

Title: Charity Care		
Dept: Administration - 8610		
Initiated By: Patient Accounts	Implemented: 2/76	Revised: 9/02, 7/04, 4/05, 1/06

POLICY and PROCEDURE

It is the policy of St. Anthony Hospital to provide charity for the poor and underserved by providing a charity program that meets Federal criteria, Catholic Health Initiatives guidelines and is approved by the Board of Directors of St. Anthony Hospital.

Identifying Patients Unable to Pay for Needed Services

In accordance with this policy, St Anthony Hospital shall provide charity care to patients for all medically necessary or otherwise necessary services including, but not limited to, the following full range of services: emergency, surgery, diagnostic testing, inpatient services, patients receiving home care, hospice and educational programs.

Consistent with the principles of Catholic faith-based health care ministry, any patient seeking urgent or emergent care at St Anthony Hospital will be treated without regard to the patient's ability to pay for care. Our purpose is to deliver quality, compassionate care that promotes wholeness of mind, body and spirit in a healing environment. We believe that each person should be received with dignity, privacy and compassion. We strive to identify and respond to the health needs of those in our community.

St Anthony Hospital operates in accordance with federal and state requirements for the provision of health care services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA).

URGENT VERSUS EMERGENT

The definition of urgent care is that provided to a patient with a medical condition that is not life/limb threatening or not likely to cause permanent harm, but requires prompt care and treatment, as defined by the Centers for Medicare and Medicaid Services to occur within 12 hours, to avoid:

- Placing the health of the patient in serious jeopardy or to avoid serious impairment or dysfunction; or
- Likely onset of an illness or injury requiring emergent services, as defined in this document.

Emergent care is that provided to a patient with an emergent medical condition, further defined as:

1. A medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in one of the following:
 - Placing the health of the patient (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
 - Serious impairment to bodily functions, or
 - Serious dysfunction of any bodily organ or part.
2. With respect to a pregnant woman who is having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery, or that the transfer may pose a threat to the health or safety of the woman or her unborn child.

Patients who qualify for charity care discounts shall be identified as soon as possible, either before services are provided or after an individual has received services to stabilize a medical condition. If it is difficult to determine a patient's eligibility for a charity care discount prior to the provision of services, such determination shall be made as soon as possible but shall not exceed a period of 18 months after the provision of such services.

This policy relates to all services provided by St Anthony Hospital to its patients ranging from, for example, emergency services to inpatient and outpatient elective surgery, diagnostic testing, rehabilitation services, hospice and educational programs.

Medical Necessity

St Anthony Hospital offers financial assistance on all services provided to all patients if the service is deemed a medical necessity. Medical necessity is defined as any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available. St Anthony Hospital will follow the hospital's admission criteria to determine the patient's medical necessity for patients who apply for charity discounts.

Patients receiving emergency services shall be treated in accordance with the hospital's emergency services policy, developed in accordance with EMTALA and other requirements. Reasonable registration processes shall include asking whether an individual is insured and, if so, the name of the insurance program, if such inquiry does not delay screening or treatment. The registration process shall not discourage

patients, from remaining for further evaluation. Financial issues will only be discussed after the patient has been screened and stabilized.

Once EMTALA requirements are met, patients identified through the registration process as being without Medicare/Medicaid, other local health care financial assistance or adequate health insurance shall receive a packet of information that addresses the financial assistance policy and procedures, including an application for such assistance, or immediate financial counseling from staff including the presentation of the application for financial assistance.

In addition to the financial packet, emergency inpatient admissions will be assisted by the admissions clerk in contacting the Oregon Health Plan. After the patient's information is submitted to the Oregon Health Plan, the patient or guarantor will receive an application for medical assistance. Even though OHP will not usually become retroactive if the patient and or guarantor qualify they would be eligible for future medical assistance through the OHP.

The non-emergency patient scheduling an admission or other procedure shall receive a packet of information that addresses the financial assistance policy and procedures, including an application for such assistance, or financial counseling assistance from staff, including the application for financial assistance, if they are without Medicare/Medicaid, other local health care financial assistance or adequate health insurance.

In both instances, the packet of information clearly indicates that St Anthony Hospital provides care, without regard to ability to pay, to individuals with limited financial resources, and explains how patients can apply for financial assistance.

Assistance is available for patients not proficient in reading, writing or speaking English. St Anthony Hospital clearly posts signage in English to advise patients of the availability of financial assistance. Signs will be posted in other languages in instances where 10% or more of the local population speaks a foreign language to be determined by Administration. Staff members shall communicate the contents of signs to people who do not appear able to read.

St Anthony Hospital identifies the availability of financial assistance in information booklets provided to patients and in general information provided on the St Anthony Hospital website.

Physician practices or clinics that are an integral part of St Anthony Hospital or its non-profit subsidiaries shall adopt this charity care policy. These organizations shall comply with the same charity care policy and procedures adopted by the St Anthony Hospital board of trustees for the tax-exempt healthcare provider.

Authorization and Methodology

PATIENT ASSISTANCE

Authorization of charity care discounts shall be restricted to the Chief Financial Officer, Chief Executive Officer, and Admitting Manager. Authorization of charity care write-off amounts is restricted for the Admitting Manager up to \$5000. All authorizations of charity care over \$5000 must have approval of the CFO or CEO.

The methodology used considers income, family size, available resources and the likelihood of future earnings (net of living expenses) sufficient to pay for health care services provided. St Anthony Hospital utilizes the CHI Standardized Patient Charity Care Discount Application Form and the CHI Standardized Charity Care Determination Checklist.

All available financial resources will be evaluated before determining financial assistance eligibility. St Anthony Hospital will consider financial resources for all members of the household and all other persons having legal responsibility to provide for the patient, such as the parent of a minor child or a patient's spouse. Patients are required to provide information and verification of ineligibility for benefits available from insurance, Medicare, Medicaid, workers' compensation, third-party liability and other programs. Patients with health spending accounts (HSA) are considered to have insurance; the amount that the patient has on deposit in the HSA is to be considered to have insurance and not eligible for any discount.

Eligibility for charity care discounts will be determined based on 130% of the annually updated HUD Geographic Very Low-Income Guidelines, available assets and any extenuating circumstances. These guidelines take into consideration, family incomes that do not exceed 50% of the median family income for a geographic area and shall utilize a sliding scale approach based on income and family size.

The need for future services requiring financial assistance shall be assessed. Separate determinations of eligibility for charity care will be made for each date of service. Confirmation of continued eligibility should be updated every 90 days for patients who require **ongoing** health care services.

An individual's occupation may be indicative of eligibility for a charity care discount. Some examples may include:

- Day laborer
- Farm worker
- Migrant worker
- Fast food service worker
- Entry-level hospital worker

Information provided in the financial assistance application may indicate that a patient is eligible for financial assistance or insurance coverage not only for health care services but also other benefits. Financial counseling staff shall assist patients in applying for available coverage.

All information obtained from patients and family members will be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications. Assessment forms will provide documentation of all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor including the following:

- Income from wages
- Income from self-employment
- Alimony
- Child support
- Military family – allotments
- Public assistance
- Pensions
- Social Security
- Strike benefits
- Unemployment compensation
- Workers' compensation
- Veterans' benefits
- Other sources, such as income from investments such as, but not limited to: dividends, interest or rental property.

Copies of documents to substantiate income levels are required.

In situations where patients have other assets, liquid assets are defined as investments that could be converted into cash within one year; these will be evaluated as cash available to meet living expenses. Assets that should not be considered as available to meet living expenses include: the patient's primary place of residence; adequate transportation; adequate life insurance; and sufficient financial reserves to provide normal living expenses if the wage earners are unemployed or disabled. Listings of other assets are required, including copies of the following documents:

- Savings, certificates of deposit, money market or credit union accounts.
- Descriptions of owned property

The patient/guarantor will provide demographic information about family members and/or dependents residing with the guarantor, to include the following information:

- Name, address, phone number (work and home)
- Age
- Relationship

While legal responsibility for another person is a question of state law, the guarantor's most recently filed federal income tax form may be relied on to determine whether an individual should be considered a dependent. The patient/guarantor will provide employment information for the patient/guarantor, as well as any others for whom the guarantor is legally obligated concerning the well being of the patient. Such information will identify the length of service with the current employer, contact information to verify employment and the individual's job title. Assessment forms will provide a recap of average monthly expenses including:

- Rental or mortgage payments
- Utilities
- Car payments
- Food
- Medical bills

Copies of rent receipts, utility receipts or monthly bank statements shall be requested. Determination of eligibility for charity care discounts shall occur as closely as possible to the time of the provision of service, but not to exceed a period of 18 months after the provision of service, to enable the hospital to properly record the related revenues, net of charity care.

St Anthony Hospital uses a sliding scale to provide up to a full discount of charges for patients with no third-party insurance and up to a full waiver of co-payments after third-party insurance proceeds, based on indigence. The following points shall be taken into consideration:

The standards of eligibility for the application of charity discounts must consider assets, as well as income. Eligibility shall be based on 130% of the annually updated HUD Very-Low Income Guidelines. These HUD guidelines take into consideration family incomes that do not exceed 50% of the median family income for a geographic area and utilize a sliding scale approach based on income and family size.

When circumstances indicate the presence of severe financial hardship or personal loss, those patients with few resources and a high number of dependents shall receive higher levels of financial assistance. This shall be determined by the use of a sliding scale based on income and family size. The maximum income level eligibility as defined on the sliding scale represents 150% of the new base, effectively 195% of the HUD Very-Low Income Guidelines.

Patient/guarantors will be notified when St Anthony Hospital determines the amount of charity care eligibility related to services provided by the hospital. The patients/guarantors shall be advised that such eligibility does not include services provided by non-MBO employees or other independent contractor providers (e.g., emergency room physicians, private physicians, anesthesiologists, radiologists, pathologists, etc.) depending on the circumstances. The hospital professional reading fees for EKG's will comply with the above policy. The applicant will be informed that periodic verification of

financial status is required in case of future services. Patient financial records shall be flagged to indicate future services shall be written off in accordance with the financial assistance determination. Guarantors will be notified in writing, if financial assistance is denied, with a brief explanation for the determination provided. A copy of the letter will be retained along with the application in the confidential central file.

A listing of charity care provided will be maintained by Patient Accounts to include the following information:

- Patient names
- Account numbers
- Dates of service
- Brief description of services provided (i.e., ER, Inpatient, Outpatient)
- Total charges
- Amounts written off to charity
- Dates of write off
- Authorizing individuals

A listing of all charity care discounts is maintained by the patient accounts department, documenting patient names, patient account numbers, dates of service, brief descriptions of services provided, total charges, amounts written-off to charity, dates of write-offs and the names of the authorizing individuals. Written denials of charity care discounts, including denial reasons, shall be retained in the confidential file.

On a quarterly basis, St Anthony Hospital shall report each patient account with a charity care discount threshold of \$100,000 or more to the finance committee of the board.

Determining eligibility for charity care discounts shall be a continuing process. A retroactive review of accounts referred to outside collection agencies shall be conducted either annually or semi-annually to determine if any accounts would have been more properly recorded as charity care discounts and, if so, St Anthony Hospital shall recall such accounts from the outside collection agency and reclassify them to charity, in accordance with generally accepted accounting principles.

If a fee or tuition amount is charged for an St Anthony Hospital sponsored community health educational program, St Anthony Hospital will include a reference that financial assistance or scholarship is available. The name, address and phone number of the person responsible for determining eligibility shall be provided in promotional materials.

Financial assistance applications are retained in a central file in patient accounting. To assure confidentiality, applications for financial assistance are not retained with the patient account registration or detailed billing information.

MEDICAL INDIGENCY

The decision about a patient's medical indigency is fundamentally determined by the hospital without giving exclusive consideration to a patient's income level when a patient has significant and/or catastrophic medical bills. Medically indigent patients do not have appropriate insurance coverage that applies to services related to neonatal care, organ transplants, cancer, burn care, long and/or intensive care, etc., within the context of medical necessity. Such patients may have a reasonable level of income but a low level of liquid assets and the payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.

St Anthony Hospital shall make a subjective decision about a patient/guarantor's medically indigent status by reviewing formal documentation for any circumstance in which a patient is considered eligible for a charity care discount on the basis of medical indigency.

The patient shall apply for a charity care discount in accordance with the charity care policy in effect.

St Anthony Hospital shall obtain and/or develop documentation to support the medical indigency of the patient. Examples of such documentation to be reviewed are:

- Copies of all patient/guarantor medical bills.
- Information related to patient/guarantor's drug costs
- Multiple instances of high dollar patient/guarantor co pays, deductibles, etc.
- Other evidence of high dollar amounts related to healthcare costs, such as the existence of an HSA (Health Spending Account) that has been fully expended.

St Anthony Hospital shall grant a charity discount either through the use of the sliding scale approach or up to 100% if the patient has the following:

- No material applicable insurance.
- No material useable liquid assets.
- Significant and/or catastrophic medical bills.

In most cases, the patient will be expected to pay some amount of the medical bill, but the facility shall not determine the amount based solely on the income level of the patient. Recommendations to provide charity care can be accepted from sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel. For instances in which a patient does not complete an application for financial assistance, St Anthony Hospital may grant charity care without a formal request, based on presumptive circumstances.

PRESUMPTIVE CHARITY CARE ELIGIBILITY

There are some instances when a patient may appear eligible for a charity care discount, but lacks documentation to support financial assistance. These patients are presumed to be eligible for charity care discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs, etc.). St Anthony Hospital shall grant only 100% charity care discounts to patients determined to have presumptive charity care eligibility. Presumptive eligibility will be documented on the account by the admitting or patient accounting staff by request of the patient, physician, community or religious groups, internal or external social services or financial counseling personnel.

Patients requesting Presumptive Eligibility will need to complete the Presumptive Eligibility application with a copy of applicable documentation that is dated within 30 days from the date of service. In instances in which a patient is not able to complete an application for financial assistance, St Anthony Hospital may grant a 100% charity care discount without a formal request based on presumptive circumstances approved by the Admitting Manager in accordance with the hospital's policy. The determination for a 100% charity care discount will be made by the facility on the basis of patient/guarantor income, not solely based on the affected patient. St Anthony Hospital utilizes the Standardized Patient Charity Care Application Form – Presumptive Eligibility.

Individuals shall not be required to complete additional forms or provide additional information if they have already qualified for programs that, by their nature are operated to benefit individuals without sufficient resources to pay for treatment. Services provided to such individuals shall be considered charity care and shall be considered as qualifying such patients as presumptive eligibility. The following are examples of patient situations that will assist in the determination of presumptive eligibility:

- Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.
- Patient is homeless and/or has received care from a homeless clinic.
- Patient is eligible for and is receiving food stamps.
- Patient's family is eligible for and is participating in subsidized school lunch programs.
- Patient qualifies for other state or local assistance programs that are unfounded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down).
- Family or friends of a patient have provided information establishing the patient's inability to pay.
- The patient's street address is in an affordable or subsidized housing development. St Anthony Hospital retains a listing of eligible addresses.
- Patient/guarantor's wages are insufficient for garnishment, as defined by state law.
- Patient is deceased, with no known estate.

CHARITY CARE REVIEW COMMITTEE

The St Anthony Hospital Charity Care Review Committee will assist in the evaluation of subjective information related to patient accounts that do not clearly qualify under basic charity care discount eligibility criteria.

The types of patient accounts to be reviewed by the Committee shall include, but not be limited to, the following:

- Patients with extenuating circumstances (e.g. patients who may be medically indigent, patients who may have presumptive eligibility for a charity care discount, etc.).
- Patients who have significant non-liquid assets
- A patient whose eligibility exceeds 195% of the HUD Very Low Income Guidelines and thus are not eligible for charity care discounts on the sliding scale, but whose medical bills are so large that they are unable to pay.

The Chief Financial Officer will chair the Committee. The other members will include VP of Mission/Ministry, Case Manager and the Admitting Manager. Other members may be appointed to the Committee as deemed appropriate. The committee shall meet quarterly or more often as determined by the Chief Financial Officer.

The agenda for each meeting shall be comprised of patient cases requiring additional review and input by the Committee prior to the determination of charity care discount eligibility. For each patient case, the agenda will include a summary of the case, the financial situation of the patient and other pertinent information as necessary. Documentation of the Committee's meetings shall be recorded. Actions related to specific patients shall be included in the confidential file.

Recording Charity Care

St Anthony Hospital shall properly distinguish write-offs of patient accounts between charity care discounts and bad debt expenses. Such amounts shall be recorded in accordance with generally accepted accounting principles and properly disclosed in financial statements and other reports.

Charity Care represents health care services provided but were never expected to result in cash flows. As a result, charity care does not qualify for recognition as receivables or revenue in the financial statements.

St Anthony Hospital shall write off patient accounts in one of the following two categories:

Charity care discounts consisting of:

- Patients with no third-party payment source and for whom there is no expectation of payment

OR

- Medicare and Medicaid patients who are determined to be financially unable to pay applicable co-payment obligations, in which case the unpaid co-payment qualifies as a charity care discount for the facility and can be claimed on any filing for reimbursement as a Medicare or Medicaid bad debt.

Bad Debts – consisting of patients who have the ability to pay for health care services, where the patient or insurer does not pay the obligation.

A line item for charity care discounts does not appear in the St Anthony Hospital statements of operations because the amount is netted against gross revenues. The amounts written-off should be tracked for comparison with both the amounts budgeted for charity care discounts and prior-period charity care discounts. The cost of providing charity care discounts to all patients is recorded in the appropriate natural expense classifications in the St Anthony Hospital statements of operations when expenses are incurred through payroll records or accounts payable. Where scholarships are provided for community health education programs, the waived tuition or fee amounts should be tracked and reported as part of the community benefit reporting process.

St Anthony Hospital shall include information about charity care discounts in the consolidated year-end CHI community benefit disclosure.

St Anthony Hospital shall include this information in the IRS Form 990 federal reporting and required state reporting.

St Anthony will use the approved journal entries required in accounting for reserves for charity care discounts.

Recording Community Benefit

In accordance with its mission and philosophy, St Anthony Hospital sponsors a broad range of services to both the poor as well as to the broader community. Community benefit provided to the “poor” includes the cost of providing services to persons who cannot afford health care, due to inadequate resources and/or who are uninsured or underinsured. Community benefit for the poor includes: traditional charity care; unpaid costs of Medicaid and other indigent public programs; services such as free clinics and meal programs for which there is no charge or for which a nominal fee has been assessed; and cash and in-kind donations of equipment, supplies or staff time volunteered on behalf of the community.

Community benefit provided to the “broader community” includes the cost of providing services to other populations who may not qualify as poor but may need special services and support. This type of community benefit includes: unpaid costs of Medicare and other programs for seniors; services such as health promotion and education, health clinics and screenings, all of which are not billed or can be operated only on a deficit basis.

St Anthony Hospital shall report the Community Benefit for the Poor and the Community Benefit for the Broader Community on a quarterly basis to CHI through the CBISA program. This same information will be given to the Finance Department for reporting the “Community Benefit Disclosure in the Notes to the Financial Statements”.

The following methods will assure that charity policies and procedures are being implemented consistently and fairly:

- We will develop questionnaires to gauge staff perception of charity policies.
- We will utilize results to encourage discussion groups that allow staff to describe their perceptions of charity care discounts and to identify possible conflicting practices.
- We will monitor staff adherence to St. Anthony Hospital charity care policy and procedures. St Anthony Hospital reviews actual experience for both charity care discounts and community benefit, in comparison to budgeted expectations quarterly.
- We will include questions in patient satisfaction surveys to determine whether patients were made aware of St. Anthony Hospital financial assistance policies and how patient perceived that offer of assistance.



St. Anthony Hospital

Dear Patient;

The mission of St Anthony Hospital and Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

In light of this mission, St Anthony Hospital offers a variety of opportunities to assist with medical treatment, whether it be absorbing part of the cost based on need, or helping to identify community or governmental programs to fit your needs.

If you wish to apply for financial assistance on your account, please complete the attached financial form, including the required documentation, and return to St Anthony Hospital within 14 days. Your situation will be evaluated based on Federal criteria and the policy of St Anthony Hospital. If you have any questions or require assistance in the completion of the financial form please contact Patient Accounts at the hospital or call 541-278-3231 or 541-966-0546.

To complete the financial form you will need:

- **Proof of all income - copies of current pay stubs for past 3 months for all household members**
- **W-2 Statements for last year filed for all household members**
- **Copy of most recent Federal Tax Form 1040 (including Schedule C for self employed persons)**
- **Copies of outstanding medical bills**
- **Documentation from AFS or Disability Services showing current benefits if you are receiving assistance**
- **Rent & utility receipts for the past three months.**
- **Bank statement for past three months**
- **Completed Financial Application, signed, dated, and a witness signature to attest the validity of the information provided.**
- **Both patient and spouse if applicable must sign this form.**
- **Please refer to the instructions attached for completing the application. All fields on the application must be completed.**

Please answer the following questions:

Have you applied for the Oregon Health Plan and if so when?
What was the determination?
If denied please attach a copy of the denial letter.

Please Note: If the application is incomplete, it will be returned. We will not be responsible for follow-up on incomplete applications.

Sincerely,

Patient Accounting Staff

SA-707 7/04, 3/05, 2/06



St. Anthony Hospital

Financial Assistance Application

_____ Patient Name	_____ Social Security# / /	_____ Date of Birth / /	_____ Account #
_____ Guarantor's Name	_____ Social Security# / /	_____ Date of Birth ()	_____ Relationship to Patient
_____ Guarantor Address	_____ City, State, Zip	_____ Home Phone	_____ Length of Residence
_____ Previous Address (If less than 2 years at above)	_____ City, State, Zip	_____ Marital Status	_____ # of Dependents in Household

List Names and Ages of Dependents in Household:

Employer (Guarantor/Patient)	Previous Employer (Guarantor/Patient)	Spouse Employer
Address	Address	Address
Job Title/Length of Employment	Job Title/Length of Employment	Job Title/Length of Employment
Business Telephone #	Business Telephone #	Business Telephone #
Hourly Rate	Hourly Rate	Hourly Rate
Monthly Income Gross	Monthly Income Gross	Monthly Income Gross Address
Monthly Income Net	Monthly Income Net	Monthly Income Net
Other Income Source/Amount	Total Family Monthly Income	Total Family Income last 12 months

Have you applied for Medicaid or any other State/County Assistance? (check one) Yes No (If denied, please attach a copy of the denial letter)

Application Date _____ Caseworker Name/telephone Number _____

Have you filed Bankruptcy? Yes No Chapter 7 Chapter 13 Date Filed _____ Date of Discharge _____

Are you a Homeowner? Yes No Approximate \$ Value _____ Approximate Balance on Loan _____ Yrs. left on Loan _____

Bank Name _____ Checking Account # _____ Avg. Checking Balance _____ Savings Account # _____ Avg. Savings Balance _____

Automobile(s)

1. Make: _____ Model: _____ Year: _____ Payment Amount _____ Balance Due: _____

2. Make: _____ Model: _____ Year: _____ Payment Amount _____ Balance Due: _____

Other Assets (Stocks, Bonds, Property, Boat, Business, etc.)

Description	Monthly Payment	Payment To	Account #	Balance Due	Limit
Rent/Mortgage	\$			\$	\$
Charge Cards	\$			\$	\$
	\$			\$	\$
	\$			\$	\$
Bank Loans	\$			\$	\$
	\$			\$	\$
School Loans	\$			\$	\$

List Other Expenses Below

	Monthly Payment		Monthly Payment		Monthly Payment
FOOD	\$	MEDICATION	\$	AUTO INSURANCE	\$
UTILITIES	\$	LIFE INSURANCE	\$	OTHER	\$
GAS(CAR)	\$	MEDICAL BILLS	\$	OTHER	\$

TOTAL \$ _____ TOTAL \$ _____ TOTAL \$ _____

TOTAL MONTHLY EXPENSE \$ _____

Note: Attach additional sheet if necessary. Important: income verification must be attached - W2, Pay Stub, Tax Return, etc.

SA-707 7/04

(OVER)

CERTIFICATION

1. I, the undersigned, certify that the completed information in this document is true and accurate to the best of my knowledge.
2. I will apply for any and all assistance that may be available to help pay this bill.
3. I understand the information submitted is subject to verification; therefore, I grant permission and authorize any bank, insurance co., real estate co., financial institution and credit grantors of any kind to disclose to any authorized agent of St. Anthony Hospital, information as to my past and present accounts, policies, experiences and all pertinent information related thereto. I authorize St. Anthony Hospital to perform a credit check for both guarantor/patient and spouse.

Signature (Guarantor/Patient)_____ Date_____ Witness_____ Date_____

Signature (Spouse)_____ Date_____ Witness_____ Date_____

DIRECTIONS FOR COMPLETING FINANCIAL ASSISTANCE APPLICATION

- 1:** Complete the patient name, patient's social security number, patient's date of birth, and the hospital account number(s) if known.
- 2:** Complete the guarantor name, relationship to patient, guarantor's date of birth, and guarantor's social security number. If the guarantor is the same as the patient, note "Same" in this field.
- 3:** Complete the guarantor's address, home telephone number and length of residence at this address.
- 4:** Complete the guarantor's previous address (if current residence is less than two years), guarantor's marital status, and number of dependents living in household. If there are no dependents, please mark "-0-" in the dependent field.
- 5:** List the names and ages of dependents.
- 6:** Complete the employer information for the guarantor or patient, depending upon who has responsibility for the balance. Please complete the name of the employer, the employer's address, the guarantor/patient's job title and length of employment. Please also include the guarantor/patient's business telephone number, hourly (or salary) rate, and the monthly income (both gross and net). If there is no employment, please note how expenses are being met.
- 7:** Complete the previous employer information for the guarantor/patient. This includes the employer's name and address, the guarantor/patient's job title and length of employment, business telephone number, hourly rate, and monthly income (both gross and net). If there is no prior employment, mark "N/A".
- 8:** Complete the income information for the guarantor/patient's spouse. Include the name of the employer, the employer's address, job title/length of employment, business telephone number, hourly rate, and monthly income (both gross and net). If the spouse is unemployed, or there is no spouse, mark "N/A".
- 9:** Complete the other income source/amount. This is for child support, social security, bonus amounts from employers, etc. This also includes rental income, alimony, pension income, welfare and VA benefits. Complete the total family income (add the guarantor/patient net income), then complete the total family income from the last 12 months. If there has been no income, please note how expenses are being met.
- 10:** Complete the questions regarding Medicaid and other State/County assistance. Please advise if you have applied for assistance (and on what date). Please provide the assigned Caseworker's name and telephone number. You may attach a separate sheet if needed. Please mark N/A if this field does not apply to you.
- 11:** Please indicate if you have ever filed bankruptcy. If you have not filed bankruptcy, please mark "No". Please verify that all questions have been completed. Attach additional paper if needed for any explanations.
- 12:** Please complete the homeowner information. If you are a homeowner, please note the approximate dollar value, the approximate balance on the loan, and the number of years left on the loan. If you are not a homeowner, please mark "No".
- 13:** Please complete the banking information as requested and list the bank name. Complete the checking account number and provide the average checking account balance. Please do the same for the savings account field. If there is no savings account, please place "N/A" in the savings field.
- 14:** For automobile information, please list the make, model and year of your vehicle. Please list the monthly payment amount and the current balance.
- 15:** Please complete the section listing other assets you may have. This includes stocks, bonds, property, boats and businesses you may own. Use additional paper if needed to give complete details. If there are no additional assets, please mark "N/A".

HOW TO COMPLETE THE MONTHLY EXPENSE SECTION:

RENT/MORTGAGE: Please verify the amount you are paying in rent or by mortgage. Indicate to whom the payment is made, the account number and the current balance due. If you do not pay rent or mortgage, please note why you have no payment or if you live with relatives or others. Use additional paper if needed.

CHARGE CARDS: Please indicate any charge card payments you are currently making. Please indicate the monthly pay-

ment amount, to whom the payment is made, the account number and the current balance due. Please indicate the credit limit for each card. Use additional paper if you needed to complete this field. If you have no charge cards please note "N/A".

BANK LOANS: Please indicate any bank loans you may be paying. Indicate the monthly payment amount, to whom the payment is made, the account number and the current balance due. Use additional paper if needed to completely explain this field. If you have no bank loans, please mark "N/A".

SCHOOL LOANS: Please list any educational loans you may be paying. This can include, but not be limited to, college loans, private school loans (or tuition), day-care expenses or any other loans that apply to education. Please use additional paper if needed. Please specify if you are paying school loans, etc. If this does not apply to you, please mark "N/A".

LIST OTHER MONTHLY EXPENSES:

FOOD: Please list the amount paid for food on a monthly basis.

UTILITIES: Please list the amount paid on a monthly basis for electricity, gas, water, trash and any other utility you may pay. Please add these and place the total (for all of them) in the utilities section. If there are no monthly utilities paid, please mark "N/A" in this section and explain. Use a separate sheet of paper if needed.

GAS (CAR): Please list the amount paid on a monthly basis for transportation needs related to your vehicle. If there is no payment made on a monthly basis for gas, please mark the field "N/A".

MEDICATION: Please add the amounts you pay on a monthly basis for medication needs. If there are several prescriptions or medications you take, please add them together and place the total amount in this section. If there are no monthly medication payments, please place "NA" in this section.

LIFE INSURANCE: If you have a life insurance policy, please indicate the monthly amount you pay. If there is no payment, please place "N/A" in this section.

MEDICAL BILLS: Please add any medical bills you may be paying on a monthly basis. This may include, but not be limited to, physician bills, insurance co-pays, insurance deductibles, other hospital bills, radiology bills, ambulance bills, etc. Please use a separate sheet of paper to list these amounts. Add them together and place the total amount paid on a monthly basis for these accounts in this section. If there are no monthly medical payments being made, please place "N/A" in this section.

AUTO INSURANCE: Please place the total amount you pay on a monthly basis for auto insurance. If you pay on a quarterly basis, please divide the quarterly payment by three and place the amount in this section. If you pay every six months, please divide the total amount you pay by six and place the amount in this section. If there is no monthly payment being made, please mark N/A in this section.

OTHER: This includes any monthly payments you currently are making that are not listed in the previous sections. Please provide details of what you are paying, to whom, and the balances due. Please use a separate sheet of paper if needed. If this section does not apply to you, mark "N/A".

TOTAL MONTHLY PAYMENTS: Please total all the above payments and place this amount in this section.

PLEASE READ THE FINE PRINT!!!!!!

DOCUMENTATION: Please notice that your signature indicates you have agreed to attach all income verification. In addition to the items requested by this application, you may attach bank statements, copies of social security checks (or letters). If there is no income, please verify how expenses are being met. It is important to explain a lack of income completely so that full consideration of your application can be made. If the guarantor/patient or the spouse is self-employed, please attach the last 2-3 months of bank statements. All documentation must be attached for full consideration. If the application is incomplete, it will be returned. We will not be responsible for follow-up on incomplete applications.

WHAT YOU ARE AGREEING TO:

1. Stating that the guarantor/patient has completed this form accurately.
2. Stating that the guarantor/patient will apply for any assistance to pay this bill.
This may include acquiring a bank loan or putting the balance on your credit card.
3. Authorizing St. Anthony Hospital to obtain credit information and perform a credit check.



St. Anthony Hospital

Charity Care/Extended Monthly Payment Checklist

IF YES

INFORMATION REQUIRED FOR COMPLETE APPLICATION

- 1. The demographic information is completed for patient and guarantor (i.e., address, telephone number, etc.).
- 2. The dependent information is completed (i.e., number in household, names, ages, etc.).
- 3. The employment and income information is completed for patient/guarantor and spouse.
- 4. A copy of most recent year's IRS Tax Return is attached.
- 5. A copy of most current pay stub is attached.
- 6. A copy of medical savings account balance (if any) is attached.
- 7. If no income is documented, attach an explanation for how expenses are being met.
- 8. If the patient/guarantor has filed bankruptcy, all questions are answered.
- 9. If the patient/guarantor is a homeowner, all questions are answered.
- 10. Information is completed for banking information (i.e., checking and savings accounts).
- 11. Information is completed for automobile.
- 12. Information is completed for other assets.
- 13. Rent & Utility receipts for the past three months.
- 14. The expense/monthly payment information is completed.
- 15. Does all information look reasonable?
- 16. Are there any luxury items listed that might prevent patient/guarantor from paying the bill (e.g., country club dues, maid or lawn service, boat, high cable bills, etc.)?
- 17. Has the patient/guarantor and spouse signed and dated the form?
- 18. Has the witness signed and dated the form?
- 19. Compare the Total Family Monthly Income to the Total Monthly Expenses. Can the patient/guarantor afford to make monthly payments? If so, contact the patient/guarantor to establish payment arrangements. **STOP**.
- 20. If the patient/guarantor cannot afford monthly payments, use the HUD Guidelines Matrix to determine if the patient/guarantor qualifies for Charity Care.
- 21. If the patient qualifies for Charity Care forward all information to Patient Account Manager to review and approve.
- 22. If the patient does not qualify for Charity Care, send denial for Charity Care letter to patient/guarantor.
- 23. If the application is incomplete, return application and all supporting documentation to patient with a letter indicating what is required and that it needs to be returned.
- 24. The Patient Account Manager needs to approve and forward to the CFO all discounts over \$5000 for approval.
- 25. The Patient Account Manager will return all supporting documentation to the Financial Representative to send acceptance for a Charity Care letter to the patient and to enter information on the Charity Log.
- 26. The Financial Account Representative will enter the percentage of charity eligibility on the account and send a reminder to the CBO.
- 27. The Financial Representative will send an acceptance for Charity Care letter to the patient and file.
- 28. The Patient Account Manager selects this chart for Quality Review.

Signature - Financial Representative

Date

Signature - Patient Account Manager

Date

SA-709 7/04, 2/05, 2/06



St. Anthony Hospital

Application Form - Presumptive Eligibility

My name is (please print): _____
Last First Middle Initial

I am: The Patient The Patient's Guarantor
 Neither (Please state your relationship to the Patient: _____)

Instructions:

- 1. Please indicate that the Patient is eligible for charity care discount because the Patient is in one or more of the following categories.**
- 2. More than one copy of this form may be required if it is to be completed by more than one individual (e.g., Patient, Guarantor, etc.).**

3 IF CATEGORY APPLICABLE	#	Is Relevant Document Attached?	
		Yes	No

- | | |
|----|---|
| 1 | Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs. |
| 2 | Patient is homeless and/or has received care from a homeless clinic. |
| 3 | Patient is eligible for and is receiving food stamps. |
| 4 | Patient's family is eligible for and is participating in subsidized school lunch programs. |
| 5 | Patient qualifies for other state or local assistance programs that are unfunded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down). |
| 6 | Family or friends of a patient have provided information establishing the patient's inability to pay. |
| 7 | The patient's street address is in an affordable or subsidized housing development. |
| 8 | Patient/guarantor's wages are insufficient for garnishment, as defined by state law. |
| 9 | Patient is deceased, with no known estate. |
| 10 | Other - <u>Provide explanation:</u> _____
_____ |

Signature _____ Date _____
 Authorized by: _____ Date _____
 Title: _____

St. Anthony Hospital

Title: Self-Pay and Third Party Discounts

Dept: Administration - 8610

Initiated By:

Implemented:
02/04

Revised:
4/05, 11/05, 2/06

POLICY & PROCEDURE

It is the policy of St. Anthony Hospital to ensure discounts are offered to all who qualify by consistently following protocols established by the hospital as directed by Catholic Health Initiatives and approved by the Board of Directors of St Anthony Hospital. This policy is not intended to provide inducements to patients, physicians, third-party payors or others to refer patients to St Anthony Hospital.

SELF-PAY DISCOUNTS

Self-pay discounts, “for uninsured patients with the ability to pay” will be considered for patients that meet the following criteria:

- The patient/guarantor provides evidence that no health insurance coverage exists either through an employer-provided program or a governmental program such as Medicare, Medicaid or other state and local program to pay for health care services rendered to the patient.
- The patient/guarantor does not qualify for other charity or medically indigent programs or St Anthony Hospital has documentation indicating the patient has clearly stated he/she does not want to be considered for charity. Patient who do qualify (for other charity or medical indigent programs) are entitled to discounted or free care under those applicable programs, rather than this discount program.
- Patients with income or personal property, which indicates that they are able to pay for the care rendered.

OFFERING DISCOUNTS

- Self-pay discounts will be offered to all patients who (a) are considered 100 % self pay, fail to qualify for any federal, state, county or local assistance programs, and are determined to have the ability to pay; or (b) have 100 % non-covered services. In both cases, patients must fail to meet the charitable assistance

Self-Pay and Third Party Discounts

guidelines of St Anthony Hospital or St Anthony Hospital shall have documentation indicating that the patient clearly stated he/she does not want to be considered for charity. Patients/guarantors shall be screened to determine ability to pay.

- Self-pay discounts shall be provided to uninsured patients only when the patients pay total balances within 60 days or agree to payment terms (under which the patients pay the balance in full within an 18-month period, in accordance with a written payment schedule).
- An average managed care contractual allowances rate shall be developed annually by St Anthony Hospital and applied to all uninsured patients deemed eligible for this discount. The discount shall be calculated by dividing the total amount of managed care contractual allowances, for the most recent fiscal year, by the total gross charges for those managed care plans to determine a discount rate that shall be used for the current fiscal year. Federal, state, local and county entitlement programs shall be excluded from the calculation.
- The self-pay discount rate shall be based on the average non-governmental managed care contractual allowances rate at St Anthony Hospital, applied to the total balance due. The current rate as of February 1, 2006 is 26%.
- Self-pay discounts shall be recorded either when the payment in full is received, within the 60-day timeframe, or recorded when the payment arrangement plan is entered into.
- If the payment arrangement plan is entered into but not fulfilled and the patient/guarantor defaults for three consecutive months, without notification to St Anthony Hospital, the discount shall be reversed and self-pay collection procedures shall be implemented.
- Self-pay discounts shall not be reapplied if a new patient payment arrangement is established. The patient shall forfeit his/her right to such discount based on previous experience.
- Self-pay discounts (when patients are paying "in-full") shall not be provided if payments are not received with the specified timeframe. In such cases, St Anthony Hospital shall use all reasonable efforts to collect full charges.
- Discounts to members of CHI participating congregations shall be covered by separate guidance.

- This discount shall be available to all qualified self-pay patients with accounts in active accounts receivable up to 120 days from final billed date. Patients who have paid in full will not receive a refund.

Recording and Accounting for Discounts

- Self-pay discounts shall be posted to patient accounts only when payment is received in full, satisfying the entire patient financial obligation or when patient arrangement plans have been memorialized in some manner on the hospital information system.
- Self-pay discounts will be tracked utilizing the patient accounts system with the use of a self-pay discount code. This code shall be unique to self-pay discounts and shall not be used for any other type of adjustment posted to a patient account.
- The self-pay discount will be mapped to a revenue deduction account in the general ledger and recorded as a revenue deduction in the financial statements in the same period the discount was earned.
- A report of self-pay discounts shall be generated on a monthly basis and shall be reviewed for compliance by the St Anthony Hospital Admitting Manager. This report shall include patient name, patient number, date of service, self-pay balance, date(s) of self-pay payment(s) and the amount of discount. The same report shall be generated on a monthly basis and provided to St Anthony Hospital's Chief Financial Officer for review.

Sisters of CHI

- A Sister from any Participating Congregation is able to receive services at any CHI facility or community service organization, and the Participating Congregation will be charged at the Medicare rates for acute care and outpatient services, if the Sister has no health insurance coverage.
- If the member of the Participating Congregation has health insurance, Medicare only, or Medicare and a supplement the registration areas will list these insurances as primary with Sisters of CHI listed as secondary or tertiary.
- The Admitting Department has a list of participating congregations to aid in determining if a Sister receiving medical services is a member of a participating congregation. Admitting will request and copy the "Sponsoring Congregation Member Healthcare Service Card" during the admission process.

Self-Pay and Third Party Discounts

- Discounts for members of CHI participating congregations shall be posted to patient accounts as soon as the discount has been determined.
- No prompt-payments stipulation applies. Once a discount has been recorded it shall not be reversed, unless an error in calculation occurred.
- During the daily review of the admission record, the patient account representatives will ensure the Sisters of CHI is listed as one of the insurances.
- A periodic report of participating congregation discounts shall be generated weekly and shall be reviewed for compliance by the admitting manager. This report shall include patient name, patient number, date of service, insurance balance, date(s) of insurance payment(s) and the participating congregation discount. The same report shall be generated on a monthly basis and shall be provided to St Anthony Hospital's Chief Financial Officer for review.
- Participating congregation discounts shall be mapped to a revenues deduction account in St Anthony Hospital's general ledger and shall be recorded as a revenues deduction item in the financial statements in the same period the discount is earned.

Third Party Discounts

- Third Party Discounts can be offered to a third-party payor that does not have an effective contract with St Anthony Hospital, for the purpose of expediting payments and/or avoiding a retrospective claim audit.
- Third party discounts to non-contracted secondary insurance balances are not permitted.
- Discounts to non-contracted payors are available only if the balance is paid within 30 days of the initial billing date.
- Discounts applied to payments within the applicable time frame will be 3% of the total balance due.
- Third party discounts will be posted to patient accounts only when payment is received in full to satisfy the entire payor financial obligation. If interim payments are made, these payments are posted to the patient account as received; however the discount is

Self-Pay and Third Party Discounts

posted to the account only if final interim payment is received within the stated discount period.

- Third party discounts will be tracked utilizing the patient accounts system with the use of a third party discount code. The Third Party Discount code will be used exclusively for third party discounts.
- A periodic report of the third party discounts will be generated weekly and reviewed for compliance by the Admitting Manager. The report will include the account number, patient name, date of service, insurance balance, date of insurance payment and the third party discount. The same report will be generated on a monthly basis and provided the St Anthony Hospital CFO for review.
- The third party discount will be mapped to a revenue deduction account in the general ledger and recorded as a revenue deduction in the financial statements in the same period the discount is earned.

Package Programs

- Hospital services, procedures and programs are not considered discounts within the context of this policy if (a) there is no third-party coverage and (b) a separate hospital policy exists that outlines appropriate payment terms and conditions.