# FINANCIAL ASSISTANCE POLICY

## I. PURPOSE

As part of its mission to improve the health of its patients and community through innovation and excellence in care, education, research and service, Indiana University Health Tipton Hospital ("IU Health Tipton Hospital") values charity, equality and justice in healthcare. Indiana University Health is committed to serving the healthcare needs of all of its patients, regardless of their ability to pay for such services. To assist in meeting those needs, IU Health Tipton Hospital has established this Financial Assistance Policy to provide financial relief to eligible patients receiving Emergency or Medically-Necessary Services. This policy was developed and is utilized to determine patients' financial ability to pay for services.

## II. SCOPE

This policy applies to charges for all hospital and emergency services provided by IU Health Tipton Hospital and physician services processed by IU Health Tipton Hospital Revenue Cycle Operations.

## III. DEFINITIONS

a. **Adjustments for Uninsured Patients Policy** – a policy that provides a reduction in charges billed for any patient/guarantor who at the time services are provided has no insurance coverage for, or right to, the payment of care, through employer-based insurance, government-sponsored coverage or third party liability coverage.
b. **Emergency Services** – an emergency accident, meaning a sudden external event resulting in bodily injury, or an emergency illness, meaning the sudden onset of acute symptoms of such severity that the absence of immediate attention may result in serious medical consequences.
c. **Financial Assistance** – a reduction in the amount of charges billed for patients who are eligible for relief under this policy.
d. **Financial Assistance Application** – an application to receive Financial Assistance.
e. **Financial Assistance Committee** – a committee appointed by the IU Health Tipton Hospital Chief Financial Officer that meets on an as needed basis with the task of determining exceptions and making account approvals under this Financial Assistance Policy and the Adjustment for Uninsured Patients policy.
f. **Financial Assistance Determination** – a written decision indicating whether Financial Assistance will be provided to a patient/guarantor.
g. **Interest Free Payment Arrangements** – An invoice payment program that allows a

patient up to twelve (12) months to pay an outstanding balance without accruing interest.

h. **Limited Means** – an inability to pay full amounts due of the hospital/physician obligation and qualifies for partial assistance. The patient/guarantor must request assistance and have income between 150-299% of poverty guidelines for insured patients to qualify for partial assistance. For uninsured patients, limited means can extend beyond 299% and is based on a sliding scale which incorporates income, number in the household and provides the patient/guarantor relief beyond the 30% adjustment for uninsured patients.

i. **Medically-Necessary Services** – inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms, which otherwise left untreated, would pose a threat to the patient's ongoing health status. Services must:

- Be clinically appropriate and within generally accepted medical practice standards; and
- Represent the most appropriate and cost effective supply, device or service that can be safely provided and readily available at IU Health Tipton Hospital, with a primary purpose other than patient or provider's convenience.

## IV. POLICY STATEMENTS

i. **General:**

a. IU Health Tipton Hospital will not refuse, delay or discourage services based on a patient's ability to pay for the cost of such services.

b. IU Health Tipton Hospital will actively promote all patients' awareness of the availability of Financial Assistance. All patients will receive notification of IU Health Tipton Hospital's Financial Assistance Policy and all uninsured patients will receive an application to participate in the program.

c. IU Health Tipton Hospital will make reasonable attempts to confirm that a patient is not eligible for Financial Assistance prior to assigning that patient's account to an agency for collection or otherwise engaging in extraordinary collection actions.

d. Financial Assistance determinations will be made without regard to a patient's age, sex, race, creed, disability, sexual orientation, or national origin.

e. When it is necessary to engage in such actions, IU Health Tipton Hospital, and its contractors, will engage in fair, respectful and transparent collections activities.

ii. **Eligibility:**

a. Eligibility for Financial Assistance will be determined based upon a patient's household income and number of members in the household. A patient is eligible for Financial Assistance, as described in Section V(ii), when the patient's:

1. Household income is less than 300% of the Federal Poverty Guidelines; or
2. Household income is equal to or greater than 300% of the Federal Poverty Guidelines, the patient is an uninsured patient, and qualifies based on an established sliding scale.

b. Patients in the following categories are presumed to be eligible for Financial Assistance, without a determination of household income:

1. Patients whose financial need has been determined by the following third parties: Children's Special Health Services (CSHCS), Medicaid, Out-of-State Medicaid;
2. Patients who are pending Medicaid approval; and

3. Homeless patients

c. Additional Requirements:

1. For patients/guarantors who are otherwise eligible for Financial Assistance and whose hospital and/or physician liability is greater than $50,000 IU Health Tipton Hospital may review available assets in determining eligibility and amount of Financial Assistance provided. This dollar threshold may be increased annually based on IU Health Tipton Hospital price increases and at the discretion of Revenue Cycle Leadership.
2. Financial Assistance may be granted to patients/guarantors who qualify for government programs when funding has been delayed. If later government assistance is approved, the Financial Assistance awarded will be reversed. This includes but is not limited to when a patient's account is pending Medicaid approval.
3. Financial Assistance may be granted to a deceased patient whose estate has been determined to without valuable assets.
4. IU Health Tipton Hospital will deny Financial Assistance for any patient/guarantor who falsifies any portion of an application.
5. All third party resources and non-hospital financial aid programs, including public assistance available through Medicaid, must be exhausted before Financial Assistance will be awarded.

iii. **Available Assistance**

a. When an insured or uninsured patient's household income exceeds 150% of the Federal Poverty Guidelines or the patient meets one or more of the eligibility criteria identified in Section V(ii)(b), IU Health Tipton Hospital will provide one hundred percent (100%) relief/financial assistance of allowable charges.

b. When an insured or uninsured patient's household income exceeds 150% of the Federal Poverty Guidelines and is less than 300% of the Federal Poverty Guidelines, IU Health Tipton Hospital will provide a limited means adjustment/relief of allowable charges based on household income and number in the family. This is calculated based on a sliding scale. For insured patients, the limited means/partial assistance ends at 299%.

c. When an uninsured patient's household income is equal to or exceeds 300% of the Federal Poverty guidelines, IU Health Tipton Hospital will provide a limited means adjustment/partial assistance of allowable charges based on household income and number in the family. This is calculated based on a sliding scale. For uninsured patients, the limited means/partial assistance ends when their ability to pay reaches the uninsured discount already granted by IU Health Tipton Hospital.

iv. **Reporting**

a. IU Health Tipton Hospital will report on the amount of Financial Assistance provided to eligible patients, and on any modifications to this policy, on an annual basis in it Community Benefit Report.

## V. PROCEDURES

### i. Communication:

a. IU Health Tipton Hospital will broadly communicate the availability of Financial Assistance within the communities it serves by posting a description of this policy in appropriate acute care settings such as emergency departments, registration areas, and on its website.

- Signs will be posted in each of these areas describing the available assistance and directing interested patients to the Financial Assistance Application.
- Brochures and other materials describing the program may be available in languages other than English that are frequently spoken in the geographic vicinity of IU Health Tipton Hospital.

b. IU Health Tipton Hospital may include a description of this policy with all patient bills and statements of services and will mail a Financial Assistance Application to each patient eligible under Adjustment for Uninsured Patients Policy upon the conclusion of treatment, along with a summary of incurred charges.

c. IU Health Tipton Hospital Revenue Cycle Operations representatives will be available via telephone Monday through Friday 8 a.m. to 4 p.m. to assist with questions and completion of Financial Assistance Applications.

d. Patients/guarantors may request a Financial Assistance Application using the IU Health Tipton Hospital website or by calling Revenue Cycle Operations.

e. Each year, all IU Health Tipton Hospital employees will be informed as to how to refer patients to apply for the IU Health Tipton Hospital Financial Assistance Program.

### ii. Application:

a. Patients/guarantors wishing to apply for Financial Assistance are responsible for initiating the financial assistance process in a timely fashion and must return the Financial Assistance Application to IU Health Tipton Hospital Revenue Cycle Operations within twenty-one (21) calendar days of receipt. IU Health Tipton Hospital will consider applications complete upon the submission of all requested documentation.

b. Patients/guarantors must submit the following documentation with a completed application:

- Income from all sources.
- Copies of statements from savings and checking accounts, certificates of deposit, stocks, bonds, money markets accounts, etc.
- Value of assets including home and real estate.
- Monthly expenses.
- Number of dependents.
- Copies of most recent three months of pay stubs.
- Copies of the most recent state and federal income tax forms including copies of:
  - W2s
  - Schedule C Profit or Loss from Business
  - Schedule D Capital Gains and Losses

- Schedule E Supplemental Income and Loss
- Schedule F Profit or Loss from Farming
- A signed copy of the Financial Assistance Application
- Any additional information requested by IU Health Tipton Hospital to assist in the verification of household income and assets.

c. Individuals other than the patient, such as the patient's physician, family members, community or religious groups, social services, or hospital personnel may request a Financial Assistance Application to be mailed to a patient's primary mailing address.

d. The Financial Assistance Application and accompanying documentation must be re-submitted every 6 months from the previous application date. It is the patient's responsibility to notify IU Health Tipton Hospital if the patient's financial status has changed.

e. IU Health Tipton Hospital keeps all applications and supporting documentation confidential.

f. Once Financial Assistance has been granted, the patient/guarantor will not be supplied with documentation required to bill insurance companies. This includes the UB, 1500 and/or detailed itemization bill forms.

iii. **Determination:**

a. IU Health Tipton Hospital will inform patients/guarantors of the results of their application by providing the patient/guarantor with a Financial Assistance Determination within ninety (90) days of receiving a completed application and all requested documentation.

b. If a patient/guarantor is granted less than full assistance and the patient/guarantor provides additional information for reconsideration, Revenue Cycle Services staff may amend a prior Financial Assistance Determination.

c. If a patient/guarantor seeks to appeal the Financial Assistance Determination further, a written request may be submitted, along with the supporting documentation, to the Financial Assistance Committee for additional review/reconsideration.

d. Decisions of the Financial Assistance Committee are final.

iv. **Non-Payment/Collections:**

a. Patients/guarantors who have not applied for Financial Assistance and whose accounts have been transferred to a collection agency may request Financial Assistance, complete an application with requested documentation and be considered for reduction of their bill. IU Health Tipton Hospital may suspend collection activity on an account while an application is being processed and considered. For a patient/guarantor who chooses not to participate or is denied Financial Assistance, the full measure of collection activity will continue.

b. IU Health Tipton Hospital and its collection agencies will not provide assistance after an account has entered legal proceedings without first obtaining written consent from Revenue Cycle Operations.

## VI. RESPONSIBILITY

Revenue Cycle

## VII. EXCEPTIONS

Any exceptions to this policy must be approved in writing by the Financial Assistance Committee.

## VIII. CROSS REFERENCE

**RCO153_Uninsured Discount**
**This policy replaces RCO154_Financial Assistance Policy**

## IX. APPROVAL BODY

Administrative Council

## X. APPROVAL SIGNATURES

N/A

## XI. DATES

| | |
|---|---|
| Review/Revision Dates | 12-01-04 |
| | 04-30-06 |
| | 01-16-12 |

MM0R24

IU HEALTH TIPTON HOSPITAL
MONITOR RECEIVING REPORT


DATE: 1/30/12
TIME: 1:27

PURCHASE ORDER : 27680
RECEIVER : 001 DATE RECEIVED : 1/20/12 VENDOR: 1139 MEDLINE INDUSTRIES, INC PAYEE VENDOR: 1139 MEDLINE INDUSTRIES, INC

| LIN NO. | ITEM NUMBER | ITEM DESCRIPTION | G/L # | U/M | C/F | LOT COST | RECEIVING QTY. | RECEIVING AMOUNT | BACKORDER QTY. | BACKORDER AMOUNT | CL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 7110 | BATH ESSENTIAL ADULT | 0113300 | CS | 60 | 79.10 | 1 | 79.10 | | .00 | C |
| 2 | 7897 | WASHBASIN 8QT. | 0113300 | CS | 50 | 24.00 | 1 | 24.00 | | .00 | C |
| 3 | 9665 | NEEDLE 19G X1" | 0113300 | BX | 1 | 2.68 | 1 | 2.68 | | .00 | C |
| 4 | 11536 | UNDERPAD ULTIMA 30X36 POLYMER | 0113300 | CS | 5 | 15.35 | 3 | 46.05 | | .00 | C |
| 5 | 20350 | JELLY LUBE 4 OZ STERILE | 0113300 | BX | 12 | 11.72 | 1 | 11.72 | | .00 | C |
| 6 | 20515 | ENEMA SET 1500CC | 0113300 | EA | 1 | 1.55 | 20 | 31.00 | | .00 | C |
| 7 | 21770 | SHAMPOO BABY 2 OZ | 0113300 | CS | 96 | 20.80 | 1 | 20.80 | | .00 | C |
| 8 | 30010 | SOL SALINE BTL 1000 POUR BTLE. | 0113300 | CS | 12 | 13.80 | 2 | 27.60 | | .00 | C |
| 9 | 30055 | SOL D5/NS 1000ML | 0113300 | CS | 14 | 13.11 | 1 | 13.11 | | .00 | C |
| 10 | 30060 | SOL LRI 1000ML | 0113300 | CS | 14 | 12.98 | 3 | 38.94 | | .00 | C |
| 11 | 30065 | SOL SALINE 3000ML IRRIGATION | 0113300 | CS | 4 | 18.33 | 3 | 54.99 | | .00 | C |
| 12 | 30130 | SOL N/S 0.9 1000INJ | 0113300 | CS | 14 | 11.83 | 4 | 47.32 | | .00 | C |
| 13 | 31660 | SPONGE GAUZE 4X4 NONSTERILE | 0113300 | CS | 10 | 39.80 | 1 | 39.80 | | .00 | C |
| 14 | 40030 | NEEDLE 22X1.5 SAFETYGLIDE | 0113300 | BX | 1 | 10.98 | 2 | 21.96 | | .00 | C |
| 15 | 50365 | LOTION REMEDY REPAIR 40Z | 0113300 | CS | 12 | 31.76 | 1 | 31.76 | | .00 | C |
| 16 | 51015 | NEBULIZER VIX ONE | 0113300 | CS | 50 | 31.94 | 1 | 31.94 | | .00 | C |
| 17 | 51885 | CATHETER INSYTE 22G X 1 BLUE | 0113300 | CS | 200 | 324.68 | 1 | 324.68 | | .00 | C |
| 18 | 60211 | DEODORANT ROLL-ON 1.5 OZ. | 0113300 | EA | 1 | .22 | 20 | 4.40 | | .00 | C |
| 19 | 131150 | WIPE CAVICIDE | 0113300 | CS | 12 | 61.01 | 1 | 61.01 | | .00 | C |
| 20 | 200270 | WIPE ALCOHOL | 0113300 | BX | 1 | 2.07 | 20 | 41.40 | | .00 | C |
| 21 | 207500 | TISSUE FACIAL | 0113300 | CS | 48 | 34.16 | 1 | 34.16 | | .00 | C |
| 22 | 209394 | NEEDLE FILTER 19GX1-1/2" | 0113300 | BX | 1 | 16.47 | 1 | 16.47 | | .00 | C |
| 23 | 209428 | HAIRBRUSH ADULT | 0113300 | EA | 1 | .36 | 12 | 4.32 | | .00 | C |
| 24 | 381534 | CATHETER INSYTE 20GA PINK | 0113300 | CS | 200 | 324.68 | 1 | 324.68 | | .00 | C |
| 25 | 1144896 | SET SECONDARY 20 | 0113300 | CS | 100 | 66.18 | 1 | 66.18 | | .00 | C |
| 26 | 2426050 | SET INFUSION 20 | 0113300 | CS | 20 | 85.41 | 2 | 170.82 | | .00 | C |
| 27 | 30440 | SOL D5W 250ML | 0113300 | EA | 1 | .74 | 5 | 3.70 | | .00 | C |
| 28 | 3405 | SLEEVE SCD MEDIUM | 0113300 | PR | 1 | 15.51 | 15 | 232.65 | | .00 | C |
| 29 | 306546 | SYRINGE NS 10ML N-STERILE | 0113300 | CS | 480 | 99.26 | 1 | 99.26 | | .00 | C |
| 30 | 60815 | GLV SURG SZ 7 | 0113300 | BX | 50 | 49.63 | 1 | 49.63 | | .00 | C |
| 31 | 60850 | GLV SURG SZ 7.5 | 0113300 | BX | 50 | 49.63 | 1 | 49.63 | | .00 | C |
| | | TOTALS FOR PO 27680 | | | | | 129 | 2005.76 | | .00 | |