FINANCIAL ASSISTANCE POLICY

Objective:
Major Hospital is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary care pursuant to this financial assistance policy ("Policy" or "FAP"). Patients eligible for financial assistance under this policy will not be charged more for emergency or medically necessary care than the amount generally billed to insured patients.

Policy:
Financial assistance is provided when care is deemed emergency or medically necessary and after patients have been found to meet the eligibility criteria contained in this policy. Major Hospital offers both free care and discounted care to uninsured and underinsured individuals, depending on the individuals' family size and income. Patients who do not qualify for free care will receive a sliding scale discount off the gross charges for services based on their household income as a percent of the then current Federal Poverty Guidelines, as published and updated from time to time in this Policy. These patients are expected to pay their remaining balance for care and may set up a monthly payment plan based on their financial situation.

Patients seeking assistance may first be asked to apply for other external programs such as Medicaid, HIP, or insurance through the public marketplace as appropriate before eligibility under this Policy is determined.

The need for financial assistance may be a sensitive issue for a patient. Confidentiality of information and preservation of individual dignity will be maintained for all that seek assistance. Access to the information on the application form will be limited to a select group of employees. Information obtained in the application process will not be released unless the patient has given permission for such a release.

Definitions:
The following terms are meant to be interpreted as follows within this Policy:

Amounts Generally Billed or "AGB": The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, as further explained in Section 2 of the Procedures herein.

Medically Necessary: Services or care rendered, both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, because suffering or pain, cause physical deformity of malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

Emergency Care: Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

Underinsured: Patients who have limited healthcare coverage, or coverage that leaves the patient with an out of pocket liability, and therefore may still require financial assistance.

Gross Charges: The full amount charged by Major Hospital for items and services before any discounts, contractual allowances, or deductions are applied.

Presumptive Eligibility: The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

Procedures:
1. Eligibility

A. General Criteria
Services eligible for financial assistance include: emergency care, services deemed medically necessary by Major Hospital, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

Elective services, which are not otherwise considered emergency or medically necessary, are not eligible for financial assistance and include: bariatric surgery, weight loss management, tubal ligation, adult circumcision, vasectomy, and cosmetic surgery. Other procedures may be considered non-covered depending on the medical necessity of the procedure.

Patients who are uninsured or underinsured and have a household income at or below 150% of the Federal Poverty Guidelines (shown in the table below) may receive free care (a 100% discount).

Individuals with annual household incomes between 151% and 250% Federal Poverty Guidelines may be eligible for up to a 75% discount off of gross charges, as illustrated by the table below.

		100% Discount	75% Discount	50% Discount	25% Discount
Persons in household	**2024 Federal Poverty Level Guidelines**	**150% of FPL and Below**	**175% of FPL and Below**	**200% of FPL and Below**	**250% of FPL and Below**
1	$15,060	$22,590	$26,355	$30,120	$37,650
2	$20,440	$30,660	$35,770	$40,880	$51,100
3	$25,820	$38,730	$45,185	$51,640	$64,550
4	$31,200	$46,800	$54,600	$62,400	$78,000
5	$36,580	$54,870	$64,015	$73,160	$91,450
6	$41,960	$62,940	$73,430	$83,920	$104,900
7	$47,340	$71,010	$82,845	$94,680	$118,350
8	$52,720	$79,080	$92,260	$105,440	$131,800

B. Additional Criteria

Patients whose household income exceeds 250% of the federal poverty guidelines may be granted partial assistance equal to or greater than the AGB limitations if the total balance owed exceeds 10% of the household's annual gross income.

Circumstances requiring individual consideration may occur and exceptions may be made to grant more or less financial assistance based on these circumstances. Additional criteria that is used to determine eligibility status includes employment status, future earnings capacity, and other financial resources. Financial assistance would be subject to reduction only in situations where the aforementioned additional criteria indicate that the individual's household income is greater on an annualized basis.

When determining patients' eligibility, Major Hospital does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

2. Determining the Financial Assistance Amount

Once eligibility for financial assistance has been established, Major Hospital will not charge patients who are eligible for financial assistance more than the amounts generally billed, or ABG, to insured patients for emergency or medically necessary care (the "AGB limitation").

To calculate the AGB, Major Hospital uses the look-back method described in Section 501(r) of the Internal Revenue Code and the corresponding regulations, as amended from time to time. Under this method, Major Hospital calculates an AGB percentage based on all claims allowed by Medicare and all private commercial insurers over the preceding 12-month period, divided by the associated gross charges for those claims. The current AGB is 35% (resulting in a minimum discount of 65%) and is updated no less than annually (within 120 days of the end of the applicable 12-month period.)

3. Applying for Financial Assistance

Determinations for financial assistance eligibility will require patients or account guarantors to submit a complete financial assistance application including all supporting documentation required by the application and may require appointments or discussion with hospital Patient Advocate staff members. In certain cases, a family member may also complete the application form on the patient's behalf such as when Power of Attorney paperwork is on file with Major Hospital.

Financial assistance applications on file at Major Hospital may be used for a time period of up to 12 months after the date of submission if financial circumstances have not changed.

At Major Hospital, there is no deadline to apply for financial assistance. Applications are accepted for financial assistance at any point in the collection cycle including after placement with a collection agency.

Financial assistance application forms, the FAP, and the Plain Language Summary of the FAP are available in Spanish. In addition, translation services are also offered to patients in need of language assistance.

Financial assistance application forms, the FAP, and the Plain Language Summary of the FAP are distributed in the following Major Health Partner locations:

- Patient Financial Services Department
- Emergency Department
- Each Major Health Partner Physician Office Location
- Patient Advocate Services
- All Patient Registration and Admission Locations
- Patient Payment Navigation Department

During patient registration for hospital services, uninsured patients receive a packet that includes a financial assistance application form and the Plain Language Summary of the FAP.

Financial assistance applications, the FAP, and the Plain Language Summary of the FAP are distributed by mail when requested by telephone at the following numbers:

- Patient Financial Services – (317) 421-2012
- The Business Office Payment Center – (877) 644-4418
- Patient Advocate Services – (317) 421-5717
- Each collection agency with which the hospital places accounts

Patients can also find the financial assistance application, the FAP, and the Plain Language Summary of the FAP online at the Major Health Partner web site:

- www.mymhp.org

The Shelby Community Health Center also distributes Major Hospital's financial assistance application and the Plain Language Summary of the FAP.

4. Application Supporting Documentation

Patients will be required to provide necessary information and documentation when applying for financial assistance. At least one of the following pieces of financial information is required to be attached to the assistance application to be considered complete:

- Tax return from the most recent year
- Past two payment stubs
- Letter from the employer verifying the wage amount
- A copy of the last check received from Social Security income
- A letter from the Social Security agency indicating the amount awarded
- Bank statement showing deposit amount for Social Security income
- W-2 statement from the most recent year
- Unemployment compensation form

5. Notification of Approval or Denial for Assistance

The Patient Financial Services department will notify the patient in writing within 14 days of the receipt of the financial assistance application as to whether the application was approved or denied. If the application was approved, the letter will include the amount of assistance approved. If the application was denied, the denial reason will be provided in this letter. For incomplete applications, patients will be provided with a list in writing of the information and/or documentation still needed to complete the financial assistance application and where to submit the missing information.

Reasons for denial include:

- Incomplete application information.
- Patient did not cooperate with the application process for other payer programs such as Medicaid, HIP, and public marketplace.
- Excess income or resources.

All patients determined to be eligible for less than the most generous amount of assistance available under this Policy (free care) will be given 30 days to submit an appeal to request further financial assistance. The patient can present additional information at this time to support his or her request.

6. Presumptive Eligibility

In certain circumstances deemed reasonable and understandable the lack of a financial assistance application and supporting documentation will not necessarily result in a denial for assistance. If a patient fails to supply sufficient information to support financial assistance eligibility, Major Hospital may refer to or rely on external sources and/or other program enrollment resources to determine eligibility. Examples include:

- Medicaid Eligible Patients. Balances for a patient who is currently eligible for full Medicaid coverage, but was not on the date of service.
- HIP Eligible Patients. Balances for a patient who is currently eligible for HIP coverage, but was not on the date of service.

- Patient is homeless.
- Patient with a collection agency score segment of uncollectible.
- Deceased patient with no estate assets.
- Patient is eligible for food stamps.
- Patient receives free care from a community clinic and is referred to hospital for further treatment.
- Patient with out of state Medicaid eligibility currently residing outside of Indiana.

7. Patient Advocate Services

Patient Advocates are available at both the Major Hospital Emergency Department location and the Patient Financial Services department location to meet with patients to discuss the financial assistance application process in person and to assist with the completion of the financial assistance application form. To be considered eligible for financial assistance, patients must cooperate with the hospital's Patient Advocates to explore alternative means of assistance if applicable, including Medicare, Medicaid, HIP, and the public marketplace. To schedule an appointment with a Patient Advocate, call (317) 421-5717 or visit:

Major Hospital
2451 Intelliplex Drive
Shelbyville, IN 46176

8. Publication of Assistance Policy

Major Hospital's FAP and financial assistance application are available to patients in English and Spanish and are free of charge. Major Hospital communicates the availability of financial assistance in the following ways:

- Notification on all patient statements
- Signage posted in registration and admission areas
- Signage posted in the Emergency Room area
- Patient brochures summarizing the financial assistance policy and how to apply for assistance offered at patient registration
- Major Health Partner web site – www.mymhp.org

9. Actions in the Event of Non-Payment

The collection actions Major Hospital may take if a financial assistance application and/or payment are not received are described in a separate billing and collections policy. In brief, Major Hospital will make certain efforts to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect a bill. These actions may include reporting negative information to credit bureaus and garnishing wages. Balances placed with a collection agency are still eligible for a financial assistance reduction if eligibility criteria are met. The billing and collections policy may be obtained as follows:

- Major Health Partner web site – www.mymhp.org
- In-person or by telephone:
  Major Hospital
  Patient Financial Services Department
  2451 Intelliplex Drive
  Shelbyville, Indiana 46176
  (317) 421-2012

10. Eligible Providers

In addition to care delivered by Major Hospital, emergency and medically necessary care delivered by the providers listed below is also covered under this FAP:

- Major Multispecialty Associates
- Major Hospital Anesthesiology
- Major Hospital Hospitalists

Care provided by any of the providers listed below at a Major Health Partners facility may NOT be covered under this FAP since they are not employed by Major Health Partners.

- X-Ray Physicians
- Ameripath
- LabCorp
- Boone County Emergency Medicine