

**TRINITY HEALTH
GUIDELINE/PROCEDURE**

DEPARTMENT: Revenue Cycle

SUBJECT: Trinity Health Charity, Indigent Care, Uninsured, and Underinsured Guideline (Trinity Cares Financial Assistance Program)

GUIDELINE & PROCEDURE

POLICY SUMMARY:

Trinity Health is committed to providing medically necessary health care to all patients. The TrinityCares Financial Assistance Program establishes procedures for identification of participants, determination of eligibility and to offer/provide financial assistance to all qualified patients for their health care services. Trinity Health facilities covered under this guideline include(s) Trinity Hospital, Trinity-St Joseph's Hospital and Trinity Medical Group providers.

SCOPE:

Trinity Health will offer financial assistance programs to all patients who are a legal resident of The United States of America and are living within our service area, without regard to race, creed, sex, national origin, disability, age, or ability to pay, who present for care at Trinity Health.

PURPOSE:

This program is designed to provide financial assistance that can reduce a qualified patient's financial obligations for payment of emergency and medically necessary care received at Trinity Hospital, Trinity-St. Joseph's Hospital and Trinity Medical Group.

POLICY:

1. A patient qualifying for financial assistance is a person who is uninsured or underinsured and receives care from Trinity Health, having made required efforts to pursue potential third party eligibility coverage and has been verified to be ineligible for any other form of financial care payment coverage.
2. To be eligible for assistance under the financial assistance guidelines, a person's household income shall be below 250% of Federal Poverty Income Guidelines. Trinity Health will consider other financial assets and liabilities of the person, when determining eligibility.
3. Trinity Health will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for financial assistance. The poverty income guidelines are published in the *Federal Register* and for the purposes of this policy will become effective the first day of the month following the month of publication.

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Definitions:

For the purpose of this policy, the following definitions apply:

Emergency Care and Services: As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd) is 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 and Active Labor Act (EMTALA): An act of the United States Congress passed in 1986. It requires hospital Emergency Departments that accepts payments from Medicare to provide an appropriate medical screening examination (MSE) to individuals seeking treatment for a medical condition. Participating hospitals may not transfer or discharge patients needing emergency treatment except with the informed consent or stabilization of the patient or when their condition requires transfer to a hospital better equipped to administer the treatment.

Medical Necessity: Medically Necessary or Medical Necessity shall be defined as any necessary health care services that a physician or other healthcare provider, exercising prudent clinical judgment would provide to a patient, for the purpose of preventing, diagnosing, evaluating, or treating a significant illness, injury or disease which causes:

- Acute suffering
- Endangers life
- Threatens significant patient harm, injury or negative health outcome
- Medically necessary services are not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's significant illness, injury or disease.

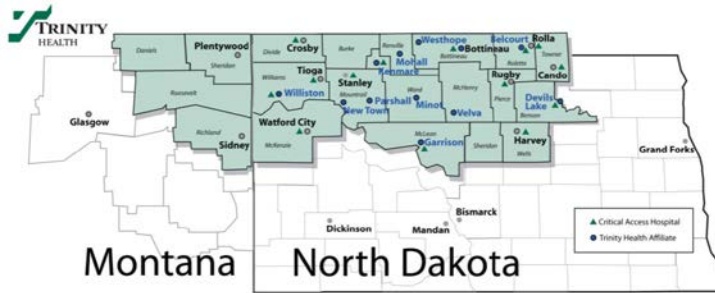
Extraordinary Collection Actions (ECA's): Especially aggressive efforts to encourage individuals to pay a liability, as defined in Reg. 1.501(r)-6(b). In general, extraordinary collection actions include, selling a debt to another party, reporting adverse information about an individual to a consumer credit reporting agency or credit bureau; deferring or denying medically necessary care because of nonpayment of a previous liability; requiring payment before providing medically necessary care because of nonpayment of a previous liability; and actions that require a legal or judicial process (including liens, foreclosures, attachments, seizures, civil actions, arrests, writs of body attachment, and garnishments).

Household Income: Income of any working adult, living within household no matter relationship, however, will not include any working teenager, or working college student under the age of 26.

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Amounts Generally Billed (“AGB”) Limit: The average amount collected by Trinity Health for providing emergency and other medically necessary health care services to individuals who have insurance covering that service, as defined in Reg. 1.501 (r)-1(b)(1).

Service Area: Service Area: Trinity Health’s service area includes Northwestern North Dakota and Northeastern Montana. Please refer to the shaded area in the map below for the counties included in this service area:



PROCEDURE:

1. To qualify for the TrinityCares Program, the following must be met:
 - a. A ratio is developed by dividing the individual’s income by the Federal Poverty Guidelines.

**2017 Poverty Guidelines for 48 Contiguous States
and the District of Columbia**

Persons in Family	Poverty Guideline	250% Of the Federal Poverty Guideline
1	\$12,060	\$30,150
2	\$16,240	\$40,600
3	\$20,420	\$51,050
4	\$24,600	\$61,500
5	\$28,780	\$71,950
6	\$32,960	\$82,400
7	\$37,140	\$92,850
8	\$41,320	\$103,300

- a. The ratio is matched to the following chart, to determine amount eligible for financial assistance.

Ratio	Assistance Percentage
0% - 250%	100%
251%-Over	0%

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- b. The following factors will be considered in determining the eligibility for financial assistance:
 - a. Proof of Income (to include one or more of the following :)
 - i. Adjusted Gross Income if self-employed and all schedules from the most current tax form
 - ii. Listing of Assets and Investments
 - iii. Employment status and future earning capacity
 - b. Number of Dependents
 - c. Other financial obligations

2. Services Eligible under this Policy

- a. For purposes of this policy, Trinity Health reserves the right to determine, on a case-by-case-basis, whether the care and services meet the definition “medically necessary”; for the purpose of eligibility for financial assistance. Emergent procedures will be considered Medically Necessary. All non-emergent care and elective care will be subject to review. Medical necessity will be reviewed by Trinity Health Case Management Department, Business Office, Physician, or other Healthcare Provider. The Medical Director of Value Initiatives or designee and CFO will make the final decision on medical necessity after consulting with the above departments.
- b. Some examples of non-medically necessary services:
 - i. Dietary counseling
 - ii. Circumcision
 - iii. Exercise Physiology (i.e. sports kinetics, etc)
 - iv. Infertility work-ups and injections
 - v. Cosmetic surgery (i.e. Radial keratotomy, Blepharoplasty, Liposuction, Lasik Eye Surgery, etc.)
 - vi. Sterilization procedures
 - vii. Retail Services (i.e. optical shop, pharmacy, and hearing assistive devices)
 - viii. Routine and Preventative Office visits
 - ix. Non-emergency dental services
 - x. Durable Medical Equipment
 - xi. Experimental Treatments
 - xii. Services considered non-covered by most carriers
 - xiii. Routine Eye Exams
 - xiv. Home Health/Hospice
 - xv. Ground ambulance that is not to or from Trinity Health
 - xvi. Note: This listing may not be inclusive
- b. See Attachment A for a list of providers who operate within Hospital. Attachment A identifies those providers who services are not eligible for

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charity care under this policy. Attachment A shall be updated at least quarterly to maintain accuracy.

3. Eligibility Criteria

- a. Residency: “Resident” shall mean a person who is a legal resident of the United States and who has been a legal resident of the service area (which includes Northwestern North Dakota and Northeastern Montana), in which medical services are sought for at least six months at the time services are provided and has the intent to remain in the state in which medical services are sought for at least six months after services are provided. For an exception to this rule please see Section 4, paragraph D, subparagraph ii.
- b. Every applicant must provide two (2) forms of valid identification; one must be a photo ID. Acceptable forms of identification are the following:
- i. State issued ID/Driver’s License/ Military ID
 - ii. Alien registration/Green Card/Permanent resident card
 - iii. Government issued photo ID
 - iv. Birth Certificate
 - v. Social Security Card
 - vi. Passport
 - vii. Certificate of Citizenship
 - viii. Official document that includes name, address, social security number
- c. Documentation provided as proof of residency must have applicant’s full name and physical address. At least two of the following items must be provided:
- Current Utility Bill
 - Current Homeowners/Auto Insurance Policy or Bill
 - Property Tax Bill
 - Rental/Lease/Mortgage Agreement
 - Voters Registration Card
 - Vehicle Registration
 - Official mail received at home of residency within 60 days
 - Proof of children enrolled in School District
- d. Other Medical Coverage: Charity care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, workers compensation, Medicare, Medicaid or medical assistance programs, other state, federal or military programs, or any other situation in which another person or entity may have a legal or financial responsibility to pay for the cost of medical services.
- e. Annual Gross Household Income/Assets: In those situations where appropriate primary payment sources are not available, patient shall be considered for charity care under this policy. All resources of the household are considered in determining the applicability of the financial assistance approval. These resources include bank accounts, investment accounts, retirement accounts, other securable assets

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(recreational vehicles, campers, livestock, etc.) and real estate excluding the primary residence (rental properties, vacation home, etc.)

- i. An individual is not eligible for financial assistance if they have countable assets (i.e. saving accounts, checking accounts, stocks, bonds, or similar assets) greater than \$3000. The limit is \$6000 per household.
- ii. An individual is not eligible for financial assistance if their household's combined Adjusted Gross Income (AGI) greater than 250% of Federal Poverty Guidelines (FPG).
- iii. An individual with AGI and countable assets below these thresholds qualifies for 100% financial assistance.

4. Process for Application

- a. Trinity Health shall use an application for determining eligibility for TrinityCares. However, Trinity Health may presumptively determine an individual's eligibility for charity care under this policy without a completed application based on information in section D (b) of this policy.
- b. When submitted for consideration, a TrinityCares application shall be accompanied by the following documentation if applicable:
 - i. Completed and Signed Financial Assistance application
 - ii. Approval/Denial Letter from Medicaid if applicable
 - iii. Copy of most recent Federal Tax Return (Form 1040 or equivalent), including all schedules
 - iv. Two months of complete bank statements for checking and saving accounts for all household members
 - v. Verification of current income, if applicable: examples include the two most recent pay stubs, pension and retirement benefits, Social Security benefits, unemployment compensation, Workers Compensation, Veteran's benefits, etc.
 - vi. Proof of income from dividends, interest, rents, royalties, annuity payments, estates, trusts, inheritance proceeds and student aid not subject to repayment
 - vii. Gifts: to include donations from churches, family members and other organizations

In the event that the responsible party is not able to provide any of the documentation provided above, Trinity Health shall rely upon written and signed statements from the responsible party for making a final determination of eligibility of charity care.

- c. Completed applications and documentation should be submitted to the Patient Financial Services Business Office. Acceptable methods of submission include:
 - a. Mail to: PO Box 5020, Minot ND 58702 Attn: Patient Financial Services

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- b. Deliver in Person to: Trinity Health Business Services, 1015 S. Broadway Ste. 301Minot, ND 58702
- c. Fax to: 701-857-3011, Attn: Patient Financial Services

- d. Failure to Provide Appropriate Information
If a responsible party submits an incomplete Financial Assistance Application, Trinity Health shall take the following steps to encourage them to complete the application:
 - i. The Business Office will send the patient a letter asking for additional documentation when needed. The additional documentation should be returned to the Business Office within 14 days from the date of the letter. Failure to provide necessary information to complete a financial assessment may result in a negative determination, but the account may be reconsidered upon receipt of the required documentation.
 - ii. The account may also be submitted for approval if Trinity Health has been able to verify income information from a reliable third party, i.e. Social Security. If a person is verified to be eligible for Medicaid, Trinity reserves the right to approve financial assistance under this policy despite living outside the service area.
 - iii. A determination of eligibility for financial assistance may be made without a completed assessment form, by the Revenue Cycle Support Services Director, if the patient or information is not reasonably available and eligibility is warranted under the circumstances.

- e. Periodic Audits
 - a. Revenue Cycle Support Services Director, Vice President of Revenue Cycle, and Chief Financial Officer will review a sample of all accounts monthly to assure that patient account write off policies are being followed and that proper documentation is present. Required levels of monthly review, are as follows:
 - i. Revenue Cycle Support Services Director: Review of all accounts
 - ii. Revenue Cycle Vice President: Review all accounts with balances \$25,000 and greater
 - iii. Chief Financial Officer: Review all accounts with balances \$50,000 and greater

- f. Documentation of Eligibility Determination
 - a. While a Financial Assistance Application is pending final eligibility determination, Trinity Health will not initiate collection efforts or requests for deposits provided once the responsible party is cooperative with Trinity Health's efforts to reach a determination, which includes the responsible party returning the application and supporting documentation within 14 days of receiving the application.
 - b. Following the initial request for financial assistance, Trinity Health may pursue other sources of funding, including Medicaid, Indian Health

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Services, State Hospital Assistance Program, etc. Hospital may delay processing a financial assistance application until after the individual's Medicaid eligibility has been determined.

- c. All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- d. Once an eligibility determination has been made, Trinity Health will notify the responsible party within 14 days of receipt of a completed charity care application and all necessary supporting documentation. The results of the determination will be noted in the comments sections of the billing record. The patient will receive a letter from the Business Office stating the eligibility determination.
- e. The financial assistance approval **can be** extended up to a maximum of six months from the approval date to cover future qualified care or services and will consider balances on services which occurred within the last 240 days only. To be eligible for this extended term Trinity Health may require patients or guarantors to provide updated financial information.
- f. If Trinity Health denies an individual's application for financial assistance, Trinity Health will notify the individual in writing of the denial and the basis for the denial.
- g. If the financial situation changes it is the responsibility of the patient to notify the Trinity Health Business Office. Trinity Health reserves the right to request additional documentation if the financial situation has changed and to reassess the financial assistance approval at any time during the approval timeframe.
- h. The Revenue Cycle Support Director will keep on file, all approved accounts for review by Management or other third parties.
- i. For those accounts disallowed for financial assistance, the patient will be notified in writing and further collection efforts will be considered according to pre-established Business Services Procedures.

5. Process for Amounts Generally Billed

- a. Any individual who is determined to be eligible for financial assistance under this policy shall not be required to pay more for emergency medical care and other appropriate medical services than the amounts generally billed to individuals who have health insurance covering such care.
- b. This AGB limit shall be used by Trinity to determine the maximum amount that an individual may be liable to pay after such individual is determined to be eligible for financial assistance under this policy.
- c. Trinity Health shall use the "Prospective Method" as described in Regulation 1.501(r)(5)
- d. Attachment B contains information about the currently applicable AGB limit and how it was calculated.

6. Process for Communication

- a. Patient Financial Services Business Office at Trinity Health shall provide information about its TrinityCares policy and/or provide assistance with the

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Financial Assistance Application process. The Patient Support Services Department is located at: 1015 S. Broadway Ste.301 Minot, ND 58701 and is available by phone at: 701-857-5105 Monday- Friday 8am-5pm

- b.** Trinity Health will notify and inform individuals about the availability of charity care in the following ways:
 - i.** Trinity Health shall set up conspicuous public displays that notify and inform patients about the financial assistance program. Such displays shall be located in the emergency room and all admissions areas. Such displays shall include the following information:
 - a.** Displays will include a statement that Trinity Health offers financial assistance to eligible individuals
 - b.** Information about how or where to obtain information about the TrinityCares policy and application process
 - c.** Information about how or where to obtain copies of this financial assistance policy, a plain language summary of this financial assistance and the financial assistance application
 - ii.** Trinity Health will offer a paper copy of the plain language summary of this financial assistance policy to patients as part of the intake and/or discharge process
 - iii.** Trinity Health will include the following information on all billing statements.
 - a.** Financial assistance is available under the TrinityCares policy.
 - b.** The telephone number of a Trinity Health office or department that can provide information about the TrinityCares Policy and process.
 - c.** The direct web site address (URL) on which this TrinityCares Policy, a plain language summary of this policy and the Financial Assistance application are available.
 - iv.** Paper copies of this Financial Assistance application, a plain language summary, and the Financial Assistance application shall be made available upon request and without charge. These paper copies shall be available by mail, in Trinity Health's emergency room, and all other admissions areas to Trinity Health.
 - v.** Trinity Health shall take reasonable efforts to notify and inform members of the community about this financial assistance policy in a manner that is reasonably calculated to reach those community members who are most likely to need financial assistance from Trinity.
 - vi.** Trinity Health will make reasonable efforts to help overcome any language or disability barrier that may serve as an impediment to informing patients and guarantors about the availability of financial assistance, including:
 - a.** Multi-lingual signs in English and any other language that constitutes the primary language of at least 5% of the population in the community where the facility is located.
 - b.** Providing interpreters upon request of the patient or patient companion/care taker to accommodate either language or disability needs

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7. Process for Collections

- a. See Attachment C for a list of actions that may be used by Trinity Health to collect liabilities from individuals, including extraordinary collection actions. Attachment C also provides a general timeframe for these actions
- b. Trinity Health prohibits the use of all extraordinary collection against individuals other than actions listed in Attachment C. This prohibition applies to Trinity Health and to all parties acting on behalf of Trinity Health.
- c. If an individual submits a financial assistance application, Trinity Health shall cease all collection efforts until a determination of eligibility has been made.
- d. If Trinity Health or another authorized party has already begun an extraordinary collection action against an individual when that individual submits a financial assistance application, the ECA shall be suspended. Suspending an action, means that no new ECA actions are initiated and no further steps are taken on a previously existing ECA.
- e. Trinity Health shall not take any ECA against an individual for an episode of care within 120 days of the date the first post-discharge billing statement is sent to the individual.
- f. At least 30 days prior to taking any ECA against an individual to obtain payment for an episode of care, Trinity Health or its agents shall provide the individual with a written notice that includes the following information.
 - i. Financial assistance is available for eligible individuals
 - ii. The ECA that Trinity Health or another authorized third party, intends to initiate against the individual to obtain payment for the care
 - iii. Deadline after which such ECA may be initiated. The written notice shall include a copy of the plain language summary of this financial assistance policy. Trinity Health or another authorized third party shall also make reasonable efforts to orally notify the responsible party about this financial assistance policy and how the individual may obtain assistance with the financial assistance process.
- g. The Patient Support Services department shall have the final authority and responsibility to determine whether Trinity Health has made reasonable efforts to determine whether an individual is eligible for financial assistance under this policy and may therefore engage in ECA's against that individual.
- h. If an individual has made partial payment, and the individual is subsequently determined to qualify for financial assistance under this policy, any payments in excess of their newly calculated remaining liability shall be refunded to the patient within 60 days of the financial assistance eligibility determination.

Trinity Health Board Approved
Date: June 23, 2016

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Attachment A

I. Providers Not Subject to the Financial Assistance Policy:

- Providers who maintain privileges at Trinity Hospital, St. Joseph's Hospital, Trinity Health Centers or Trinity Health Community Clinics locations who are not employed or contracted by Trinity Health/Trinity Medical Group are not subject to this Financial Assistance Policy and will bill patients directly.
- Residents and faculty working under the University of North Dakota Medical School residency program or Center for Family Medicine Residency program are not subject to this agreement and will bill patients directly.
- Providers who may deliver services at the above locations and are not subject to this Financial Assistance Policy include:
 - **Adum, Vivian MD – OB/GYN**
 - **Newton, Yolanda MD – OB/GYN**
 - **Solberg, Sara R MD – OB/GYN**
 - **Tong, Beverly J MD – OB/GYN**
 - **Mehta, Rajnikant MD - Psychiatrist**
 - **Behm, Lance DDS**
 - **Glosenger, Jeremiah DDS**
 - **Hamilton, John DDS – WD-ASC**
 - **Hildahl, Mark DDS**
 - **Steininger, Lawrence DDS**
 - **Bahal, Paul MD**
 - **Schlecht, Kristina MD**
 - **Stripe, Stephen MD**
 - **Rickert, Julie PsyD**
 - **Evans, Patrick MD-Family Meidcine-MCFM**
 - **Richert, Julie PsyD**

Reviewed By: Renda Wilson
Date: January 2017

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Attachment B

Trinity Health uses the “Prospective Method” as defined in Reg. 1.501(r)-5(b) to calculate the amount generally billed (AGB) to individuals who have insurance covering medically necessary care. Any individual who is determined to be eligible for financial assistance under this policy shall not be required to pay more than the amounts generally billed to individuals who have insurance covering such care,

1. Trinity Health will use the Medicaid Fee for Service on the following Services:

- Inpatient Rehabilitation
- Inpatient Mental Health
- Hospital Inpatient
- Chemical Dependency
- Rural Clinics Non-Hospital Based

2. Trinity Health will use the Medicare Fee for Service on the following Services:

- Radiology
- Lab
- Outpatient Therapy
- Same Day Surgery
- Kidney Dialysis Services
- Ambulance Services- Fixed wing, Rotary Air, Ground to and from Trinity Health
- Hospital Observation Services
- Emergency Room
- Trinity Medical Group Physician Services

Reviewed By: Dennis Empey, CFO

Date: June 24, 2016

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Attachment C

Trinity Health Collection Actions

1. This attachment identifies the actions taken by Trinity Health to encourage patients and other responsible parties to pay a liability owed to Trinity Health for the provisions of appropriate hospital-based medical care, including extraordinary collection actions. It identifies the general timeline used by Trinity Health in taking these actions:

- Trinity Health sends a billing statement upon determining the remaining balance after any insurance. This initial billing statement is referred to as the “first-post discharge billing statement.” This billing statement will inform the patient of a possible prompt pay discount, payment plan options and financial assistance (additional information on the prompt pay discount is listed within the Billing and Collections Policy)
- Approximately 30 days from the initial billing statement a letter is sent
- Approximately 30 days later a second letter is sent
- Approximately 30 days later a third letter is sent with a notice of intended actions (final notice statement). This letter will advise the patient of financial assistance options, plain language summary and notice of possible placement with collection agency.
- General collection activities may include follow-up calls on statements and letters, including manual and autodialed calls to a home, work, or cell phone.
- Between 14 and 30 days later, the account is sent to an outside collection agency
- While the account is with the collection agency, the collection agency attempts to contact the individual by phone
- Within a week of the receipt of account, the collection agency sends a letter encouraging payment and informing the individual of actions that may be taken.
- Approximately 30 days later the collection agency may begin charging interest fees
- Approximately 90 days later, the collection agency reports the account to a consumer credit reporting agency
- After reporting the account to a consumer reporting agency, the collection agency may commence a legal action against the individual. Trinity Health limits allowable legal actions to garnishment of wages, lawsuits, and liens.

2. If a patient has an outstanding balance for previously provided care, Trinity Health may engage in the ECA of deferring, denying, or requiring payment before providing additional medically necessary (but non-emergent) care only when the following steps are taken:

- a. Trinity Health provides the patient with an FAP application and a plain language summary of the Financial Assistance Policy.
- b. Trinity Health provides a written notice indicating the availability of financial assistance and specifying any deadline after which a completed application for assistance for the previous care episode will no longer be accepted. The deadline must be at least 30 days after the final notice date or 240 days after the first post-discharge billing statement for prior care-whichever is later.
- c. Trinity Health processed on an expedited basis any FAP applications for previous care received within the stated deadline.

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- d. Revenue Cycle Support Services and Business Office Directors are ultimately responsible for determining whether Trinity Health have made reasonable efforts to determine whether an individual qualifies for financial assistance and may therefore initiate an ECA.

Trinity Health prohibits the use of all extraordinary collection actions other than the actions listed here. This prohibition applies to Trinity Health and to all other parties on behalf of Trinity Health.

While the timeline above is generally accurate any step may fluctuate. However, in no event shall Trinity Health or an authorized third party take any extraordinary collection actions within 120 days of sending the first post-discharge billing statement to a responsible party.

Reviewed By: Trent Chastain, VP
Date: February 24, 2017