

DEPARTMENT: Administration

SUBJECT: Sullivan County Community Hospital and Clinics
Financial Assistance Policy

PURPOSE:

A. As part of its mission to improve the health of its patients and community through innovations and excellence in care, education, and service, Sullivan County Community Hospital (SCCH) values charity, equality and justice in healthcare.

B. SCCH is committed to serving the healthcare needs of all of its patients, regardless of their ability to pay for such services.

C. To assist those needs, the hospital has established this Financial Assistance Policy to provide Financial Assistance to eligible patients receiving Emergency or Medically-Necessary Services. This Policy was developed and is utilized to determine patient's financial ability to pay for services.

D. SCCH is committed to ensuring its patients are compliant with all provisions of the Patient Protection & Affordable Care Act. To that end, SCCH reserves the right to make a good faith effort to locate and obtain health insurance coverage for patients prior to considering patients for coverage under this Financial Assistance Policy.

POLICY STATEMENTS:

A. General

1. SCCH will not refuse, delay or discourage emergent services based on a patient's ability to pay for the cost of such services.
2. Financial Assistance determinations will be made without regard to a patient's age, sex, race, creed, disability, sexual orientation or national origin.
3. SCCH will actively promote all patients' awareness of the availability of Financial Assistance.
4. All patients who wish to make an appointment for financial assistance are to be referred to the financial counselors.
5. Policy applies to SCCH charges, ED Physician Services and Clinic professional fees. Policy excludes Radiologist professional fees and other contracted physician fees.

B. Eligibility

1. Indiana Resident Requirement
 - a. Financial Assistance will only be made available to residents of the State of Indiana.
 - b. SCCH will employ the same residency test as set forth in Indiana Code 6-3-1-12 to define a resident:

- i. The term Resident includes any individual who was domiciled in Indiana during the taxable year, or any individual who maintains a permanent place of residence in the state and spends more than one hundred eighty-three (183) days of the taxable year in Indiana.
- 2. Alternate Sources of Assistance
 - a. When technically feasible, patient will exhaust all other state and federal assistance programs prior to receiving an award from SCCH's Financial Assistance Policy.
 - b. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowner's.
 - c. Eligible patients who receive medical care from a SCCH facility as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive Financial Assistance for any outstanding balance not covered by the settlement or award to which SCCH is entitled.
- 3. Federal Poverty Guidelines
 - a. Eligibility for Financial Assistance will be determined based upon a patient's household income and number of members in the household, known as the Federal Poverty Level (FPL).
 - b. SCCH will utilize the most recent FPL data available and will apply the FPL data to a patient's account based upon the calendar date a completed Financial Assistance Application was received, not a patient's date of service.
 - c. A patient is eligible for Financial Assistance in 2021 according to the following chart:

2021 Financial Adjustment Levels

Federal Poverty Level	Financial Adjustment
0-200%	100%
250 – 400%	Limited Means Sliding Scale
400%+	0%

2021 Family Income Less Than (as % of FPL)

Size of Family	200%	250%	300%	350%	400%
1	\$25,760	\$32,200	\$38,640	\$45,080	\$51,520
2	\$34,840	\$43,550	\$52,260	\$60,970	\$69,680
3	\$43,920	\$54,900	\$65,880	\$76,860	\$87,840
4	\$53,000	\$66,250	\$79,500	\$92,750	\$106,000
5	\$62,080	\$77,600	\$93,120	\$108,640	\$124,160
6	\$71,160	\$88,950	\$106,740	\$124,530	\$142,320
7	\$80,240	\$100,300	\$120,360	\$140,420	\$160,480
8	\$89,320	\$111,650	\$133,980	\$156,310	\$178,640
Each Additional	\$4,540	\$4,540	\$4,540	\$4,540	\$4,540
Discount	100%	90%	75%	60%	50%
Patient Resp	0%	10%	25%	40%	50%

- d. The above rates are subject to change at the discretion of Hospital Administration and the SCCH Board of Trustees.
4. Additional Considerations
- a. Financial Assistance may be awarded to deceased patients or guarantors after it is determined that no estate exists.
 - b. SCCH will deny or revoke Financial Assistance for any patient or guarantor who falsifies any portion of a Financial Assistance Application.
 - c. SCCH reserves the right to request a deposit for non-emergent and scheduled services prior to delivery for uninsured patients. In the event the patient is unable to fulfill the agreed upon deposit requirements, their services may be rescheduled for a later date as medically prudent and in accordance with all applicable federal and state laws and/or regulations.

C. Patient Assets

1. SCCH may consider patient Assets in the calculation of a patient's true financial burden, at the discretion of Hospital Administration.
A patient's primary residence will be exempt from consideration on most cases.
 - a. A patient's primary residence is defined as the patient's principal place of residence and will be excluded from a patient's extraordinary asset calculation so long as the patient's equity is less than two-hundred thousand dollars (\$200,000) and the home is not occupied by the patient's spouse or child under twenty-one (21) years of age.
 - b. SCCH reserves the right to request a list of all property owned by the patient/guarantor and adjust an award of Assistance if the patient demonstrates a claim or clear title to any extraordinary Asset not excluded from consideration under the above guidance.
2. SCCH reserves the right to adjust a patient's Federal Poverty Level if the patient demonstrates a claim or clear title to any extraordinary Assets not excluded from consideration under the above guidance.

PROCEDURE STATEMENTS:

A. Financial Assistance Policy Publication

1. SCCH will broadly publicize the availability of its Financial Assistance Policy within the communities it serves by taking the following action:
 - a. SCCH will post this Policy and its Financial Assistance Application on its website.
 - b. Signs will be posted in appropriate departments and registration areas describing the available assistance and directing eligible patients to the Financial Assistance Application.
 - c. Financial Counselor representatives will be available to address questions related to Financial Assistance. Representatives will also mail paper applications to a patient at their request, or if a significant hardship is expected.
 - d. Uninsured patients will receive notice 30 days prior to the end of the 120 day notification period regarding Financial Assistance.

B. Financial Assistance Application

1. Patients or their guarantors wishing to apply for Financial Assistance must submit a Financial Assistance Application with supporting documentation within 30 days of receiving their first billing statement from SCCH.
2. 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 free of charge.
3. SCCH keeps all applications and supporting documentation confidential.

C. Eligibility Determination

1. SCCH will inform patients or guarantors of the results of their application by providing the patient or guarantor with a Financial Assistance Determination within ninety (90) days of receiving a completed Application and all requested documentation.
2. If a patient or guarantor is granted less than full assistance and the patient or guarantor provides additional information for reconsideration, the Hospital Administration and the SCCH Board of Trustees may amend a prior financial assistance determination.
3. If a patient or guarantor seeks to appeal the Financial Assistance Determination, a written request may be submitted along with the supporting documentation, to the Financial Counselors for additional review before a determination can be made by the Hospital Administration and the SCCH Board of Trustees.
4. All decisions of the Hospital Administration and the SCCH Board of Trustees are final.
5. A patient's Financial Assistance Application and eligibility determination will remain in effect for six months from date receipt of a completed application. Social security beneficiaries on fixed incomes may be eligible for up to one year.
6. Prior to applying for Financial Assistance, if there are accounts in bad debt, those accounts will be considered to be included, pending approval by Administration and/or the SCCH Board of Trustees.

D. Extraordinary Collection Actions

1. SCCH will only implement Extraordinary Collection Action 120 days after it has made reasonable efforts to determine whether the patient account is eligible for assistance under this Financial Assistance Policy.
2. When it is necessary to engage in such action, SCCH and its contracted third parties, will engage in fair, respectful and transparent collections activities.
3. Patients or guarantors who have not applied for Financial Assistance and whose accounts have been engaged in Extraordinary Collection Actions may request Financial Assistance, complete an Application with requested documentation, and be considered for a reduction in their bill if it is within the two-hundred-forty (240) days of receiving their first billing statement from SCCH.

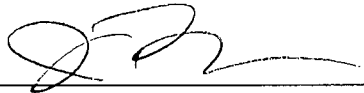
- a. SCCH may suspend collection activity on an account while an Application is being processed and considered at the discretion of Hospital Administration.
- 4. SCCH and its collection agencies will not provide assistance after an account has entered into legal proceedings without first obtaining consent from the Hospital Administration and the SCCH Hospital Board of Trustees.
- 5. The award of Financial Assistance may be subject to successful completion of payment plan. In the event a patient or guarantor who is receiving Financial Assistance fails to complete the terms of their payment plan, SCCH reserves the right to submit the unadjusted account balance, less any amount previously paid by the patient to an Extraordinary Collection Action.

APPROVAL SIGNATURES:



Chief Executive Officer
Sullivan County Community Hospital

4/6/21
Date



Chief Financial Officer
Sullivan County Community Hospital

4/6/21
Date



Board Chairman
Sullivan County Community Hospital

4/8/21
Date