SIDNEY HEALTH CENTER *Exceptional Care for Life*	**Revenue Cycle Policy and Procedure Manual**	
	TITLE: Financial Assistance Program	
	Section: Patient Financial Services	**POLICY # BUS-012**
Prepared by: Patient Financial Services Approved by: Tina Montgomery, CFO	Effective Date: 4/30/2009	# Pages: 11
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REFERENCES:

1. Administrative Directive
2. Financial Assistance Application
3. http://aspe.hhs.gov/poverty
4. Credit & Collection Policy

PURPOSE:

To make available discount services to those in need. This program is designed to provide financial assistance and/or financial counseling through a Patient Financial Counselor, who acts as a patient advocate by offering explanation and possible solutions to those who cannot pay in full.

SCOPE:

This policy applies to all emergency and medically necessary inpatient and outpatient services provided to patients who qualify for assistance in accordance with the terms and conditions listed in this policy. This policy applies to Sidney Health Center and the rendering of professional services by physicians and other providers employed or contracted by SHC as listed in Exhibit C (List of participating providers). Any services provided by a noncovered physician or care provider will be the responsibility of the patient and the noncovered physician or care provider.

SHC will provide emergency and other medically necessary care to all patients, regardless of ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage.

Any services that are deemed not Medically Necessary are not eligible for Financial Assistance.

DEFINITIONS:

Amounts Generally Billed (AGB) – The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care after discounts have been applied per the individual's insurance contract. SHC calculates the

AGB pursuant to the look-back method, as described by IRC Section 1.501(r)-5. The look-back method is based on actual past claims paid to the hospital facility by Medicare Fee-for-Service along with all private health insurers paying claims to the hospital facility. The amounts billed for emergency and other medically necessary medical services will not be more than the AGB to individuals with insurance covering such care. The AGB percentage will be reviewed and updated annually by the 120th day after the 12-month period the hospital facility used in calculating the AGB percentage, which is October 1 for SHC.

Extraordinary Collection Action – ECA's are actions SHC may take in the event of non-payment after a reasonable effort has been made to determine whether an individual is eligible for financial assistance and after the expiration of the notification period. ECAs may include referral to an external collection agency and/or the reporting of adverse information about the individual to consumer credit reporting agencies or credit bureaus. Actions that may be taken are futher explained in the SHC Credit and Collection Policy. This policy is available on the SHC website and at the Patient Financial Office located within SHC.

FPG – Federal Poverty Guidelines

Financial Assistance - Free or discounted care through a sliding fee schedule to those who have no means, or limited means, to pay for their medical services.

Gross Charges – The total charges for care and services provided before any applicable discounts are applied.

Family/Household – A family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family. Sidney Health Center will also accept non-related household members when calculating family size.

Family/Household Income –Income includes earnings, unemployment compensation, workers' 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. Non-cash benefits (food stamps, housing subsidies) do not count towards household income for purposes of this policy.

Minor Children/Divorced Parents - Both natural parents shall be responsible for the payment of medical services provided to minor children. Both family units would be required to complete a financial assistance application

Patient Advocate - One who works with the patient and/or guarantor to find reasonable payment alternatives.

Presumptively Eligible - A patient who has not submitted a completed Application for Financial Assistance, but who nonetheless is subject to one or more of the following criteria:

- Homeless
- Mentally incapacitated with no one to act on his or her behalf
- Medicaid eligible, but not on the date of service
- Enrolled in one or more governmental programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Guidelines

SHC may also utilize other software programs or automated systems to determine presumptive eligibility. Patients who meet any of the foregoing criteria for presumptive eligibility will be deemed to be eligible for a 100% discount, and will not be asked or required to apply for Financial Assistance.

Qualifying Medical Service – Medical services that are eligible for the financial assistance program.

SFS – Sliding Fee Schedule

SHC - Sidney Health Center

Unrelated Individual - An unrelated individual is a person who is not living with any relatives. An unrelated individual may be the only person living in a household in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption. (E.g. foster child, roommates, etc.)

POLICY:

SHC offers financial assistance by identifying outside assistance programs and if eligible providing free or discounted care to all who are unable to pay. SHC will base program eligibility on a person's ability to pay and will not discriminate based on race, color, sex, sexual orientation or gender identity, creed, national origin, disability, handicap status, religion, age, or marital status. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

PROCEDURE:

1. **Administration** - The Financial Assistance Program will be administered through the Patient Financial Services Director or his/her designee. The Patient Financial Services Director has final authority on determining if an individual is eligible. Information about this program's policy and procedure will be provided and assistance offered with completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.

2. **Notification to Patient of Program -** FAP application and Plain Language Summary will be available to the individuals served at any point in their care.

   A. Financial Assistance Application (Exhibit A) will be available to all patients at time of service when registering. Plain Language Summary will be offered at the time of admission or before discharge. The brochure presents payment options and serves as a financial assistant application, if needed.

   B. This policy, Application for Financial Assistance form, and a plain language summary of the policy are available on SHC website at www.sidneyhealth.org.

   C. Information about the FAP is displayed on the Kiosks at the back entrance and the kiosk by the admittance desk located by main entrance. In addition, each clinic office and emergency desk prominently and conspicuously displays complete and current versions of the Plain Language Summary and the FAP application.

   D. Paper copies of the FAP, FAP application, and Plain Language Summary are available upon request and without charge, both in public locations in the hospital facility (including emergency and admissions and registration areas) and by mail.

   E. The FAP, FAP application, and Plain Language Summary are provided to the Richland County Health Department to help inform the community served by SHC about the FAP.

   F. Notification is also included on the billing statement which notifies recipients about the availability of financial assistance under FAP and includes the telephone number of the department that can provide information about the FAP and application process and the website where copies of the FAP, FAP application and the Plain Language Summary can be obtained.

3. **Non-Discrimination** - Determination of eligibility of a patient for assistance shall be applied regardless of the source of referral and without discrimination as to race, color, sex, sexual orientation or gender identity, creed, national origin, disability, handicap status, religion, age, or marital status.

   SHC will not engage in any action that discourages individuals from seeking emergency medical care, such as demanding that payment be receive prior to treatment or other activities what that could interfere with the provision of emergency care on a non-discriminatory basis.

4. **Non-Eligible Services**

   A. Elective Services - Patient care which is considered elective (non-emergent), cosmetic, and/or experimental shall not be considered eligible for assistance.

   B. Spend Downs - Patient spend downs as determined by Medicaid, state or county medical programs are not eligible for assistance. (The Patient Financial Services Director can make exceptions on a case-by-case basis).

5. **Eligibility Criteria** – Financial assistance will be based on household income and household size only, as defined above. If a patient has been previously approved for Financial Assistance under this policy, they shall be deemed eligible for twelve (12) months following the initial date of service for which the original application was submitted. If a patient has been determined to be Presumptively Eligible for Financial Assistance under this policy they will not have to apply for Financial Assistance.

6. **Alternative Payment Sources -** All alternative payment resources must be exhausted, including all third-party (from insurers) and Federal and State programs. Applicants may need to submit evidence of denial from such sources (section 8C, 6 & 7).

7. **Completion of Application**

   A. If a verbal request is made prior to, at time of or shortly after time of registration, SHC will make an initial assessment of potential eligibility. If potential assistance is indicated with initial assessment, SHC will not initiate collection efforts or requests for deposits pending the receipt of the completed application and final eligibility determination.

   B. The patient/responsible party must complete the Financial Assistance Program application in its entirety. Forms and instructions on how to complete the application will be provided to the applicant or responsible party when assistance is requested, when need is indicated, or when financial screening indicates a potential need.

   C. Applicants must provide the following:

      1. Most recently filed federal tax return.

      2. Two months of most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed).

      3. Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

      4. Any other information requested to complete the processing of the application.

      5. Self-declaration of income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s) he is unable to provide independent verification. This statement will be presented to SHC's Patient Financial Services Director for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

6. Verification of unemployment or worker's compensation.

D. If an application is unable to be processed due to the need for additional information, the applicant has two weeks (14 days) from the application date to supply the necessary information. If a patient does not provide the requested information within the two weeks' time, their application will be denied.

E. Following the initial request for assistance, SHC may request that the patient pursue other sources of funding, including but not limited to, Medicaid, county or state medical, crime victims, SSI or SSDI, or other third-party liability payers as appropriate. Failure to pursue other funding sources will not impact patient eligibility for financial assistance.

F. Requests for discounted services may be made by patients, family members, physicians, SHC personnel or others who are aware of existing financial hardship. Information and forms can be obtained online and from Social Services, Registration or Patient Financial Services.

8. Eligibility Determination

A. Patients with incomes at or below 200% FPG will receive a full 100% discount. Patients with incomes above 200% of FPG but at or below 400% FPG will be charged according to the attached sliding fee schedule (Exhibit B). The SFS will be updated during the first quarter of every fiscal year with the latest federal poverty guidelines listed at http://aspe.hhs.gov/poverty. The discounts will be applied to the AGB charges.

B. If a patient qualifies for financial assistance under this policy, the patient's billed charges may be no more than the same Amounts Generally Billed (AGB) for emergency or other medically necessary services as patients who have insurance coverage. SHC will determine AGB by using the Internal Revenue Services' "look back method" by multiplying gross charges for medically necessary care provided to a patient by the AGB percentage.

The AGB percentage is calculated annually as follows:

- Sum of all allowed payments by Medicare fee-for-service and commercial insurance during a prior 12-month period divided by the sum of gross charges for those claims.

- The AGB percentage for a 12-month period will be applied no later than 120 days following the end of the 12-month measurement period. The current AGB percent is 38.73% effective October 1, 2026. Every October 1st a new calculated percent will be in effect.

9. Notification of Determination

A. The Financial Assistance Program determination will be provided to the applicant(s) in writing, and will include the percentage of discount, or if applicable,

the reason for denial within thirty (30) days of the receipt of the completed application.

B. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with SHC. In the event of nonpayment, SHC will take actions described in the separate Credit and Collection Policy. This policy is available to the public for free by contacting Patient Financial Services or Admissions/Registration.

C. Financial Assistance Program applications cover any outstanding patient balances prior to the application date that are not in legal collection status and any balance incurred within 12 months after the approved date, unless their financial situation changes significantly.

D. Applicant eligibility for financial assistance will be assessed every 12 months or upon significant changes in the patient or family financial circumstances (loss of employment, new job, etc).

10. **Record Keeping** – Information related to Financial Assistance Program decisions will be maintained and preserved in a centralized confidential file.

A. Applicants that have been approved for the Financial Assistance Program will be logged in a password protected system. Denials will also be logged. These will be tracked via the EMR billing program.

B. The Patient Financial Services Director or designee will maintain an additional monthly log identifying the program participants and dollar amounts. Any denials will also be logged.

11. **Policy and Procedure Review** – Annually, the policy and procedures of the Financial Assistance Program will be reviewed by the CEO and/or CFO. The SFS will be updated based on the current FPG and the annual update of the AGB percentage. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in policies and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

12. **Budget** - During the annual budget process, an estimated amount of Financial Assistance Program service will be considered when calculating deductions from revenue. The Board of Directors approves final budget amounts.

Exhibit A

Financial Assistance Application

See: Policies-Procedures\Patient Accounts\FinancialAssistanceApplication.pdf

Exhibit B

Sidney Health Center

2026 Sliding Fee Schedule

Poverty Level*	At or Below 200%	250%	300%	350%	400%
Persons in Family / Household	**Maximum income level for 100% Discount**	**Maximum income level for 80% Discount**	**Maximum income level for 60% Discount**	**Maximum income level for 40% Discount**	**Maximum income level for 20% Discount**
1	$31,920	$39,900	$47,880	$55,860	$63,840
2	$43,280	$54,100	$64,920	$75,740	$86,560
3	$54,640	$68,300	$81,960	$95,620	$109,280
4	$66,000	$82,500	$99,000	$115,500	$132,000
5	$77,360	$96,700	$116,040	$135,380	$154,720
6	$88,720	$110,900	$133,080	$155,260	$177,440
7	$100,080	$125,100	$150,120	$175,140	$200,160
8	$111,440	$139,300	$167,160	$195,020	$222,880
For each additional person, add:	$11,360	$14,200	$17,040	$19,880	$22,720

*Based on 2026 Federal Poverty Guidelines

Exhibit C

Providers at Sidney Health Center covered by the Financial Assistance Policy

Audiology & Hearing Aid
- Ashley Anderson AuD

Ear, Nose & Throat/Head & Neck
- Brett Bennion MD
- Daniel A. Barker MD
- Shane J. Hamacher MD
- Kaci Dean FNP
- Patricia Cantrell PA-C

General Surgery
- Byron E. Wright M.D., F.A.C.S
- Deborah G. Harris DO
- Peter G. Deveaux MD, FACS, FASCRS

Interventional Pain Management
- Christine J Hoglund DO

Medical Oncology
- Aaron J. Franke MD
- Courtney Miller AGNP

Obstetrics/Gynecology & Women's Health
- Kristan V. Adams MD
- Lisa Ross MD
- Malua Tambi MD
- Jude McTaggart MSN, APRN

Orthopedic Surgery
- Michael D. Calfee MD
- James R. Ingram DO, FAOAO, FAAOS
- James Scott MD
- Adrianne Bryant PA-C

Pediatric Care
- Joan Turek PA-C

Primary Care
- O. Pete Council MD
- Rajohn Karanjai MD
- Jerome Kessler MD
- Devon "Fritz" Kuhlmann DO
- Noel Nguewoun MD
- Bert Lepel PA-C
- Chloe Senn FNP-C
- Jacquelyn Free APRN FNP-C
- Joshua Deschaine PA-C
- Sarah Farrow AGNP

Podiatry
- Jennifer L Gravos-Bauer DPM
- Michael LaPan DPM

Radiation Oncology
- Ralf Kiehl MD

Radiology
- John Morgan MD
- Kipp A. Van Camp DO, FAAFP, DAOCR, CAQ-IR
- Sridhar Naidu DO

Exhibit D

Providers and Services at Sidney Health Center not covered by the Financial Assistance Policy

- Audiology hearing aids and supplies
- Providers not billed through Sidney Health Center, including outside pathology and radiology providers