



Financial Assistance Program

PURPOSE

To ensure that Sky Lakes provides Financial Assistance in a fair, consistent and objective manner.

POLICY

Sky Lakes provides emergency care services pursuant to the Emergency Medical Treatment and Active Labor Act (EMTALA) regardless of a patient's insurance or financial status. Discounts for emergency services are determined after EMTALA obligations are met.

Sky Lakes shall give services free of charge for traditional, non-elective services to patients who meet the financial requirements set by the facility. The Federal Poverty Income Guidelines, published each year, shall be used as the financial measurement tool.

Sky Lakes does not discriminate on the basis of race, color, religion, sex, age, handicap, or national origin.

Hospital Financial Assistance provided by Sky Lakes is intended to aid the resident members of the communities served by Sky Lakes: including Klamath County and Lake County in Oregon, as well as Modoc County and Siskiyou County in California. Proof of current residency may be required along with the application.

Proof of residency is not required for any services rendered at Cascades East Family Practice Clinic.

All emergent/urgent services may be considered eligible for Financial Assistance.

Financial Assistance applies only to accounts billed by Sky Lakes. Other independent physicians, including anesthesiologists, surgeons, pathologists and other specialists may bill separately.

Hospital Financial Assistance would not be applied to those bills. Additionally, Financial Assistance cannot be applied to any ambulance, air flight or other transportation services. The full list of independent providers whose services cannot be covered under Sky Lakes Financial Assistance application can be requested at any time or can be found at the end of the policy.

Other **Excluded Hospital or Specialty Services** may include:

- A. Services considered non-covered or not medically necessary by the State of Oregon Medicaid program or a patient's private insurance.

- B. Non-emergent services provided to a patient who chooses to come to Sky Lakes out of their insurance plan network.
- C. Patients who have insurance but opt not to use it.
- D. Elective procedures.
- E. Take home prescriptions or supplies issued by the Pharmacy.
- F. Durable Medical Equipment.
- G. Services rendered as a result of patient's own criminal behavior.

Household Income

Household income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- A. Income includes earnings, unemployment compensation, worker's compensation, social security, supplemental security income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, and child support.
- B. Benefits such as health insurance, food stamps, educational assistance and housing subsidies are excluded.
- C. Capital gains or losses are also excluded.

These are generally accepted guidelines. Please note that if a patient's financial circumstances, such as other medical bills, future earning capacity, or a major catastrophic event greatly affect a patient's ability to make future payments, there may be additional consideration for Charity Care.

Change Healthcare

We contract with a vendor named Change Healthcare to help us identify patients who may qualify for coverage through the following government programs:

- A. Crime Victims Assistance
- B. Emergency Medicaid for Undocumented Aliens
- C. Medicaid for pregnant women and children
- D. Oregon Breast and Cervical Cancer Program
- E. Medicaid
- F. Medicare
- G. Supplemental Security Income (SSI)

H. Temporary Aid for Needy Families (TANF)

I. Veterans

Prospective Financial Assistance recipients are welcome to receive a free Change Healthcare screening at any time prior to or during the application process. This is not a requirement to receive Sky Lakes financial assistance.

PROCEDURE

- A. Applicants for Financial Assistance shall complete a Financial Assistance Packet (FAP), available at all Sky Lakes' registration areas. Patients shall be asked to provide the following:
1. Three months of income verification. If a patient states that they or their spouse are unemployed or that they did not file taxes for the previous year, a wage record shall be required.
 2. Federal income tax records for the past two years.
 3. We shall make every effort to determine a patient's ability to pay in terms of income, not assets, however tax returns may be used to identify other assets or future sources of income for patients who make in excess of 200% of the Federal Income Poverty Guidelines. Additional supporting documentation may be requested to make this determination.
- B. Applicants applying for assistance for hospital-based or specialty services shall have either a Social Security Number, a working Tax ID Number (TIN), or a valid Travel Visa to qualify. This does not apply to services rendered at Cascade East Family Practice. Other exceptions may also be considered when treating life threatening illnesses such as cancer diagnoses or other high acuity services. These determinations are made on a case-by-case basis.
1. If married, both spouses shall have a Social Security number or working TIN number and shall provide proof of income.
 2. In the case of a non-working spouse, we shall require a work history from the employment office.
 3. Exception shall be if the spouse only has a working TIN number, a wage record cannot be obtained from the employment office. The spouse shall need to be listed on the tax return.
- C. Family size shall be determined by the information supplied on the most recent federal income tax return of number of dependents claimed. If a patient's family size has increased since the last tax return was filed, we shall require additional documents (i.e., court decrees, proof of birth, etc.) to validate the change.

- D. For accounts related to Motor Vehicle Accidents and On the Job Injuries, no charity care discount shall be offered until a denial from the insurance is received. If at a later date it is determined that litigation is in process or a settlement may be made, then the offer of charity shall be withdrawn until a letter from the patient's attorney is received stating there is no settlement.
- E. It is the responsibility of the patient to let the hospital know which accounts shall be included in the consideration of Financial Assistance. It is likewise the responsibility of the patient to inform the hospital when additional accounts for the patient or approved family members shall be included in the Financial Assistance determination. Patients receiving statements for any amount owed shall contact the hospital immediately to ensure that these amounts are included. Sky Lakes shall not assume this responsibility.
- F. For each application the patient shall receive a letter of approval, denial or a letter explaining the additional information needed to process the application within 20 days.
- G. Each application shall be considered effective for six calendar months starting from the date of approval but assistance can also be applied retroactively to any account in good standing, if assistance or a self-pay discount has not already been applied, or if the amount of assistance is now greater than an amount previously applied (only the difference between the two shall be considered).
- H. We shall not refund any self-pay payments received during the application process or after Financial Assistance is approved.
- I. Any patient who has qualified for Financial Assistance shall not be held financially liable for an annual patient balance in excess of 20% of the patient's total family income. Additionally, any individual deemed eligible for Financial Assistance under the FAP shall not be charged more than the amounts generally billed to individuals who have insurance for emergency or other medically necessary care.
- J. To calculate the Amounts Generally Billed (AGB) Sky Lakes is using the "look-back method." This method bases AGB on fully processed inpatient, outpatient and clinic claims with a primary payor of Medicare fee-for-service, Military or a commercial payor (including Medicare Advantage plans) for each fiscal year. The sum of total payments made by those payors is then divided by the sum of total hospital charges for those claims to identify the "AGB percentage." Sky Lakes has set the minimum percentage write-off for FAP eligible individuals at 70% to assure that we continue to meet or exceed the AGB percentage discounts provided to other insured individuals seeking emergent or other medically necessary care. This minimum AGB percentage is reviewed each fiscal year to assure continued compliance.

Presumptive Financial Assistance Eligibility

Presumptive charity may be considered when all other avenues of payment have been exhausted. In the event there is no evidence to support a patient's eligibility for charity care, Sky Lakes can use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility. Presumptive eligibility may be determined on the basis of the individual life circumstances that may include, but may not be limited to:

- A. State-funded prescription programs
- B. Medicaid eligibility
- C. Homeless or received care from a homeless clinic
- D. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
- E. Low income/subsidized housing is provided as a valid address
- F. Patient is deceased with no known estate

Once it is determined that a patient account qualifies for presumptive charity, an assistance application shall be filled out by the representative. The account(s) shall be noted patient qualifies for presumptive charity. This may also include accounts that are in the collection agency as long as legal action has not been taken.

Collection Practices

- A. Statements are mailed once a patient's self-pay balance is determined, followed by three additional statements for a total of four billing statements. All statements shall include clear language regarding no-interest payment plans and Financial Assistance options.
- B. Sky Lakes shall make every effort to determine whether or not a patient is FAP eligible during the 120 days following a patient's date of care. During this 120-day period, known as the "notification period", Sky Lakes shall make concerted attempts to engage the patient in determining FAP eligibility. During this determination period, a patient may formally apply for Financial Assistance with the assistance of Change Healthcare or on their own accord through the Financial Counseling office. Once an application is submitted, an additional 120-day extension may be applied to a patient's accounts while a determination is made.
- C. Collection phone calls are made throughout the billing process, with no less than one mandatory phone call made to the patient. Sky Lakes shall make certain efforts to provide uninsured patients with information about our Financial Assistance policy and no-interest payment plans before Sky Lakes or our collection vendors take certain actions to collect payment. These efforts shall include notifying the patient about the

FAP process, providing the patient with information relevant to completing an incomplete FAP application, making a determination as to whether or not the patient is FAP eligible and documenting said determination.

- D. No extraordinary collection actions shall be pursued against any patient without first making reasonable efforts to determine whether that patient is eligible for Financial Assistance. Reasonable efforts shall include, but not be limited to, validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by Sky Lakes. Reasonable efforts also include a prohibition on extraordinary collection actions (ECAs) pursued against an uninsured patient (or one likely to be underinsured) until the patient has been made aware of the care site's Financial Assistance policy and has had the opportunity to apply for it or has availed themselves of a reasonable payment plan.

Examples of ECAs are:

1. Placing a lien on an individual's property
 2. Foreclosing on an individual's property
 3. Attaching or seizing an individual's bank account or any other personal property
 4. Commencing a civil action against an individual
 5. Causing an individual's arrest
 6. Garnishing an individual's wages
 7. Reporting adverse information about an individual to a credit bureau
 8. Selling an individual's debt to another party
- E. Sky Lakes may pursue collection actions against patients found ineligible for Financial Assistance, patients who received discounted care or medical hardship discounts but are no longer cooperating in good faith to pay the remaining balance, patients who are non-compliant with attempts to contact them, or patients who have established payment plans but are not in accordance with the payment plan.
- F. Fraudulent statements or information given by the patient for the purpose of obtaining financial assistance may be forwarded to the Oregon Department of Justice for Prosecution. Patients who falsify the program application shall no longer be eligible for the program and shall be held responsible for all charges incurred while enrolled in the program retroactively to the first day that charges were incurred under the program.