

ENTITY:	Scheurer Hospital	DEPT: 330
SUBJECT:	Financial Assistance Policy and Procedure	PAGE: 1
DEPARTMENT: Fiscal Services		OF: 11
EFFECTIVE: July 30, 2008		REVISED: 6/27/2016
APPROVED BY: Beth Gainforth, Fiscal Services Service Leader		REVIEWED: 6/27/2016

**PURPOSE**

To establish a formal process that defines the Financial Assistance Application process.

**OBJECTIVE**

Scheurer Hospital is committed to providing Financial Assistance to patients/Guarantors who have healthcare needs and are Uninsured, Underinsured, ineligible for government programs, and are otherwise unable to pay for medical care based on their individual financial situation. Consistent with its charitable mission, Scheurer Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Scheurer Hospital will provide, without discrimination, emergency and other medically necessary care to individuals regardless of their eligibility for Financial Assistance or for government assistance. Scheurer Hospital will work proactively to grant Financial Assistance to patients/Guarantors who are unable to pay for services rendered, who are not eligible for outside financial aid or government health care programs and who otherwise meet the requirements of this Policy.

**POLICY**

Scheurer Hospital, as a provider of high quality health care services and in recognizing a religious, moral and social obligation, shall provide charity care to a patient who demonstrates the inability to pay regardless of race, color, national origin, sex or physical handicap. Financial Assistance will be offered to patients/Guarantors who qualify, based upon their inability to pay, in accordance with U.S. Federal Poverty Guidelines and who meet the criteria outlined in this Policy. Financial Assistance is not considered to be a substitute for personal responsibility. Accordingly, patients/Guarantors seeking Financial Assistance shall be expected to cooperate with Scheurer Hospital’s procedures for obtaining Financial Assistance, including completing applications for qualifying alternative coverage options, completing the Financial Assistance Application form appended to this Policy and, where appropriate, to contribute to the cost of their care based on their individual ability to pay. This Policy serves to establish and ensure a fair and consistent method for the review and completion of requests for charitable medical care to our patients/Guarantors in need.

Public Act 107 of 2013 created the Healthy Michigan plan that expanded Medicaid. It also requires hospitals to accept payment for services at 115 percent of Medicare from certain uninsured individuals beginning March 14, 2014. Due to this ruling, any patient that qualifies for Financial Assistance up to 300% of the federal poverty level will be considered for at least a 10% Financial Assistance write off.

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## DEFINITIONS

“**Amounts Generally Billed (AGB)**” means the amounts generally billed for any emergency or other medically necessary care using the look-back method calculated by multiplying the Hospital Facilities’ gross charges for care by the AGB rate. Information regarding the AGB rate is available upon written request, free of charge.

“**Assets**” means any tangible or intangible item owned and/or controlled by a patient or Guarantor which has monetary value.

“**Business Office**” means the Fiscal Services Department.

“**Charged**” means the amount a Financial Assistance Policy eligible individual is personally responsible for paying, after all deductions, discounts (including discounts available under this Financial Assistance Policy), and insurance reimbursements have been applied. For patients qualifying for assistance under the Hospital’s Financial Assistance Policy, the Charged amount shall never exceed the Amounts Generally Billed.

“**Extraordinary Collection Actions (ECA)**” means actions taken by Scheurer Hospital or its agents against a patient or Guarantor related to obtaining payment of a bill for care covered under this Financial Assistance Policy that require a legal or judicial process, involve selling a patient’s outstanding patient responsibility to another party, reporting adverse information about the patient to a consumer credit reporting agency or credit bureau or deferring, denying or requiring payment prior to providing medically necessary care because of an individual’s nonpayment of one or more bills for previously provided care under the hospital’s Financial Assistance Policy.

“**Federal Poverty Guidelines**” means guidelines developed by the U.S. Department of Health & Human Services on an annual basis. Levels are determined by the number of members in an individual’s household and their annual income.

“**Financial Assistance**” means a total or partial reduction in the amount billed to a patient, or his/her Guarantor(s), who is eligible for assistance under this Policy.

“**Financial Assistance Application**” or “**Application**” means the information and accompanying documentation that an individual submits for financial assistance under this Financial Assistance Policy.

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**“Financial Assistance Committee”** means the Patient Financial Advisor, the Financial Service Leader and those individual(s) otherwise named to the Committee.

**“Financial Assistance Determination”** means a grant or denial of an individual’s application for Financial Assistance under this Policy.

**“Financial Assistance Policy” or “Policy”** means the terms and conditions found in this document.

**“Guarantor”** means the individual responsible for the financial obligations of a patient and may be used interchangeably with patient.

**“Hospital Facility” or “Hospital Facilities”** means any facility or facilities owned or operated by Scheurer Hospital that is licensed/registered or similarly recognized as a hospital by the State of Michigan, including all buildings operated under the State of Michigan license.

**“Household”** includes all individuals listed on a patient or Guarantor’s federal income tax filing. Guarantor's of a minor dependent who do not claim the dependent on their federal taxes may submit a court decree as proof of the dependent's household status. In the event the patient's (except for minor patients) income does not warrant the filing of a federal tax statement, the patient/Guarantor may submit a notarized affidavit attesting to the foregoing.

**“Income”** means any interest, dividends, wages, compensation for other services, tips, pensions, fees for earned services, price of goods sold, income from rental property, gains on sale of other property, alimony, or royalties.

**“Patient Financial Advisor”** means the representative within the Fiscal Services Office assigned to assist patients/Guarantors under the Policy.

**“Plain Language Summary”** means a written statement that notifies an individual that the hospital facility offers financial assistance under a Financial Assistance Policy.

**“Policy”** means this Financial Assistance Policy.

**“Underinsured Patient”** means a patient who, despite having insurance coverage, finds the obligation to pay insurance, copayments, coinsurance and deductibles is such a financial burden that he or she delays or does not receive medically necessary health care services due to the health care costs.

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**“Uninsured Patient”** means a patient who lacks a commercial insurance product, a government insurance/assistance product, whose injury is not a compensable injury through worker’s compensation, automobile insurance or other insurance and/or a previous contract or agreement negotiated with Scheurer Hospital to which the patient is a contemplated party or beneficiary.

**PROCEDURE**

Eligibility for Financial Assistance will be considered for those individuals who are Uninsured or Underinsured, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of Financial Assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Services eligible under this Policy will be made available to the patient/Guarantor on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. See Sliding Fee Schedule attached as Attachment A. Referral of patients/Guarantors for Financial Assistance may be made by any member of the Scheurer Hospital staff or medical staff, including physicians, nurses, financial counselors, registrars, social workers or case managers. A request for Financial Assistance may be made by the patient/Guarantor or a family member, close friend, or associate of the patient, subject to applicable privacy laws. Requests can be made prior to, during or after service is rendered.

All Uninsured Patients and Underinsured Patients presenting for services who are determined to be eligible under this Policy will not be Charged more than the Amounts Generally Billed (AGB).

This Policy may not cover services rendered by some individual providers who provide clinical services at Hospital Facilities. A full listing of providers and services covered and not covered by this Policy are available at [www.Scheurer.org](http://www.Scheurer.org) and updated on a quarterly basis .

1. A Financial Assistance Application will be given to any patient/Guarantor that requests one or to any inpatient or observation patient that is self pay by either the Patient Financial Advisor or any representative of any of the Scheurer Hospital Physicians offices. The patient/Guarantor will be given thirty (30) days to complete and return the Application along with other requested information on the Application. If the patient/Guarantor calls with extenuating circumstances and are unable to return the Financial Assistance Application within the thirty (30) day time frame an extension of thirty (30) days will be granted.

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2. Upon completion and return of the Financial Assistance Application the Patient Financial Advisor will make a recommendation based on the documentation provided and the current Federal Poverty Guidelines. The Financial Assistance Committee will review the recommendation and sign off on the recommendation if she or he agrees or will send documentation back to the Patient Financial Advisor if more information is needed to make a final determination. If it is determined that the patient/Guarantor qualifies for assistance based on the information/documentation provided, the patient/Guarantor will be notified what percentage of a write-off they will receive and will be asked to contact the Business Office within ten (10) days of receipt of letter confirming eligibility for Financial Assistance to set up a payment arrangement on any remaining balance.
3. Once all paperwork has been approved the patient's/Guarantor's account(s) will be credited and will reflect their new balance(s) (if any). This approved discount will remain in effect for the remainder of the current calendar year.
4. If the patient's/Guarantor's financial situation deteriorates and they are approved for a higher Financial Assistance discount after the initial discount and before the account(s) already qualified for Financial Assistance are paid in full, the remaining account balance(s) may be given an additional Financial Assistance discount for amounts Charged but not yet paid.
5. If a patient comes through the emergency room and they are not an established patient with Scheurer Hospital they will be considered for Financial Assistance for that visit only.
6. If a patient has been approved for services through the Breast & Cervical Cancer Control Program (BCCCP), payment from the BCCCP will be applied and the balance will be treated as a 100% Financial Assistance approval and will be written off to financial assistance. The patient has already been screened and approved by the county health department as being indigent and in need of help for the approved service. Any services not approved through the BCCCP will require the patient/Guarantor to submit an application for Financial Assistance before any Financial Assistance consideration would be given.
7. If a patient files for bankruptcy and has outstanding debt the debt will be written off to financial assistance.
8. If a patient is deceased and has no estate their outstanding debt will be written off to financial assistance.

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9. When Financial Assistance has been approved for patients/Guarantors who are seen at one of the Scheurer Hospital clinic offices, there will be a \$10 charge for office visits and then Financial Assistance will be deducted from the remaining amount. All non-series injections (example: flu shots, pneumonia shots, depo shots, etc.) that don't require an office visit will have an upfront \$10 charge before Financial Assistance is applied. There is no \$10 upfront charge for series shots for chronic conditions. Financial Assistance will be applied in the amount the patient/Guarantor has been approved for (example: a patient that is approved for a 100% Financial Assistance write off would not be charged anything).
10. All paperwork will be kept by the Patient Financial Advisor during the fiscal year and will then be kept in storage for a length of time as determined to be needed.
11. Scheurer Hospital will broadly publicize the availability of this Financial Assistance Policy within the communities it serves by taking the following actions:
  - a. Post this Financial Assistance Policy, a Plain Language Summary of this Policy, and its Financial Assistance Application on the Hospital's Website (free of charge or the need to create a special account) and offer patients with a Plain Language Summary of this Financial Assistance Policy during registration and/or discharge.
  - b. Post conspicuous public displays in appropriate acute care settings such as emergency departments and patient registration areas describing the available assistance and directing eligible patients to the Financial Assistance Application.
  - c. Include a conspicuous written notice on all patient billing statements that notifies the patient/Guarantor about the availability of this Policy, the telephone number of its Business Office which can assist patients with any questions they may have regarding this Policy and the direct Website address where copies of the Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary are available.
  - d. Make Patient Financial Advisors available via telephone Monday through Friday, excluding holidays, from 7:00 a.m. to 3:30 p.m. Eastern Time to address questions related to this Policy. Upon request, Patient Financial Advisors will also mail copies of this Financial Assistance Policy, a Plain Language Summary, and a Financial Assistance Application to patients or their Guarantor free of charge upon request.

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- e. Make paper copies of the Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary available upon request and without charge in public locations of the Hospital; including the emergency room and patient registration areas.
12. Scheurer Hospital will broadly communicate this Policy as a part of its general community outreach efforts.
  13. Scheurer Hospital will educate its staff on this Financial Assistance Policy and the process for qualifying for benefits under this Policy.
  14. Patients applying for assistance under this Policy will be required to complete a Financial Assistance Application. Patients/Guarantors must include the documentation requested in the Financial Assistance Application. If the Patient/Guarantor does not possess the documentation, the Patient Financial Advisor should be made aware of the lack of documentation as soon as possible.
  15. Patients or their Guarantors wishing to apply for Financial Assistance are encouraged to submit a Financial Assistance Application within ninety days (90) days of their discharge. Patients or their Guarantor may submit an application up to two-hundred and forty (240) days from the date of the patient's post-discharge billing statement. However, accounts may be subject to ECA collection efforts as defined in Section 22 of this Policy as soon as one hundred and twenty (120) days after patients or their Guarantor(s) have been provided the first post-discharge billing statement.
  16. Patients or their Guarantors submitting an incomplete Application will receive written notification of the Application's deficiency, the additional information or documentation necessary to complete the Application, and contact information for Business Office within thirty (30) days after the date upon which the application was first submitted. The application will be held open for a period of thirty (30) days from the date the deficiency notification is mailed.
    - a. Scheurer Hospital will suspend any ECA defined in Sections 22-29 of this Policy until the Application is complete or the patient/Guarantor fails to cure any deficiencies in the Application prior to the end of the allotted thirty (30) day period described in Section 15 above.
    - b. Deficient Application(s) which are not corrected within the thirty (30) day period following the Hospital's written notification to the patient/Guarantor of such deficiency shall be deemed withdrawn and shall require no further action on the part of Scheurer Hospital.

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17. The patient, and/or their representative, such as the patient's physician, family members, Guarantor, legal counsel, community or religious groups, social services or hospital personnel may request a Financial Assistance Application to be mailed to a patient's or Guarantor's primary mailing address free of charge.
18. Scheurer Hospital keeps all applications and supporting documentation confidential.
19. Scheurer Hospital shall provide the patient or Guarantor with a Financial Assistance determination within thirty (30) days of receiving a completed Financial Assistance Application and all requested documentation.
20. If a patient or Guarantor is granted less than full assistance and the patient or Guarantor provides additional information for reconsideration, Scheurer Hospital may amend a prior Financial Assistance Determination.
21. All Financial Assistance determinations are final unless amended pursuant to Section 20 above.
22. A patient's Financial Assistance Application and eligibility determination are specific to each individual's date(s) of service and related patient encounters.
23. Scheurer Hospital and any purchaser of the patient's debt, third-party collection agency, or other party the patient's debt has been referred to will not engage in ECAs against a patient/Guarantor to obtain payment for care before reasonable efforts are made to determine whether the patient/Guarantor is eligible for care under this Financial Assistance Policy.
24. Reasonable determination efforts of a patient/Guarantor's eligibility for Financial Assistance under this Financial Assistance Policy include:
  - a. Prior to initiating an ECA, provide written notice within 120 days of the post-discharge statement informing the patient/Guarantor that Financial Assistance is available for those who qualify.
  - b. In the case of a patient/Guarantor submitting an incomplete Financial Assistance Application during the application period, notifying the patient/Guarantor of how to complete the Financial Assistance Application and provide the information and time to complete the application as set forth above.

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- c. In the case of a patient/Guarantor submitting a complete Financial Assistance Application, determine whether the patient/Guarantor is eligible for Financial Assistance under this Policy.

25. In addition to the efforts made in Section 23 (a)-(c) above, the following actions will be taken at least thirty (30) days before initiating one or more ECA(s) to obtain payment for care:

- a. Provide the patient/Guarantor written notice indicating financial assistance is available to qualifying individuals, identify the ECA(s) that Scheurer Hospital or its authorized party intends to initiate for payment of care, the deadline for such ECA(s), which may be initiated no earlier than 30 days after the date that written notice is provided.
- b. Provide the Plain Language Summary and a copy of the Financial Assistance Policy with the written notice required under Section 24(a) above.
- c. Attempt to notify the patient/Guarantor verbally about the Financial Assistance Policy and how to obtain assistance through the Financial Assistance Application process.

26. Scheurer Hospital and its authorized representative will not initiate an ECA against a patient/Guarantor if he or she has an active Financial Assistance award.

27. Scheurer Hospital and its authorized representative may initiate ECA(s) against a patient/Guarantor in accordance with this Policy. ECA(s) may include the following:

- a. Selling a patient/Guarantor's outstanding financial responsibility to a third party;
- b. Reporting adverse information about the patient/Guarantor to consumer credit reporting agencies or credit bureaus;
- c. Deferring or denying, or requiring a payment before providing, non-emergent medically necessary care because of a patient/Guarantor's nonpayment of one or more bills for previously provided care covered under this Policy.
- d. Actions requiring a legal or judicial process, including but not limited to:
  - i. Placing a lien on a patient/Guarantor's property;
  - ii. Foreclosing on a patient/Guarantor's real property;

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- iii. Attaching or seizing a patient/Guarantor's bank account or other personal property;
- iv. Commencing a civil action against a patient/Guarantor;
- v. Causing a patient/Guarantor arrest;
- vi. Causing a patient/Guarantor to be subject to a writ of body attachment;
- vii. Garnishing the patient/Guarantor's wages.

28. When it is necessary to engage in any collection activity (including ECAs), Scheurer Hospital and its authorized representative, will engage in fair, respectful and transparent collections activities. Scheurer Hospital will ensure that all contractual agreements with authorized representatives will conform with the minimum standards required by the Department of Treasury regulations.

29. A patient or Guarantor currently subject to an ECA and who has not previously applied for Financial Assistance may apply for assistance up to two-hundred and forty (240) days from the date of the first post-discharge billing statement.

30. In the event an Application is filed within the two hundred-forty (240) day time period, Scheurer Hospital and its authorized representative will indefinitely suspend any ECA which may have been initiated against a patient/Guarantor while the Financial Assistance Application is processed and considered.

31. Patient/Guarantor who are determined to be eligible for assistance under this Policy and remitted payment to Scheurer Hospital in excess of their responsibility will be alerted to the overpayment as soon as practicable after discovery of the overpayment.

32. Patient/Guarantor with an outstanding account balance on a separate account not eligible for assistance under this Policy will have any refund amount applied to the separate account.

33. Patient/Guarantor with no outstanding account balance will be issued a refund check for their overpayment as soon as reasonably possible.

## **REGULATORY REQUIREMENTS**

In implementing this policy, Scheurer management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

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## **CONFIDENTIALITY**

Scheurer Hospital staff will uphold the confidentiality and individual dignity of each patient.  
Scheurer Hospital will meet all HIPAA requirements for handling personal health information.