

# Financial Assistance Policy

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## PURPOSE:

The purpose of this policy is to further the charitable mission of the Hospital and Medical Foundation of Paris Inc. (HMFP) (dba Horizon Health) by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with requirements of the Internal Revenue Code and implementing regulations.

## SCOPE:

This policy is applicable to all Horizon Health's patients who live in our service area, which is defined as all of Edgar County and Clark County, and the following zip codes in surrounding areas:

61930 Hindsboro

61942 Newman

61912 Ashmore

61943 Oakland

61920 (Bushton and Rardin only)

61846 Georgetown

61850 Indianola

61870 Ridge Farm

61876 Sidell

61833 Tilton

61883 Westville and Belgium

61817 Catlin

61841 Fairmount

61841 - 61876 Jamaica Township

61844 Fithian

61857 Muncie

61858 Oakwood

61810 Allerton

### Exceptions to the service area as follows:

- I. All covered (insured) lives enrolled in our Horizon Health employee's health coverage

- plan, regardless of county of residence.
2. Any employee who is uninsured or under insured through an outside health coverage plan, regardless of county of residence.
  3. Patients who have recently moved out of our service area within the last six months.
  4. Other circumstances as approved by the CFO.

## **POLICY:**

### **I. ELIGIBILITY CRITERIA**

The following classes of individuals and categories of care are eligible for financial assistance under this policy:

#### **A. Financially In Need**

To qualify as Financially In Need, the patient must be Uninsured or Under insured and have a Household Income of equal to or less than 250% of Federal Poverty Level. Assets will also be evaluated. The following definitions apply to such eligibility criteria:

"Uninsured": A patient who (i) has no health insurance or coverage under governmental health care programs, and (ii) is not eligible for any other third-party payment such as worker's compensation or claims against others involving accidents.

"Under insured": A patient who (i) has limited health insurance coverage that does not provide coverage for hospital services or other medically necessary services provided by Horizon Health or (ii) has exceeded the maximum liability under his/her insurance coverage.

"Household Income": The total income of all members living in the patient's household over the twelve (12) months prior to application for assistance under this policy.

Patients whose household income is equal to or less than 138% of Federal Poverty Level may be eligible and asked to apply for Medicaid.

#### **B. Failure to Apply for Medicaid**

Patients who may be eligible for Medicaid and fail to apply for Medicaid at Horizon Health's request are not considered eligible for financial assistance under this policy.

#### **C. Categories of Care Eligible for Financial Assistance**

Provided that the patient qualifies as Financially In Need, the following classes of care are eligible for financial assistance under this policy:

- Emergency medical care
- Medically necessary care

Regardless of a patient's status as Financially In Need, cosmetic procedures, special cash pay services, and Occupational Health services are not eligible for financial assistance under this policy.

**Veterans: Financial Assistance is only available for services approved by the VA to be provided by Horizon Health.**

## **II. COVERED PROVIDERS**

Care provided by the Hospital and Hospital-employed physicians and practitioners is covered by this policy.

Care provided by independent community physicians and other independent service providers is not subject to this policy. Patients should contact these other providers to determine whether care is eligible for financial assistance.

Patients may obtain a current list of providers who are subject to this policy at no charge by visiting Horizon Health, 721 East Court St, Paris, IL 61944, calling 217-466-4257, or by visiting [www.myhorizonhealth.org/financialassistance](http://www.myhorizonhealth.org/financialassistance).

## **III. LIMITATION ON CHARGES & CALCULATION OF AMOUNT OWED**

Patients who are deemed to be eligible for financial assistance under this policy will not be charged for care covered by this policy more than Amounts Generally Billed (AGB) by Horizon Health to individuals who have health insurance covering such care. Discounts granted to eligible patients under this policy will be taken from gross charges.

### **A. Calculation of Amounts Generally Billed (AGB)**

The Hospital specific AGB is derived by using the prospective method for claims paid by Medicare Fee-for Service, together with any associated portions of these claims paid by Medicare beneficiaries (co-pays, deductibles). The AGB Percentage shall be updated annually for a twelve (12) month period from January 1 to December 31 and allows 120 days for such changes to be made and updated in the FAP. The calculation of the Hospital-Specific AGB Percentage shall comply with the "prospective method" described in the IRS Regulation 501(r)-5(b) (1) (B). The current AGB percentage is 50%.

The Hospital limits the amounts charged for emergency and medically necessary services provided to individuals eligible for assistance under this Policy to not more than the amounts generally billed to individuals who have insurance coverage for such care.

### **B. Amount of Financial Assistance/Discount**

<b>Family Income as a % of Federal Poverty Level</b>	<b>% of Balance to be Written Off</b>
150% or less	100%
151% - 170%	90%
171% - 190%	80%
191% - 210%	70%
211% - 230%	60%
231% - 250%	50%

The Federal Poverty Guidelines are established and published annually by the Department of Health and Human Services. Options other than this financial assistance program may

be available to **Illinois uninsured** persons residing outside of Horizon Health's defined service area as described.

#### **IV. APPLICATION PROCESS & DETERMINATION**

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on Horizon Health's financial assistance application form to Horizon Health. Completed applications must be returned to Horizon Health at 721 East Court St., Paris, IL 61944.

Patients may obtain a copy of this policy, a plain language summary of this policy, and a financial assistance application free of charge (i) by mail by calling (217) 466-4257, (ii) by download from [www.myhorizonhealth.org/financialassistance](http://www.myhorizonhealth.org/financialassistance), or (iii) in the patient services office, Financial Assistance Coordinator at Horizon Health, 721 East Court St., Paris, IL 61944. English and Spanish versions are available for the FAP, FAP application form, and plain language summary of the FAP. Further translation is available via the hospital's contracted service. Those include Polish, Chinese, Korean, Tagalog, Arabic, Russian, Gujarati, Urdu, Vietnamese, Italian, Hindi, French, Greek, and German.

##### **A. Completed Applications**

Upon receipt, Horizon Health will suspend any Extraordinary Collection Actions (ECAs) taken against the patient and process, review and make a determination on completed financial assistance applications submitted as set forth below.

Unless otherwise delayed as set forth herein, such determination shall be made within 60 days of submission of a timely completed application. Patients will be notified of Horizon Health's determination as set forth in the Billing and Collection provisions detailed in the separate Billing and Collection Policy.

To be considered "complete", a financial assistance application must provide all information requested on the form and in the instructions to the form and in the instructions to the form, including proof of income with 1-3 bank statements.

Horizon Health will not consider an application incomplete or deny financial assistance based upon the failure to provide any information that was not requested in the application or accompanying instructions. Horizon Health may take into account in its determination (and in determining whether the patient's application is complete) information provided by the patient other than in the application.

For questions and/or assistance with filling out a financial assistance application, the patient may contact the patient services office, Financial Assistance Coordinator at Horizon Health, 721 East Court St., Paris, IL 61944.

If a patient submits a completed financial assistance application and Horizon Health determines that the patient may be eligible for participation in Medicaid, Horizon Health will notify the patient in writing or by phone of such potential eligibility and request that the patient take steps necessary to enroll in such program. In such circumstances Horizon Health will delay the processing of the patient's financial assistance application until the patient's application for Medicaid is completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit an application

within thirty (30) days of Horizon Health's request, Horizon Health will process the completed financial assistance application and financial assistance will be denied due to the failure to meet the eligibility criteria set forth herein.

Final determination / approval of eligibility for financial assistance shall be made by the Chief Financial Officer up to \$5000.00. Approval for over \$5000.00 will be given by the Finance Committee of the Board of Trustees. Upon approval, the patient's account is then written off as Charity Care. This write-off is reflected on the income statement as an element of Deductions from Revenue.

## **B. Incomplete Applications**

Incomplete applications will not be processed by Horizon Health. If a patient submits an incomplete application, Horizon Health will provide the patient with written or verbal notice setting forth the additional information or documentation required to complete the application. The written notice will include the contact information (telephone number and physical location of the office) of patient financial assistance. The notice will provide the patient with at least 10 days to provide the required information.

## **V. COLLECTION ACTIONS**

For further information on the actions Horizon Health may take in the event of non-payment, please see Horizon Health's Billing and Collection Policy (Attachment I). Patients may obtain the Billing and Collection Policy free of charge (i) by contacting patient services office, Financial Assistance Coordinator (217) 466-4257, (ii) by request in person at patient accounts Horizon Health 721 East Court St, Paris, IL 61944, or (iii) by download at [www.myhorizonhealth.org/financialassistance](http://www.myhorizonhealth.org/financialassistance).

## **VI. EMERGENCY MEDICAL CARE**

Emergency medical treatment will be provided without regard to ability to pay and regardless whether the patient qualifies for financial assistance under the financial assistance policy. Horizon Health will not take any action that may interfere with the provision of emergency medical treatment, for example, by demanding payment prior to receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care in the emergency department. Emergency medical treatment will be provided in accordance with Horizon Health policies governing and implementing the Emergency Medical Treatment and Active Labor Act.

Employed Providers	Covered by FA Policy	Comments/Exceptions to Coverage by Financial Assistance Policy
<b>Anesthesia</b>		
Leslie Brown, APRN, FNP, DWC*	Y	
Tara Crews, APRN, CRNA*	Y	
Kelsey Fuqua, APRN, FNP*	Y	
James Griggs, MD	Y	
Erin Hein, APRN, CRNA*	Y	
Amelia Heise, APRN, CRNA*	Y	
Cassandra Kelly, APRN, CRNA	Y	
Mary Koterba, DNAP, CRNA, APRN	Y	
Lee Ann Kowalski, APRN, CRNA	Y	
Brandi Larson, APRN, FNP	Y	
Elizabeth McBride, APRN, FNP*	Y	
Kristin Mooneyham, APRN, FNP*	Y	
Jamie Norton, APRN, CRNA	Y	
Amy Riley, APRN, FNP*	Y	
Adam Schneider, APRN, CRNA, DNP	Y	
Bree Sparks, APRN, CRNA	Y	
Michael Stennis, MD	Y	
Scott Williamson, APRN, CRNA	Y	
May Yu, APRN, CRNA	Y	
<b>Bariatrics</b>		
Yaniv Cozacov, MD	Y	
Fouad Hachem, MD	Y	
<b>Behavior Health</b>		
Abby Barrett, LCSW	Y	
Angie Boswell, LCSW, CADC; Dialysis	Y	
Lisa Brinkerhoff, LCSW; Senior Care	Y	
William Elliott, PhD	Y	
Karyssa Haase, LCSW	Y	
Jenny Houzenga, APRN, PMHNP; Sycamore	Y	
Danielle Ireland, APRN, FNP, PMHNP; Chrisman	Y	
Miranda Jeffries, LCPC	Y	
Megan Jenkins, LCSW	Y	
Jaime Jensen, APRN, PMHNP	Y	
Kathryn Low, LMHCA; Sycamore	Y	
Heather Melton, LCSW; Home Care	Y	
Scott Nauman, LCSW	Y	
Terra Ogle, LCSW, LPHA; Senior Care	Y	
Sarah Rohder, LCSW; Sycamore	Y	
Casey Simpson, LSW; Senior Care	Y	
Jennifer Smith, LMFT	Y	
Marsha Stiffey, Social Services Coordinator	Y	
April Stowers, Social Services Coordinator	Y	
Katie Sullivan, LSW, Social Services Coord.; Sycamore	Y	
Samantha Volstorf, APRN, FNP, PMHN	Y	
Janet Ward, LCSW; Sycamore	Y	
David Welch, LCPC	Y	
Stephanie Wilson, Social Services Coord; Sycamore	Y	
Qun Wu, MD, PhD	Y	
<b>Cardiology</b>		
Latia Summerville, APRN, FNP	Y	
C. Tyson, MD	Y	

## Cosmetics

Angela Hamilton, APRN, FNP, DCNP, Phipps Lane Annex	N
Kumar Sodvadiya, MD	N
Arturo Menchaca, MD	N

## Dematology

Angela Hamilton, APRN, FNP, DCNP; Phipps Lane Annex	Y
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## Diabetes Education

Leighsa Cornwell, BS, CDCES	Y
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## Emergency Medicine

Michael Abrahams, MD	Y
Anita Eisenhart, DO	Y
Angela Gaddis, APRN, FNP*	Y
Carmon Glover, DO	Y
Sandra Grochowski, MD	Y
Andrew Harris, MD	Y
Atif Jaleel, MD	Y
Peter Kamhout, MD	Y
Asim Malik, DO	Y
Amy Riley, APRN, FNP*	Y
Shawn Robertson, DO	Y
Jamie Shotts, APRN, FNP*	Y
Matt Stetler, APRN, FNP	Y
Latia Summerville, APRN, FNP*	Y
Eric Toone, MD	Y
Tiffany Turner, APRN, FNP	Y
John Ventura, MD	Y
Shereaf Walid, MD**	Y

## Endocrinology

Dale Voges, APRN, FNP, CDCES, ADM	Y
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## EZ Care

Lori Carpenter, APRN, FNP	Y
Josh Childress, APRN, FNP*	Y
Carrie Cunningham, APRN, FNP	Y
Judah Donaldson, APRN, FNP*	Y
Kelsey Fuqua, APRN, FNP	Y
Angela Gaddis, ARN, FNP	Y
Kevin Hair, APRN, FNP	Y
Jana Kearns, APRN, FNP	Y
Mikayla Lumaye, APRN, FNP	Y
Elizabeth McBride, APRN, FNP*	Y
Kayla Miller, APRN, FNP*	Y
Jamie Shotts, APRN, FNP	Y
Lori Turner, APRN, FNP*	Y
Crystal White, APRN, FNP*	Y

## Family Practice

Casey Anderson, APRN, FNP; Paris and Oakland	Y
Arun Bajaj, MD; Paris and Oakland	Y
Sara Conn, APRN, FNP	Y
Kelsey, Fuqua, APRN, FNP	Y
Kristina Gabbard, APRN, FNP; Chrisman	Y
Debbie Griffin, APRN, FNP, CDCES	Y
Danielle Ireland, APRN, FNP, PMHNP; Chrisman	Y
Kayla Miller, APRN, FNP	Y
Charlene Moore, APRN, FNP	Y

Kayla Ogle, APRN, FNP	Y
Megan Paxson, APRN, FNP; Tilton	Y
Laney Robinson, MD	Y
Rahat Sheikh, MD	Y
Mallory Simonton, APRN, FNP	Y
Kumar, Sodvadiya, MD	Y
Nic Thomas, APRN, FNP; Paris and NAL Health Clinic	Y
Micah Thompson, MD	Y
Samantha Volstorf, APRN, FNP, PMHNP	Y
Jessica Walker, APRN, FNP; Sycamore	Y
Paige Wampler, APRN, FNP; NAL Health Clinic	Y
Joy Whitt, APRN, FNP; Sycamore	Y

## General Surgery

Yaniv Cozacov, MD	Y
Fouad, Hachem, MD	Y

## Hospitalist

Lynne Adams, AORN, FNP	Y
Shehzad Awan, APRN, FNP	Y
Darren Brucken, MD	Y
Melinda Cornelius, APRN, FNP*	Y
Tabbitha Gilman, APRN, FNP	Y
Kevin Hair, APRN, FNP*	Y
Naveen Kumar, MD	Y
Jennifer Likens, APRN, FNP	Y
Elizabeth McBride, APRN, FNP*	Y
Kumar Sodvadiya, MD*	Y
Kyle Turner, DO**	Y
Christopher Walker, MD	Y

## Internal Medicine

Sowmya Gaviyappa, MD	Y
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## Nutrition

Daniel Mackey, RDN, LDN	Y
Heather Pfrank, MS, RD, LDN	Y
Suzanne Schubert, MS, RDN, LDN	Y
Mika Thomas, RDN, LDN	Y
Brianne Turner, MS, RD, LDN; Dialysis	Y

## Occupational Health

Leslie Brown, APRN, FNP, DWC	Y
Sara Spesard, APRN, FNP	Y
Crystal White, APRN, FNP*	Y

## Orthopedics/Sports Med./Spine

Jeff Bollenbacher, DO; Terre Haute and Paris	Y
Judah Donaldson, APRN, FNP; Paris and Terre Haute	Y
Harish Kempegowda, MD; Paris and Terre Haute	Y

## Pain Management

Chanteel Allen, APRN, FNP; Sycamore	Y
Daxton Duncan, APRN, FNP; Sycamore	Y
Millie Kooistra, APRN, FNP; Sycamore	Y
Kristin Mooneyham, APRN, FNP	Y
Thomas Pendergast, MD; Sycamore	Y
Adam Schneider, APRN, CRNA, DNP	Y
Robin Smiddy, APRN, FNP; Sycamore	Y

## Pathology/Laboratory

Patrick Kippenbrock, MD Y

## Podiatry/Wound Care

Brittany Wojnicki, DPM Y

## Radiology

Bruce Houle, DO Y

## Rehabilitation Services

Morgan Arthur, ATC Y

Brock Athey, MPT, PT Y

Annie Barrett, PT, DPT Y

Danielle Colvin, PT, DPT, OCS Y

Jenna Daugherty, PT, DPT Y

Danielle Duncan, MAT, LAT, ATC Y

Lorie Edwards, PT, DPT Y

Brandy Finney, PT, MPT; Home Care Y

Amanda Haar, MOT, OTR\*; Home Care Y

Danielle Jena, DPT Y

Morgan Kincaid, PT, DPT, CLT Y

Sarah Propst, MOT, OTR, CHT Y

Jessica Ross, MS, CCC/SLP\* ; Home Care Y

Louise Shines, MAT, LAT, ATC Y

Abi Snyder, PT, DPT Y

Brenda Stevens, MS, CCC/SLP Y

Rachael Vice, PT, DPT, ATC Y

Hetal Vora, PT, DPT Y

## Urology

Michael Shanks, DO Y

Melissa Thomas, APRN, FNP Y

## Women's Health

### Gynecology

Susan, Arp, APRN, FNP Y

Arturo Menchaca, MD Y

Lori Turner, APRN, FNP Y

### Obstetrics(through second trimester)

### Urogynecology

Arturo Menchaca, MD Y

Lori, Turner, APRN, FNP Y

## Wound Care

Yaniv Cozacov, MD Y

Brittany Wojnicki, DPM Y

## Visiting Specialists\*\*

### Cardiology Jasper Clinic

Tony Nasser, MD N

### Dialysis Jasper Clinic

Gaurav Kumar Verma, MD Y

Manish Gera, MD Y

Covered if HMFP bills for services rendered.

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Lynnaire Jastillano, PA	Y	Covered if HMFP bills for services rendered.
Raj Jeevan, MD	Y	Covered if HMFP bills for services rendered.
Megan Temples, APRN, FNP	Y	Covered if HMFP bills for services rendered.

## Gastroenterology

Alicia Sledge, MSN, APRN	Y	Covered if HMFP bills for services rendered.
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## General Surgery

Janie Orrington-Myers, DO	Y	Covered if HMFP bills for services rendered.
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## Teleneurology

Samer Kassar, MD	Y	Covered if HMFP bills for services rendered.
Franklyn Rocha Cabrero, MD	Y	Covered if HMFP bills for services rendered.

## Nephrology (Kidney)

Gaurav Kumar Verma, MD	Y	Covered if HMFP bills for services rendered.
Manish Gera, MD	Y	Covered if HMFP bills for services rendered.
Lynnaire Jastillano, PA	Y	Covered if HMFP bills for services rendered.
Raj Jeevan, MD	Y	Covered if HMFP bills for services rendered.
Megan Temples, APRN, FNP	Y	Covered if HMFP bills for services rendered.

## Oncology/Hematology

Donnetta Burgess, APRN, FNP	Y	Covered if HMFP bills for services rendered.
Priyank Patel, MD	Y	Covered if HMFP bills for services rendered.

## Ophthalmology(Eye)

Wagih Satar, MD	N	Covered if HMFP bills for services rendered.
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## Psychology

Marilyn Marks-Frey, PhD	N	
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## Psychiatry

Ronald Johnson, MR; Senior Care	Y	Covered if HMFP bills for services rendered.
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## Rheumatology

Donnetta Burgess, APRN, FNP	Y	Covered if HMFP bills for services rendered.
Mehmoodur Rasheed, MD	Y	Covered if HMFP bills for services rendered.

\*PRN providers

\*\*Independent/contracted providers