

SUBJECT: Financial Assistance Policy	Page 1 of 5
FACILITY: Iowa Specialty Hospital	DEPARTMENT: Business Office
OWNER: Business Office Leader	EFFECTIVE DATE: 03/12/2013 REVISION DATE: 07/23/2024

PURPOSE:

To outline the Philosophy of Iowa Specialty Hospital’s Financial Assistance Program.

POLICY:

Iowa Specialty Hospital will be available to all patients for emergency, non-emergency & non-elective procedures regardless of Financial Assistance Eligibility. Financial Assistance is available to all Iowa Specialty Hospital patients after all other payment sources are reviewed and determined to have been exhausted. The Financial Assistance Program covers emergency and medically necessary services provided at Iowa Specialty Hospital.

Applications are available at all check in and Registration areas of Iowa Specialty Hospital as well as on our website, through our early out vendor, notification on our statements, via our collection agency, and request can be made through the MyChart patient portal.

All patients without regard to race, color, sex, age, disability, creed, religion, national origin, sexual orientation, gender identity, or political belief are eligible for Financial Assistance. Services covered include Inpatient, Outpatient, and Clinic. This policy covers all providers providing services in the emergency room. Financial Assistance does not cover elective surgical procedures, DME services or services that are not billed by Iowa Specialty Hospital. Providers that bill independently for their services are therefore not covered under this policy for Financial Assistance.

Financial Assistance may be applied for at the time of admission, before discharge or up to two hundred and forty (240) days after discharge. If Iowa Specialty Hospital has determined that you are eligible for Financial Assistance the amount generally billed or “AGB” will be calculated and set equal to the then current Medicare rates for the services or procedures performed. Financial Assistance may be applied for once every 12 months or anytime there has been a significant change in family income.

Iowa Specialty Hospital reserves the right to make adjustments in unique situations based on facts and extenuating circumstances.

A separate billing and collections policy is available to all patients and a copy will be made and given to you, at no charge, upon request. This policy covers the steps and extraordinary measures that can be taken by Iowa Specialty Hospital in the event of non-payment.

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All patients receive statement notifications, text messages, and e-mail reminders (if selected) of payment due dates. If no payment is received, no application has been received back, and no contact has been made from the patient or guarantor a final notice is sent out to notify of collection intention after 120 days has elapsed. If we still receive no communication, this would be considered a refusal to pay.

Financial Assistance can be applied for by contacting the business office at Iowa Specialty Hospital by calling (515) 532-9300 or by filling out the online application. The following link will take you to the online application for Financial assistance:

<https://www.iowaspecialtyhospital.com/billing-accounts/financial-options>

Required Documents:

In order to be considered for Financial Assistance a patient must fill out the application and provide the following document for review:

1. Copy of most recent tax filing
2. Proof of income (Last 3 pay stubs)(Optional)
(Adequate information must be made available to determine eligibility)
3. Bank Statements (Last 2 months)(optional)
4. Proof of Medicaid acceptance or denial

If there are any questions regarding this policy patients may contact the Iowa Specialty Hospital business office at 515-532-9300.

Eligibility Criteria:

1. The determination of eligibility for financial assistance is based on the individual's demonstrated inability to pay for such services due to inadequate resources. It may include those persons who are uninsured or underinsured and/or not eligible for any private or publicly underwritten health care coverage program as documented in the patient's financial record. It may also include patients with third party coverage who qualify for financial assistance as long as it is not precluded by the third party contract terms.
2. The assessment may include the following information and will be held in the strictest of confidence:
 1. Earned income including monthly gross wages, salary, and self-employment income.
 2. Unearned income including dividends interest and miscellaneous income from any other sources such as cash assistance, unemployment and workers compensation, etc.
 3. Number of dependents in household.

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4. Supporting documents such as payroll stubs and tax returns will be requested to support information reported and will be filed with completed assessment.
5. Certification by the patient that no health or liability insurance coverage that could be available to pay any part of the amount due exists.
6. Notification from DHS to determine ineligibility for any government benefits.
3. Financial Assistance is available only after all other payment sources are reviewed and determined to have been exhausted. Financial Assistance will be considered on all active AR accounts and Bad Debt accounts that have not had payments on them for a year or more.
4. Eligibility is based on household income. Household is defined as anyone who lives at the residence of the person applying for assistance. ISH will consider all family and non-related household members when calculating number of persons living in the home.

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Discount Based on Federal Poverty Level:

Poverty Guidelines

Federal Registry’s 2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia.

Persons in family/household	Poverty guideline
1.....	\$15,050
2.....	\$20,440
3.....	\$25,820
4.....	\$31,200
5.....	\$36,580
6.....	\$41,960
7.....	\$47,340
8.....	\$52,720

For families/households with more than 8 persons, add \$5,380 for each additional person.

Source: Federal Register

Eligibility calculation as follows:

**Household income (divided by) Poverty Guidelines = % of income poverty level (see below)

<u>%</u>	<u>Financial Assistance discount</u>
150% or below	100%
151% - 200%	75%
201% - 249%	50%
250% and up	0

Annual Income Thresholds by Sliding Fee Discount

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Percent of Poverty Guidelines

<u>Poverty Level</u>	<u>At or Below 150%</u>	<u>151%-200%</u>	<u>201%-249%</u>	<u>250% or Above</u>
<u>Family Size</u>	<u>100% Discount</u>	<u>75% Discount</u>	<u>50% Discount</u>	<u>0% Discount</u>
1 - \$15,050	\$0-\$22,575	\$22,576-\$30,100	\$30,101-\$37,475	\$37,476+
2 - \$20,440	\$0-\$30,660	\$29,581-\$40,880	\$40,881-\$50,896	\$50,897+
3 - \$25,820	\$0-\$38,730	\$37,291-\$51,640	\$51,641-\$64,292	\$64,293+
4 - \$31,200	\$0-\$46,800	\$45,001-\$62,400	\$62,401-\$77,688	\$77,689+
5 - \$36,580	\$0-\$54,870	\$52,711-\$73,160	\$73,161-\$91,084	\$91,085+
6 - \$41,960	\$0-\$62,940	\$60,421-\$83,920	\$83,921-\$104,480	\$104,481+
7 - \$47,340	\$0-\$71,010	\$68,131-\$94,680	\$94,681-\$117,877	\$117,878+
8 - \$52,720	\$0-\$79,080	\$75,841-\$105,440	\$105,441-\$131,273	\$131,274+
For each additional person, add - \$5,140				

Assistance will be applied according to poverty level listed above. Iowa Specialty Hospital will follow the Poverty Guidelines as published in the current Federal Register as they become effective. A schedule is listed above reflecting the current guidelines and will be replaced as the guidelines are updated.

All discounts will be applied to gross charges after reduction, if applicable, to AGB.