



## FINANCIAL ASSISTANCE PROGRAM DEFINITIONS – ATTACHMENT B

**Amounts Generally Billed (AGB):** The amount generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with Section 1.501(r) – 5(b). The Prospective Medicare Method is used to determine AGB

**Amounts Returned by Collection Agencies:** After a certain time period as elapsed, the collection agency will return any accounts deemed to be uncollectable. Their returned accounts should be written off as Financial Assistance provided the professional agency has determined that the guarantor is unable to pay the outstanding bill.

**Application Period:** The period during which a hospital facility must accept and process an application for assistance under its financial assistance policy (FAP) submitted by an individual in order to have made reasonable efforts to determine whether the individual is FAP-eligible. With respect to any care provided by a hospital facility to an individual, the application period begins on the date the care is provided to the individual and ends on the 240th day after the hospital facility provides the individual with the first billing statement for the care.

**Bad Debt:** Gross charges incurred in providing services to guarantors who were determined to have the ability to pay for such services, but eventually do not. This determination can be made upon admission or any time subsequent thereto.

**Bankruptcy:** Outstanding accounts for a person who declares bankruptcy.

**Deceased With No Estate:** Outstanding accounts for person, who expires with no recovered estate as determined by a third party vendor or assigned collection agency, should be written off as Financial Assistance. If partial payment from the estate is received, the remainder of the bill should be considered Financial Assistance.

**Episode of Care:** Course of treatment prescribed by a Physician or Ancillary Provider delivered over a finite period of time.

**Extraordinary Collection Action (ECA):** As described in Section 501(r)(6) of the Internal Revenue Code, it is an action that requires a legal or judicial process or involves selling an individual's debt to another party or reporting adverse information to a credit reporting agency or credit bureau. Examples of ECAs include, but are not limited to, placing a lien on an individual's property, foreclosing on an individual's real property, attaching or seizing an individual's bank account or any other personal property, commencing a civil action against an individual, causing an individual's arrest or causing an individual to be subject to a writ of body attachment.

**Federal Poverty Level:** A measure of income issued every year by the Department of Health and Human Services (HHS)

**Financial Assistance (Charity Care/Charity Discount):** AGB incurred in providing services to patients who *were* determined *not* to have the ability to pay for such services for which Regional Health ultimately does not expect payment. This determination can be made upon admission or any time subsequent thereto.

**Financial Support:** Will be defined as money, shelter, or food and the costs associated that is provided for an applicant by a party other than a party of the household for a period of six (6) months or less due to a short term medical situation, unemployment, relocation, etc. The monetary value of support will be determined by the total of the average cost of community rent, the average cost of household utilities, and the average cost of food as determined by the use of an external, publically available data source. This value will be translated into a monthly income benefit for the applicant. If the support is provided for a term longer than six (6) months, the support will be deemed to be permanent and the applicant(s) considered being a member of the other parties household.

**Guarantor:** The responsible party for full payment of health care services provided when not covered by another payer source or third party.

**Hospital Setting:** Services and supplies provided at or on the campus of any Regional Hospital and billed under the name of the hospital.

**Household:** Shall include the guarantor and all other adult and/or minor children living within a residence. It may also encompass any dependent relationship such as a child or dependent attending an educational or technical training program such as a college or technical institute, Job Corps, Outward Bound, and the like, which may require temporary absences from the physical residence.

**Household Income:** Household income is determined by calculating the following sources of income for all qualifying household members.

- Wages, salaries, tips
- Business, Ranching, and Farming income
- Social Security and Disability income
- Pension or Retirement Income
- Dividends and Interest
- Rent and Royalties
- Income from Estates and Trusts
- Unemployment or Workers' compensation income
- Alimony and child support
- Awards, Benefits, Public Assistance or any other Program stipends such as SNAP, TANF, Public Housing, Veteran's benefits, etc.
- Legal Awards, Judgments or Insurance and Annuity payments
- Cash, bank accounts, money market accounts, certificates of deposit, mutual funds, bonds, personal shares or other convertible investments
- Financial Support provided by another person/persons (see Financial Support definition)
- Other Income, such as income from trust funds, charitable foundations, educational assistance, grants or awards, student loan stipends, etc.
- Secondary or Recreational type vehicles (personal assets)

**Liquid Assets:** Resources/Possessions other than income. To include but not limited to savings, checking, and investment assets readily convertible to cash.

**Medically Necessary:** Medically necessary care and services include procedures and treatments necessary to diagnose and provide curative or palliative treatment for physical or mental conditions, ordered by a qualified health care professional, in accordance with professionally recognized standards of health care. The term “medically necessary” does not include the list of exclusions found on *Attachment A*. For purposes of this policy, Regional Health reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and standard of “medically necessary” for the purpose of eligibility for financial assistance. For patients seeking non-emergent services to be covered by the Financial Assistance policy, Patient Financial Services will screen the service prior to scheduling it to determine whether the service is medically necessary and notify the patient of its determination.

**Miscellaneous Write-Offs:** Gross charges incurred in providing services to patients who it was determined had the ability to pay but, based upon litigation’s, disputes, etc.; an administrative decision was made not to require payment.

**MPPR :** Medicare Participating Provider Rate

**Notification Period:** The period during which a hospital facility must notify an individual about its FAP in accordance with Section 501(r)-6(c)(2) in order to have made reasonable efforts to determine whether the individual is FAP eligible. With respect to any care provided by a hospital facility to an individual, the notification period ends on the 120th day after the facility provides the individual with the first billing statement for the care.

**Plain Language Summary:** A written statement that provides information to the individual about the Financial Assistance Policy in a clear, concise and easy to understand format.

**Presumptive Charity:** In lieu of a completed application, Financial Assistance may be approved based upon the information gathered from the patient’s history and current socio-economic data.

**Resident:** For the purposes of eligibility, the terms resident/residence/residency are defined as a person who:

- Resides somewhere on a permanent, long-term basis, has no present intention of leaving, and whenever absent, intends to return,
- Is not a dependent of another person(s) residing outside of the Regional Health service area,
- Has established residency for a minimum of 60 days
- Can demonstrate the proceeding by providing evidence of residence eligibility documentation when requested including but not limited to a current rental, lease, or mortgage agreement, a current homeowner's or renter's insurance policy, a copy of a property tax assessment, proof of employment, utility billing statement for electricity, water, natural gas, propane or waste collection, a residential rent receipt, or a letter of financial support of a person who meets the definition of a resident.

**Service Area:** Eligibility for financial assistance is based on an applicant’s location of their permanently established residence as it relates to Regional Health’s primary, secondary, and tertiary service areas.

- Service Area eligibility will be determined by Regional Health using the ZIP code of the guarantor's/patient’s permanently, established residence. *Attachment E – Service Area ZIP Code List*
- Applicants whose resident county and zip code lies outside of the Regional Health primary and secondary services areas but within the tertiary Regional Health Service Area will be considered eligible for Charity Care discounting ONLY IF the patient is unable to obtain the same or alternatively acceptable services deemed medically necessary under a single encounter or plan of care within the county of their permanent established residence.
- Applicants whose permanent established residence lies outside of any of the defined RHSAs are not considered eligible for Charity Care discounting.

The *PRIMARY* Regional Health Service Area (RHSA) represents the area as defined in the most recent Community Health Needs Assessment (CHNA) and includes those postal zip codes within the counties from which 80% of the Regional Health hospital's admissions are derived. The area is comprised of all ZIP codes within:

South Dakota counties: Butte, Custer, Fall River, Lawrence, Meade, Oglala Lakota (formerly Shannon) and Pennington

Wyoming counties: Crook

The *SECONDARY* Regional Health Service Area includes those ZIP codes within the county boundaries where a Regional Health healing environment is physically located. This area is comprised of all ZIP codes within:

South Dakota counties: Harding

Wyoming counties: Weston

The *TERTIARY* Regional Health Service Area includes those ZIP codes among those counties whose boundaries lie within 35 miles of a Regional Health healing environment. This area is comprised of all ZIP codes within:

Montana counties: Carter

Nebraska counties: Sioux, Dawes

North Dakota counties: Bowman

Wyoming counties: Campbell, Niobrara

**Third Party Payer:** Any commercial insurance, health benefit plan, employer-sponsored program, health maintenance organization or similar arrangement that is or may be legally liable for payment of charges incurred for medical services is referred to in this policy as a Third Party Payer. Third Party Payers for purposes of this policy do not include Medicare, Medicaid or similar Federal or state health insurance programs. Persons who opt out of any/all available insurances, health benefit plans, employer sponsored programs, health maintenance organization, Health Insurance Marketplace or similar will be excluded from consideration under the Financial Assistance Program.