



FINANCIAL ASSISTANCE POLICY

I. PURPOSE

- A. As part of its mission to improve the health of its patients and community through innovation and excellence in care, education, research and service, Indiana University Health (IU Health) values charity, equality and justice in healthcare.
- B. IU Health is committed to serving the healthcare needs of all of its patients, regardless of their ability to pay for services.
- C. To assist in providing services to all, IU Health has established this Financial Assistance Policy to provide Financial Assistance to Uninsured Patients receiving care at an IU Health hospital facility.
- D. IU Health is committed to ensuring its patients are compliant with all provisions of the Patient Protection & Affordable Care Act. To that end, IU Health will make a good faith effort to locate and obtain health insurance coverage for patients prior to considering patients for coverage under this Financial Assistance Policy.

II. SCOPE

This Policy applies to all Uninsured Patients receiving care rendered at all non-profit IU Health hospital facilities, including those receiving emergent and/or medically necessary services.

III. EXCEPTIONS

- A. In an effort to provide affordable care to its patients, IU Health may offer additional reductions in the cost of care not specifically enumerated within this Policy. These discounts are not reported as financial assistance on Schedule H of IU Health's Form 990.
 - 1. Uninsured Patients receiving care from an IU Health employed physician whose services are not covered by this Policy will receive an additional discount applied to their physician charges.
 - 2. Additional discounts may be offered to patients at the sole discretion of IU Health's Financial Assistance Committee.

IV. DEFINITIONS

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

Assets – Any tangible or intangible item owned and/or controlled by a patient/guarantor which has monetary value.

Charge – As established by U.S.C. §501(r), any remaining patient responsibility billed to the patient/guarantor on his/her IU Health consolidated patient statement.

Emergent Care: Patients with a medical condition which merits immediate treatment and/or admission to an IU Health hospital facility via its Emergency Department, a non-elective direct admission, or transfer from another hospital facility.

Extraordinary Collection Actions (ECA) – Actions taken by IU Health or its agents against a patient or their guarantor related to obtaining payment of a bill for care covered under this Financial Assistance Policy that require a legal or judicial process, involve selling a patient's or their guarantor's outstanding patient responsibility to another party, or reporting adverse information about the patient or their guarantor to a consumer credit reporting agency or credit bureau.

Federal Poverty Level – Guidelines developed by the U.S. Department of Health & Human Services on an annual basis. Levels are determined by the number of members in an individual's household and their annual income.

Financial Assistance – A reduction in the amount of charges billed for patients or their guarantors who are eligible for assistance under this Policy.

Financial Assistance Application – An application completed by the patient or their guarantor for Financial Assistance with the balance of their hospital invoice.

Financial Assistance Committee – An internal review panel comprised of members of Revenue Cycle Services responsible for the effectuation of this Policy including final determinations if IU Health has made reasonable efforts to determine a patient's eligibility for assistance under this Policy.

Financial Assistance Determination – A grant or denial of Financial Assistance under this Policy.

Household: All individuals listed on a patient's, or their guarantor's, federal income tax filing will be considered to be a member of the household. Guarantor's of a minor dependent who do not claim the dependent on their federal taxes may submit a court decree as proof of the dependent's household status. In the event the patient's and/or guarantor's income does not warrant the filing of a federal tax statement, the patient/guarantor may submit a notarized affidavit attesting to the foregoing.

Income: Interest, dividends, wages, compensation for other services, tips, pensions, fees for earned services, price of goods sold, income from rental property, gains on sale of other property, alimony, or royalties.

Medically Necessary Care: Health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Uninsured Patient: A patient who lacks a commercial insurance product, a government insurance/assistance product, and/or a previous contract or agreement negotiated with IU Health to which the patient is a contemplated party or beneficiary.

V. POLICY STATEMENTS

A. General

1. IU Health will not refuse, delay or discourage emergent and/or medically necessary services based on a patient's ability to pay for the cost of such services in accordance with the Emergency Treatment and Active Labor Act (EMTALA).
2. Financial Assistance determinations will be made without regard to a patient's age, race, religion, color, sex, disability, national origin, sexual orientation, ancestry, and familial status.
3. IU Health will actively promote all patients' awareness of the availability of Financial Assistance.

B. Eligibility

1. Indiana Resident Requirement
 - a. Financial Assistance will only be made available to residents of the State of Indiana as defined below:
 - b. IU Health will employ the same residency test as set forth in Indiana Code 6-3-1-12 to define an Indiana resident:
 - a. The term Resident includes any individual who was domiciled in Indiana during the taxable year, or any individual who maintains a permanent place of residence in this state and spends more than one hundred eighty-three (183) days of the taxable year in Indiana.
 - c. Patients residing in the state of Indiana while attending an institution of higher education may be eligible for assistance under this Policy if they meet the aforementioned residency test and are not claimed as a dependent on a parent's or guardian's federal income tax statement.
2. Prior to seeking Financial Assistance under this Policy, all patients or their guarantors must consult with a member of IU Health's Individual Solutions department to determine if healthcare coverage may be obtained from a government insurance/assistance product or from the Health Insurance Exchange Marketplace.
3. All Uninsured Patients presenting for services at an IU Health facility eligible under this Policy, listed below, will not be charged more than the Amounts Generally Billed (AGB), as detailed in Title V, Chapter D of this Policy:
 - a. IU Health Arnett Hospital

- b. IU Health Ball Memorial Hospital
 - c. IU Health Bedford Hospital
 - d. IU Health Blackford Hospital
 - e. IU Health Bloomington Hospital
 - f. IU Health Frankfort Hospital
 - g. IU Health Methodist Hospital
 - h. IU Health North Hospital
 - i. IU Health Paoli Hospital
 - j. IU Health Saxony Hospital
 - k. IU Health Tipton Hospital
 - l. IU Health University Hospital
 - m. IU Health West Hospital
 - n. IU Health White Memorial Hospital
 - o. Riley Hospital for Children at IU Health
4. Services Rendered by Individual Providers
- a. This Policy does **not** cover services rendered by individual providers. A full listing of providers and services **not** covered by this policy is available at www.iuhealth.org/financialassistance and is updated on a quarterly basis. The list is available in writing upon request.
5. Alternate Sources of Assistance
- a. When technically feasible, patient will exhaust all other state and federal assistance programs prior to receiving an award from IU Health's Financial Assistance Program.
 - b. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowner's, must exhaust all insurance benefits prior to receiving an award from IU Health's Financial Assistance Program. This includes patients covered under their own policy and those who may be entitled to benefits from a third-party policy. Patients may be asked to show proof that such a claim was properly submitted to the proper insurance provider at the request of IU Health.
 - c. Eligible patients who receive medical care from an IU Health facility as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive Financial Assistance for any outstanding balance not covered by the settlement or award to which IU Health is entitled.
 - a. In the event a Financial Assistance Award has already been granted in such circumstances, IU Health reserves the right to reverse the award in an amount equal to the amount IU Health would be entitled to receive had no Financial Assistance been awarded.
6. Financial Assistance
- a. Eligibility for assistance in excess of the AGB will be determined based on a patient's Federal Poverty Level (FPL) and their residency status.
 - b. Eligibility for full charity assistance will be determined based upon a patient's/guarantor's FPL as determined by Household Income and number of members in the Household.

- c. IU Health will utilize the most recent FPL data available and will apply the FPL data to a patient's/guarantor's account balance based upon the calendar date a completed Financial Assistance Application was received, not a patient's date of service.
 - d. An Uninsured Patient and/or his/her guarantor whose household income is less than or equal to 200% of the FPL and patient was admitted through an eligible facility's emergency department, via a direct admission from a physician's office, or transfer from another hospital facility may be eligible for full charity assistance after the successful completion of the Financial Assistance Application and satisfaction of his/her non-refundable deposit as detailed in Title V, Chapter F of this Policy.
7. Alternate Methods of Eligibility Determination
- a. IU Health will conduct a quarterly review of all accounts placed with a collection agency partner for a period of no less than one hundred and twenty (120) days after the account is eligible for an ECA as set forth in Title VI, Chapter D of this Policy. Said accounts may be eligible for assistance under this Policy based on the patient's individual scoring criteria.
 - b. To ensure all patients potentially eligible for Financial Assistance under Title V, Chapter B, Section 6 above may receive Financial Assistance, IU Health will deem patients/guarantors to be presumptively eligible for Financial Assistance if they are found to be eligible for one of the following programs, received emergency or direct admit care, and satisfied his/her required co-pay/deductible:
 - 1. Indiana Children's Special Health Care Services
 - 2. Medicaid
 - 3. Healthy Indiana Plan
 - 4. Patients who are awarded Hospital Presumptive Eligibility (HPE)
 - 5. Enrolled in a state and/or federal program that verifies the patient's gross household income is less than or equal to 200% of the Federal Poverty Level.
8. Additional Considerations
- a. Financial Assistance may be granted to a deceased patient's account if said patient is found to have no estate.
 - b. IU Health will deny or revoke Financial Assistance for any patient or guarantor who falsifies any portion of a Financial Assistance Application.
- C. Patient Assets
- 1. IU Health may consider patient/guarantor Assets in the calculation of a patient's true financial burden. A patient's/guarantor's primary residence and one (1) motor vehicle will be exempted from consideration in most cases.
 - a. A patient's primary residence is defined as the patient's principal place of residence and will be excluded from a patient's extraordinary asset calculation so long as the patient's equity is less than five-hundred thousand dollars (\$500,000) and the home is occupied by the patient/guarantor, patient's/guarantor's spouse or child under twenty-one (21) years of age.

- b. One (1) motor vehicle may be excluded as long as the patient's equity in the vehicle is less than fifty-thousand dollars (\$50,000).
 2. IU Health reserves the right to request a list of all property owned by the patient/guarantor and adjust a patient's award of Financial Assistance if the patient demonstrates a claim or clear title to any extraordinary Asset not excluded from consideration under the above guidance.
- D. Calculation of Patient Charges
 1. IU Health limits the amounts charged to all Uninsured Patients to not more than the AGB to patients who have insurance coverage for such care at the respective IU Health hospital facility where the patient received services.
 2. IU Health employs the look-back method as the basis for calculating the AGB at each IU Health hospital facility. The AGB is calculated annually and is based on the annual average reimbursement received from all commercial health insurers and Medicare fee-for-service.
 3. The AGB is calculated annually, is unique for each separately licensed IU Health facility covered by this Policy, and is available on their respective webpages.
 4. Requests for the methodology of the above calculation and/or the AGB for an individual hospital facility must be submitted in writing to FAPolicy@IUHealth.org and may be obtained free of charge.
- E. Non-Emergent Services Down Payment
 1. Uninsured Patients presenting for scheduled or other non-emergent services will not be charged more than the AGB for their services.
 2. Patients will receive an estimated AGB cost of their care prior to IU Health rendering the services and will be asked to pay a down-payment percentage of the AGB adjusted cost prior to receiving services.
 - a. In the event the patient is unable to fulfill the down-payment, their service may be rescheduled for a later date as medically prudent and in accordance with all applicable federal and state laws and/or regulations.
- F. Emergency and Other FAP Eligible Medical Services Non-Refundable Deposit
 1. This section will be implemented with a strict adherence to EMTALA and IU Health Policy ADM 1.32, Screening and Transfer of Emergency or Unstable Patients.
 2. Amount of Non-Refundable Deposit
 - a. All Uninsured Patients presenting for services at an IU Health facility's Emergency Department, via transfer from another hospital facility, or direct admission, will be responsible for a one-hundred dollar (\$100.00) non-refundable deposit for services rendered.
 - b. Patients/guarantors contemplated in Title V, Chapter B, Section 7b will be responsible for any copays and/or deductibles required by their plan prior to full Financial Assistance being applied.

- c. Patients with questions on the non-refundable deposit may contact IU Health by phone 1-888-531-3004 or by email at FinancialAssistance@IUHealth.org for additional information.
3. Uninsured Patients wishing to make an application for Financial Assistance greater than the AGB must fulfill their non-refundable deposit prior to IU Health processing said application. Uninsured Patients making payments toward their outstanding non-refundable deposit balance will have said payments applied to their oldest application on file, if applicable.
4. Applications for Financial Assistance will not be processed until the applicant has fulfilled their one-hundred dollar (\$100.00) non-refundable deposit towards their balance.

VI. PROCEDURE STATEMENTS

A. Financial Assistance Policy Publication

1. IU Health will broadly publicize the availability of this Financial Assistance Policy within the communities it serves by taking the following actions:
 - a. IU Health will post this Policy, a Plain Language Summary of this Policy, and its Financial Assistance Application on its website and provide patients with a Plain Language Summary of this Financial Assistance Policy during registration and/or discharge.
 - b. Conspicuous public displays will be posted in appropriate acute care settings such as emergency departments and registration areas describing the available assistance and directing eligible patients to the Financial Assistance Application.
 - c. IU Health will include a conspicuous written notice on all patient post-discharge billing statements that notifies the patient about the availability of this Policy, and the telephone number of its Customer Service Department which can assist patients with any questions they may have regarding this Policy.
 - d. IU Health Customer Service representatives will be available via telephone Monday through Friday, excluding major holidays, from 8:00 a.m. to 7:00 p.m. Eastern Time to address questions related to this Policy. Upon request, Customer Service team members will also mail copies of this Financial Assistance Policy, a Plain Language Summary of this Policy, and a Financial Assistance Application to patients or their guarantor free of charge.
 - e. IU Health will broadly communicate this Policy as a part of its general outreach efforts.
 - f. IU Health will educate its patient facing team members on this Financial Assistance Policy and the process for referring patients to the Program.

B. Financial Assistance Application

1. Patients or their guarantors wishing to apply for Financial Assistance are encouraged to submit a Financial Assistance Application within ninety days (90) days of their discharge. Patients or their guarantors may submit an application up to two-hundred and forty (240) days from the date of their initial post-discharge billing statement from IU Health, however, accounts may

be subject to ECA defined in Title VI, Chapter D of this Policy as soon as one hundred and twenty (120) days after having received their initial post-discharge billing statement.

2. Patients or their guarantors submitting an incomplete application will receive written notification of the application's deficiency upon discovery by IU Health. The application will be pended for a period of forty-five (45) days from the date the notification is mailed.
 - i. IU Health will suspend any ECA defined in Title VI, Chapter D of this policy until the application is complete, or the patient fails to cure any deficiencies in their application in the allotted period.
3. Patients with limited English proficiency may request to have a copy of this Policy, a Financial Assistance Application, and a Plain Language Summary in one of the below languages:
 - i. Arabic
 - ii. Burmese
 - iii. Burmese- Falam
 - iv. Burmese- Hakha Chin
 - v. Mandarin/Chinese
 - vi. Spanish
4. The patient, and/or their representative, such as the patient's physician, family members, legal counsel, community or religious groups, social services or hospital personnel may request a Financial Assistance Application to be mailed to a patient's primary mailing address free of charge.
5. IU Health keeps all applications and supporting documentation confidential.
6. Patients applying for assistance under this Policy will be required to complete a Financial Assistance Application.
 - i. Patients must include the following documentation with their Financial Assistance Application:
 1. All sources of Income for the last three (3) months
 2. Most recent three (3) months of pay stubs or Supplemental Security Income via Social Security
 3. Most recent three (3) statements from checking and savings accounts, certificates of deposit, stocks, bonds and money market accounts
 4. Most recent state and Federal Income Tax forms including Schedules C, D, E, and F
 - a. In the event the patient's and/or guarantor's income does not warrant the filing of a federal tax statement, the patient may submit a notarized affidavit attesting to the foregoing.
 5. Most recent W-2 statement
 6. For patients or members of the Household who are currently unemployed, Wage Inquiry from WorkOne
 7. If applicable, divorce/dissolution decrees and child custody order

C. Eligibility Determination

1. IU Health will inform patients or guarantors of the results of their application by providing the patient or guarantor with a Financial Assistance

Determination within ninety (90) days of receiving a completed Application and all requested documentation.

2. If a patient or guarantor is granted less than full charity assistance and the patient or guarantor provides additional information for reconsideration, Revenue Cycle Services may amend a prior Financial Assistance Determination.
3. If a patient or guarantor seeks to appeal the Financial Assistance Determination further, a written request must be submitted, along with the supporting documentation, to the Financial Assistance Committee for additional review/reconsideration.
4. All decisions of the Financial Assistance Committee are final.
5. A patient's Financial Assistance Application and eligibility determination are specific to each individual date(s) of service and related encounters.

D. Extraordinary Collection Actions

1. IU Health may refer delinquent patient accounts to a third-party collection agency after utilizing reasonable efforts to determine a patient's eligibility for assistance under this Policy. Reasonable efforts include the following:
 - a. IU Health will provide a copy of its PLS with each of its patient post-discharge billing statements after discharge.
 - b. As detailed above, the following groups will be considered for eligibility under this FAP without submitting a financial assistance application:
 - i. Indiana Children's Special Health Care Services
 - ii. Medicaid
 - iii. Healthy Indiana Plan
 - iv. Patients who are awarded Hospital Presumptive Eligibility (HPE)
 - c. IU Health will notify the patient of its FAP at least thirty (30) days prior to initiating an ECA.
 - d. IU Health will not initiate an ECA for at least one-hundred and twenty days (120) days after the patient's initial post-discharge billing statement.
 - e. IU Health will review all financial assistance applications it receives for a period of up to and including two-hundred and forty (240) days after the patient's initial post-discharge billing statement. IU Health will cease any ECAs it has initiated upon receipt of a financial assistance application until a determination is made if the patient is eligible for this policy.
 - f. If an application for financial assistance is approved, IU Health will issue a revised statement, issue refunds, and make reasonable efforts to reverse ECAs as necessary.
2. IU Health and its third-party collection agencies may initiate ECA against a patient or their guarantor in accordance with this Policy and 26 C.F.R. § 1.501(r). Said ECA may include the following:
 - a. Selling a patient's or their guarantor's outstanding financial

- responsibility to a third party.
- b. Reporting adverse information about the patient or their guarantor to consumer credit reporting agencies or credit bureaus.
- c. Deferring or denying, or requiring a payment before providing, medically necessary care because of a patient's or their guarantor's nonpayment of one or more bills for previously provided care covered under this Policy.
- d. Actions requiring a legal or judicial process, including but not limited to:
 - i. Placing a lien on a patient's or their guarantor's property
 - ii. Foreclosing on a patient's or their guarantor's real property
 - iii. Attaching or seizing a patient's or their guarantor's bank account or other personal property
 - iv. Commencing a civil action against a patient or their guarantor
 - v. Causing a patient or guarantor's arrest
 - vi. Causing a patient and/or guarantor to be subject to a writ of body attachment
 - vii. Garnishing a patient or guarantor's wages
- 3. When it is necessary to engage in such action, IU Health and its third party collection agencies, will engage in fair, respectful and transparent collections activities.
- 4. Patients or guarantors currently subject to an ECA who have not previously applied for Financial Assistance may apply for assistance up to two-hundred and forty (240) days of the date of their initial post-discharge billing statement from IU Health.
 - a. IU Health and their third-party collection agencies will suspend any ECA engaged on a patient or their guarantor while an Application is being processed and considered.

E. Refunds

1. Patients eligible for assistance under this Policy who remitted payment to IU Health in excess of their patient responsibility will be alerted to the overpayment as promptly after discovery as is reasonable given the nature of the overpayment.
2. Patients with an outstanding account balance due on a separate account not eligible for assistance under this Policy will have their refund applied to the outstanding balance.
3. Patients without an outstanding account balance described above will be issued a refund check for their overpayment as soon as technically feasible.

VII. CROSS REFERENCES

IU Health ADM 1.32 Screening and Transfer of Emergency or Unstable Patients

VIII. REFERENCES/CITATIONS

None

IX. FORMS/APPENDICES

IU Health Financial Assistance Application Form & Information

X. RESPONSIBILITY

Policy Developed/Revised by: Chief Financial Officer

XI. APPROVAL BODY

Chief Financial Officer, Indiana University Health

XII. APPROVAL SIGNATURES



Jennifer M. Alvey
Chief Financial Officer
Indiana University Health

6/1/17
Date

XIII. DATES

Approval Date: June 2017
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