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Approved: Signature: /s/ Greg Wojtal Title: <u>Chief Administrative and Finance Officer</u> Date: <u>05/07/2020</u>		

PURPOSE: At Asante, our mission to provide quality healthcare in a compassionate manner, valued by the communities we serve, involves much more than the treatment of illness or injury. At a time when their focus should be on healing, many people are concerned with the financial challenges of healthcare. The Asante Financial Assistance Program offers financial support and guidance to our patients who may not have the means to pay for all their medical expenses. By identifying affordable payment options and/or reduced fees, Asante’s Financial Assistance Program allows our patients to concentrate on what is most important – their health.

SCOPE: This policy applies to all Asante entities. Asante entities include Asante Physician Partners, Asante Ashland Community Hospital, Asante Rogue Regional Medical Center, Asante Three Rivers Medical Center, and any other provider-based departments (collectively, “Asante Entities”).

POLICY:

1. Composition of Asante’s Financial Assistance Program

Asante’s Financial Assistance Program is multi-faceted consisting of the following:

- Sliding scale discounts, up to and including free care.
- Limits on annual collections.
- Financial counseling, payment plans and other payment solutions.
- Referrals to Credentialed Application Counselors for assessment and assistance with enrolling in governmental assistance programs.
- Referrals to assist with enrollment in the insurance exchange.
- Discounts for those lacking insurance.

2. Financial Assistance Program Awareness

Asante’s goal is to widely publicize our Financial Assistance Program in a manner that is easily understandable to our patients. To do this, we offer several ways and formats for patients to become aware of the Program. Our efforts to educate and create awareness for our Financial Assistance Program include the following:

- Asante provides paper copies of the Financial Assistance Program to patients upon request.

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- Information regarding Asante's Financial Assistance Program is included on every patient billing statement and includes contact information for the office or department of the hospital that can provide information about obtaining financial assistance.
- Information related to our Financial Assistance Program, including our Financial Assistance Policy, is included on our website at www.asante.org
- Posters are displayed at registration areas at our hospitals (including the Emergency Room) and clinics.
- Brochures are available at registration areas at our hospitals and clinics.
- Information is provided free of charge including the Financial Assistance Policy, Financial Assistance application, the Financial Assistance Plain Language Summary, and the Asante Collections Protocol Policy.
- In accordance with federal and state law, information regarding Asante's Financial Assistance Program is available in additional languages for those patients with limited English proficiency. Asante will provide Financial Assistance Program information in any language spoken by the lesser of 1,000 people or five percent of the population residing in each Asante hospital's service area. Asante will arrange for interpreter services to translate Financial Assistance Program information into languages spoken by smaller populations.
- Financial Assistance Program applications are distributed by Patient Access or Patient Financial Services staff (PFS), with patients contacted during and/or after their hospital encounter or clinic office visit.
- Resource Management staff refer patients expressing concerns about their bills to Patient Access and/or Patient Financial Services to allow them to apply for assistance.

3. Eligibility for Financial Assistance

Upon the request of a patient or an individual authorized to act on behalf of a patient, Asante hospitals will conduct a screening to determine if the patient qualifies for assistance from Asante or is eligible to enroll in the Oregon State Medicaid Program. Uninsured and underinsured patients may be eligible for assistance from Asante under the following circumstances:

- The patient's Household Income, adjusted for family size, is not more than 400% of the FPL, so long as no other financial resources are available
- Services provided are Medically Necessary including but not limited to treatment for Emergency Medical Conditions furnished in accordance with Asante Policy 400-IS-CMP-0446. Exceptions can be made for certain non-Medically Necessary Services to treat life threatening illnesses such as cancer diagnoses or other high acuity services. These determinations are made by Asante on a case by case basis.

It is important to note the following scenarios where financial assistance is NOT available:

- Services considered non-covered or not medically necessary by the Oregon Department of Medical Assistance Programs (DMAP) Prioritized List of Health Services.
- Patients who have insurance but choose not to utilize their coverage.
- Elective surgery or procedures.
- Patient Costs that are covered by other agencies (e.g. Community/Agency funded support)
- If the patient fails to respond to requests from his or her primary insurer as necessary for the insurer to adjudicate a claim for reimbursement of the cost of services.
- If the patient refuses or fails to provide information concerning any potential third-party liability for the cost of services including but not limited to: (a) information about the coordination of benefits between insurers that cover the patient's care; (b) accident reports; and (c) the patient's workers' compensation claims or benefits.

4. Providers Subject to this Financial Assistance Program

Financial assistance applies to services rendered by Asante's hospitals or Asante Physician Partner clinics. Asante's Financial Assistance Program does not apply to independent physician/providers who may participate in your care at our hospitals.

To obtain a list of local providers/practices who are covered, and those who are not covered, under Asante's Financial Assistance Program please visit our website at www.asante.org, or ask for a copy free of charge at any Asante hospital Patient Access area, Emergency Department, or Asante Physician Partner Clinic.

5. Financial Assistance Determination Process

- Patients may be initially assessed to determine whether they are eligible for other coverage, such as Veterans Affairs, or injury settlements. Patient Access Credentialed Application Counselors screen patients to best match each patient to governmental programs for which they might be eligible.
- Patients must complete Asante's Financial Assistance Program application and provide all required documentation to establish eligibility for financial assistance.
- Upon receipt of the Financial Assistance Program application, a patient's qualifications for assistance will be reviewed by Asante personnel. When reviewing qualifications, the reviewing party considers Income as total Household Income and accounts for circumstances including debt, family's assets (excluding family's primary residence, and funds held in pension or retirement plans), number of dependents, and other factors including other outstanding medical debt and catastrophic events.
- Once completed paperwork has been received, Asante will make a determination and communicate to the patient within 21 days whether they qualify for assistance and at what level.
- Once made, a determination of eligibility remains active for Medically Necessary items and services, including but not limited to treatment for Emergency Medical Conditions for a six-month period beginning on the date of service for which the patient was first deemed eligible for assistance. Financial Assistance Program discounts will be applied to all outstanding balances during this time for all services that meet program criteria.
- Financial Assistance may be provided without an application at Asante's discretion in cases where: (1) a third party's assessment indicates that a patient will be unable to pay his/her medical bills; (2) the patient is homeless; or (3) the patient is or becomes eligible for Medicaid.

6. Determining Discounts

- Discounts applied by Asante pursuant to this Policy will be applied against the patient's Costs.
- Asante will not charge patients who are eligible for assistance more than the hospital's gross charges or Amounts Generally Billed (AGB). Asante uses the "look-back" method to calculate AGB, which looks at paid claims for Medicare, Medicare Advantage and commercial patients over a 12- month period and determines an average discount received from our charges.
- For patients qualifying for assistance, the discount received is based on the Household's Income relative to the FPL. The percentage discounts based on FPL are defined below in Table A.
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Table A

Income as Percentage of FPL Guideline	Discount of Patient Costs
0-300%.....	100% of Patient Costs
301-400%.....	65% of Patient Costs

7. Other Considerations

For those qualifying for Financial Assistance, Asante will limit annual collection of the amount owing to 20% of the patient’s annualized family income.

On rare occasions involving extraordinary or catastrophic circumstances for a patient, Asante’s management may make limited exceptions to this policy to extend Financial Assistance.

8. Billing and Collections

Any unpaid balances owed by patients after application of available discounts, if any, may be referred to collections in accordance with Asante’s uniform billing and collections policies. For information on Asante’s billing and collections practices for amounts owed by patients, please see Asante’s Collection Protocol Policy.

9. Definitions

Capitalized terms used in this Policy are defined as set forth below:

- **“Costs”** is defined per Oregon H.B. 3076. At the time of this policy revision, H.B. 3076 defines “Costs” as “The portion of charges billed to a patient for care received at a hospital or a hospital-affiliated clinic that are not reimbursed by insurance or a publicly funded health care program.”
- **“Emergency Medical Conditions”** is defined in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C. 1395dd).
- **“FPL”** means the federal poverty level published by the U.S. Department of Health & Human Services for the calendar year at issue.
- **“Household”** is defined per Oregon H.B. 3076. At the time of this policy revision, H.B. 3076 defines “Household” as “A single individual; or spouses, domestic partners, or a parent and child under 18 years of age, living together; and other individuals for whom a single individual, spouse, domestic partner or parent is financially responsible.”
- **“Income”** means all pre-tax income of the Household including the following: earnings, unemployment compensation, workers compensation, social security, supplemental security income, public assistance, veteran’s payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony and child support.
- **“Medically Necessary”** is defined per Oregon H.B. 3076. At the time of this policy revision, H.B. 3076 defines “Medically Necessary” as “Necessary to prevent, diagnose or treat an illness, injury, condition or disease, or the symptoms of an illness, injury, condition or disease; and meeting accepted standards of medicine.”

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REVISIONS/SUMMARY OF CHANGES:

Revision date:	Revision Description:
05/06/2020	Table A on page 3 has been updated and minor revisions based on HB 3076 and <u>HB</u> .