Loring Hospital
Your Family Health Center
An Affiliate of UnityPoint Health

POLICY	TITLE **Financial Assistance Policy**		
	DEPARTMENT Business Office	APPROVED ON 12/08	EFFECTIVE DATE 12/08
	APPROVED BY Loring Board of Trustees	REVISED ON 06/18	LAST REVIEWED 09/19

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

BACKGROUND – PURPOSE:

Loring Hospital shall fulfill its charitable missions by providing emergency and other medically necessary health care services to all individuals without regard to their ability to pay. Loring Hospital shall provide financial assistance to eligible patients.

SCOPE:

This is a facility-wide policy, as a 501(c)(3) tax-exempt facility. Generally, services that patients receive at Loring Hospital are covered under the policy. Schedule B, attached, describes what provider practices are not covered at Loring Hospital.

POLICY:

As a charitable tax-exempt organization under Internal Revenue Code (IRC) Section 501(c)(3), Loring Hospital 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 Loring Hospital has a duty to seek payment from patients.

Pursuant to Internal Revenue Code Section 501(r), in order to remain tax-exempt, Loring Hospital is required to adopt and widely publicize its financial assistance policy.

The purpose of this policy is to outline the circumstances under which Loring Hospital will provide discounted care to financially needy patients.

PROCEDURE:

1. Definition.

   1.1 Hospital. A facility that is required by a state to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated by a Hospital Organization under a single state license are considered to be a single Hospital.

   1.2 Allowed Amounts. Maximum amount of payment for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.”

   1.3 Amounts Generally Billed to Individuals Who Have Insurance (AGB). The following method is used by Hospital to calculate Amounts Generally Billed to Individuals who Have Insurance in this policy.

1.3.1 AGB% = (Sum of all Allowed Amounts by Medicare + Sum of all Allowed Amounts by private health insurers during a prior 12-month period) / (Sum of Gross Charges For the Same Claims)

1.3.2 AGB = (Gross Charges for Medically Necessary Care or Emergency Medical Care) X (AGB %)

1.3.3 The current AGB amounts for Loring Hospital are attached at Schedule A to this policy. The AGB amounts will be updated annually.

1.4 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 reasonable meet the medical need of the patient.

1.5 Emergency Medical Care. As defined in the Emergency Medical Treatment and Labor Act (EMTALA), a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ part. It also includes a pregnant woman who is having contractions.

1.6 Patient(s). Includes either the patient and/or the patient's responsible party (parent, guardian, guarantor).

1.7 FINA-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.

2. Eligibility for Financial Assistance.

2.1 Financial assistance is available for only Medically Necessary Care and Emergency Medical Care provided to FINA-Eligible Patients. Financial assistance shall be based on the following guidelines.

2.2 FINA-Eligible Patients who are below 250% of the current Federal Poverty Income Guidelines (FPIG) may be FINA-Eligible. FINA-Eligible Patients will not be billed more that the Amounts Generally Billed to Patients who have insurance.

2.3 Hospital bills will be further reduced by the following amounts for patients in each FPIG category below:

0-150% of FPIG:	100% discount off AGB
151-175% of FPIG:	60% discount off AGB
176-200% of FPIG:	30% discount off AGB
201-250% of FPIG:	AGB Only

2.4 Household income will be considered in determining whether a Patient is eligible for assistance. Household income includes but is not limited to the following: Traditional married couples, children (biological, step, or adoption) and couples living together. (Married or couples living together requires that the parties present as a couple and share expenses, whether same sex or male/female.)

2.5 In addition to household income, the Hospital will consider the extent to which the Patient's household has assets that could be used to meet his or her financial obligation. Assets may include, but are not limited to, cash, savings and checking accounts, certificates of deposit, stocks and bonds, individual retirement accounts (IRAs), trust funds, real estate (excluding the Patient's home) and motor vehicles. The Hospital will also take into account any liabilities that are the responsibility of the Patient's household.

2.6 Information from a Patient's (or member of Patient's household) prior financial assistance applications may be used to determine current eligibility for assistance. Loring Hospital also uses third party agencies to assist with collections. If those agencies provide Loring Hospital with a statement regarding a Patient's likely FPIG level, Loring Hospital will use that information in determining the FINA-Eligibility status and the level of discount available.

2.7 Presumptive Eligibility. Patients who meet presumptive eligibility criteria under this Section may be granted financial assistance without completing the financial assistance application. Documentation supporting the Patient's qualification for or participation in a program listed below at 2.7.1 must be obtained and kept on file. Documentation may include a copy of a government issued card or other documentation listing eligibility or qualification, or print screen of web page listing the Patient's eligibility. Unless otherwise noted, a Patient who is presumed eligible under these presumptive criteria will continue to remain eligible for six months following the date of the initial approval, unless Hospital personnel have reason to believe the Patient no longer meets the presumptive criteria.

2.7.1 Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100% financial assistance:

2.7.1.1 The U.S. Department of Agriculture Food and Nutrition Service *Food Stamp Program.*

2.7.1.2 Limited eligibility – Illegal undocumented persons/ 3-day emergency window. The Iowa Department of Human Services allows for up to three days of Medicaid benefits to pay for the cost of emergency services for undocumented persons who do not meet citizenship, alien status, or social security number requirements. The emergency services must be provided in a Hospital that can provide the required care after the emergency medical condition has occurred. Presumptive eligibility for this category will be considered valid 6 months from the date of the emergent event.

2.7.1.3 Medicaid program (excluding lock-in and/or spend-down)

2.7.1.4 Women, Infants, and Children (WIC) nutrition assistance

3. Communicating Financial Assistance Information.

3.1 Loring Hospital will communicate the availability of financial assistance to all Patients and within the community. Copies of the financial assistance policy, financial assistance application and Plain Language Summary will be available by mail, on the Hospital's website, and in person at the Hospital.

3.2 The Loring Hospital Business Office is available by phone at (800) 344-3767 to answer questions about the policy, or Patients should go to the Business Office at the Hospital to obtain this information.

3.3 Loring Hospital will develop a Plain Language summary of this policy.

3.3.1 The Plain Language summary will be available by mail, on the Hospital's website, and in person at the Hospital.

3.3.2 The Plain Language Summary will be offered as part of the Patient intake and/or discharge process.

3.3.3 The Plain Language Summary must be included when a Patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. Loring Hospital Billing and Collection Policy contains additional detail about billing & collection practices, and may be obtained at the Hospital and on the Hospital website.

3.3.4 These notices and documents may be provided electronically.

4. Method for Applying for Financial Assistance.

4.1 Patient applies For Insurance Coverage or Seeks Third-Party Responsibility.
In order to be considered for financial assistance, the Patient must also furnish information to identify other financial resources that may be available to pay for the Patient's health care, such as Medicaid, Medicare, third party liability, etc. Patients with valid health care coverage are required to access their primary network before being considered for financial assistance.

4.1.1 This policy does not apply to the portion of a Patient's services that have been, or may be paid for by a first or third party payer such as an automobile insurance company or worker's compensation. As allowed by the States of Iowa, Illinois, and Wisconsin, when a Patient presents for services following an accident or injury, the Hospital may place a hospital lien against the third party settlement.

4.2 Patient Must Complete the Financial Aid Application. To be considered for financial assistance, the Patient must furnish the Hospital with a completed financial assistance application and required supporting documentation. The application may be completed using information that is collected in writing, orally, or through a combination of both.

4.3 Patient notified of Eligibility. After receiving the Patient's financial information, the Hospital will notify the Patient of his/her eligibility determination within a reasonable period of time.

4.3.1 If the Patient does not initially qualify for financial assistance, the Patient may reapply if there is a change in income, assets or family responsibilities.

4.3.2 A Patient who qualifies for financial assistance must cooperate with the Hospital to establish a reasonable payment plan that takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.

4.3.2.1 A Patient who qualifies for financial assistance must make a good faith effort to honor the payment plans. The Patient is responsible for communicating any change in his/her financial situation that may impact his/her ability to pay the discounted health care bills or to honor the provisions of any payment plans.

SCHEDULE A – Amounts Generally Billed

Amounts Generally Billed (AGB)	
As a % of Charges	60%
AGB Discount	40%

SCHEDULE B – Provider Practices Not Covered

Generally, services that patients receive at Loring Hospital are covered under the policy.

As part of Loring Hospital's mission, we want to make our hospital available to all providers in our communities who are not employed by Loring Hospital. Providers can be physicians, nurse practitioners, physician assistants, etc. Their professional services are not covered under this policy as they are not employees of Loring Hospital.

Provider services not covered under this financial assistance policy –

THE FOLLOWING PROVIDER PRACTICE LISTING IS UPDATED QUARTERLY

The Center for Neurosciences, Orthopaedics & Spine (CNOS)

Iowa Heart Center

June E. Nylen Cancer Center

Siouxland Urology

Western Iowa Surgery

UnityPoint Clinic - Foot & Ankle

UnityPoint Clinic - Family Medicine – Sac City

Trinity Regional Palliative Medicine – Sac City

Trinity Wound Healing Center

Radiology Consultants of Iowa

Pathology Laboratories

Renal Associates, PC

Wellendorf ENT, PC

Radiant Complexions Dermatology

Wolfe Eye Clinic, PC

(updated for period ending 6/30/19)