



## **PURPOSE**

The purpose of this Policy is to outline the requirements for a patient/guarantor to qualify for financial assistance.

## **POLICY**

Altru is committed to providing financial assistance to eligible patients who do not have the financial ability to pay for their emergency and/or medically necessary care. This Policy describes conditions under which Altru may provide financial assistance to its patients. The actions Altru may take in the event of nonpayment of a patient account are described fully in the separate Billing and Collections Policy (2615), which members of the public may readily obtain free of charge by requesting it from the Altru Patient Services Office.

Altru shall comply with all federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy, including 26 C.F.R. § 1.501(r). Altru staff will uphold the confidentiality and individual dignity of each patient/guarantor and will meet all HIPAA requirements for handling personal health information. Altru follows EMTALA rules in providing emergency services regardless of the patient's/guarantor's ability to pay.

## **DEFINITIONS**

**Amounts Generally Billed (AGB):** The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

**Application Period:** The period during which a hospital facility must accept and process an application for assistance under its FAP to have made reasonable efforts to determine whether the individual is FAP- eligible. The application period begins on the date the care is provided to the individual and ends on the 240<sup>th</sup> day after the hospital facility provides the individual with the first billing statement for the care.

**Emergency Medical Care:** Care provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

**Emergency Medical Treatment & Labor Act (EMTALA):** Guidelines enacted by the federal government to ensure that hospitals treat equally all patients who present in their emergency departments, regardless of the patient's ability to pay.

**Extraordinary Collection Action (ECA):** A collection activity, as defined by the Internal Revenue Service and U.S. Department of the Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance.



**Household Income:** As defined, in part, by the United States Census Bureau includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. It does not include noncash benefits (such as food stamps and housing subsidies) or capital gains and losses.

**Financial Assistance:** A reduction of an eligible patient's account balance under the terms of the Financial Assistance Policy. Financial assistance may be full (in which a patient's entire account balance is eliminated) or partial (in which a patient's account balance is reduced but not eliminated).

**Guarantor:** An individual or entity which ultimately accepts financial responsibility to pay the patient's bill. The guarantor may or may not be the same as the patient. In most cases, however, the guarantor is the adult patient receiving the service. If the patient is a child, guarantor may be the child's parent or legal guardian.

**Income:** The income a patient receives on a regular basis before payments for personal income taxes, social security, union dues, Medicare deductions, etc. It includes income received from wages, salary, commissions, bonuses, and tips; self-employment income, interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); any cash public assistance or welfare payments from the state or local welfare office; retirement, survivor, or disability benefits; and any other sources of income received regularly such as Veterans' Affairs (VA) payments, unemployment and/or worker's compensation, child support, and alimony.

**Medically Necessary Services:** Medical services or items reasonable and necessary for the diagnosis or treatment of illness or injury and that meet professionally recognized standards of health care as determined by Altru on a case-by-case basis for purposes of this policy. For purposes of this Policy, the term also does not include medical services or items received from care providers not employed by Altru.

**Notification Period:** The period during which a hospital facility must notify an individual about its FAP to have made reasonable efforts to determine whether the individual is FAP eligible. This period begins on the first date care is provided and ends on the 120<sup>th</sup> day after the hospital facility provides the individual with the first billing statement for the care.

**Third-Party Payer:** (1) The insurance company, other health benefit plan sponsor, or organization other than the patient (first party) that pays for medical services provided by Altru (second party) to the patient.

**Uninsured:** The state in which a patient has no insurance or third-party assistance to pay for medical services provided in full.



## **FINANCIAL ASSISTANCE ELIGIBILITY**

To provide the level of financial assistance necessary to the greatest number of patients in need and to preserve resources, the following guidelines apply:

- Financial assistance is provided when services are deemed emergent or medically necessary and after patients are found to have met all financial criteria. financial assistance is available for any emergency medical care and/or medically necessary services billed by Altru for facility and physician services. See Appendix A for a listing of billable providers eligible for Financial Assistance.
- Financial assistance is not considered an alternative option to payment; therefore, patients may be assisted in finding other means of payment or financial assistance before approval for financial assistance. Patients/guarantors must cooperate fully with providing any required financial documentation that is necessary to obtain coverage and/or financial assistance.
- Uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to ensure the limited funds available for financial assistance are used in a responsible manner. Financial assistance may be deferred pending effective insurance coverage.
- The right to apply for financial assistance begins on the date of service and extends through the 240<sup>th</sup> day after the first billing statement is sent to the patient/guarantor.
- A patient/guarantor with a household income of 250% or less of the Federal Poverty Level (FPL) is eligible for full financial assistance.
- A patient/guarantor with a household income between 251% and 400% of the FPL is eligible for partial financial assistance on a sliding scale based on the AGB amount.
  - Altru will use a look-back method for calculating the AGB. Each facility's AGB will be calculated by including a rolling twelve-(12) month period using a combination of expected reimbursement for Medicaid, Medicare fee-for-service, and all private health insurers based on contracted payers' allowed amount and actual payment, plus settlements, to determine the overall percentage. This analysis will be completed on an annual basis, by hospital site. The analysis will be available upon request to our Patient Financial Services office. The FAP will give 100% write off to patients that qualify for assistance through the FAP. Altru will use the AGB calculations only in instances to determine if a refund needs to be sent to a patient that has paid a portion of his or her outstanding hospital balance within two hundred forty (240) days from the first post-discharge notification

Requests for financial assistance can be made to the Altru HERO (Healthcare Eligibility Resource Options) Program. Financial counselors are available by phone at 701-780-5060 or 1-800-464-7574. Information is also available online at [www.altru.org/patients-visitors/billing-insurance/financial-assistance](http://www.altru.org/patients-visitors/billing-insurance/financial-assistance).



Altru will review financial assistance applications and provide correspondence to patients within 30 business days of the filing of the application indicating the status of the application (approved, denied, or additional information needed).

### **APPLICATION REQUIREMENTS**

The patient/guarantor will be required to complete the Altru financial assistance application in its entirety and submit it to the HERO Program for review. Failure to submit all required and requested documentation may result in the application being denied. Documents required for Altru to process applications are as follows:

- Completed financial assistance application
- Proof of income
  - Last 3 months of pay stubs, or
  - Last 3 months of bank statements, or
  - Most recent federal income tax filing; or
  - Signed letter of support of why a patient/guarantor does not have all the required supporting documents

Notification of Altru's determination will be provided to the applicant(s) in writing. If the application is approved for less than full financial assistance or denied, the patient/guarantor must establish payment arrangements immediately with Altru.

A pending or incomplete financial assistance application will be cancelled if the patient/guarantor fails to submit all required supporting documentation or to respond to any follow-up questions and requests within 30 days.

If the patient/guarantor applies for financial assistance after an unpaid account has been referred to an external collection agency, Altru will refrain from any extraordinary collection actions (ECAs) while the application remains incomplete and awaiting all required documents. However, if a pending financial assistance application is cancelled for a reason stated in the above paragraph, the unpaid account immediately shall be subject to the terms and provisions of Altru's Billing and Collections Policy.

A patient/guarantor who qualifies for financial assistance will be approved for dates of services 6 months retrospectively and 12 months prospectively based on the date the application is approved.

### **PATIENT COOPERATION STANDARDS**

A patient/guarantor must cooperate with Altru in providing the information and documentation necessary to determine eligibility. Such cooperation includes completing any required applications or forms, providing all requested documentation, and responding to all additional requests for information. The patient/guarantor is responsible for notifying Altru of any change in financial situation that would impact the assessment of eligibility.

A patient/guarantor must exhaust all other payment options, including private insurance coverage, federal, state, and local medical assistance programs, and other forms of assistance provided by third parties prior to being approved for financial assistance. An applicant for financial assistance is responsible for applying for public programs for available coverage.



### **PRESUMPTIVE FINANCIAL ASSISTANCE**

A third-party vendor is used to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry recognized model that is based upon public record databases. Assistance available under the predictive model is set at a minimum threshold for offering full financial assistance. However, it is not utilized for determination of partial financial assistance. The predictive model may be used to supplement an incomplete financial assistance application for determination of complete or partial financial assistance.

To qualify for presumptive financial assistance the patient/guarantor must meet the following criteria:

- Be uninsured.
- Provide any requested documentation to support financial reports\*.
- Have household income at or below 250% of the FPL.

*\*Requests may be individually reviewed by the certified application counselor team.*

### **NOTIFICATION OF FINANCIAL ASSISTANCE**

Notification about the availability of financial assistance from Altru shall be disseminated by various means, including:

- Conspicuous publication of notices in patient bills
- Notices posted in emergency rooms, urgent care centers, admitting/registration departments, business offices, and at other public places that Altru decides;
- Publication of a summary of this Policy on Altru's website, and at other places within the communities served by Altru as it may determine
- Contacting the Altru HERO Program at 701-780-5060.

### **History of Review**

Original: July 1, 1997

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Reviewed every 3 years.

*Next Revision Date: 04/2027*

### **Key Word Search**

Charity, Financial Assistance, Discounts

**Approval:** Approved by: CFO