Policy Title:	**Financial Assistance Policy**		
Primary Department:	Revenue Cycle		
Pertinent Department(s):	Patient Access, OB, Surgery Scheduling, Social Services, Med Surg, Diagnostic Imaging, and Kinisi Clinical Support		
Effective Date:	01/2019	**Supersedes:**	07/2018
Approved:	*Sally Bajak, Chief Financial Officer*		
Board approved*:*	*To be Approved*		

I. PURPOSE:

The purpose is to outline the process for making a reasonable determination of who is eligible to receive financial assistance at St. Croix Regional Medical Center and Clinics. The policy explains eligibility criteria, how to apply, what is covered and not covered, which providers are included, and to ensure that guidelines are followed for financial assistance requests. St Croix Regional Medical Center will offer a Sliding Fee Discount Program to all who are unable to pay for their emergent and other medically necessary services

II. POLICY

A. St. Croix Regional Medical Center's promise to the community is to help people who cannot afford healthcare costs and meet criteria under our Financial Assistance Policy. Our Financial Assistance is meant for short-term assistance and is not intended as a replacement for coverage.
B. St. Croix Regional Medical Center will not discriminate on the basis of ability to pay, race, color, national origin, citizenship, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

III. PROCEDURE

A. UNINSURED/UNDERINSURED DISCOUNT

St. Croix Regional Medical Center will provide a discount to all financial assistance eligible patient/guarantors that are uninsured or underinsured not to exceed amounts generally billed "AGB". See **Appendix B** for "AGB" calculation.

B. Eligibility Criteria

1. SCRMC shall review and evaluate each applicant's situation in order to make a determination on eligibility for financial assistance. SCRMC will look at the following to make a determination:

a. Size of Family/Household
b. Family/Household income

2. Prior to seeking financial assistance, the patient/guarantor must fully exhaust any available health insurance which may include but is not limited to; WI or MN Medicaid, Health Insurance Marketplace, MNSure, or commercial health coverage (employer offered, secondary to Medicare).

a) All sources of payment will be sought before financial assistance. Financial Assistance does not include shortfalls to Medicare, Medicaid, General Relief, WI or MN Family Planning program, WI Well Women's Program or MN Sage Program or contractual discounts from non-governmental third party payers.
b) Exception may be granted for applications that can provide proof their residency is outside of either WI or MN for the purpose of applying for Medicaid. If an exception is granted, the future dates of service will not be eligible for Financial Assistance beyond the completed application date.
c) If there is a change in residency back to either WI or MN, then a new application will be required, including applying for WI or MN Medicaid.

3. SCRMC reserves the right to investigate, verify, interview and request assignment from, however not limited to, the following list:

a. All benefits from any third party insurance source.
b. All benefits from state or federal assistance programs for which the patient/guarantor may be eligible.
c. All benefits from any charity organization; and/or
d. Pending litigation or settlement.
e. Workers Compensation
f. Motor Vehicle Insurance
g. Third Party Liability

4. Written proof may be required to show exhausted or denied benefits.

5. Who Can Apply:

a. All patients/guarantors who seek emergent and/or medically necessary services from St. Croix Regional Medical Center and Clinics.
b. An applicant is an individual who is not claimed as a dependent under someone else's most recent Federal tax return. If you are claimed as a dependent, then the tax filer must be the applicant for Financial Assistance.

6. Information Requested

a. An application will be determined complete if all requested information is provided by applicant in writing or orally, or a combination of both. If requested, Business Services staff can assist with making copies and original documents will be returned to the patient/guarantor.

b. Family/Household income will be defined using the Census Bureau's definition: 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 assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

c. Completed Application includes the following:
   i. Completed and signed Financial Assistance Application.
   ii. Most recent filed copy of Federal Tax Return.
   iii. Pay check stubs with year-to-date earnings (3 most recent).
   iv. Bank statements (3 most recent).
   v. Statement of income from any private or government agency that provides you benefits: (pension, grants, scholarships, workers compensation).
   vi. Proof of year-to-date child support or alimony payments. (if applicable)
   vii. Annual statement of Social Security benefits, or bank statements that show the direct deposit. (if applicable)
   viii. Correspondence from governmental agency approving or denying medical/assistance.
   xi. Documentation substantiating that the patient has applied for Medical Assistance within three (3) months of application date.
   x. If disabled or unable to work, documentation that patient has applied for disability coverage and has received a coverage determination. (if applicable)
   xi. If the patient is deceased, third party documentation that there is no estate to file a claim. (if applicable)
   xii. Provide the marketplace exemption Electronic Confirmation Number if the patient qualifies for Affordable Care Act exemption.
   xiii. Additional information may be requested to make a complete determination of income.

7. Application Review Process

Once a completed application is received, it may take up to 30 days to make a decision. Regardless of the determination, a letter will be sent to the last known address on the application.

8. Incomplete Application

a. An application will be deemed as an Incomplete Application if information is missing or information requested was not provided. For an application to be reconsidered, patient/guarantor must provide requested information within the Incomplete Application Deadline, which is 30 days from the date of an Incomplete Letter sent to the patient/guarantor last known address on the application.

b. Additional information may be requested to make a determination of income.

9. Denied Application

a. If an application is denied, a letter will be sent to the address on the application and will explain the reason for the denial. Any decision can be appealed, as outlined under this policy **Section15. Appeals**.

b. If an application has not met eligibility for financial assistance, the patient/guarantor will be advised to arrange a payment plan according to our Billing &Collection Policy.

10. Determination of Financial Assistance

a**.** Determination of financial assistance discounts will be granted according to the Financial Assistance Table. The Financial Assistance Table is updated annually and is based upon that year’s Federal Poverty Guidelines. Please refer to **Appendix A** Financial Assistance Table.

b. Patients/guarantors with a gross income and family size at or below 100% Federal Poverty Level will receive a 100% financial assistance discount. Patients/guarantors

with a gross income and family size at 101%-150% Federal Poverty Level will receive an 80% financial assistance discount. Patients/guarantors with a gross income and family size at 151%-175% Federal Poverty Level will receive a 60% financial assistance discount. Patients/guarantors with a gross income and family size at 176%-200% Federal Poverty Level will receive a 40% financial assistance discount. Patients/guarantors with a gross income and family size at 201%-250% Federal Poverty Level will receive a 20% financial assistance discount.

c. All services eligible for a financial assistance discount will be within the Approved Period for Financial Assistance which includes those dates of services that are not in third party collections, less than 240 days from service date, and for those dates included in subsequent emergency or medically necessary services billing statements that fall within 365 days forward from the date of completed application.

d. If there is a significant financial change in circumstances; a new application will be required. If a determination for additional financial assistance is determined, then the difference of the additional financial assistance will be applied only to those eligible dates of service, and 365 days forward.

11. Financial Assistance Discount Applied to Dates of Service

a. Business Services staff are responsible to ensure that all eligible financial assistance discounts are applied to the patient responsible self-pay balance after all third-party payments have been applied.

b. Financial assistance discount will be applied to eligible outstanding balances which have not been sent to a third party collection agency and services rendered for 365 days forward from the determination date of eligibility.

c. All uninsured or underinsured patients will be asked to pay $75.00 when they present for each date of service. These payments will be considered a co-payment and not be considered a payment on account. Service will not be denied if the patient is unable to provide the requested payment.

d. Dates of service eligible for Financial Assistance will only be considered once.

f. Patients may be eligible under catastrophic circumstances that would result in severe financial hardship if they do not meet financial assistance eligibility under this policy and have exhausted available insurance options. Patients that meet catastrophic circumstances criteria will have out of pocket obligations discounted to an amount not to exceed 25% of their family income. All catastrophic circumstances are subject to discretionary approval by the CFO or designee and Business Services leadership.

12. List of Providers covered in Financial Assistance

Not all providers participate in St. Croix Regional Medical Center's Financial Assistance Policy. The list of providers covered in our Financial Assistance Policy is attached as **Appendix C**. This list will be updated quarterly per IRS rules and regulations under 501(r).

13. Providers and Service not eligible for Financial Assistance

a. Some providers may not utilize St. Croix Regional Medical Center's Financial Assistance Policy and process.

b. Services available for Financial Assistance must be deemed medically necessary and/or emergent. Elective or cosmetic services, hearing aids, supplies, pharmaceuticals, and retail services do not qualify under Financial Assistance.

14. Determination of Presumptive Eligibility

a. Portions of or the entire financial application process may be waived for certain patients/guarantors who presumptively qualify for financial assistance and are

subsequently verified, consistent with St. Croix Regional Medical Center policies and procedures. Examples may include patients/guarantors who are homeless, deceased without an estate, bankruptcy, government assistance programs and/or patients/guarantors who qualify by external available data sources such as credit agencies or lack of social economic status of qualifying for government assistance/insurance.

15. Appeals

a. Patient/guarantor can request an appeal for reconsideration of decision. The appeal period is 30 days from the date of the determination letter. An *Appeal Form: Reconsideration of Financial Assistance* can be used, however, it is not required. This form can be requested or is available on our website.

b. An appeal will be reviewed by a panel that will consist of the Chief Financial Officer, or designee and Business Services leadership. This review and decision will be based upon St. Croix Regional Medical Center's policy and will be reviewed within 15 days from receipt of the appeal. The appeal may take longer if additional information is requested or in situations of extenuating circumstances.

16. Collection Efforts in the Event of Nonpayment

a. In the event a patient/guarantor does not apply for financial assistance under this policy, the collection actions St. Croix Regional Medical Center may take are fully described in its Billing and Collection Policy. A free copy of this policy can be obtained at all SCRMC facilities and on our website http://www.scrmc.org.

b. A separate written notice will be provided, about the availability to apply for financial assistance, at least 30 days prior to any Extraordinary Collection Actions (ECAs).

d. All accounts placed with SCRMC's third party collection agency may "pull" a credit report through a credit bureau. This credit report "pull" may result in a hard hit on your credit file. The third party collection agency may evaluate credit profile for potential hardship situation and make a recommendation back to SCRMC for review and determination for Financial Assistance.

17 Plain Language Summary

a. A Plain Language Summary is a written summary of our Financial Assistance program, who can apply, how to apply and where to get information or assistance with applying.

b. A Plain Language Summary is available through Patient Financial Counselors by calling 715-483-0475 or toll free 1-800-828-3627 x 2475, at the Emergency Department, Registration areas at all facilities, and on our website http://www.scrmc.org.

c. A Plain Language Summary will be included with one post discharge communication.

18. Communication of Financial Assistance

St. Croix Regional Medical Center has implemented measures to widely publicize communications to patients and the public regarding the availability of our Financial Assistance Policy, Application, and Plain Language Summery. Free copies are available and can be found at the Emergency Department, Patient Financial Counselors, Registration desks at all facilities, public locations, upon admission and discharge, posted notifications in clinic waiting areas, as well as on our website www.scrmc.org.

19. Administration

The Financial Assistance procedures will be administered through the Business Services staff or as designated by the CFO.

20. Uniformity

a. To assure uniform application of this policy within St. Croix Regional Medical Center, the following applies to all applicable St. Croix Regional Medical Center facilities.

b. All charges will be recorded on the patient's account in accordance with the normal charging procedures. Discounts will be applied to patient responsible self-pay balances.

c. Services will not be "downcoded" to a lower fee.

d. "Professional courtesy" will not be utilized.

Appendix A Financial Assistance Table

Appendix B St. Croix Regional Medical Center and Clinic's "AGB" Calculation

Appendix C List of Providers covered under Financial Assistance Policy

DEFINITIONS

Applicant is an individual who is not claimed as a dependent under someone else's most recent Federal tax return.

Appeal Period means applicants are given 30 days from date of determination letter sent to seek an appeal for reconsideration. A written appeal must be submitted for reconsideration and can be submitted to Patient Financial Counselors by mail: 235 State St, Croix Falls, WI 54024, or by fax to 715-483-0505, or in person at any location. An Appeal Form can be requested or is available on our website www.scrmc.org.

Business Services staff means the department that has authority and responsibility for determining whether the Medical Center has made reasonable efforts to determine whether an individual is eligible for financial assistance and whether the Medical Center is authorized to engage specific collection actions described in this Financial Assistance Policy.

Catastrophic Circumstances is defined when out-of-pocket obligations resulting from medical services provided by SCRMC exceed 25% of family income and have assets below the equivalent of 600% of the Federal Poverty Level threshold

Completed FAP Application Date means the date when the application was received. If application was determined incomplete, then the completed application date will be the date when information requested was received.

Denied Application means that the applicant did not meet the eligibility criteria or did not meet the Incomplete Application Deadline. This does not prohibit applicant to re-apply if situation changes.

Downcoded means charging less than what is usual and customary for services rendered.

Eligible Dependents means dependents, regardless of age, that are claimed as dependents on most recent filed tax return.

Eligible Individual(s)means those individual who meet the criteria for Financial Assistance.

Eligible Services means services that are deemed emergent or medically necessary as defined in this policy.

Emergent Services means services provided in the Emergency Department.

Family/Household Size means an individual, those individuals who reside together, and is an Eligible Dependents as defined by IRS guidelines.

Family/Household Income includes all sources of income.

Financial Assistance Policy (FAP) refers to St. Croix Regional Medical Center's Financial Assistance Policy for uninsured and underinsured patients.

Incomplete Application Deadline means the applicant has 30 days from date of letter sent, requesting information and or/documentation. If applicant does not provide the requested information the application may be denied.

Medically Necessary Services means health care services that are appropriate in terms of type, frequency, level, setting and duration to your diagnosis or condition, diagnostic testing and preventive services. The fact that a physician, participating provider, or any other provider, has prescribed, ordered, recommended or approved a treatment, service or supply, or has informed you of its availability, does not in itself make it medically necessary.

Plain Language Summary means a written statement that notifies an individual that St. Croix Regional Medical Center offers financial assistance under the Financial Assistance Policy for emergent, inpatient, or outpatient medically necessary services and how to qualify, how to apply, and where free copies of the policy and applications can be found.

Patient/Guarantor means the individual who is responsible for a patient self-pay balance reflected on billing statements for emergent, inpatient, or outpatient medical services.

Uninsured is when a patient has no third-party insurance or government program available to provide coverage for the care that is rendered.

Underinsured is when a patient's established third-party insurance or government program providing initial payment for services rendered but the resulting balance assigned as the patient's responsibility to pay is higher than the individual's personal financial resources can reasonably be expected to cover.