



**Policy and Procedure**

<b>Title:</b>	Financial Assistance Policy	<b>Number:</b>	FH-PFS-017
<b>Applies to:</b>	Hospital and Clinic Business Office Staff	<b>First Created:</b>	04/01/2005
<b>Issuing Dept:</b>	Patient Financial Services	<b>Last Revised:</b>	02/18/2017
<b>Approved by:</b>	Jodie Smith, Director of Patient Financial Services		

**I. PURPOSE**

Ferrell Hospital Community Foundation (“Ferrell Hospital”) is committed to providing healthcare services to people in the communities it serves consistent with its Mission and Values. It is our mission to strive to ensure the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. Ferrell Hospital provides emergency and other medically necessary care to patients without discrimination and regardless of the ability to pay for such services. The purpose of this policy is to identify the circumstances where Ferrell Hospital may provide free or discounted healthcare services based on financial need of the patient and consistent with applicable Federal and Illinois law. Ferrell Hospital will comply with Section 501(r) requirements of the Patient Protection and Affordable Care Act of 2010 (“ACA”), Illinois Hospital Uninsured Patient Discount Act and Illinois Fair Patient Billing Act and other applicable laws.

**II. POLICY**

Ferrell Hospital is responsible and relies on strong cooperation from uninsured and underinsured patients to apply for the Financial Assistance Program as soon as possible for their medical services. Financial Counselors, PFS Representatives, and Patient Intake staff shall follow the guidelines established in this policy with regard to the completion and processing of all Healthcare Assistance Program applications.

The Financial Assistance Program is not an insurance program and does not replace benefits and payments that are, or could be, received from government programs (ex. Illinois Medicaid) or other health insurance programs that pay for medical services. Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with procedures for obtaining charity or other forms of financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be 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 assets.

Accordingly, this policy:

- Includes eligibility criteria for financial assistance-free and discounted (partial charity) care, including presumptive eligibility criteria.
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy and limits the amounts the hospital will charge for emergency or other medically necessary care to the amount generally billed (received by) the hospital for commercially insured or Medicare patients.
- Describes the method by which patients may apply for financial assistance.
- Describes how Ferrell Hospital will widely publicize the policy within the communities served by Ferrell Hospital.

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- Describes the requirements adopted by the Office of the Illinois Attorney General under the Fair Patient Billing Act relating to hospital financial assistance applications forms and the use of presumptive eligibility criteria.

All providers listed below who provide emergency and medically necessary services at Ferrell Hospital comply with Ferrell Hospital's Financial Assistance Program policy:

1. Providers employed by Ferrell Hospital to provide services in Ferrell Hospital and its' outpatient departments and rural health clinics.
2. Providers contracted to provide physician services in Ferrell Hospital's emergency department.

All other providers who provide emergency and medically necessary services at Ferrell Hospital are not covered by Ferrell Hospital's Financial Assistance Program policy. A current detailed provider listing will be made available to patients upon request.

### III. DEFINITIONS

**Emergency Medical Care:** The medical services provided for emergency services required to comply with the Emergency Medical Treatment and Active Labor Act (EMTALA).

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family income:** The sum of the annual earnings and cash benefits from all sources before taxes of all persons legally obligated to pay the charges incurred including child support, worker's compensation, and disability income, but excluding child support paid.

**Financial Assistance:** For purposes of this policy is defined as healthcare services provided at no cost or at a reduced cost to patients who do not have or cannot obtain adequate financial resources. These individuals are considered to be financially indigent or medically indigent and unable to pay for their medical care.

**Financially Indigent:** An individual or family who meets the Federal Poverty Income Guidelines published by the Department of Health and Human Services.

**Federal Poverty Income Guidelines:** The Federal Poverty Guidelines published annually in the Federal Register by the U.S. Department of Health and Human Services under authority of 42 USC 9902(2).

**Gross Charges:** The total charges at the organization's full established price for the provision of patient care services that are consistently and uniformly charged to all patients before applying any contractual allowances, discounts, or financial assistance.

**Healthcare Services:** Any medically necessary inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient.

**Illinois Resident:** A patient who lives in Illinois and intends to continue living in Illinois indefinitely. A patient who relocates to Illinois for the sole purpose of receiving health care is not an Illinois resident.

**Medically Indigent:** Any individual or family not classified as financially indigent who becomes so as the result of a medical condition and/or expenses after payment of third-party payers where applicable, has no other tangible assets, and therefore is rendered unable to pay.

**Medical Necessity/Medically Necessary:** Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Medicare for beneficiaries with the same clinical presentation as the uninsured patient. A "medically necessary" service does not include any of the following (a) non-medical services such as social and vocational services, and (b) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

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**Plain Language Summary:** A written document that describes the Ferrell Hospital Financial Assistance Program available, the eligibility requirements, how to apply, and how to obtain more information including copies of the Financial Assistance Policy and Application.

**Patient:** Individual who is receiving healthcare services from Ferrell Hospital and any individual who is the guarantor of the payment for such services.

**Presumptive Eligibility:** Eligibility for Financial Assistance determined by reference to categories of presumptive eligibility criteria identified as demonstrating a patient's financial need and used to determine eligibility for assistance without further scrutiny by the hospital.

**Total yearly income:** The sum of the yearly gross income.

**Uninsured Discount:** A hospital's charges multiplied by the uninsured discount factor.

**Uninsured Discount Factor:** 1.0 less the product of a hospital's cost to charge ratio multiplied by 1.35.

**Underinsured Patient:** A patient receiving medical services who has some level of insurance or third-party assistance but has out-of-pocket expenses that exceed his/her financial abilities.

**Uninsured Patient:** A patient receiving medical services who is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers compensation, accident liability insurance, and/or other third party liability.

#### IV. RESPONSIBILITIES

Ferrell Hospital Responsibilities:

- 1.0 Patient Intake staff will be required at every patient encounter to have all uninsured patients complete a Financial Assistance Eligibility Notification form and screen for Presumptive Eligibility. Patients will also be offered the opportunity to speak with a financial counselor to discuss available options.
- 2.0 Ferrell Hospital will accept applications for its Financial Assistance Program for the first 240 days following the first post discharge bill to the patient, including on accounts sent to collections during the application period. Ferrell Hospital may extend the application period for patients submitting incomplete applications to provide the patients with additional time reasonably needed to submit information and documents required to complete the applications. Ferrell Hospital will process all complete applications submitted within the Application Period including all applications pending for Medicaid eligibility determinations.
- 3.0 Ferrell Hospital will widely publicize its Financial Assistance Programs in English and any language that is spoken by populations with limited English proficiency that constitute the lesser of 1,000 individuals or 5% of the community the hospital services. Publication shall include the following actions:
  - 3.0.1 Signage conspicuously displayed in the admission areas and emergency room will include the following: "You may be eligible for financial assistance. A copy of the Ferrell Hospital Financial Assistance Policy and Application may be obtained on our website: [www.ferrellhosp.org](http://www.ferrellhosp.org). If you have questions or need assistance in submitting and application, please call 618-273-3361 ext 381 or 383, or visit one of our Financial Counselors at the Hospital. Financial Counselors are available to assist you in person Monday thru Friday from 8 AM to 5:30 PM. Quantities are available to sufficiently meet the demands of our patient population.
  - 3.0.2 Ferrell Hospital will offer the Plain Language Summary as part of the intake or discharge process.
  - 3.0.3 Paper copies of the Financial Assistance Policy, Application, Plain Language Summary, and Fair Billing and Collections policy are available upon request and without charge by mail.
  - 3.0.4 The Ferrell Hospital Assistance Policy, Plain Language Summary, Financial Assistance Application, and Fair Billing and Collections policy will be made available on the Ferrell Hospital Website: [www.ferrellhosp.org](http://www.ferrellhosp.org).
  - 3.0.5 Information will be included with the Ferrell Hospital Patient billing statements describing the available financial assistance and providing the telephone number of the financial counselors. Financial Counselors can assist patients with obtaining copies of the Financial Assistance Policy, Plain Language Summary, Financial Assistance application, and Fair Billing and Collections policy.

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3.0.6 During the first 120 days following the first post discharge bill to the patient, Ferrell Hospital will communicate directly with the patient as follows: 1) a copy of the financial assistance application which includes a copy of the Plain Language Summary will be sent with the first billing statement of all uninsured patients. 2) Ferrell Hospital will make reasonable efforts to orally contact the Patient by phone to educate them on the existence of the Financial Assistance Policy and how to obtain assistance in applying.

4.0 Ferrell Hospital shall maintain the following statistics for reporting purposes:

4.1 The number of hospital Financial Assistance Applications submitted to the hospital both complete and incomplete, during the most recent fiscal year.

4.2 The number of hospital Financial Assistance Applications approved under its Presumptive Eligibility provision during the most recent fiscal year.

4.3 The number of hospital Financial Assistance Applications the hospital approved outside of the Presumptive Eligibility provision during the most recent fiscal year.

4.4 The number of hospital Financial Assistance Applications the hospital denied during the most recent fiscal year.

4.5 The total dollar amount of financial assistance the hospital provided during the most recent fiscal year, based on actual cost of care.

## V. PROCEDURE

1.0 **Eligible Services:** For purposes of this policy, “charity” or “financial assistance” refers to healthcare services provided by Ferrell Hospital without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:

1.1 Emergency medical services provided in an emergency room setting.

1.2 Medically necessary healthcare services.

Ferrell Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance under this financial assistance policy. The actions of requesting immediate payment before or while providing screening or stabilizing treatment for emergency medical conditions are prohibited.

2.0 **Eligible Persons:** Eligibility for financial assistance will be considered for those individuals, who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account race, color, sex, age, military status, national origin, disability, religion, sexual orientation, or sexual identity.

2.1 Financial Assistance may be granted to qualifying underinsured individuals to assist with deductibles, co-insurance, or co-payment responsibilities not otherwise covered by an HSA account, HRA account, or other means.

2.2 Ferrell Hospital Community Foundation reserves the right to grant a judgment for financial assistance in extenuating circumstances and financial need.

2.3 Patients approved for an Out-of-State Medicaid Program are considered to have automatic criteria for financial assistance for emergency room services. Cases outside of the emergency room for non-emergent services will be reviewed on an individual basis to ensure the patient has exhausted all benefits with their out-of-state coverage before financial assistance is awarded.

3.0 **Eligible Criteria and Amounts Charged to Patients:** Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined to be eligible for financial assistance, the patient shall not receive any future statements based on undiscounted gross charges.

3.1 **Limitation on Charges:** Patients who are eligible for financial assistance will not be expected to pay more for emergency or other medically necessary care than the Amount Generally Billed (AGB) to individuals who have insurance covering their care. The AGB shall be determined by multiplying the gross charges for all medical services by a percentage calculated annually and equal to the aggregate dollar amount of claims allowed

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for all medical services during the 12-month period ended on the preceding fiscal year end by both Medicare fee-for-service and all private insurers, together with any associated portions of these claims the Medicare beneficiaries and insured individuals are responsible for paying in the form of co-payments, co-insurance, or deductibles, divided by the sum of the associated gross charges for those claims.

**4.0 Application for Financial Assistance:** Ferrell Hospital will request that each patient applying for financial assistance complete a financial assistance application form (“Financial Assistance Program Application”). The Financial Assistance Program Application allows for the collection of information for Financial Assistance consideration.

4.1 A Financial Assistance Application and form letter (See example 2) will be sent to all self-pay patients that are admitted to Ferrell Hospital or receive outpatient services that are unable to meet with the Financial Counselor during their hospital stay or receiving their outpatient service.

4.2 Accounts will only be considered for financial assistance after an exhaustive investigation of all possible sources of third-party reimbursement has been completed. These sources include but are not limited to commercial insurance, liability insurance, government insurance, Title XIX, state agencies and/or guardians. Failure of an applicant to cooperate with claims filing, collecting from potential third party resources or other agencies is grounds for denying an allowance.

4.3 Ferrell Hospital will accept applications for financial assistance for the first 240 days following the first post discharge itemized statement to the patient, including on accounts sent to collections during the application period. Ferrell Hospital may extend the application period for patients with additional time reasonably needed to submit information and documents required to complete the application. Lack of completed claim form or lack of cooperation from an insured person will not be considered a valid denial.

4.3.1 The Financial Counselor will send a Financial Assistance Application Follow-Up letter to the patient at 30 days post the date of the first post-discharge billing statement and a second letter at 60 days of the 240 day deadline if a completed application has not been received.

4.3.2 Financial Counselors will make a reasonable effort to contact the patient at 45 days post the date of the first post-discharge itemized billing statement by telephone to follow up with the patient and to offer their assistance with any concerns or questions the patient may have regarding the financial assistance application or process.

4.4 The information on the application will be limited to:

**4.4.1 Patient Information**

- a. Patient Name
- b. Patient Date of Birth
- c. Patient Address
- d. State of Residency when the care was provided– Proof of residency may be required.
- e. Patient Social Security Number (not required if a patient is uninsured)
- f. Patient Telephone or Cell Phone
- g. Guarantor Name, Address, and Telephone/Cell Phone Number
- h. Patient e-mail address

**4.4.2 Family Information-** Ferrell Hospital will request that patients applying for financial assistance verify the number of people in the patient’s household.

- a. Number of person’s in the patient’s family/household;
- b. Number and age of Dependents

Adults: In determining the number of people in an adult patient’s household, Ferrell Hospital will include the patient, the patient’s spouse, and any dependents.

Minors: In determining the number of people in a minor patient’s household, Ferrell Hospital will include the patient, the patient’s mother, and any dependents of the patient’s mother, and the patient’s father, and any dependents of the patient’s father. Anyone listed on the tax return as a dependent is considered part of the immediate family.

**4.4.3 Family Income and Employment Information**

- a. Whether patient or patient's spouse or partner is currently employed;

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- b. If patient is a minor, whether patient's parents or guardians are currently employed;
  - c. If patient or patient's spouse or partner is employed, name, address and telephone number of all employers;
  - d. If a minor patient's parents or guardians are employed, name, address and telephone number of all employers;
  - e. If patient is divorced or separated or was a party to a dissolution proceeding, whether the former spouse or partner is financially responsible for patient's medical care per the dissolution or separation agreement;
  - f. Gross monthly family income, including cases in which a spouse or partner is guarantor for the patient or in which a parent or guardian is guarantor for a minor, from sources such as:
    - Wages and Self-Employment;
    - Unemployment Compensation
    - Social Security including Supplemental and Disability Income;
    - Veterans' pension;
    - Veterans' disability;
    - Private disability;
    - Workers' compensation;
    - Temporary Assistance for Needy Families;
    - Retirement income;
    - Child support, alimony or other spousal support;
    - Other income.

4.4.4 **Insurance/Benefit Information.** This information shall include but not limited to:

- a. Health insurance;
- b. Medicare;
- c. Medicare Part D;
- d. Medicare Supplement;
- e. Medicaid;
- f. Veterans' benefits

4.5 Ferrell Hospital has the right to request additional information upon review of the Financial Assistance Program Application, consistent with applicable law.

4.6 Financial assistance may not be denied under the financial assistance policy based on an applicant's failure to provide information or documentation that the hospital's policy or application form does not require.

4.7 A social security number is not required for uninsured patients, but will aid in the processing of the application.

**5.0 Calculation of Income:** To determine eligibility for the Financial Assistance Program, proof of income for the last 12 weeks must accompany the application. Applicants who are self-employed will be asked to submit a Schedule C from their individual tax return or a statement for an S corporation, partnership, or limited liability company. Ferrell Hospital has the right to request and review annual income on a case-by-case basis. Upon receipt of these items, the applicant's family size and gross income will be used to determine what percentage of their outstanding debt can be written off to charity.

**6.0 Charity for Underinsured Patients:** After all insurance benefits are exhausted, gross charges will be discounted by the applicable percentage based on the Ferrell Hospital financial assistance guidelines (sliding fee schedule), all other Financial Assistance Program requirements, and the Maximum Charge. Guidelines are based on 200% of the Federal Poverty Income Levels. These levels will be updated annually in conjunction with updates published by the United States Department of Health and Human Services.

The Financial Assistance Application shall contain a notation that if a patient meets the presumptive eligibility criteria or is otherwise presumptively eligible by virtue of the patient's family income, the patient shall not be required to complete the portions of the Financial Assistance Application addressing the monthly expense information and estimated expense figures.

**6.1 Documents required for the Financial Assistance Program.** Unless an Illinois uninsured patient demonstrated presumptive eligibility, the following documents need to be provided to determine financial assistance eligibility:

- Federal Tax Return with Schedules, W-2, and 1099 forms for the most recent filing period, plus proof of worker's compensation for lost wages, disability income, and child support received or paid.

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- If applicant is unable to provide a complete copy of a Federal Tax Return for the most recent filing period, or the Tax Return indicates inaccurate information, or Family Income has significantly changed, the following documentation is required for all current Family Income:
    - Two most recent Paystubs or written income verification from all employers;
    - For self-employed applicants, two most recent paystubs and if a business owner, two most recent Business Checking Account Statements.
    - Social Security Award Letter;
    - Unemployment Award Letter;
    - VA Benefits Letter; and
    - Verification of the following
      - Disability Income;
      - Worker's compensation for lost wages;
      - Rental Income;
      - Strike Benefits;
      - Public Assistance;
      - Alimony; and
      - Proof of Child Support received or paid.
      - If unemployed with no source of income, a signed statement explaining how the applicant pays for daily living expenses.

**7.0 Charity for Uninsured Patients:** Under the guidelines of the Illinois Hospital Uninsured Patient Discount Act, a charitable discount of 100% of its charges for all medically necessary services exceeding \$300 in any one inpatient admission or outpatient encounter to any uninsured patient who applied for a discount and has a family income of not more than 125% of the Federal Poverty Income guidelines. A discount equal to 135% of the hospital's cost to charge ratio determined from its most recently filed Medicare cost report times the applicable charges to any uninsured patient who applies for a discount and has a Family Income between 126% and 300% of the Federal Poverty Income guidelines for all Medically Necessary services exceeding \$300 in any one inpatient admission or outpatient encounter.

**7.1 Documents Required for the Hospital Uninsured Patient Discount:** One of the following documents from the Patient and Guarantor for all sources of Family Income:

- Copy of most recent tax return;
- Copy of the most recent W-2 form and 1099 form;
- Copies of the two most recent pay stubs;
- Written income verification from an employer if paid in cash; or
  - a. If unemployed with no source of income, a signed statement explaining how the applicant pays for daily living expenses.
  - b. Other reasonable form of third party income verification deemed acceptable by Ferrell Hospital to be determined on the circumstance of each individual case.

**7.2 Proof of Illinois Residency:** To verify the Patient's Illinois residency: Any one of the above documents accepted to verify the Patient's income;

- A valid-state-issued identification card;
- A recent residential utility bill;
- A lease agreement;
- A vehicle registration card;
- A voter registration card;
- Mail addressed to the Patient at an Illinois address from a government or other credible source;
- A statement from a family member of the Patient who resides at the same address and presents verification of residency; or
- A letter from a homeless shelter, transitional house, or other similar facility verifying the patient resides at the facility.

**8.0 Charity based on Presumptive Eligibility:** Ferrell Hospital developed the presumptive eligibility criteria by which a patient's financial need is determined and used by Ferrell Hospital to deem a patient eligible for financial assistance without further scrutiny by the facility. Ferrell Hospital will screen uninsured patients for presumptive eligibility as soon as possible before or after receipt of health care services from Ferrell Hospital and prior to issuance of any bill for the healthcare services. Patients who are Illinois residents falling under one or more of the presumptive eligibility criteria below shall be presumed eligible for 100% financial assistance without completion of a financial assistance application:

- Homelessness;
- Deceased with no estate;

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- Mental incapacitation with no one to act on patient's behalf;
  - Medicaid eligibility, but not on date of service or for non-covered service.
  - Incarceration in a penal institution;
  - Affiliation with a religious order and vow of poverty;
  - Patients who receive grant assistance for medical services;
  - Women, Infants and Children Nutrition Program (WIC);
  - Supplemental Nutrition Assistance Program (SNAP);
  - Illinois Free Lunch and Breakfast Programs;
  - IHDA's Rental Housing Support Program;
  - Low Income Home Energy Assistance Program (LIHEAP);
  - Temporary Assistance for Needy Families (TANF);
  - Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership

8.1 The PFS Department will complete an internal worksheet for those qualifying under the Presumptive Eligibility provisions.

8.2 Patients approved through Presumptive Eligibility do not receive a letter of approval but are rather informed at the time of their registration of their eligibility status.

8.3 Ferrell Hospital shall determine eligibility for Presumptive Charity and apply the adjustment to the accounts of eligible patients as soon as possible after the receipt of services and prior to the issuance of any bill for such services. Ferrell Hospital uses the following sources of third party information to determine eligibility for Presumptive Charity: OneSource, Medi/Department of Human Services, Court Records, Department of Corrections data, first responder reports including police, fire, and accident reports, and obituaries.

8.4 Patients who choose to receive elective, non-medically necessary services are not eligible for Presumptive Charity.

8.5 Ferrell Hospital will use the calculation that provides the best discount for patients.

9.0 **Documentation Unavailable:** In cases where the patient is unable to provide documentation verifying income; Ferrell Hospital may verify the patient's income (i) by having the patient sign the Financial Assistance Application attesting to the veracity of the income information provided, or (ii) through the written attestation of Ferrell Hospital personnel completing the Financial Assistance Application that the patient verbally verified Ferrell Hospital's calculation of income. For instance, where the patient is unable to provide the requested documentation to verify income, Ferrell Hospital will require that an explanation be provided for the reason the patient is unable to provide the requested documentation.

10.0 **Classification Pending Income Verification:** During the verification process, while Ferrell Hospital is collecting the information necessary to determine a patient's income, the patient will not be billed.

11.0 **Bad Debt Account Pending Approval for Assistance:** It is possible for a patient to apply for financial assistance after having already been sent to a collection agency. In this instance, the collection agency will be notified and all collection activity will be suspended.

12.0 **Submission of Application:** The completed financial assistance application needs to be submitted with all requested documents to :

Ferrell Hospital Community Foundation  
1201 Pine Street  
Eldorado, IL 62930-1634  
Attn: Financial Counselor

12.1 Ferrell Hospital will notify an applicant of eligibility for financial assistance within a reasonable period of time after receiving all necessary financial information and documentation. If there is a patient balance due after the financial assistance adjustments, Ferrell Hospital will send a billing statement to the patient showing all contractual allowances, discounts, and financial assistance adjustments. The adjusted balance due shall not exceed the Maximum Charge.

12.2 Recipients of partial financial assistance must communicate to Ferrell Hospital any material change in their financial situation that may impact their ability to pay the balance due to honor the terms of a reasonable

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payment plan. Failure to do so within 30 days of the changed situations may cause Ferrell Hospital to refer the balance due to collection.

12.3 The respective Director of Patient Financial Services will make recommendations as to the validity of applications for charity care and will refer the application to the appropriate approval level within the organization. The limits of approval authority are:

- \$0-\$5,000 Patient Financial Counselor
- \$5,001-\$50,000 PFS Director
- \$50,001 + CFO, Ferrell Hospital Community Foundation

12.4 The length of time an application remains in force will be six months before and after approval the date of approval. During the 12 month approval period patients are responsible for updating the application information of any changes that have occurred such as new sources of income.

*In the event a patient becomes eligible for other health insurance benefits during the post approval period, the patient would be responsible for notifying the hospital to allow the medical services to be billed to their respective health insurance carrier.*

**13.0 Falsification of Information:** Falsification of information may result in denial of the Financial Assistance Application. Financial assistance may be withdrawn after a patient after it has been issued if Ferrell Hospital finds material provision(s) of the Financial Assistance Application to be untrue.

**14.0 Approved Applications:** Financial Counselors or other designated staff members will complete a Financial Assistance Worksheet or Judgmental Financial Assistance Worksheet. The worksheets provide the documentation of the administrative review and approval process utilized by Ferrell Hospital to grant financial assistance. The patient will be notified by letter of any reduction of their balance. If a patient's financial assistance application is approved, Ferrell Hospital will refund to the patient any amount collected from the patient which exceeds the patient's financial responsibility.

14.1 Financial Assistance will be applied towards any patient out of pocket obligation such as copay, deductible, coinsurance; if it is determined they are eligible for financial assistance.

14.2 **Denied Applications:** Financial Counselors or other designated staff members will review the Healthcare Application for complete information and financial qualification. If it is determined that the patient is not eligible for financial assistance, the patient will be notified by letter as to the reason for denial. Denials for assistance can be appealed by contacting the Patient Financial Services Director at 618-273-3361 ext 376 or sending a letter of appeal to the following address:

Ferrell Hospital Community Foundation  
1201 Pine Street  
Eldorado, IL 62930  
Attn: Patient Financial Services Director

Appeals will be reviewed with a response to the patient within 30 days of receipt of the appeal.

**15.0 Document Retention Procedures:** Ferrell Hospital will maintain the Financial Assistance Program application for a period of seven (7) years from the date of application.

**16.0 Modification:** The Director of Patient Financial Services, Chief Financial Officer, Chief Executive Officer, and Board of Directors must approve any modification to the standards set forth in this policy.

**17.0 Reservation of Rights:** It is the policy of Ferrell Hospital to reserve the right to limit or deny financial assistance at the sole discretion of Ferrell Hospital, subject to applicable legal requirements.

**18.0 No Effect on Other Hospital Policies:** This Financial Assistance policy shall not alter or modify other policies regarding efforts to obtain payments from third-party payers, patient transfers, or emergency care.

**V. DOCUMENTATION**

- 1.0 Financial Assistance Program Notification Form
- 2.0 Financial Assistance Program Application
- 3.0 Plain Language Summary

Additional Approvals and Review/Revision Dates			
<b>Review Dates:</b>			
<b>Revision Dates:</b>	01/01/14, 12/16/15, 02/18/17		
<b>Replaces:</b>	N/A		
<b>Additional Approvals:</b>	<b><u>Name (print)</u></b>	<b><u>Title</u></b>	<b><u>Signature</u></b>
	<b>Alisa Coleman</b>	Ferrell Hospital, Chief Executive Officer	
	<b>Joseph Hohenberger</b>	Ferrell Hospital, Chief Financial Officer	
	<b>Clifford E Morris</b>	Board of Directors	
	<b>Jodie Smith</b>	Ferrell Hospital Director of Patient Financial Services	