

POLICY AND PROCEDURE**TITLE: FINANCIAL ASSISTANCE POLICY****POLICY**

Pana Community Hospital, in accordance with its Mission/Vision and Values Statements, provides care to those in need regardless of ability to pay. The hospital maintains a Financial Assistance Program to assist patients with their medical expenses when the patient or guarantor is not financially able to pay for the services received.

The purpose of this policy is to define the eligibility criteria for Financial Assistance and provide administrative guidelines for the identification, evaluation, classification, and documentation of patient accounts as Financial Assistance. We will insure our policy is effectively communicated to those in need, that we assist patients in applying and qualifying for known programs of financial assistance, and that all policies are accurately and consistently applied. We will define the standard and scope of services to be used by our outside agencies that are collecting on our behalf, and will obtain this agreement in writing to insure that these policies are incorporated throughout the entire collection process. This policy is intended to be compliant in all respects with the provisions of Federal and State requirements.

APPLICATION**How to Apply for Assistance**

A free copy of the Financial Assistance application and policy can be obtained from our website, by contacting our Patient Accounts Department at 217-562-2131, or by requesting forms by mail at:

Pana Community Hospital
Patient Accounts Department
101 E Ninth Street
Pana, IL 62557

<http://www.panahospital.com>

It is crucial that applicants cooperate with the hospital's need for accurate and detailed information within a reasonable time frame. If information is not legible or is incomplete, applications may be considered denied or returned to applicant until such time that all crucial information can be obtained. Applications should contain applicant's signature and where that is not possible, reasonable documentation demonstrating applicant's intent to apply.

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The absence of any requested application data would subject the application to management discretion and possible denial.

Once Financial Assistance status is determined, it will be applied to all eligible accounts and will be valid for a period of 12 months from date of determination and retroactively for 12 months.

Once a complete Financial Assistance application has been received in the Patient Financial Services department, the hospital will not pursue collection action until the application has been processed as approved or denied.

PATIENT QUALIFICATION & ELIGIBILITY FOR FINANCIAL ASSISTANCE:

A patient is eligible for Financial Assistance based upon an individual or family income as defined on the current year's U.S. Department of Health and Human Services Poverty Guidelines. A patient with income less than or equal to 200% of the poverty guidelines is eligible for a 100% discount as identified in the schedule of discounts.

**Schedule of Discounts
Based on Gross Family Income**

<u>% of HHS Poverty Guidelines</u>	<u>% of Discount</u>
0 – 200 %	100 %

Pana Community Hospital utilizes the Federal Poverty Guidelines published annually by the U.S. Department of Health and Human Services.

PATIENT QUALIFICATION & ELIGIBILITY FOR PRESUMPTIVE ELIGIBILITY:

Patients or their families who demonstrate one of the criteria listed below are eligible to receive Financial Assistance once proof of income is received and reviewed. Proof of expenses are not required to process a presumptive eligibility application. Presumptive Eligibility can be demonstrated by one or more of the following criteria: enrollment in certain federal or state programs (See list of programs below), homelessness, mental incapacitation with no one to act on patient's behalf, Medicaid eligibility (but not on the date of service or for non-covered service), recent personal bankruptcy, deceased with no estate, incarceration in a penal institution, and affiliation with a religious order and vow of poverty.

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List of Federal and State Programs that demonstrate Presumptive Eligibility upon proof of enrollment: WIC (Women, Infants and Children Nutrition Program), SNAP (Supplemental Nutrition and Assistance Program), Illinois Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, enrollment in an organized community-based medical assistance program with low-income criteria, grant recipient for assistance for medical services, Medicaid eligible, TANF (Temporary Assistance for Needy Families), and the Illinois Housing Development Authority's Rental Housing Support Program.

Presumptive Eligibility Screening: All uninsured patients will be screened during the registration process to determine Presumptive Eligibility status using a screening form designed for this purpose. If it is determined that the patient may qualify for assistance, income and asset documentation will be requested from the patient. Documentation must be provided within 6 months of the date of service. When documentation is provided, the application will be processed for Financial Assistance discount. If documentation is not provided or it is otherwise determined that the patient does not qualify for presumptive eligibility normal collection procedures will proceed.

ELIGIBLE EXPENSES

Consideration of medical services for Financial Assistance can occur at any time before, during, or after services are rendered.

Financial Assistance is applicable to all emergency medical care and "medically necessary" health care services.

"Medically Necessary" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the Federal Social Security Act. A "medically necessary" service does not include any of the following:

- Non-medical services such as social and vocational services.
- Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.
- Services which could have been safely performed in another facility free of charge, which were knowingly refused by the patient.
- Services which could have been paid by a third-party payer if the patient had not failed to provide the information requested to enroll in the sponsored benefit.

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- Any procedure not covered by a third-party payer, despite being deemed to be medically necessary, due to the patient's failure to follow payer guidelines and procedures. Examples include dental procedures, services provided in a non-contracted hospital, the patient's failure to receive precertification/authorization or a physician's failure to submit proper documentation to obtain precertification/authorization.
- Elective sterilization and birth control procedures.
- Cardiac Rehab Phase III and Maintenance Therapy.

OTHER PROVIDERS

Services provided by the following providers are not included in the patient's account at Pana Community Hospital and will be billed separately from the provider's billing office. These services will not be considered for Financial Assistance based on this policy. Contact the provider office for patient account information:

Pathology:	KMB Service Corporation P O Box 5308 Peoria, IL 61601-5308 877-556-3955
Radiologist:	Clinical Radiologists, S.C. 2040 W Iles Ave, Ste. C Springfield, IL 62704-4183 800-255-8388
Primary Care Physician:	Community Medical Clinic 101 E. Ninth St. Ste 105 Pana, IL 62557 217-562-2544
Primary Care Physician:	Pana Medical Group 217 S. Locust Pana, IL 62557 217-562-2143
Surgeon:	Dr Philip Alward 304 W Hay Ste #311

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Decatur, IL 62526
217-877-5050

Dr John Kefalas
1770 E Lake Shore Dr #1
Decatur, IL 62521
217-425-2600

Dr. Richard Brown
Prairie Podiatry
2070 W Iles Ave
Springfield, IL 62704
217-698-6228

Specialty clinic consultations and office visits:

Prairie Cardiovascular Consultants
619 E Mason St
Springfield, IL 62701
217-788-0706

ENTA Allergy, Head & Neck Institute
101 W. McKinley Ave.
Decatur, IL 62526
217-876-3682

Kidney Specialist of Central IL
441 W. Hay St.
Decatur, IL 62526
217-876-6860

Dr. Rana H. Mahmood
304 W. Hay St. Ste 214
Decatur, IL 62526
217-872-5943

Vita Center for Women
1 Memorial Dr #300
Decatur, IL 62526

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217-872-2400

Cancer Care Specialist of Central IL
210 W McKinley Ave, Ste 1
Decatur, IL 62526
217-876-6600

Crossroads Cancer Center
905 Medical Park Dr
Effingham, IL 62401
217-342-2066

Center for Sight of Central IL
304 W Hay Ste #311
Decatur, IL 62526
217-877-5050

Dr John Kefalas
1770 E Lake Shore Dr #1
Decatur, IL 62521
217-425-2600

Prairie Podiatry
2070 W Iles Ave
Springfield, IL 62704
217-698-6228

Springfield Clinic Taylorville
600 N Main St.
Taylorville, IL 62568
217-287-8855

APPEALS PROCESS

Should the patient or responsible party not agree with the eligibility determination, he/she may submit a written request to the Chief Financial Officer who will review the application and initial determination.

Mail appeal request to:

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Pana Community Hospital
Chief Financial Officer
101 E Ninth
Pana IL 62557

AMOUNTS GENERALLY BILLED

Amounts charged for emergency and medically necessary services to patients eligible for Financial Assistance will not be more than the amount generally billed to individuals with insurance covering such care.

All applications for Financial Assistance that are approved are discounted at 100% of charges.

COLLECTION EFFORTS

Applications that are approved are discounted at 100%. Collection efforts are suspended at the time the application is received and collection efforts cease at the time the application is approved. Normal collection efforts will proceed in the event the application is denied or abandoned due to insufficient proof of income or patient's incooperation.

Pana Community Hospital will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for Financial Assistance under this policy.

EMERGENCY SERVICES/EQUAL OPPORTUNITY

All patients will be treated equitably, with dignity, respect, and compassion. Evaluation and treatment of every patient will be based upon clinical judgment and sound medical policy, regardless of the financial status of the patient. In emergency care situations, the registration clerk will evaluate possible payment alternatives after medical care and any necessary evaluation and treatment have been rendered per the Emergency Treatment Active Labor Act. Emergency admission, treatment, screening and/or stabilization services will not be delayed or denied due to coverage or payment ability.

COMMUNICATION/PUBLICATION

Pana Community Hospital will have a means of communicating the availability of the Financial Assistance Program to all patient. Forms of communicating the program guidelines to the patients and public include, but are not limited to:

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- Signage within the facility
- Brochures and applications and Plain Language summary placed in prominent patient locations throughout the facility.
- Plain Language Summary, Application, and Financial Assistance Policy available on the hospital website
- Staff designated for financial assistance questions in the patient registration, patient accounts, and social services departments.
- Plain Language Summary used as Statement inserts that explain the availability of Financial Assistance at Pana Community Hospital

PATIENT RESPONSIBILITIES

- The patient (or responsible party) must request financial assistance from the hospital.
- The patient (or responsible party) must cooperate with the hospital in providing information regarding third party coverage. If the hospital finds that there is a reasonable basis to believe that the patient may qualify for such assistance, the patient must cooperate in applying for third party coverage that may be available to pay for the patient's medically necessary care, including coverage from a health insurer, a health care service plan, Medicare, Medicaid, KidCare, FamilyCare, automobile insurance, liability insurance, worker's compensation, or other insurance.
- The patient (or responsible party) must provide the hospital with financial and other information requested by the hospital to determine eligibility for Financial Assistance through the hospital.

HOSPITAL RESPONSIBILITIES

- The hospital will designate staff members in the registration, patient accounts, and social services departments that are knowledgeable in the Financial Assistance process to assist patients in the application process. All other staff members will be able to direct such inquiries to the appropriate department or staff member for assistance.

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- The hospital will make reasonable efforts to obtain from the patient information regarding private or public health insurance.
- Upon request from the patient or responsible party, the hospital will provide an itemized statement of charges for services rendered within 10 days after receiving the request.
- The patient accounts department will return all calls requesting patient account information within 2 days of receiving the request.
- For at least 120 days after discharge from the hospital, the hospital or its assignee or billing service shall not file a lawsuit to collect payment on the patient's bill.
- If the patient has requested Financial Assistance from the hospital and is cooperating with the hospital, the hospital or its assignee shall not pursue any collection action against the patient until a determination is made on the patient's eligibility for Financial Assistance.
- The hospital will allow patients to re-apply for Financial Assistance at any time in the billing process up to 1 year from the date of service.
- The hospital, upon request, will provide any member of the public with a free copy of its Financial Assistance policy and/or application.
- The hospital will prepare an annual report that includes the number of Financial Assistance applications received and the number of Financial Assistance applications approved during the most recent fiscal year.

Questions regarding Financial Assistance procedures may be directed to:

Pana Community Hospital
Patient Accounts Department
101 E Ninth Street
Pana, IL 62557
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