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Policy Statement

It shall be the policy of Effingham Health System (Effingham) to offer financial assistance to qualifying patients. Effingham is committed to ensuring that patients with a demonstrated financial need are able to afford emergency services and medically necessary services.

Purpose of Policy

This policy serves to establish a fair and consistent method for uniformly determining whether financial assistance will be offered to a patient. A patient's level of need will determine whether the patient qualifies for Effingham's Helping Hands Program, the BHG Patient Lending Program, or neither. Patients requiring emergency services will not be denied those services based on their inability to pay for such services.

Effingham does not grant routine waivers or reductions of patient/family financial obligations, including co-payment, co-insurance and deductible obligations. Any waiver or reduction shall comply with applicable law and shall undergo an individual determination of the situation and/or reason for the request. Effingham does not provide discounted services or professional courtesy based on a patient's relationship to any Effingham physician or any other provider. In addition, waivers or reductions will not be offered to patients to induce them to receive services or otherwise be linked in any manner to the generation of business payable by a federal healthcare program.

A. Services Eligible Under the Policy

Only the following hospital services shall qualify for financial assistance:

- Inpatient Services (including hospital swing beds)
- Outpatient Services
- Observation
- Surgical Services
- Rehabilitation Therapy Services: Physical, Speech and Occupational

B. Services Not Eligible Under the Policy

The following services do not qualify for financial assistance:

- Nursing Home
- Skilled Swing Bed (Transitional Care)
- Primary Care Physician Office Visits
- Orthopedic Physician Office Visits
- Women's Health Physician Office Visits
- Services Provided by Non-Employed Physicians in connection with treatment (e.g., radiologists, anesthesiologists, emergency department physicians).

C. Determination of Financial Eligibility

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Financial eligibility is determined in accordance with the procedures provided below.

Patients interested in financial assistance shall complete the Financial Assistance Application (see Financial Assistance Application). The application requests that various documents be provided to assist in Effingham's review of the patient's income sources. Effingham requests that the following documentation be provided with each application, to the extent the documentation is available:

- State and Federal Income Tax Return for the most recently filed calendar year
- Employer Pay Stubs (for the prior 60 days)
- Bank statements for the past two months
- Documentation of other income sources

In the event that the responsible party is not able to provide the documentation described above, Effingham shall rely upon written and signed statements from the responsible party in order to make a determination of financial eligibility.

Effingham shall determine whether a patient qualifies for financial assistance based on a review of the patient's Financial Assistance Application and supporting documentation, which allows Effingham to determine where the patient's income is within the U.S. Department of Health & Human Services' (HHS) Federal Poverty Guidelines (FPG). The FPGs are issued each year by HHS. Effingham shall make this determination based on the FPGs in effect on the date the care was rendered.

Individuals with an income level below 175% of the FPG at the time of the application, shall qualify for the Helping Hands Program. Individuals with an income level between 175% and 300% of the FPG shall qualify for the BHG Patient Lending Program. Effingham's initial determination of eligibility for the BHG Patient Lending Program does not guarantee that the patient will be provided the financing associated with the program, as detailed below.

D. Helping Hands Program

Individuals with an income level below 175% of the FPG at the time the application is submitted, shall qualify for the Helping Hands Program. Under this program, the patient's financial responsibility is forgiven. Effingham shall not bill or expect payment from individuals who qualify for financial assistance under the Helping Hands Program.

E. BHG Patient Lending Program

Individuals with an income level between 175% and 300% of the FPG shall qualify for the BHG Patient Lending Program. If a patient qualifies under this program and he/she consents to participating in the program, Effingham shall send the patient's Financial Assistance Application and supporting documentation to a bank, which conducts further analysis (see BHG Patient Lending

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Policy). The bank shall determine whether the patient qualifies for a loan to cover the cost of the services at issue. The bank may request that the patient provide additional documentation to determine if he/she qualifies.

If the patient is approved by the bank, the bank shall disburse the loan proceeds directly to Effingham. Any loan provided by bank for patient's medical services shall: (i) have a set interest rate, (ii) a minimum amount eligible for financing of no less than \$500, (iii) a maximum amount eligible for financing of no greater than \$10,000; and (iv) a minimum loan term of twelve (12) months and a maximum loan term of sixty (60) months.

Additional information regarding the terms of each loan will be provided to those patients who qualify.

Procedure

A. Notification to Patients of Financial Assistance

All patients will be advised after receiving emergency care or medically necessary care that financial assistance is available for those who meet certain eligibility requirements. Applications and a Plain Language Summary of this policy shall also be available at Effingham facilities, as well as on Effingham's website: www.effinghamhealth.org.

Effingham provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Effingham will not engage in actions that discourage individuals from seeking emergency medical care. Emergency medical services shall be provided pursuant to Effingham's Emergency Medical Treatment and Active Labor Act (EMTALA) Policy.

B. Submission of the Helping Hands Program Application

Patients or their responsible parties who wish to complete a Helping Hands Program Application must do so within 60 days of the first post-discharge billing statement for the services for which financial assistance is being requested.

The patient's account will be updated to reflect the day the application is received. Applicants will be notified of any missing information or supporting documentation by US Mail. It is the applicant's responsibility to provide the correct mailing address for such correspondence.

Requested information or documentation must be returned within ten (10) business days to resume consideration of the application. If the requested information or documentation is not received timely, the applicant will be notified by US Mail that the file has been closed.

C. Review of Submission

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Financial Assistance Applications, including supporting documentation, shall be reviewed by the Business Office designee within thirty (30) days of receipt, and referred promptly to the Business Office Manager for approval or denial.

If an application is approved, other outstanding balances within a (6) six month look back period shall be considered for inclusion in the assistance award. The award will cover these accounts only. Subsequent dates of service will require a new application to be submitted.

D. Appeals

If an application is denied, the applicant may appeal the determination by providing relevant additional documentation to the executive office committee, comprised of the President and Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, and Chief Human Resources Officer within thirty (30) days of the date on the notice of denial. Within the first thirty (30) days, Effingham shall not refer the account at issue to an external collection agency. After the thirty (30) day period, if no appeal has been filed, Effingham may initiate collection activities.

Former Policy Number(s) or Name(s): Helping Hands
Original Implementation Date: *07/09/2021*
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Cross Reference(s): Financial Assistance Application, BHG Patient Lending Policy
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