedures

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PURPOSE:

To outline and establish policies and procedures in conformance with applicable sections of the Iowa Code and consistent with the mission, vision, and values of Lucas County Health Center to better serve our patients, regardless of their ability to pay, and to provide financial assistance and counseling for those of limited means, without regard to race, color, ethnicity, gender, age, handicap, creed, religion, national origin, political affiliation, or sexual orientation. As a county public hospital, Lucas County Health Center meets the medically necessary health care needs of all patients who seek care, regardless of their financial abilities to pay for services provided. Similarly, patients have an obligation to obtain insurance coverage and pay for a portion of their health care services, and Lucas County Health Center has a duty to seek payment from patients.

DEFINITIONS:

1. “When feasible” means the ability to balance a person’s need for assistance with the Health Center’s broader fiscal responsibilities to maintain a financially viable organization and continuous service to all its patients; and the availability of necessary and appropriate equipment, technology, and staff.
2. “Medical Resources” includes private third-party medical insurance, worker’s compensation insurance benefits, Medicare, Medicaid, and any other federal, state, or local medical program.
3. “Financial Resources” means available cash on hand and in financial institutions, and assets that can be readily converted to cash without upsetting day-to-day household operations. Assets exempt from this consideration are household furnishings, tools and equipment used for self-support, household vehicles used for gainful employment, and homestead used as a principal place of residence. Financial resource information will not be collected or considered when reviewing applications for the Discounted/Sliding Fee Schedule used at the Lucas County Health Center Medical Clinic.

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Approved Date: 12/17/2019

Approved by: LCHC Board of Trustees, Leadership - Chief Executive Officer, Policy Review Committee

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4. “Family Household” means a person applying to qualify for financial assistance and all members of his or her immediate family including spouse, children under 18 years of age, and all dependent or non-dependent occupants over 18 years of age.
5. “Income” for determination of eligibility for Financial Assistance includes all cash receipts before taxes from all sources. It includes amounts earned and unearned, such as salary and wages, self-employment earnings, VA benefits, retirement benefits (social security, IPERS, pension, civil service, 401K, etc.), worker’s compensation benefits, disability benefits, unemployment benefits, child support, alimony, interest, dividends, rent, public assistance, military allotments, government and private pensions, insurance and annuity payments, income from royalties, estates and trusts, gambling and lottery winnings. In addition, income includes resources drawn down from bank accounts, the sale of property, tax refunds, gifts, loans, inheritances, insurance lump sum payments, and compensation from injury. The above identified sources of income is not an exhaustive list and is provided only as examples of income.
6. “Income” for determination of eligibility for Discounted/Sliding Fee Schedule includes all cash receipts before taxes from all sources. It includes amounts earned and unearned, such as salary and wages, self-employment earnings, VA benefits, retirement benefits (social security, IPERS, pension, civil service, 401K, etc.), worker’s compensation benefits, disability benefits, unemployment benefits, child support, alimony, interest, dividends, rent, public assistance, military allotments, government and private pensions, insurance and annuity payments, income from royalties, estates and trusts, gambling and lottery winnings.
7. “Qualifying Charges” mean total gross charges for medically necessary care and treatment provided by Lucas County Health Center less available medical resources and financial resources. If there is a disagreement whether services are medically necessary, the current Chief of Staff along with the CEO will determine medical necessity.
8. “Medically Necessary Care” Services that are (1) consistent with the diagnosis and treatment of the patient’s condition; (2) in accordance with standards of good medical practice; (3) required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient’s practitioner or caregiver; and (4) the least costly type of service which would reasonably meet the medical need of the patient.

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9. “Patient(s)” Includes either the patient and/or the patient’s responsible party (parent, guardian, guarantor).

POLICY:

Lucas County Health Center will provide financial assistance for medically necessary care and treatment available at its facilities, when feasible, to any sick or injured person who qualifies for eligibility under this financial assistance program. Lucas County Health Center also employs and /or contracts certain physicians and mid-level practitioners to provide medically necessary care and treatment. Should a patient who is eligible for financial assistance require such services, related charges billed by Lucas County Health Center would also be considered for financial assistance. Any physician and mid-level practitioner fees not billed by Lucas County Health Center will be the responsibility of the patient.

Amounts considered for financial assistance will be determined based on charges for medically necessary care and treatment provided by Lucas County Health Center less available benefits from medical resources and financial resources. Cosmetic surgery and other non-medically necessary services are exempt from consideration for financial assistance.

Every effort will be made to externally promote and publicize the availability of this financial assistance program to Health Center’s patients and local community service agencies. Such efforts will also include providing information and education during the patient intake process about eligibility requirements under various governmental or community programs as well as the Health Center’s financial assistance program.

While this policy will allow consideration of individual circumstances, financial assistance by Lucas County Health Center is not a substitute for personal responsibility. Financial assistance is contingent upon the cooperation of a patient in providing complete and accurate information regarding their financial status, and in being responsible to pay for their care based on their individual ability and according to the terms of this policy. In this way, applications for financial assistance can be accurately assessed and fairly managed in an effort to meet our goal to provide medically necessary care to all patients regardless of their ability to pay.

In the event that there is a liability claim paid or a medical settlement made to the patient to pay for medical/surgical bills that the patient applied to have treated as

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Financial Assistance, the Health Center reserves the right to void the Financial Assistance Program Application, approved or not, seek restitution from the patient, and pursue whatever legal recourse is necessary to secure payment.

Once financial assistance has been approved, the remaining balance will be subject to the Credit Policy. Acceptable payment arrangements must be made with the Financial Counselor or Business Office Supervisor. In the instance that the agreed upon payments are not made for two consecutive months, the financial assistance may be reversed and the patient will be responsible for the original balance.

SCOPE:

This Policy applies to Lucas County Health Center which is a county public hospital established by the Code of Iowa.

PROCEDURE:

1. Upon request, an individual with qualifying charges will be given a Financial Assistance Program Application (FAPA) to provide complete and accurate information regarding residency, family household, financial resources, medical resources and income. Failure to provide needed information will serve as a basis for denial of eligibility.
2. The completed FAPA will be forwarded to the Business Office Supervisor or designee to determine adequacy of information provided and eligibility for financial assistance.
3. An individual will be eligible for financial assistance of 100 percent of qualifying charges under this program, or 100 percent Sliding Fee Schedule if the family household:
 - a. Has limited financial resources which can be used for its care and treatment.
 - b. Has income that does not exceed 100 percent of the most current federal HHS poverty guidelines.
 - c. Refer to the Sliding Scale for Financial Assistance for the financial resource limitation and poverty guidelines. Financial resource limitation will not be considered when reviewing applications for Sliding Fee Schedule.

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4. An individual will be eligible for financial assistance of 75 percent of qualifying charges under this program, or 75 percent Sliding Fee Schedule if the family household:
 - a. Has limited financial resources which can be used for its care and treatment.
 - b. Has income that is greater than 100 percent but does not exceed 140 percent of the most current federal HHS poverty guidelines.
 - c. Refer to the Sliding Scale for Financial Assistance for the financial resource limitation and poverty guidelines.
5. An individual will be eligible for financial assistance of 50 percent of qualifying charges under this program, or 50 percent Sliding Fee Schedule if the family household:
 - a. Has limited financial resources which can be used for its care and treatment.
 - b. Has income that is greater than 140 percent but does not exceed 170 percent of the most current federal HHS poverty guidelines.
 - c. Refer to the Sliding Scale for Financial Assistance for the financial resource limitation and poverty guidelines.
6. An individual will be eligible for financial assistance of 25 percent of qualifying charges under this program, or 25 percent Sliding Fee Schedule if the family household:
 - a. Has limited financial resources which can be used for its care and treatment.
 - b. Has income that is greater than 170 percent but does not exceed 200 percent of the most current federal HHS poverty guidelines.
 - c. Refer to the Sliding Scale for Financial Assistance for the financial resource limitation and poverty guidelines.
7. If an individual's family household income exceeds 200% of the most current federal HHS poverty guidelines, eligibility will be denied and no financial assistance will be provided under this program.
8. A Determination of Financial Assistance form indicating the percent and amount of financial assistance will be approved and signed by the Chief Executive Officer, the Chief Financial Officer, and the Business Office Supervisor, or a designee. A copy of this form will be mailed to the applicant, while the original is attached to the application and filed.

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9. Once a Financial Assistance Program Application has been approved it shall remain valid for six months from the last date the Determination of Financial Assistance letter was signed. After six months has passed a new FAPA must be completed.
10. An individual who qualifies for financial assistance may choose not to accept such assistance under this program. That decision will not preclude a reapplication at some future time. However, updated information as to family household, financial resources, medical resources, and income will be used to determine eligibility and available financial assistance at that future date.
11. Once assistance has been approved, the discounted amount will be applied to the approved accounts using item number 99014. Each account will also be noted regarding the approval of financial assistance.
12. When a financial assistance decision has been made, the applicant will be sent a letter stating the amount of financial assistance awarded and the remaining balance for which the applicant remains responsible. The letter will instruct the applicant to contact the LCHC Financial Counselor to make payment arrangements on the remaining balance within 30 days of the date of the letter. After the applicant and the Financial Counselor agree on those arrangements, if an the agreed upon monthly payment is not made for two consecutive months, the Financial Counselor will contact the applicant to discuss alternate payment arrangements. If the applicant is unable to make acceptable payment arrangements or if LCHC is unable to contact the applicant, LCHC may begin collecting on the balance.
13. When an applicant fails to comply with the payment arrangements, LCHC uses an outside contractor to begin collection actions. The outside contractor may report adverse information to credit reporting agencies 31 or more days after the account is assigned to the contractor without further approval from LCHC. The contractor may commence a civil action to collect the unpaid debt if approved in advance by the LCHC Business Office Supervisor. If a judgement is obtained, LCHC may seek to garnish an individual's wages or attach or seize an individual's bank account or other personal property to satisfy the judgement if approved in advance by the LCHC Business Office Supervisor.

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14. All providers who deliver emergency or other medically necessary care at LCHC are covered by this financial assistance policy. This policy does not apply to providers that utilize LCHC's visiting specialty clinic area, or to Radiology Partners.

15. Financial Assistance Program information will be entered on the Financial Assistance Log.

PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY:

Patients who meet presumptive eligibility criteria may be granted financial assistance without completing the financial assistance application. There are instances when a patient may appear eligible for charity care discounts based on adequate information which could provide sufficient evidence to support the assistance. Adequate information may include a copy of their state ID card or a print screen of the web page listing the patient's eligibility. Presumptive eligibility in the amount of 100% may be determined on the basis of individual life circumstances that may include:

1. Eligibility in state-funded insurance programs such as Medicaid or a Medicaid Managed Care Organization (excluding spend-down and/or lock-in)
2. Eligibility in out of state funded insurance programs such as Medicaid or a Medicaid Managed Care Organization
3. Homelessness

The State of Iowa abides by the Federal Poverty Guidelines mentioned in this policy for eligibility into their programs.

NONDISCRIMINATION STATEMENT:

Lucas County Health Center rules for acceptance and participation in the Financial Assistance Program are the same for all patients without regard to race, color, national origin, sex, age, handicap, creed, religion, or political affiliation.

This policy is available to customers upon request and is posted on the Lucas County Health Center website.