

<b>Southern Obstetrics &amp; Gynecologic Associates (SOGA)</b>	
<b>Financial Assistance Program Policy</b>	
<b>EFFECTIVE DATE: November 1, 2018</b>	<b>REVISION DATE(S): 7/19-1/20-1/21-1/22-12/22</b>

**POLICY:**

Southern Obstetrics & Gynecologic Associates' (SOGA's) mission and values encourage reaching out to people in the communities we serve to provide care to all persons, including individuals and families with financial limitations. We are committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay for emergency and other medically necessary care based on their individual financial situation.

The SOGA Financial Assistance Program (FAP) is not a substitute for personal responsibility. Patients are expected to cooperate with SOGA's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay. SOGA established the provisions in this Financial Assistance Program policy in order to manage financial resources in a responsible manner and to assist patients in need.

**PURPOSE:**

The Financial Assistance Program policy allows SOGA to determine eligibility for financial assistance for patients who meet the established eligibility criteria. This policy does not offer a provision for assistance to patients with sufficient means who refuse to pay for the medical services rendered to them or to their family members. The Financial Assistance Program is intended to help patients resolve their SOGA medical balances after exhausting all other financial options. The policy also identifies steps SOGA will take to communicate the availability of financial assistance and identifies timeframes and restrictions applicable to collection actions. Any information gathered by SOGA during this process is subject to SOGA's policies on protection of confidential information.

**DEFINITIONS:**

For purposes of this policy, the terms below are defined as follows:

- A. **Application Period:** The period during which a FAP application may be submitted for consideration of Financial Assistance eligibility. The Application Period begins on the date care is provided and ends on the 60<sup>th</sup> day following date of service.
- B. **Charity or Financial Assistance:** The adjustment to charges for free or discounted medical services provided to individuals who meet certain financial criteria.
- C. **Colleague or Delegate:** SOGA employee who will assist patients with the process to apply for financial assistance under this Financial Assistance Program.

- D. **Extraordinary Collections Actions or ECAs:** For purposes of this Financial Assistance Program policy, ECAs may include:
1. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
  2. Actions that require legal or judicial process, except for claims filed with a bankruptcy or personal injury proceeding.
- E. **Family:** Defined by the Census Bureau as a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return in compliance with Internal Revenue Service rules, then they may be considered a dependent for purposes of the provision of financial assistance.
- F. **Family Income:** Income is the total annual cash receipts from all sources, before taxes, less payments made for child support which includes, but is not limited to; wages and salaries before deductions, tips, net receipts from non-farm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensation, workers compensation benefits, veteran's payments, public assistance payments, Supplemental Security Income, Social Security Disability Income, alimony, military allotments, private pensions, government pensions, annuity payments, grants, fellowships, dividends, interest, net rental income, net payments, net gambling or lottery winnings, assistance from outside the household and other miscellaneous sources. Noncash benefits (such as food stamps, housing subsidies and child support) do not count as income.
- G. **FAP application:** The information and accompanying documentation that a patient submits to apply for financial assistance under a Financial Assistance Program.
- H. **Federal Poverty Guidelines:** The most recent published federal income poverty guidelines for a household as published by U.S. Department of Health & Human Services and updated from time to time. See Appendix A for the most current guidelines.
- I. **Guarantor:** An individual, who may or may not be the patient who is responsible for payment of the patient's bill.
- J. **Health care services:** Medical services provided to the individual within the SOGA environment, including, but not limited to, medical office visits and medically necessary care.
- K. **Medical Office:** A facility that is required by a state to be licensed, registered, or similarly recognized as a medical office. Multiple buildings operated under a single state license are considered to be a single medical office facility.
- L. **Legal guardian:** A recognized legal surrogate for the patient with regard to medical and financial decisions, who would be authorized under applicable state law to receive confidential health care information on the patient. This includes parents who are legally responsible for their minor children, close family members who are recognized by the patient or applicable state law as having the legal ability to act on

the patient's behalf with regard to medical and/or financial decisions, or a legal guardian under applicable state law.

- M. **Medically indigent charity care:** Health care services rendered in the absence of sufficient financial resources to cover the costs of care without catastrophic affect upon the individual family, in the absence of catastrophic health care coverage, and to those without third party insurance, which precludes the ability of the individual to pay for services, regardless of income level.
- N. **Medically necessary services:** Health care services for a condition that, if not promptly treated would lead to an adverse change in the health status of an individual; medically necessary services, evaluated on a case-by-case basis at SOGA's discretion.
- O. **Patient Financial Services:** The department responsible for managing the Financial Assistance Program at SOGA.
- P. **Presumptive Eligibility:** Under certain circumstances, uninsured patients may be presumed or deemed eligible for financial assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.
- Q. **Responsible party:** The patient or any individual legally obligated to pay for the patient's debts for medical care, excluding third party payers. An adult patient, living in the household of a relative other than a spouse – including an adult, unmarried child living at home – will be considered the "responsible party" for purposes of this policy, without regard to the assets and income of the other relatives living in the household (except a spouse).
- R. **Third party payer:** Any financial agent or entity, such as an insurance carrier, HMO, employee benefit plan or government payer, with a legally enforceable obligation to pay for services billed to a patient by SOGA. Responsible parties, as defined herein, are not considered third party payers.
- S. **Underinsured:** An individual, with private or public insurance coverage, for whom it would be a financial hardship to pay the expected out-of-pocket expenses for medical services provided by SOGA.
- T. **Uninsured:** An individual, with no third party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses.

## SCOPE

The Financial Assistance Program policy applies to all SOGA locations. Services eligible under the SOGA financial assistance policy must be clinically appropriate and

within generally accepted medical practice standards. They include the following:

1. **Non-elective** services provided in response to life-threatening circumstances in a nonemergency setting.
2. **Medically necessary** services, such as health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an illness, as well as services typically defined by Medicare or other health insurance coverage as “covered items or services.”

**Services not eligible for financial assistance include the following:**

1. Elective procedures not medically necessary, as well as services typically not covered by Medicare or defined by Medicare or other health insurance coverage as not medically necessary.
2. Services received from care providers not employed by SOGA or service not rendered by SOGA (e.g. providers of ancillary services such as lab, radiology or pathology) Patients are encouraged to contact these providers directly to inquire into any available assistance and to make payment arrangements.
3. Deductibles and coinsurance associated with medically necessary services provided to patients out-of- network as defined by their insurers.

## **GUIDELINES/PROCEDURES:**

### **Financial Counseling**

1. Patient Financial Services and colleagues or their designees are responsible for assisting patients and their families in determining eligibility and applying for the Financial Assistance Program.
2. A financial assistance application is used to collect and document the patient’s insurance and financial status. The standard application form is reviewed as needed, but at least annually, by SOGA Administrator or designee, to ensure it encompasses all necessary information to process the application.
3. Patient cooperation is necessary for determination of eligibility and participation in the SOGA Financial Assistance Program.
4. SOGA will have colleagues or delegates available to assist patients in understanding the Financial Assistance Program and other assistance programs available from third parties.

### **Eligibility Criteria**

Financial assistance will be extended to uninsured and underinsured patients, or a patient’s guarantor, who meet specified criteria, as defined below. These criteria will assure that this financial assistance policy is consistently applied across SOGA. SOGA reserves the right to revise, modify or change this policy as necessary or appropriate.

1. **Nondiscrimination.** Financial assistance under this policy is available without regard to the patient’s race, color, creed, national origin, age, disability, handicap status, health care condition, sexual orientation or marital status.

2. **Residency Restrictions.** Patients seeking financial assistance are required to seek appropriate medical care in the medical offices closest to their actual residence. In the event appropriate treatment is not available in their community, the patient may be pre-approved for medically necessary services under the SOGA Financial Assistance Program. To determine residency, SOGA requires valid state-issued identification, a utility bill received within the last 60 days, a lease agreement, a vehicle registration card, a voter registration card or mail addressed to the patient from a local, state or federal government entity.
3. **Excluded Services.** Patient care, which is not medically necessary, including elective, cosmetic, or other care deemed to be generally non-reimbursable by traditional insurance carriers and government payers shall not be considered eligible for financial assistance.
4. **Minor Children/Divorced Parents.** For the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents will be required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information for all responsible parties, information from responsible parties residing in the same household of the minor child/children will be used to make the determination.
5. **Other Resources.** Financial assistance provided by SOGA under this policy is secondary to all other third parties and financial resources available to the patient. This includes, but is not limited to:
  - a. Group or individual medical insurance plans
  - b. Employee benefit plans
  - c. Worker's Compensation plans
  - d. Medicaid, State or County Medical programs
  - e. Other state, federal or medical programs
  - f. Third parties adjudged to be legally liable for a patient's medical expenses (e.g. auto accidents or personal injury claims)
  - g. Any other persons or entities that have a legal responsibility to pay for the medical services
  - h. Crime Victims Fund (if applicable)
  - i. Medical care cost covered by government programs of other countries

Financial assistance applicants will be responsible for applying to public programs and pursuing private health insurance coverage. Patients, or patient's guarantors, choosing not to cooperate in applying for programs identified by SOGA as possible sources of payment for care, may be denied financial assistance.

Applicants are expected to contribute to the cost of their care based on their ability to pay, as outlined in this policy. Patients, or patient's guarantors, identified as likely to qualify for Medicaid, must apply for Medicaid coverage or produce a Medicaid denial received within the previous six (6) months of applying for SOGA financial assistance. Patients, or patient's guarantors, must cooperate with the application process outlined in this policy to obtain financial assistance.

6. Financial assistance will be offered to eligible underinsured patients, providing such

assistance is in accordance with insurer's contractual agreement. Financial assistance is typically not available for patient co-payment or balances after insurance in the event that a patient fails to comply reasonably with insurance requirements such as obtaining proper referrals or authorizations. Out-of-network balances may be reviewed on a case-by-case basis.

- a. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account, will be expected to utilize account funds prior to being granted financial assistance.
- b. SOGA reserves the right to reverse the discounts described herein in the event that it reasonably determines that such terms violate any legal or contractual obligations of SOGA.

### **Availability of Financial Assistance**

1. Patients who meet the eligibility criteria above may be eligible for financial assistance.
2. Following a determination of eligibility, an eligible patient may not be charged more than Amounts Generally Billed (AGB) for medically necessary services.

### **Guidelines for Determination of Financial Assistance**

1. Eligible uninsured and underinsured patients may qualify for financial assistance according to the family income and Federal Poverty Guidelines, as detailed in Appendix A.
2. For uninsured patients, the financial assistance will apply to gross charges (the SOGA billed charge). For underinsured patients, the financial assistance will apply only to the amount the patient is personally responsible for paying, after insurance and other third-party payer reimbursements and/or payments have been applied.
3. SOGA will consider the following circumstances and other similar circumstances in evaluating applicants who do not otherwise qualify for financial assistance under this Financial Assistance Program.
  - a. Catastrophic medical debt is defined as medical debt more than 25% of the annual income of the patient's family. All SOGA medical debt in excess of the 25% would be adjusted off to financial assistance upon notice from the patient and verification by SOGA colleagues.
  - b. The period calculation for the annual income cap will be based on a 12-month period from the most recent date of medical services.

### **Application Process for Financial Assistance Program**

1. All patients (or their legal guardian) desiring consideration for the Financial Assistance Program should apply for assistance prior to or at the time of service if possible. Patients will also be allowed to apply for consideration under the Financial Assistance Program prior to account placement with a collection entity.

2. The instructions required to complete the FAP application will be furnished to patients, their legal guardians, or any persons authorized to act on behalf of the patient. SOGA will provide access to colleagues or delegates to assist patients/legal guardians in understanding the criteria for eligibility and how to fill out the FAP application.
3. The patient and/or responsible party may complete and return the FAP application during the Application Period.
4. When considering a FAP application, SOGA may request the patient first pursue other sources of payment, including but not limited to Medicaid, county or state medical assistance, Crime Victims' fund, Supplemental Social Security Income or Disability Income (SSI or SSDI), or other third-party payers as appropriate. If the patient is unwilling to pursue other potential third-party payment sources in a timely manner, the patient will be considered ineligible under the Financial Assistance Program and SOGA will not consider the patient's request for financial assistance.
5. The patient (or their legal guardians) must disclose financial information, as identified in this Financial Assistance Program policy and/or the FAP application, that SOGA considers pertinent to the determination of the patient's eligibility for financial assistance.
6. The completed FAP application must be accompanied by legible and accurate photocopies of the following documents, as needed, for purposes of verifying eligibility:
  - a. Complete IRS tax returns for the most recently completed calendar year of all responsible parties;
  - b. Payroll check stubs or bank statements or other documentation of monthly income sources reflecting income of all responsible parties for at least the three months prior to the application;
7. Income will be annualized, when appropriate, based upon documentation provided.
8. Confidentiality of information will be maintained for all who seek and/or receive assistance under the SOGA Financial Assistance Program, as required by SOGA policies and federal and state laws. Copies of all supporting documents will be kept with the application form until destroyed. Documents will be destroyed in accordance with SOGA policies and federal and state document retention laws.
9. Patient Financial Services or designated representatives may interview the patient or responsible party and request a completed FAP application to determine the need and eligibility for charity.
  - a. SOGA may request documentation of the information requested to verify eligibility for financial assistance and to complete the processing of the application.
  - b. If SOGA determines that any material documentation or information submitted is untrue or falsified, the application for the Financial Assistance Program will be denied. SOGA will not reconsider an application if representatives of SOGA determine that the applicant has intentionally misrepresented material information related to eligibility criteria or documentation.

## **Presumptive Eligibility**

1. Presumptive eligibility under the Financial Assistance Program may be granted if evidence of a patient's inability to pay for medically necessary services is provided by the patient or through other sources available to SOGA. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual circumstances that may include:
  - a. Homelessness
  - b. Deceased with no estate
  - c. Mental incapacitation with no one to act on patient's behalf
  - d. Medicaid eligibility, but not on date of service or for non-covered services
  - e. Incarceration in a penal institution
  - f. Enrollment in the following assistance programs for low-income individuals:
    - i. Temporary Assistance for Needy Families (TANF)
    - ii. Illinois Housing Development Authority's Rental Housing Support Program
2. SOGA may use external programs to verify patients' ability to pay. If a patient is determined to be unable to pay for their medically necessary services via these external programs, the accounts will be adjusted off to charity. See "Presumptive Eligibility" (Section D) below.
3. Patients who were determined to be eligible for the Financial Assistance Program retain eligibility for a period of up to six (6) months from the date of approval. At the end of six (6) months, the patient is responsible for reapplying for eligibility under the Financial Assistance Program.

## **Communication of the Financial Assistance Program to Patients**

1. Notification about financial assistance availability from SOGA shall include the following:
  - a. Paper Copies: The Financial Assistance Program policy, the FAP application, and the plain language summary will be available upon request and without charge.
  - b. The plain language summary and the FAP application will be offered to patients during the registration, post-registration, or discharge processes.
  - c. The availability of the Financial Assistance Program shall be advertised on signage located in patient waiting room at all locations. A toll-free phone number will be included.
2. A Financial Assistance Program application can be made on behalf of the patient by a concerned party (subject to privacy laws), including but not limited to:
  - a. Patient or guarantor
  - b. Faith community leader or representative
  - c. Personal physician or other health care professionals
  - d. Any member of the SOGA staff or medical staff
    - i. Examples include: physicians, nurses, financial counselors, chaplain's and religious sponsors.



## BILLING AND COLLECTIONS PROCESS

As described below, SOGA will make reasonable efforts to determine whether a patient is eligible under this Financial Assistance Program for financial assistance before it engages in an ECA (Extraordinary Collection Action).

### Processing of Financial Assistance Program Applications

Except as provided below, a patient may submit a Financial Assistance Program application at any time during the Application Period, which is generally 30 days from the date of service. Determinations of eligibility for financial assistance will be processed based on the following general categories.

1. **Presumptive Eligibility Determinations.** If a patient is presumptively determined to be eligible for less than the most generous assistance available under the Financial Assistance Program (for example, the determination of eligibility is based on an application submitted with respect to prior care), SOGA will notify the individual of the basis for the determination and give the patient a reasonable period of time to apply for more generous assistance before sending account to collection agency.
2. **Incomplete FAP Applications.** In the case of a patient who submits an incomplete FAP application during the Application Period, SOGA shall notify the patient in writing about how to complete the FAP application and give the patient a reasonable opportunity to do so (not to be less than 30 days from the date of notification of incomplete application). During this time, the standard billing process will continue, but any pending extraordinary collection actions shall be suspended, and the written notice shall (i) describe the additional information and/or documentation required under the Financial Assistance Program or the FAP application that is needed to complete the application, and (ii) include appropriate contact information.
3. **Complete FAP Applications.** In the case of a patient who submits a complete FAP application during the Application Period, SOGA will suspend, in a timely manner, any ECAs to obtain payment for the care, make an eligibility determination, and provide written notification, as provided below.

### Financial Assistance Program Determination Notification

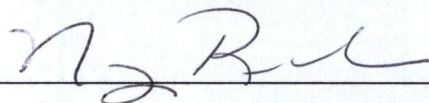
1. **Determinations.** Once SOGA determines the final balance owed by the patient AND a completed FAP application is received on a patient's account, SOGA will notify the patient, patient's legal guardian, and/or responsible party in writing of the final determination within forty-five (45) calendar days. The notification will include a determination of the amount for which the patient and/or responsible party will be financially accountable, if approved for less than 100% financial assistance. If the application for the Financial Assistance Program is denied, a notice will be sent explaining the reason for the denial and instructions for appeal or reconsideration.
2. **Reversal of ECA(s).** To the extent a patient is determined to be eligible for financial assistance under the Financial Assistance Program, SOGA will take all reasonably

available measures to reverse any ECA taken against the patient to obtain payment for the care. Such reasonably available measures generally include, but are not limited to, measures to vacate any judgment against the individual, lift any levy or lien on the individual's property, and remove from the individual's credit report any adverse information reported to a consumer reporting agency or credit bureau.

### **Appeals**

1. The patient and/or responsible party may appeal a denial of eligibility for financial assistance by providing additional information to the Administrator within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Administrator and/or the Patient Accounts Supervisor for a final determination. If the final determination affirms the previous denial of financial assistance, written notification will be sent to patient, legal guardian, and/or responsible party.
2. If an appeal is filed within fourteen (14) calendar days of final determination, any collection efforts will be suspended pending the outcome of the appeals process.

### **Administrative Approval:**



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**Practice Administrator**

**APPENDIX A DISCOUNT LEVEL**

(Effective 11/2018 - Rev 1/20-1/21-1/22)

**Discount for Eligible SOGA Services (Illinois):** Applicants meeting asset thresholds and with household income:

1. Below 100% of FPL are eligible to receive a 100% discount, with only a \$5 co-pay
2. Above 125% of FPL but equal to or less than 150% are eligible to receive an 80% discount.
3. Above 150% of FPL but equal to or less than 175% are eligible to receive a 60% discount.
4. Above 175% of FPL but equal to or less than 200% are eligible to receive a 40% discount.
5. At 200% of FPL are eligible to receive a 20% discount.
6. Above 200% of FPL, there are no discounts offered

**SLIDING FEE SCHEDULE FOR INCOME THRESHOLDS**

Source: <https://aspe.hhs.gov/poverty-guidelines>

**(based on extended 2022 HHS Poverty Guidelines)**

Source:

**ANNUAL BASIS**

Family Unit Size	Minimum Fee	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
% Poverty	< -100%	125%	150%	175%	200%	>200%
1	<b>\$13,590</b>	\$16,987	\$20,384	\$23,781	\$27,178	\$27,179
2	\$18,310	\$22,887	\$27,464	\$32,041	\$36,610	\$36,611
3	\$23,030	\$28,787	\$34,544	\$40,301	\$46,058	\$46,059
4	\$27,750	\$34,687	\$41,624	\$48,561	\$55,498	\$55,499
5	\$32,470	\$40,587	\$48,704	\$56,821	\$64,938	\$64,939
6	\$37,190	\$46,487	\$55,784	\$65,081	\$74,378	\$74,379
7	\$41,910	\$52,387	\$62,864	\$73,341	\$83,818	\$83,819
8	\$46,630	\$58,287	\$69,944	\$81,601	\$93,258	\$93,259
For families/households with more than 8 persons, add \$4,720 for each additional person.						
The co-payment for those below 100% of poverty is \$5.00						