



# Lakes Regional Healthcare

An Avera Partner

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Owner: Sherri Reinking: Financial  
Analyst Accounting Manager  
Area: Patient Financial Services  
References: Board of Trustees  
Applicability: Lakes Regional- Spirit Lake

## Charity Care/Financial Assistance

### 1. Introduction

1. Lakes Regional Healthcare (LRH) has a mission to improve the health and well-being of the people of the Iowa Great Lakes Region.
2. Our philosophy on providing healthcare for sick and needy patients:
  1. To provide community assistance to patients and families when charges for medical services received create an undue financial hardship.
  2. LRH has a responsibility to manage its financial resources while attempting to provide the appropriate level of assistance to the greatest number of persons in need.
  3. To create a process in which the financial ability of the patient is evaluated and charity care provided is granted relative to the patient's financial situation.
  4. To provide a uniform, consistent billing practice and charity care program.

### 2. Scope

1. Persons and departments covered by this policy include Pre-Admission, Financial Assistance Counselor, Registrars and Patient Access Leadership. Independent physicians and other non-LRH providers and services are not covered. Patients seeking a discount for services provided by an independent physician or non-LRH provider should directly contact that physician or other provider.
2. This policy does not apply to non-LRH providers and their services and bills that they provide for an LRH patient. See Attachment V for listing of non-LRH Providers.

### 3. Purpose

1. The purpose of this policy is to state specifically how LRH views financial assistance, charity care, and how requests for charity care will be addressed, and to ensure that LRH follows and applies uniform billing practices.
2. Patients who are without health insurance, or otherwise show a demonstrated inability to pay for healthcare services received, may qualify for various financial assistance programs.

### 4. Policy

1. LRH is committed to providing charity care to persons who have healthcare needs and are uninsured,

underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation.

2. Charity care is not a substitute for personal responsibility. Patients are expected to cooperate with LRH's procedures for obtaining charity care or other forms of financial assistance and to contribute to the cost of their care based on their ability to pay. Individuals and/or families with the financial capacity to purchase health insurance are encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual and/or family assets.
3. LRH's operations shall maintain an open door policy to provide emergency and medically necessary medical care to the community within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd). No limitations or situations for rendering care will be based on the patient's ability to pay.
4. This policy is specifically targeted at low-income, uninsured and underinsured patients who meet certain eligibility requirements and is not intended to be applied to insured or self-insured patients who have the means to accept the responsibility for their incurred charges.
5. LRH recognizes that certain state and/or federal laws require it to make good-faith efforts to collect all accounts and as such, collection agency services will be utilized in accordance with standard business industry practice.
6. Additionally, LRH recognizes that certain state and/or federal laws do not allow discounts to all patients and as such, LRH will only consider discounts on a case-by-case basis as requested by the patient or his or her legal representative or guardian. LRH also recognizes that laws may prevent it from discounting or waiving certain co-pays and deductibles.
7. Any patient can complete an application and apply for financial assistance. Financial assistance can include full or partial charity adjustments, Medicaid, and other state and county assistance programs. The financial assistance program is designed to meet all Federal and State requirements.

## 5. Guiding Principles

1. Provide community assistance to patients and families when charges for hospital/clinical services received create an undue financial hardship.
2. Create a process in which all financial resources of the patient are evaluated (including household income and under some state laws, the income of adult children) and charity care provided relative to the patient's entire financial situation including all healthcare obligations.
3. Provide a uniform, consistent billing practice and charity care program.

## 6. Definitions

**Bad Debt:** Amounts that are uncollectible and do not meet the charity care services eligibility criteria. Bad Debt is the result of unsuccessful collection efforts on accounts of patients unwilling to pay. LRH will use all methods legally available to collect on accounts of patients who have the means, yet are unwilling to pay. Any discounts to and write offs due to bad debt shall not count as charity care.

**Charity Care:** 100% free medical care for Emergency or Medically Necessary Services provided by LRH. Patients who are Uninsured or Underinsured for a medically necessary service who are ineligible for governmental or other coverage, and who have family incomes not in excess of 150% of the Federal Poverty Guidelines may be eligible to receive 100% charity care based on their financial assistance application. LRH may determine or re-determine a patient's eligibility for charity care any time information on the patient's eligibility becomes available.

**Financially Indigent:** Uninsured or underinsured patients who are provided care with no obligation or a discounted obligation to pay for the services rendered. These patients are also defined as poor or economically disadvantaged and have income at or below federal poverty levels.

**Indigent by Design:** Patients who were offered health insurance and chose not to participate in the employers health plan AND whose income is in excess of 400% of the Federal Poverty Guidelines. LRH may, at its sole discretion, grant a discount to patients deemed to be indigent by design and will work with such patients to arrive at a payment schedule acceptable to both parties. LRH will use all methods legally available to collect on accounts of patients who are deemed indigent by design. Any discounts in this category shall not count as charity care.

Other situations that may be deemed Indigent by Design include, but are not limited to:

- Patients under 26 who qualify for inclusion on their parents health insurance plan
- College students who did not elect the student health plan

**Medically Indigent:** Patients whose medical or hospital bills, after payment by third-party payers, exceed the financial resources available to the patient. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. In addition, medically indigent shall also include catastrophic medical expenses of patients where after payment by third-party payers, the residual amount exceeds the financial resources available to the patient.

**Medically Necessary:** Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site and duration; and (c) not primarily for the convenience of the patient, physician, or other health care provider. (AMA definition of "medical necessity" Policy H-320.953[3], AMA Policy Compendium).

**Partial Charity Care:** Care at a discounted rate for Emergency or Medically Necessary services provided by LRH. Patients who are Uninsured or Underinsured for a medically necessary service, and who have family incomes in excess of 150% of the Federal Poverty Guidelines, are eligible to receive Partial Charity Care in the form of a discount of up to 90% off of net inpatient, outpatient and/or clinic charges. However, patients who would otherwise qualify for Partial Charity Care but who have sufficient liquid assets available to pay for care without becoming Medically Indigent are not eligible for Partial Charity Care. Authorized Financial Assistance Counselors, Patient Financial Services and the CFO may grant a larger discount than the grid allows if the situation warrants the larger discount and may go up to 100%.

**Patient – Household:** Those who are responsible for payments for self or dependents. This may not be limited to those living directly at a single residence and may encompass any dependent relationship such as a child or dependent at college in a different town. This may also encompass other dependents living at the same residence such as dependent relatives living within the household.

**Presumptive Charity Care:** A determination that a patient is presumed eligible for Charity Care when adequate information is provided by the patient or through other sources which allow LRH to determine that the patient qualifies for Charity Care. (See Attachment III)

## **7. Eligibility (HR3590 (4)(A)(i))**

1. LRH will adhere to an established methodology to determine eligibility for Charity Care and Partial Charity

Care. The methodology shall consider whether health care services meet Emergency or Medical Necessity criteria, as well as income, net assets, family size, and resources available to pay for care.

2. Uninsured and underinsured patients whose income/family income does not exceed 150% of the current Federal Poverty Guidelines may be granted 100% forgiveness of their charges for emergent or medically necessary care. Patient's assets will be taken into account for eligibility even if his or her income/family income is at or below 400% of the Federal Poverty Guidelines. For example, a patient with annual income of \$10,000 and positive net assets of \$100,000 may have the resources to pay his or her bill.
3. Uninsured and underinsured patients whose income/family income is greater than 150% of the Federal Poverty Guidelines may be granted up to 90% forgiveness of their charges for emergent or medically necessary care based on a sliding scale.
4. Uninsured, underinsured, and indigent by design patients whose income/family income is greater than 400% of the Federal Poverty Guidelines may be eligible for discounted care based on their particular circumstances. Such discounts are at the discretion of the organization and will not be counted as charity care.
5. Eligibility for Charity Care and Partial Charity Care will extend for up to 180 days from the date eligibility is determined, but can be re-examined at any time new information is available. The 180 day period is contingent upon the patient working in good faith with LRH on all payment sources.
6. Circumstances that may disqualify a patient for a charity care are:
  1. Fraud (providing false information on the Financial Assistance Application & Patient Financial Information Form).
  2. Patient or legal representative/guardian unresponsive to requests for information.
  3. Refusal to fully complete Financial Assistance Application & Patient Financial Information Form.
  4. Refusal to provide requested documentation of income and assets.
  5. Refusal to cooperate with the charity care policy.
  6. Refusal to cooperate with any reasonable payment arrangements.

## **8. Calculation Methodology (HR3590 (4)(A)(ii))**

1. All available financial resources shall be evaluated before a determination regarding charity care or partial charity care is made. LRH shall consider the financial resources of the patient, as well as other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse). Special consideration may be given for the patient's primary residence and primary vehicle.
  1. If, in the course of evaluating the patient's financial circumstances, it is determined by LRH that the patient may qualify for federal, state, or local programs or insurance coverage, financial counseling will be provided to assist patients in applying for available coverage.
  2. Charity Care and Partial Charity care will be denied to patients/guarantors who do not cooperate fully in applying for available coverage.
  3. Patients with Healthcare Reinsurance or Medical Savings Accounts are insured for purposes of this policy and the amount on deposit will be considered as an available resource toward payment for services.
  4. If a patient has a claim, or potential claim, against a third party from which the hospital's bill may be paid, the hospital will defer its Charity Care determination pending disposition of the third party claim.

2. Eligibility for Charity Care or Partial Charity Care will be determined using a sliding scale in excess of 150% of the Federal Poverty Level Guidelines as published annually in the Federal Register, as well as consideration of available assets and liabilities and any extenuating circumstances.
3. LRH will use Attachment IV for scoring Charity Care and Financial Assistance Applications and apply the applicable discount to patient's bill where the patient's income is in excess of 150% of the Federal Poverty Guidelines.
4. Patients/Guarantors shall be notified in writing when LRH makes a determination concerning Charity Care or Partial Charity Care.
5. All information obtained from patients and guarantors shall be treated as confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable federal, state or local privacy laws.
  1. Applications and supporting documentation should not be stored in the patient's paper or electronic record. Storage should be in the central contract management system or other electronic, secure central repository as may be determined by committee.

## **9. Presumptive Charity Care (HR3590 (4)(A)(ii))**

1. Presumptive Charity Care is a tool of last resort and applies only after all other avenues have been exhausted. There are occasions when a patient may appear eligible for a charity care discount, but there is no financial assistance form on file because documentation was lacking that would support the provision of financial aid. Such instances have resulted in a patient's bill being assigned to a collection agency and ultimately recognized in the accounting records as a bad debt expense, due to a lack of payment. This approach, however, results neither in a fair solution for the patient nor in an appropriate accounting of the transaction. Often there is adequate information provided by the patient or through other sources, which could provide LRH with sufficient evidence to provide the patient with a charity care discount, without needing to determine eligibility for medical indigence. This presumptive eligibility, when properly documented internally by LRH staff, is sufficient to provide a charity care discount to patients who qualify. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted to the patient by LRH is a 100% write-off of the account balance.
2. Some 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 such as food stamps or WIC). LRH shall grant only 100% charity care discounts to patients determined to have presumptive charity care eligibility. LRH shall internally document any and all recommendations to provide presumptive charity care discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.
  1. To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.
  2. For instances in which a patient is not able to complete an application for financial assistance, LRH may grant a 100% charity care discount without a formal request, based on presumptive circumstances, approved by the Patient Financial Services Manager, CFO, CEO or designees in accordance with approval thresholds found in Attachment IV.
  3. LRH shall utilize the Standardized Patient Charity Care Discount Application Form – Presumptive Eligibility (see Attachment III).



4. The determination of presumptive eligibility for a 100% charity care discount shall be made by LRH on the basis of patient/guarantor income, not solely based on the income of the affected patient.
  5. Individuals may not be required to complete additional forms or provide additional information if they already have qualified for programs that, by their nature, are operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals may be considered charity care and shall be considered as qualifying such patients on the basis of presumptive eligibility. Examples of patient situations that reasonably assist in the determination of presumptive eligibility can be found on Attachment III to this policy.
3. Payments previously made on presumptive accounts will not be refunded to the patient.

## 10. Application Process (HR3590 (4)(A)(iii))

1. Patients can apply for financial assistance by contacting the business office or by visiting [www.lakeshealth.org](http://www.lakeshealth.org) to obtain all application materials. Copies of documents to substantiate income levels and assets shall be provided by the patient/guarantor (e.g.: W-2, most recent Tax Return, Pay Stubs, and Bank Statements)
2. The patient/guarantor shall be required to provide information sufficient for LRH to determine whether he or she is eligible for benefits available from insurance, Medicare, Medicaid, Workers' Compensation, third party liability and other federal, state, or local programs. Use Attachment I.
3. In the event that LRH determines that a patient is ineligible for Charity Care or Partial Charity Care, the patient may appeal that decision in writing to the Chief Financial Officer (CFO) or designee within thirty (30) days following receipt of the bill for which financial assistance has been requested. Failure to appeal will result in the decision becoming final. The determination of the CFO or designee shall not be subject to further appeal.
4. Patients who return a completed application and that qualify for financial assistance must have all extraordinary collection activities reversed on their eligible accounts and refunded any amounts they have paid above and beyond their new calculated balance.
5. Patients who return an incomplete application must be given 10 business days to complete the application and all extraordinary collection activities must be suspended. The patient must also be sent a letter indicating what information is needed to process their application and the contact information to use if they have questions.

## 11. Procedure

1. Financial Assistance Counselor identifies self-pay outpatient and inpatient emergent/urgent care patients by using Meditech reports.
  1. Financial Assistance Counselor checks central Charity Care application repository for approved, denied or pending applications for self-pay patients.
2. Financial Assistance Counselor gathers required paper application material:
  1. Paper application, Attachment I
  2. Self-addressed envelope
  3. Medicaid, state or county eligibility pre-screen questionnaire. Also, Attachments II, III, IV
  4. Financial assistance pamphlet or other written material

5. Written instructions that include where to return or send the packet and a phone number to contact for assistance.

Please return Financial Assistance Packet to:

Lakes Regional Healthcare

PO Box AB

Spirit Lake, IA 51360

Please contact 712-336-1230 for assistance.

#### **Inpatient**

3. Financial Assistance Counselor obtains approval from patient's nurse to visit patient when necessary.
4. Financial Assistance Counselor visits patient in room as appropriate to patient's condition, makes introduction and outlines the financial assistance program:
  1. Discusses with patient (or guardian/representative) his or her current situation
  2. Describes all appropriate assistance programs which may include:
    1. Provides Federal Poverty Guideline (FPG) information
    2. Provides LRH Financial Assistance and Billing Practices Policy
    3. Discusses required documents for validating eligibility
    4. Discusses legal guidelines for applying for programs
    5. Provides information on LRH financial assistance program
5. Financial Assistance Counselor completes the Medicaid, state or county eligibility pre-screen questionnaire to determine if patient is eligible for a healthcare program.
6. If patient pre-qualifies and applies for Medicaid, state or county programs and patient is denied, Financial Assistance Counselor refers the patient to LRH financial assistance program.
7. Financial Assistance Counselor completes Financial Assistance application.
  1. Provides patient with a list of required documents to complete process
  2. Provides self-addressed envelope to mail documents back to LRH
  3. Provides important contact numbers for patient to call with questions
  4. Informs patient that application including all required documents must be complete within 14 business days after discharge
8. Patient can complete Financial Assistance application at home and submit in self-addressed LRH envelope for approval or obtain a copy online at [www.lakeshealth.org](http://www.lakeshealth.org).
9. Financial Assistance Counselor obtains required signatures from patient or caregiver.

#### **Outpatient**

10. Based on charges incurred, when warranted, Financial Assistance Counselor contacts Outpatient and ED discharged patients by phone and performs all steps outlined above starting at 11.4.2.1. The documents are mailed to patient with same deadline of 10 days to complete.
11. If the patient is not eligible, the Financial Assistance Counselor sends a letter to the patient explaining the reason for rejection, the appeal process, and contact information.
12. Patient Financial Counselor or senior leader signs off on application approval letter. See Attachment IV

for financial assistance determination and approval authority levels.

13. Patient Financial Counselor has the financial assistance adjustment posted into Meditech.

#### **Clinics (other than Outpatient)**

14. Services provided in the clinic setting:
  1. Per standard procedures (Revenue Cycle or otherwise), all patients will be asked for proof of insurance at check-in.
  2. If the patient declares no insurance, the receptionist/admitting person will offer a packet of info consistent with 11.2 above.
  3. If patient states they have previously filled out a financial assistance application, the receptionist/admitting person will check the central repository for verification.

#### **After Receipt of the Financial Assistance Application (All)**

15. Completed applications and attached documents will be forwarded to the Financial Counselor or Patient Financial Services Manager for processing and scoring
16. Applications will be scored and determination letters sent to the patient or guardian within 3 weeks of receipt.
17. Application, attachments and determination letter will be scanned into central repository with expiration noted as 240 days from determination.

## **12. Billing and Collections (HR3590 (4)(A)(iv))**

1. At the time of billing, the organization shall provide to all SELF-PAY, low-income, uninsured patients that qualify for free or discounted care under this policy the same information on services and charges that it provides to all other patients receiving care. Qualified patients will be granted a self-pay discount and any applicable Charity Care discount. Thus, the gross charges, applicable discounts, and net balance will show on the bill with the net charges being the patient's responsibility to pay.
  1. If the patient qualifies for 100% charity care, no further bills will be sent. A letter will be sent instead indicating that the patient's bill has been completely forgiven.
2. When sending a bill to any patient, the organization shall include on the bill all of the following information:
  1. A statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the organization for help in paying for the services that were provided; and
  2. A statement that provides the patient with an organization phone and website contact info for which the patient may obtain information about the organization's financial assistance policy for low-income uninsured patients and how to apply for such assistance for the payment of services that were provided
  3. Notices and contact information must be printed on the front of patient billings. The printing on the bill does not need to be exhaustive and may read similar to "Lakes Regional Healthcare has a financial assistance policy. If you meet certain requirements and are unable to pay your bill you may qualify for a discount. This policy, along with a summary of the policy and application materials can be found at [www.lakeshealth.org](http://www.lakeshealth.org). For more information contact your local business office."
3. If the patient qualifies for the organization's financial assistance policy for low-income, uninsured patients



and is cooperating with the organization with regard to efforts to settle an outstanding bill within current self-pay collection policy guidelines and timeframes, the organization or its agent shall not send, nor intimate that it will send, the unpaid bill to any outside collection agency. At such time as the organization sends the uncollected account to an outside collection agency, the amount referred to the agency shall reflect the reduced-payment level for which the patient was eligible under the organization's financial assistance policy for low-income uninsured patients. LRH does not report any data to any of the credit agencies, however, the collection agencies LRH utilizes may report to the credit agencies.

4. LRH will allow 240 days from the first post discharge billing statement for patients to apply for financial assistance.
5. LRH will allow all patients 120 days from the first post discharge statement to apply for financial assistance before initiating any extraordinary collection activities (ECA). LRH considers placement at a collection agency an ECA.
6. Prior to sending to a collection agency, LRH will provide the patient with a statement or final notice that contains a listing of the specific collection action(s) it intends to initiate, and a deadline after which they may be initiated (that is no earlier than 30 days after the date the notice is provided); a summary of the FAP will also be included with the notice. The language to be used on statements or billing notices is: "Extraordinary collection activity may result upon non-payment of your account within 30 days of the date of this notice. This activity may include the placement of your account with a debt collection agency. Subsequent to judgment, the collection agency may choose to proceed with garnishment."
7. Any extended payment plans offered by a hospital, or the hospitals representative, in settling the outstanding bills of patients who qualify for financial assistance shall be interest-free so long as the repayment schedule is met.

## **13. Public Notice, Posting, and Communication with Patients. (HR3590 (4)(A)(v))**

1. LRH shall post a notice, in accordance with the Community Assurance Provision of the Hill-Burton Act and various other State, Federal, and JCAHO requirements, regarding the availability of financial assistance for the payment for services provided to low-income uninsured patients.
2. The Community Assurance Provision of the Hill-Burton Act under Title VI of the Public Health Service Act requires recipients of Hill-Burton Funds to make services provided by the facility available to persons residing in the facility's service area without discrimination on the basis of race, color, national origin, creed, or any other ground unrelated to the individual's need for the service or the availability of the needed service in the facility. The community service obligation does not require the facility to make non-emergency services available to persons unable to pay for them. It does, however, require the facility to make emergency services available without regard to the person's ability to pay. This assurance is in effect for the life of the facility only so long as the facility is operated by a not-for-profit or public entity. For reference, please visit <http://www.hhs.gov/ocr/hburton.html> and <http://www.hrsa.gov/osp/dofcr/obtain/CONSFAQ.HTM>.
3. Notices shall be posted in the community's dominant language(s) in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as emergency departments, billing offices, admitting offices, and outpatient service settings as well as the organization's website.
  1. Posted notices shall contain the following:
    1. A statement indicating that the organization has a financial assistance policy for patients who

are low income and/or uninsured may not be able to pay their bill and that this policy provides for charity care and reduced-payment for healthcare services; and

2. Identification of a contact phone number that a patient can call to obtain more information about the financial assistance policy and about how to apply for such assistance.
4. In addition, LRH will make the financial assistance policy widely publicized within the communities they serve. Publication may include, but is not limited to, newspaper, radio, or television advertisements, website, mailers, flyers, or distribution at centers or locations frequented by indigent populations such as food pantries or shelters.
5. Make reasonably available, and/or on request, the booklet "A guide to your hospital bill and insurance" both in print form and on each hospital website.
6. LRH shall post on its website or otherwise make available to the public on a reasonable basis, notification that it has a financial assistance program for low-income, uninsured patients and the organization's contact person or department to request financial assistance.
7. LRH shall post on its website and otherwise make available to the public this policy or any local variation of this policy.
8. LRH will make available a summary of financial assistance via [www.lakeshealth.org](http://www.lakeshealth.org). This summary will also be offered prior to discharge and within the final billing statement prior to any extraordinary collection activities.
9. LRH will make available the translation of the financial assistance policy, application form and summary of the policy in the language spoken by each LEP language group that constitutes the lesser of 1,000 individuals, or 5 percent of the community serviced by the hospital facility or the population likely to be affected or encountered by the hospital facility.

## **14. Limitation on Charges (HR3590 (5)(A) & (B))**

1. LRH recognizes that Medicare regulations require uniform Hospital "charges" for cost reporting purposes. Therefore all patients must be "charged" the same amount for the same service.
2. LRH also recognizes that Section 501(r)(5) limits amounts "charged" to patients for emergency or other medically necessary care to amounts not more than those generally billed to individuals who have insurance covering such care.
  1. This provision applies to Hospital charges. Clinic are NOT subject to Section 501(r)(5).
  2. We believe that Congress' intent is that qualifying self-pay patients should not be billed gross charges, but rather charged gross charges, provided a discount, and billed the net amount. We believe Congress utilized the word "charged" interchangeably with "billed" which is not correct in this instance.
  3. Therefore, LRH shall BILL 100% self-pay patients who qualify for charity care or financial assistance under this policy (incomes at or less than 400% of the Federal Poverty Guidelines) not more than the IP & OP combined Medicare & Commercial insurance average adjustment rate. This rate will be reviewed on an annual basis.
  4. In the instance where a State, Federal or other regulation or agreement is more stringent than Section 501(r)(5), the method prescribed in that regulation or agreement will be followed.
3. The statement sent to the patient will show the gross charges, self-pay discount, any charity care or financial assistance discounts and the net patient responsibility amount.



4. Clinics bill the best rate for charges to self-pay and the bill may not necessarily show the gross charges and self-pay discount, but rather only the best net charge.

## 15. Data Compilation and Reporting Requirements

1. The Iowa Hospital Association and Lakes Regional Healthcare shall annually compile and post on its website or otherwise make available to the public on a reasonable basis the following data in accordance with the Internal Revenue Service (IRS) guidelines:
  1. The amount of charity care provided based on cost.
  2. The un-reimbursed costs of care provided to beneficiaries of government programs including, but not limited to Medicaid and county indigent programs with this item being defined as the shortfalls between costs and off-setting reimbursement/revenue that a hospital experiences in providing care.
  3. The un-reimbursed costs of care provided to beneficiaries of Medicare with this item being defined as the shortfalls between costs and off-setting reimbursement/revenue that a hospital experiences in providing care. This item is not to be included in the Community Benefits Report except as a separate note.
  4. The amount of Bad Debt incurred based on cost. This item is not to be included in the Community Benefits Report except as a separate note.

This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

### Attachments

Discount Chart

I: Financial Assistance Application & Patient Financial Information

II: Consent to Release of Information to County of Residence

III: Financial Assistance Application Presumptive Eligibility

V: Non-LRH Providers

### Applicability

Lakes Regional- Spirit Lake



Patient Name: \_\_\_\_\_

Account #: \_\_\_\_\_

### Discount Grid

Total Charges	\$ _____	Self Pay Discount	\$ _____
Total owed to clinic	\$ _____	Adjusted Total	\$ _____
Paid by Insurance	\$ _____	Charity Discount	\$ _____
Contractual Discount	\$ _____	Remaining Balance	\$ _____
		Monthly Payments	\$ _____

### Percent of discount for hospital and clinic charges\*

		Total Points (see page 2)						
		1-2	3-5	6-8	9-11	12-14	15-17	18-20
Grand Total	Less than \$500	25%	25%	25%	20%	10%	DNQ*	DNQ
	\$500 to \$1,000	50%	40%	30%	20%	10%	DNQ	DNQ
	\$1,000 to \$1,999	60	50	40	30	20	10	0
	\$2,000 to \$2,999	70	60	50	40	30	20	10
	\$3,000 to \$3,999	80	70	60	50	40	30	20
	\$4,000 to \$4,999	90	80	70	60	50	40	30
	Over 5,000	90	90	80	70	60	50	40

**Patients with 21+ Points do not qualify for any discount.**

LRH Authorization \_\_\_\_\_

Patient Financial Services Manager

CFO

CEO

\$0 - \$4,999.99

\$5,000 - \$9,999.99

\$10,000 - \$19,999.99

Board Authorization \_\_\_\_\_

\$20,000 and above

A score of 0 qualifies for 100% discount

\*DNQ (Does not qualify for any discount)

Form Prepared By: \_\_\_\_\_

Date Prepared: \_\_\_\_\_



Points assignment:

Gross Income in excess of  
150% poverty level\*

Net Asset Home  
Only

Net Assets  
Excluding Home:

Income	Points	Amount	Points	Amount	Points
0 to 1,999	0	0 to 60,000	0	0 to 2,499	0
2,000 to 3,999	1	60,000 to 69,999	1	2,500 to 4,999	1
4,000 to 5,999	2	70,000 to 79,999	2	5,000 to 7,499	2
6,000 to 7,999	3	80,000 to 89,999	3	7,500 to 9,999	3
8,000 to 9,999	4	90,000 to 99,999	4	10,000 to 12,499	4
10,000 to 11,999	5	100,000+	5	12,500 to 14,999	5
12,000 to 13,999	6			15,000 to 17,499	6
14,000 to 15,999	7			17,500 to 19,999	7
16,000 to 17,999	8			20,000 to 22,499	8
18,000 to 19,999	9			22,500 to 24,999	9
20,000 to 21,999	10			25,000 to 27,499	10
22,000 to 23,999	11			27,500 to 29,999	11
24,000 to 25,999	12			30,000 to 32,499	12
26,000 to 27,999	13			32,500 to 34,999	13
28,000 to 29,999	14			35,000 to 37,499	14
30,000 to 31,999	15			37,500 to 39,999	15
32,000 to 33,999	16			40,000 to 42,499	16
34,000 to 35,999	17			42,500 to 44,999	17
36,000 to 37,999	18			45,000 to 47,499	18
38,000 to 39,999	19			47,500 to 49,999	19
40,000 to 41,999	20			50,000 to 52,499	20
42,000 and over	21			52,500 and over	21

**2019 HHS Poverty Guidelines\*\***

Family Size	48 States & DC		
	100%	150%	400%
1	\$12,490	18,735	49,960
2	16,910	25,365	67,640
3	21,330	31,995	85,320
4	25,750	38,625	103,000
5	30,170	45,255	120,680
6	34,590	51,885	138,360
7	39,010	58,515	156,040
8	43,430	65,145	173,720
For each additional person add	4,420		

\*Use current year poverty guidelines

\*\* Source: <http://aspe.hhs.gov/poverty/index.shtml#latest> accessed January 31, 2019

Lakes Regional Healthcare  
Financial Assistance Application &  
Patient Financial Information

This form is to provide information to assist you in satisfying your financial obligation to Lakes Regional Healthcare.

Applicant Name \_\_\_\_\_ Spouse or Significant Other Name \_\_\_\_\_

Current Address \_\_\_\_\_ Renting \_\_\_\_\_ Buying \_\_\_\_\_ Years lived at \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Marital Status: S M D W Sep Other

Applicant Social Security # \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_

Applicant Birth Date \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_

Please list dependents: (attach separate sheet if necessary)

Name	Age	Relationship	Name	Age	Relationship
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Applicant Employer \_\_\_\_\_ Spouse or Sig. Other Employer \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Years Employed \_\_\_\_\_

Have you applied for or do you have Medicaid coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

Are you currently a student? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under the age of 26 does your parent's employer offer healthcare coverage for you?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Applicants should apply for Medicaid and any other potential financial assistance programs before completing this application for Financial Assistance. If you are a resident of Dickinson County, you must also apply for County Poor Relief before applying for Financial Assistance. If you have any questions regarding financial assistance or information required on this application, please contact the Financial Assistance Counselor at Lakes Regional Healthcare at 712-336-1230.

By submitting this assistance application, I understand that the Avera organization receiving this application may share it and related documentation with other Avera organizations that are involved with my treatment or may have provided separate treatment.

	Applicant	Spouse/Other Household Members	Monthly Household Expenses	Applicant/Spouse/Other Household Members
Monthly Household Income				
Employment (Gross/Net Pay)	\$ _____	\$ _____	Rent/Mortgage	\$ _____
Social Security/Disability Retirement/Veteran Pension (all sources)	\$ _____	\$ _____	Food	\$ _____
Unemployment Comp.	\$ _____	\$ _____	Car Payments	\$ _____
ADC/WIC/Food Stamps	\$ _____	\$ _____	Child Care	\$ _____
Alimony/Child Support	\$ _____	\$ _____	Transportation/car expense	\$ _____
Investment/Interest Income	\$ _____	\$ _____	Medical/Dental*	\$ _____
Other (List _____)	\$ _____	\$ _____	Insurance (car, medical, etc.)	\$ _____
Total Monthly Income	\$ _____	\$ _____	Credit Card (_____)	\$ _____
Net Monthly Income	\$ _____	\$ _____	Collection Agencies	\$ _____
Total Income last 12 months	\$ _____	\$ _____	Clothing	\$ _____
Copy of Tax Return and last 2 months pay stubs are required.			Other (List _____)	\$ _____
			Total Monthly Expenses	\$ _____

#### ASSETS (Current market value)

Cash on hand/Bank/Savings	\$ _____
Investments/CD's (Market value)	\$ _____
Loan/Cash value of Life Insurance	\$ _____
Residence: sq. ft. total _____	
Purchase Price	\$ _____
Estimated Value Now	\$ _____
Primary Vehicle: Year/Model _____	\$ _____
Vehicle: Year/Model _____	\$ _____
Farm Real Estate: # of acres _____	\$ _____
Farm Equipment	\$ _____
Livestock	\$ _____
Rental Property	\$ _____
Business	\$ _____
Other _____	\$ _____
Total Assets	\$ _____

#### LIABILITIES

Medical Bill* _____	\$ _____
Medical Bill * _____	\$ _____
Medical Bill * _____	\$ _____
Credit Card(s)	\$ _____
Loan on furniture & Appliances	\$ _____
Home Loan (current balance)	\$ _____
Vehicle Loan (current balance)	\$ _____
Real Estate Loan (current balance)	\$ _____
Amount owed on farm equip.	\$ _____
Amount owed on livestock	\$ _____
Loan on Rental Property	\$ _____
Loan on Business	\$ _____
Amount owed on other	\$ _____
Amt. owed to Collection Agency	\$ _____
Total Liabilities	\$ _____

\* Out-of Pocket Expense or Liability only (net of any insurance, discounts, third party liability, or any other potential claim)

Were you offered health insurance from your employer? \_\_\_\_ Yes \_\_\_\_ No  
 Were you denied health insurance by your employer? \_\_\_\_ Yes \_\_\_\_ No  
 Are you eligible for COBRA benefits? \_\_\_\_ Yes \_\_\_\_ No

I hereby acknowledge that the information given to LRH is true and correct. I authorize LRH to verify any of the information given by me. I will provide documentation of this information upon request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

#### INTERNAL USE ONLY

Points \_\_\_\_\_ Full \_\_\_\_\_ Partial \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

ATTACHMENT II

Lakes Regional Healthcare

CONSENT TO RELEASE OF INFORMATION TO COUNTY OF RESIDENCE

I, the undersigned, understand that I will receive or have received services at the above healthcare facility and at the time of treatment, I either have/had no insurance coverage, and/or am not aware of any insurance coverage, commercial or otherwise, to which the healthcare organization may submit claims on my behalf for the purpose of obtaining payment and/or related benefits for my healthcare treatment. I also affirm that I am not eligible for Indian Health Service benefits nor am I a member of a Native American tribe and thus Indian Health Services and/or the Bureau of Indian Affairs are not potential resources for the hospital to submit claims for my healthcare treatment on my behalf. I also affirm that I have not served in any branch of the military for any period of time, or if I have served in a branch of the military, the healthcare that I am receiving is not eligible or covered by the Veteran's Administration.

I understand that I may or may not have the personal financial resources to pay the costs for healthcare treatment and care as recommended by my attending/treating physician and as such, this form is being signed by me to authorize all persons, agencies, or institutions (including this healthcare organization and my physician(s)) to release to the welfare director, auditor, states attorney, and/or county commissioners of my county of residence, information concerning my social security number, medical information concerning my healthcare treatment, and financial information concerning me and/or members of my household. This information will be required by my county of residence to process benefits on my behalf for which I may be eligible.

By signing, I indicate that I fully understand this Consent to Release of Information, and am voluntarily signing below.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, year.

\_\_\_\_\_  
\*Patient Social Security Number

\_\_\_\_\_  
\*County of Residence

\_\_\_\_\_  
\*Patient

\_\_\_\_\_  
Patient Representative

\_\_\_\_\_  
\*Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
\*Account #

\*Required



ATTACHMENT III

Lakes Regional Healthcare  
Financial Assistance Application  
Presumptive Eligibility

Patient Name: \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ Patient Account Number: \_\_\_\_\_

Eligibility Criteria that may be considered:

Initial if Yes	Reason for Eligibility
	Homeless or received care from a homeless clinic
	No income
	Participation in Women's, Infant's and Children's programs (WIC)
	Food stamp eligibility
	Subsidized school lunch program eligibility
	Eligibility for other state or local assistance programs that are un-funded (e.g Medicaid spend-down)
	Family or friends of the patient have provided information establishing the household's inability to pay
	Low income/subsidized housing is provided as a valid address
	Patient is deceased with no known estate
	Patient/Grantor is incarcerated, has no assets and is not eligible for parole within the next 18 months.
	Other (Describe):

Verification

Attach documentation or written attestations demonstrating eligibility

Submitters Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACHMENT V

### Non-LRH Providers

- Physician Labs
- Northwest Iowa Surgeons Group
- Northwest Iowa Bone, Joint, and Sports Surgeons Group
- Midwest Iowa Radiology
- Northwest Iowa Ear, Nose and Throat
- Avera Medical Group Allergy and Asthma
- Avera Medical Group Dermatology
- Avera Medical Group Neurosurgery
- Avera Medical Group Obstetrics and Gynecology
- Avera Medical Group Oncology and Hematology
- Avera Medical Group Pediatric Specialists
- Avera Medical Group Pulmonary and Sleep Medicine
- Avera Medical Group Rheumatology
- Hangar Orthopedics and Prosthetics
- Dr. Jean Paul Haulard, DPM
- Neurology Associates
- North Central Heart
- Northwest Iowa Urologists, PC
- Siouxland Hematology and Oncology Associates