

**Northwood Deaconess Health Center
Policy and Procedure**

DEPT. AFFECTED	BY	APPROVED DATE	REVISION DATE	SUBJECT	PAGE
All	Hospital Business Office	9-12-12	2-28-20 5-6-21	Financial Assistance Program	1 of 3

Northwood Deaconess Health Center provides emergency care regardless of ability to pay. It is the Policy of Northwood Deaconess Health Center to establish a Financial Assistance Program for emergent and other medically necessary care provided to FAP-eligible patients.

Services Eligible Under this Policy:

Services that are eligible to receive Financial Assistance include only those services provided directly by and billed by Northwood Deaconess Health Center, including all providers employed by NDHC. Services to include:

1. Emergency medical services provided in an emergency room setting
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at NDHC’s discretion.

Financial Assistance applications may be for services already rendered, not yet rendered, or both. Approvals for discounts on future services will be no longer than 12 months, at which time patients may reapply for a Charity Care discount. FAP-eligible patients are those that meet the income guidelines and have no insurance. A patient meets the income guidelines if they fall within 200% of the Federal Poverty Guidelines published annually.

Charges billed to FAP-eligible patients will not exceed the “amount generally billed” to patient with insurance. This will be determined by discounting the gross charges by the Medicare CAH interim rate. Those new established charges may then be discounted according to the Charity Care sliding fee scale – which is a separate program.

NDHC will make reasonable efforts to determine whether patients are FAP-eligible in the following ways:

- FAP application and plain language summary will be available on NDHC’s website
- Marketing material will be conspicuously publicly displayed in the Hospital
- Free paper copies of the FAP, FAP application and plain language summary of the FAP will be available upon request – both in person or by mail.
- Marketing material will be available at the local Food Pantry and Senior Citizen’s Center
- Patients who are “no insurance/private pay” status upon discharge will be mailed the plain language summary of the FAP when the bill prints and along with the billing statement for at least 3 billing statements
- The FAP plain language summary will be provided to patients before discharge

DEPT. AFFECTED	BY	APPROVED DATE	REVISION DATE	SUBJECT	PAGE
All	Hospital Business Office	9-12-12	2-28-20 5-6-21	Financial Assistance Program	2 of 3

Applying for Financial Assistance:

FAP-eligible patients will have 120 days to apply for Financial Assistance. Following a request for an FAP application, the patient will have an additional 120 days to complete and return the application. Patients will be notified in writing of their Charity Care determination, discount amount (if any), and effective dates of the discount.

Individuals can apply for Financial Assistance by completing NDHC's Patient Financial Assistance Application form and providing required supporting documents to:

Northwood Deaconess Health Center
Hospital Business Office
PO Box 190
Northwood, ND 58267

Supporting documentation may include proof of income/no income:

- Acceptable forms of verification of income include:
 - (1) Current state and federal tax documents.
 - (2) Two or more current paycheck stubs
 - (3) Social Security Benefit Letter (Available through the local Social Security office)
 - (4) Unemployment benefit letter (Available at Job Services)
 - (5) Other documentation verifying the applicant's gross incomes
 - (6) Letter denying unemployment benefits.
- Acceptable forms of verification of no income include:
 - (1) College students must include their college ID, class schedule, and a financial aid letter
 - (2) Brief letter from an individual familiar with the applicant's circumstances. The letter must include the signature, valid telephone number and the address of the individual.
 - (3) Termination notice or letter from applicant's former employer stating when his/her employment ended. The notice/letter must include the signature, valid telephone number and the address of the individual.
 - (4) Copy of applicant's monthly bank statement, if he/she is living on savings.
 - (5) Other documentation indicating the applicant does not have household income.

Patient family size will be reviewed based on how taxes are filed. For example, if a spouse applies for Financial Assistance/Charity Care, income from the other spouse, if applicable, will be factored into the determination. Additionally, if a dependent applies for Charity Care and are still claimed on someone else's tax return, the income from the claimer(s) of the dependent must be factored into the Charity Care application and determination.

DEPT. AFFECTED	BY	APPROVED DATE	REVISION DATE	SUBJECT	PAGE
All	Hospital Business Office	9-12-12	2-28-20 5-6-21	Financial Assistance Program	3 of 3

Determination: The Hospital Business Office Manager will render determinations regarding FAP eligibility. The CEO may be consulted as needed and may also make FAP determinations.

Collection Measures:

All above efforts will be made to determine whether a patient is FAP-eligible. However, if after 120 days of the first statement the patient has made no attempt to contact the business office, NDHC will utilize a collection agency.

Extraordinary Collection Actions:

NDHC will not take any actions against an individual related to obtaining payment of a bill for care covered under the hospital's FAP that:

- Requires a legal or judicial process;
- Involves selling the debt to another party;
- Involves reporting adverse information about the individual to a credit reporting agency or credit bureau