

FINANCIAL ASSISTANCE POLICY

POLICY: St. Anthony Regional Hospital & Nursing Home strives to serve the needs of all patients regardless of their ability to pay. We are committed to treating all patients with equity, dignity and compassion. St. Anthony Regional Hospital will assist all patients in receiving available resources for payment of services. When such resources are not available, patients are eligible to apply for financial assistance through the St. Anthony CARES Program.

SCOPE: St. Anthony Regional Hospital and Nursing Home is under the umbrella of one tax identification number and is a 501(C) (3) tax-exempt facility.

PRINCIPLES: As charitable tax-exempt organizations under Internal Revenue Code (IRC) Section 501(C) (3), St. Anthony Regional Hospital will not deny any patient medical care due to their inability to pay for those healthcare services. In return, patients have a responsibility to acquire insurance coverage and pay for a portion of their healthcare services and St. Anthony Regional Hospital has the duty seek payment from patients.

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

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

DEFINITIONS:

1. Patients. Includes either the patient and/or patient's guarantor.
2. Hospital. Includes all entities providing healthcare on behalf of St. Anthony Regional Hospital and Clinics.
3. Emergency Medical Care. Defined by EMTALA as a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs. This includes pregnant women with an emergency condition must be treated until delivery is complete, unless a transfer under the statute is appropriate.
4. Medically Necessary Care. Healthcare services or supplies needed to prevent, diagnosis or treat an illness, injury, condition, disease, or is symptoms that meet accepted standards of medicine.
5. Financial Assistance. The CARES Program is the Financial Assistance Policy (FAP) at St. Anthony Regional Hospital whereby patients can apply for assistance to satisfy their healthcare responsibilities.
6. Plain Language Summary. A document that is easy to read and understand the use and summarizes the St. Anthony CARES Program and the application process.

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7. CARES-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.
8. Allowed Amounts. Maximum amount of payment for covered healthcare services.
9. Amounts Generally Billed to Individuals who have Insurance (AGB). A method used by Hospitals to calculate Amounts Generally Billed to Individuals who have Insurance in this policy.
 - a. The current AGB amounts for St. Anthony Regional Hospital is attached as Schedule A to this policy. The AGB amounts will be updated annually.
10. Post-Discharge Billing Statement. The first billing statement sent to the patient after services are rendered and the patient has been discharged.
11. Application Period. The period in which St. Anthony Regional Hospital must accept and process financial assistance applications. This process begins on the date care is provided and ends the 240th day after the first post-discharge billing statement or can also be the deadline indicated by the Hospital for the application deadline or the deadline for providing additional information.
12. Reasonable Efforts. The following are considered reasonable efforts by St. Anthony Regional Hospital:
 - a. Giving reasonable time to apply for assistance prior to starting ECAs.
 - b. Following rules for completed FAP applications submitted within 240 days of first post-discharge billing statement
 - c. If there is an incomplete application within 240 days of the first post-discharge billing statement, St. Anthony Regional Hospital will suspend any ECAs and notify the individual of how to complete the application and give a reasonable time to respond.
 - d. If there is a complete application within 240 days of the first post-discharge billing statement, St. Anthony Regional Hospital will suspend any ECAs and notify the individual of eligibility and updated billing statements.
 - e. If a FAP application is filed with St. Anthony Regional Hospital on or close to the deadline, the application will be processed on an expedited basis.
 - f. Notification will be sent to patients 30 days prior to initiating any ECAs.

ELIGIBILITY FOR FINANCIAL ASSISTANCE: Financial assistance is available for all patients who receive required medical services including emergency medical care and medically necessary care. Financial assistance shall be based on the following guidelines, unless subject to conflicting state law requirements.

CARES-Eligible Patients who are below 400% of the current Federal Poverty Income Guidelines (FPLG) may be CARES-Eligible. CARES-Eligible Patients will not be billed for more than the Amounts Generally Billed to Patients who have insurance.

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St. Anthony Regional Hospital bills will be further reduced by amounts for patients in each FPIG category as shown in Schedule B.

Household income will be considered in determining whether a patient is eligible for assistance. A household includes but is not limited to the following: Traditional married couples, children (biological, step or adoption), 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), and roommates. Family size and household consists of all persons who occupy a housing unit, whether they are related to each other or not.

For the purposes of the CARES program, income refers to all cash receipts before taxes from all sources. It includes wage and salaries before deductions, receipts from self-employment, business, farm, public assistance, social security, unemployment, workman's compensation, veterans benefits, alimony, child support, military family allotments, pensions, grants, fellowships, assistantships, gambling and lottery winnings. The above lists examples of income and is not all inclusive.

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.

To relieve the stress related to financial burdens, families with a medical catastrophe with self-pay balances greater than 20 percent of their annual household income in one calendar year may be eligible for substantial discounts.

COMMUNICATING FINANCIAL ASSISTANCE INFORMATION: St. Anthony Regional Hospital will communicate the availability of the CARES program to all patients and within the community. Copies of the financial assistance policy (FAP), CARES application and Plain Language Summary will be available by mail, on the St. Anthony Regional Hospital & Nursing Home website and in person at the Patient Finance department.

The Patient Finance department is available by phone at (712) 794-5233 to answer questions about the policy or the patients can visit the department on the 1st Floor of the Hospital.

St. Anthony Regional Hospital will develop a Plain Language Summary of this policy.

1. The Plain Language Summary will be available by mail, on the St. Anthony Regional Hospital & Nursing Home website and in person at the Patient Finance department.
2. The Plain Language Summary will be offered as part of the patient intake and/or discharge process.
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. St. Anthony Regional Hospital Billing and Collections Policy contains additional detail about billing and collection practices

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and may be obtained at the Patient Finance department and on the St. Anthony Regional Hospital & Nursing Home website.

This Financial Assistance Policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency (LEP) populations represent the lesser of 1,000 persons or more than 5% of the community served by the Hospital. These translated documents will be available by mail, on St. Anthony Regional Hospital & Nursing Home website and in person at the Patient Finance department.

These notices and documents may be provided electronically.

FINANCIAL ASSISTANCE POLICY GUIDELINES: St. Anthony Regional Hospital will provide reasonable options for patients who are making a good faith effort to pay their bills, however, patients are expected to pay the amounts due for healthcare services received and collection will be part of the process, if indicated.

Reasonable efforts will be extended to patients to make them aware of the CARES Program (St. Anthony Regional Hospital Financial Assistance Policy) and the process for applying. No Extraordinary Collection Actions (ECAs) will be put in place prior to exhausting the financial assistance policy (FAP) first.

Reasonable Efforts include all of the following actions by St. Anthony Regional Hospital:

1. Providing written notice to the patient on their billing statements from the payment processor that Financial Assistance is available.
2. Making a determination regarding Financial Assistance eligibility if the patient submits a complete CARES application during the Application Period.
3. Notifying a patient who submits an incomplete CARES application about how to complete it properly, and giving the patient a reasonable opportunity to do so. The Hospital must provide this notification in writing and must provide contact information for resources in assisting the patient with completing the CARES application.
4. Providing a Plain Language Summary identifying the ECAs that the Hospital may take if needed, and stating a deadline after which ECAs may be initiated that is no earlier than 30 days after the date when the written notice is provided.

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE:

1. Patient Applies for Insurance Coverage or Seeks Third-Party Responsibility. In order to be considered for the financial assistance, the patient must also furnish information to identify other financial resources that may be available to pay for the patient's healthcare, such as health insurance, Medicaid, Medicare, third-party liability, etc.

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2. Patient Must Complete the CARES Application. To be considered for financial assistance, the patient must furnish the Hospital with a completed CARES application and required supporting documentation. The application may be considered using information that is collected in writing, orally or through a combination of both.
 - a. If a CARES application is completed and the Hospital believes that the patient may qualify for Medicaid, the Hospital may postpone making an eligibility determination until after the patient applies for Medicaid and a Medicaid determination is presented to the Hospital. An additional deadline will be extended for this circumstance.
 - b. If a patient submits a complete CARES application at any time within the Application Period, then the ECAs will be suspended and the application will be processed.
 - c. In the event of an incomplete CARES application within the Application Period, no ECAs are attempted until either of the following are fulfilled:
 - i. The patient completes the CARES application and St. Anthony Regional Hospital determines whether the patient is eligible.
 - ii. The patient fails to return the completed CARES application within the 240 days from the first post-discharge billing statement or the deadline provided to the patient in their notice.
 1. St. Anthony Regional Hospital may initiate ECAs if the patient has not submitted a complete CARES application within 240 days from the date of first post-discharge billing statement and if reasonable efforts have been met.
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.
 - a. If after processing the CARES application, the patient does not qualify, the Hospital will provide a written notice to the patient explaining their disqualification. The patient will be billed for the amounts due through our payment processor.
 - b. 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.
 - c. For patients who have multiple episodes of care at St. Anthony Regional Hospital and Clinics, we may satisfy the notification requirements under this policy simultaneously. If St. Anthony Regional Hospital aggregates a patient's outstanding bills for multiple episodes of care, it may not initiate the ECA until after the Application Period for the most recent episode of care has been met.
4. Discounts are Applied. The amounts generally billed (AGB) discount will be applied first (if applicable) and then the CARES discount. The patient will be billed for any remaining balance through our payment processor.
 - a. If the patient qualifies for financial assistance after payments have been made, refunds of any payments in excess of the amounts generally billed (AGB) discount and the CARES discount will be owed and refunded to the patient as long as the total amount due to the patient is more than five dollars.

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5. CARES-Eligible Patients Responsibilities. A CARES-Eligible patient 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.
 - a. A CARES-Eligible patient 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 healthcare bills or to honor the provisions of any payment plans.

**SCHEDULE A
AMOUNTS GENERALLY BILLED (AGB)**

Basis for calculating charges for persons who qualify for the CARES Program is as follows:

Individuals who qualify for financial assistance through the CARES Program may not be charged more than the amounts generally billed to individuals who have insurance coverage for such care, "AGB". The AGB adjustment is not applied to accounts when qualification for financial assistance are not met.

To determine the AGB, St. Anthony Regional Hospital uses the look back method for this calculation and is as follows:

- AGB % is equal to the sum of all claims allowed by Medicare during the prior 12-month period divided by the sum of gross charges for the same claims.
- AGB % is calculated annually using the 12-month prior period and the new rate would be effective upon the first date of the hospital's fiscal calendar, or July 1st of each year.
- AGB calculation: Total charges x AGB % = what patient can be billed
- What patient can be billed + what insurance pays = total to be collected
- Total adjustment from charges = total charges – total to be collected – insurance contractual = AGB adjustment

In the event that the individual has paid on accounts that become eligible for the CARE Program, the AGB will be applied and refund made to the individual.

2019AGB % is 57 %

Eligibility for financial assistance is based on services that are medically necessary and NOT elective procedures.

- Medically necessary procedures are health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.
- Elective services in medicine, is something chosen (elected). An elective procedure is one that is chosen (elected) by the patient or physician that is advantageous to the patient but is not urgent.

**SCHEDULE B
2019 CARES PROGRAM ANNUAL GUIDELINES**

Percent of Poverty					
Family Size	< 200%	201-250%	251-300%	301-399%	> 400%
1	\$24,280	\$31,225	\$34,348	\$43,715	
2	\$33,820	\$42,275	\$46,503	\$59,185	
3	\$42,660	\$53,325	\$58,658	\$74,655	
4	\$51,500	\$64,375	\$70,813	\$90,125	
5	\$60,340	\$75,425	\$82,968	\$105,595	
6	\$69,180	\$86,475	\$95,123	\$121,065	
7	\$78,020	\$97,525	\$107,278	\$136,535	
8	\$86,860	\$108,575	\$119,433	\$152,005	
For families with more than 8 persons add \$4,420 for each additional person					
Percent Paid by CARES Program					
	AGB + 100%	AGB + 65%	AGB + 45%	AGB + 10%	AGB Only