

**TITLE: UNINSURED/UNDERINSURED DISCOUNT 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 discount policy to assist uninsured and underinsured patients in reducing their medical expenses.

The purpose of this policy is to define the eligibility criteria for the Uninsured/Underinsured discount and provide administrative guidelines for the identification, evaluation, classification, and documentation of patient accounts that are eligible for the discount. 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.

**DEFINITIONS**

**UNINSURED:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**UNDERINSURED:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

**APPLICATION****How to Apply for Assistance**

The Financial Assistance application process will be used in determining a patient's eligibility for the Uninsured/Underinsured discount.

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

## POLICY AND PROCEDURE

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<http://www.panahospital.com> . . . . .

Information regarding the Uninsured/Underinsured discount process may also be obtained by contacting a Patient Account Representative at 217-562-2131.

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.

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

Once Uninsured/Underinsured discount eligibility 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 ASSISTANCE:**

A patient is eligible for Uninsured/Underinsured discount 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 300% of the poverty guidelines is eligible for a 50% discount as identified in the schedule of discounts.

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

<b><u>% of HHS Poverty Guidelines</u></b>	<b><u>% of Discount</u></b>
<b>0 – 200 %</b>	<b>100 % Per Financial Assistance Policy</b>
<b>201 – 300 %</b>	<b>50 % Per Uninsured/Underinsured Discount Policy</b>

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

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Consideration of medical services for Uninsured/Underinsured discount can occur at any time before, during, or after services are rendered.

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.
- 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 assistance based on this policy. Contact the provider office for patient account information:

Pathology:

KMB Service Corporation

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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  
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

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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  
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

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

**COLLECTION EFFORTS**

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

Payment for patient account balances are pursued fairly and consistently by the Patient Account Staff and all contracted collection agencies.

Normal collection procedures will follow the approval of a Uninsured/Underinsured discount until the patient's portion is paid in full with a few exceptions:

- These accounts will not be considered for bad debt write-off until 120 days has passed from the initial billing.

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- Accounts will not be referred to an outside collection agency if the patient or responsible party is reasonably cooperating in an effort to settle the account.
- The hospital or outside collection agency operating on behalf of the hospital shall not use wage garnishments or liens on primary residences as means of collecting these accounts.
- Any extended payment plans to settle the patient's portion of these claims shall be interest free.

**UNINSURED DISCOUNT COLLECTION CAP**

The maximum amount the hospital may collect from the patient in a 12-month period is 25% of the patient's gross family income. The 12-month time period begins on the first date of eligible services.

**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 Uninsured/Underinsured discount Program to all patients. Forms of communicating the program guidelines to the patients and public include, but are not limited to:

- Signage within the facility
- Brochures and applications and Plain Language summary placed in prominent patient locations throughout the facility.
- Plain Language Summary, Application, and Uninsured/Underinsured discount Policy available on the hospital website

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- Staff designated for questions in the patient registration, patient accounts, and social services departments.
- Plain Language Summary used as Statement inserts that explain the availability of Uninsured/Underinsured discount.

**PATIENT RESPONSIBILITIES**

- The patient (or responsible party) must request 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 Uninsured/Underinsured discount 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 Uninsured/Underinsured discount 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.
- 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.



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- 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 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 the Uninsured/Underinsured discount.
- The hospital will allow patients to re-apply for 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 Uninsured/Underinsured discount policy and/or application.

Questions regarding the Uninsured/Underinsured discount procedures may be directed to:

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Patient Accounts Department  
101 E Ninth Street  
Pana, IL 62557  
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