

## Iron County Medical Center

# Financial Assistance Policy

### Purpose:

To establish policies and procedures necessary to ensure patients of Iron County Medical Center and the Family Care Clinic, who for economic and financial reasons cannot meet the requirements of the ICMC Billing and Collection Policy (8266-30) and are provided with the facilities Financial Assistance Policy and Application.

Financial Assistance is defined as healthcare services provided at no charge or at a reduced charge to patients who do not have nor cannot obtain adequate financial resources or other means to pay for their care. This is in contrast to bad debt, which is defined as a patient and or guarantor who, having the resources to pay for health care services, has demonstrated by their actions an unwillingness to resolve a bill. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account race, creed, gender, national origin, disability, age, gender identity or sexual orientation.

Policy: Iron County Medical Center (ICMC) and Family Care Clinic (FCC) recognize that all patients are entitled to quality compassionate care regardless of the ability to pay. A financial assistance policy is necessary to establish guidelines for identifying patients who do not have the financial solvency to pay for medically necessary services. Financial assistance is available to all patients and may be applied for before or up to 1 year after the approval, at which point the guarantor must reapply.

To determine the eligibility of financial assistance, ICMC will examine the guarantor's financial need through means of an application process that includes an examination of the guarantor's income, household status and in some cases Medicaid eligibility.

ICMC uses a sliding scale process to determine the amount of financial assistance based on a % of the federal poverty guidelines applicable for the year the application was received.

### 2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINES
1	\$29,160
2	\$39,440

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINES
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120

**Household Definition: Minor:** A minor is any individual under the age of 26 currently residing in the same property. A minor can be included as a household member and is verified through means of the federal tax returns. **Married filed jointly:** Spouse can be claimed on the financial assistance application as a household member and is verified through means of federal tax returns. **Additional Household Members:** Any individual(s) residing in the same property where financial obligations such as rent, car payments, utilities are jointly shared. Everyone listed must provide the same verification documentation as the applicant.

**Family Income Definition:** Using the Census Bureau definition, family is defined as a group of two or more people who reside together. According to the Internal Revenue Service rules if a patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Medically Necessary Definition:** As defined by Medicare, services or items reasonable and necessary for the diagnosis and treatment of an illness or injury.

**Eligibility for Charity Care/Financial Assistance:** Eligibility for charity care or financial assistance will be considered for those individuals who are uninsured, under-insured, ineligible for any government healthcare program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. Applicants may be screened for Medicaid eligibility and any other potential financial assistance programs before completing the application for ICMC Financial assistance Program.

**Procedure:**

For purposes of this policy, “charity” or “financial assistance” refers to healthcare services provided by Iron County Medical Center (ICMC) and Family Care Clinic (FCC) without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity care.

1. Emergency medical services provided in the Emergency Room
2. Services for a condition which, if not treated promptly, would lead to an adverse change in the health status of an individual.
3. Non-elective services provided in response to circumstances in a nonemergency room setting
4. Elective services evaluated on a case-by-case basis at the discretion of ICMC.

Physical Therapy, Occupational Therapy, and Speech Therapy services will be covered for the first 3 (three) visits. After which the patient will be responsible for the remaining services received.

Infusion Therapy administration costs will only be covered by Charity Care if the drug cost is covered, in full – either by drug manufacturer discount programs or some other type of funding.

Surgical Procedures taking place in the Operating Room are not eligible for Charity Care but will be eligible for Payment Plan arrangements.

Family Care Clinic visits with Specialists may not be covered under this policy for Charity Care; eligibility will be at the discretion of the Chief Nursing Officer (CNO).

An application for Financial Assistance will be completed with all financial and social information and submitted to the ICMC Financial Counselor or Business Office Coordinator.

Documents required:

- a. Valid contact numbers and address
- b. Medicaid Determination Questionnaire, provided by ICMC Financial Counselor
- c. A complete copy of the most recent federal income tax return, including W-2 forms. If no taxes were filed, it must be noted on the application and the applicant must provide information about why. Students must provide their parents most recent federal income tax return if they were claimed as a dependent
- d. The Social Security Disability Award letter, when applicable.

e. Proof of income

vi. If working, paycheck stubs for the previous three months

vii. If unemployed and receiving unemployment check, provide check stub or unemployment compensation determination letter.

viii. If income is from a retirement fund, pension, rental property, etc. provide proof of the source and amount of income received

. ix. Statement of Child Support

x. Statement of Alimony support

xi. Retirement income xii. Letter from employer, if paid in cash

xiii. Proof of financial accounts, example: checking, savings, stocks, bonds, CD's IRA etc.

After review, the completed application will be approved or denied. Reduced payment arrangements will also be determined.

The application must be complete including signatures, dates and all applicable documents attached before the Business Office will accept it for processing. If an incomplete application is received it will be return to the patient/guarantor.

Annual income is based on either the previous 12 months, or the previous 3 months multiplied by 4. Qualification is valid under either calculation method

. Income will be calculated for all dependents claimed on the Internal Revenue Service tax return regardless of primary residence.

ICMC uses a sliding scale process to determine the amount of financial assistance based on a % of the federal poverty guidelines applicable for the year the application was received.

POVERTY LEVEL	<100%	101%-125%	126%-150%	151%-200%	>200%
DISCOUNT	100%	75%	50%	25%	0%

The patient balance after a partial write off will be subject to the payment arrangement policy unless otherwise determined by the Business Office.

The Business Office will review and approve accounts using the most recent annual HHS Poverty Guidelines prior to requesting a charity write-off of accounts.

A letter will be sent to the guarantor by the Business Office with a list of accounts and amounts approved/not approved within 15 days of review.

There will be no other discounts given to patient on top of the financial discount if approved.

The financial application is valid for a minimum of 3 months and a maximum of 12 months. After which time the patient may be asked to fill out the Medicaid Determination questionnaire and a statement of financial status.

An individual will be determined to qualify for 100% financial assistance, if along with the application they submit proof of:

1. Patient is deceased with no known estate.
2. Homelessness, due diligence efforts must be documented.
3. Patient is mentally incapacitated with no one to represent them.

Presumptive Eligibility:

Iron County medical Centers primary method of determining eligibility for financial assistance is through completion of the Financial Assistance Application. However, ICMC may presumptively determine an individual to be eligible for a 100 percent reduction from charges after insurance has processed. A presumptively eligible individual will not be required to complete the FA Application. The CEO and Business Office Managers approval is required before an account is adjusted for presumptive eligibility. Presumptive determinations are made from the following sources.

1. The government provides information that an individual is deceased.
2. Before an account is sent to collections and before taking any extraordinary collection actions, using whatever third-party vender ICMC sees fit, will access publicly available information to determine a patient's qualifications for various financial assistance programs

. Application Process:

ICMC Financial Assistance Program, Financial Assistance Application and the Plan Language Summary are available through the following methods.

1. By mail
2. In the Emergency Room

3. In all admissions areas
4. In the Financial Counselors Office
5. On ICMC Website

The patient may request a verbal application with ICMC Financial Counselor or Business Office Coordinator under extenuating circumstances.

Applications may be return in person or through the mail. If an individual has questions about financial assistance or the application process, they may contact ICMC Financial Counselor at 573-546-8115

. Once the application is approved and discount is determined all active accounts will be adjusted and a new statement to the guarantor will be generated if applicable. Approval is granted for 12 months.

**Iron County Hospital reserves the right to grant approval or denial for Financial Assistance applications based on extraordinary circumstances on a case-by-case basis.**

---

# Details

<b>Reference ID</b>	#PRO-23-41219
<b>Policies</b>	Fiscal Management Policy
<b>Policy Description</b>	As the fiscal health of any hospital is central to its success, it is the policy of Iron County Medical Center to have a comprehensive and effective set of financial guidelines, processes and review activities that all employees, medical providers and business associates will comply with and participate in to address all aspects of successful financial management. In support of this policy, it is the goal of the Hospital to have strong enough practices in the areas of budgeting, planning, organizing, directing and controlling the financial activities to ensure optimal availability, utilization and integrity of funds.
<b>Standards</b>	None
<b>Function</b>	Financial Management
<b>Department</b>	Business Office
<b>Partner Departments</b>	Administration, Cardiopulmonary Rehab, Clinic, Dietary, ED, Housekeeping, IT, Infection Control, Laboratory, Maintenance, Med Surg, Operating Room, Pharmacy, Physical/Occupational Therapy, Purchasing, Radiology, Registration, Respiratory Therapy, and Social Services
<b>Review Task</b>	None
<b>Date Issued:</b>	Dec 11, 2023 7:42 AM
<b>Original Creation:</b>	Jun 22, 2023
<b>Finalized By:</b>	Review Not Issued
<b>Previous Revision Dates:</b>	Dec 11, 2023 6:07 AM and Aug 3, 2023 1:25 PM

This document was printed on Dec 11, 2023, and may have been updated since that date. Please refer to SQSS for most up to date version.