

Subject: Sliding Fee Discount Program Policy

Adopted: June 3, 2022

Revised: December 16, 2024

Authorized By: Union Hospital, Inc.
Union Associated Physicians Clinic, LLC

POLICY: It is the policy of Union Hospital, Inc. and Union Associated Physicians Clinic, LLC (collectively, "Union Health") to provide Emergency Medical Services and Medically Necessary care to all individuals regardless of their ability to pay. Moreover, Union Health does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or because of the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

This Sliding Fee Discount Program Policy ("SFDP Policy") shall apply only to those sites designated on Exhibit "A" ("Designated Sites"). Union Health has adopted a separate Financial Assistance Policy that applies to provision of services at other sites.

PURPOSE:

To meet the needs of the communities it serves and in recognition of its status as a nonprofit healthcare provider, Union Health has established a sliding fee discount program for ambulatory primary care services provided at the Designated Sites for patients who are unable to sustain the burden of medical expenses due to limited income.

DEFINITIONS:

- A. "Amount Generally Billed" ("AGB") means the amount Union Hospital generally bills individuals with insurance for Emergency Medical Services or other Medically Necessary care.
- B. "Code Section 501(r)" means Section 501(r) of the Internal Revenue Code of 1986, as amended, and the corresponding Treasury Regulations.
- C. "Emergency Medical Services" means services provided to stabilize and treat a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health (or the health of an unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.
- D. "Eligible Individual" means an individual who is determined by Union Health to be eligible for Financial Assistance.

- E. "Extraordinary Collection Action" means any collection activity defined as an extraordinary collection action under Code Section 501(r).
- F. "Federal Poverty Income Guidelines" ("FPIG") means annual wage amounts reflecting impoverishment as determined by the U.S. Census Bureau which will be used by Union Hospital to compare levels of available Financial Assistance.
- G. "Financial Assistance" means payment relief for which Union Health will provide a reduction of a patient's financial obligation based upon his or her Income and Household size.
- H. "Financial Assistance Committee" means a committee appointed by Union Health for the purpose of determining exceptions under this Policy.
- I. "Gross Charges" means the usual and customary charges for service based on Union Health's schedule of charges. Gross Charges will typically exceed the AGB for the same services.
- J. "Household" means all persons who occupy a housing unit (house or apartment), whether they are related to each other or not; all such persons are considered as members of one household.
- K. "Household Income" means cumulative total income(s) for all members of a patient's Household.
- L. "Income" means wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; rents; royalties; income from rental properties, estates, and trusts; alimony; child support; and assistance from outside households and other miscellaneous sources
- M. "Medically Necessary" means a service required for the care or well-being of the patient and provided in accordance with generally accepted standards of medical or professional practice.

ELIGIBILITY FOR FINANCIAL ASSISTANCE:

- A. This policy applies to charges for ambulatory primary care services, including Emergency Medical Services and Medically Necessary care, provided by Union Health at the Designated Sites.
- B. Eligibility will be determined solely by Income and Household size.

- C. Individuals and families whose annual Household Income is at or below 100% of the current FPIG will be eligible to receive a full discount for ambulatory primary care services, with an allowance for a nominal fee (“Nominal Fee”). The Nominal Fee shall be as follows:

Nominal Fee	
Primary Care Services	\$4.70

- D. Individuals and families whose annual Household Income is above 100% of the current FPIG, but below 300% of the current FPIG will be eligible to receive a partial discount for ambulatory primary care services. For such individuals and families, the discount will be calculated as a percentage of total eligible charges according to the sliding fee discount schedule. The sliding fee discount schedule for ambulatory primary care services shall be as follows:

Sliding Fee Discount Schedule for Primary Care Services	
% of FPIG	% of Financial Assistance
≤100%	100%
101% to 150%	95% (but not less than the Nominal Fee)
151% to 200%	90% (but not less than the Nominal Fee)
201% to 300%	80% (but not less the Nominal Fee)

- E. Individuals and families with an annual Household Income exceeding 300% of FPIG shall not be eligible for Financial Assistance, absent unusual circumstances as approved by the Financial Assistance Committee.
- F. Financial Assistance is available to all persons regardless of third-party insurance coverage including the uninsured and those with HMO, PPO, Medicaid, or any other third-party payer (including Medicaid Managed Care), provided they meet the Income and Household size criteria outlined above.
- G. All alternative payment resources must be exhausted, including all third-party payment from insurance (either private or public).
- H. Patients who have third-party coverage, (either private or public), and who are eligible for Financial Assistance will not be charged for out-of-pocket costs that exceed the patient's applicable sliding fee discount schedule payment class, subject to any prohibitions in applicable health plan or insurance contracts. The out-of-pocket costs for such patients will be reduced to the amount he/she would have paid under his/her applicable payment class, subject to contractual prohibitions on such discounts.

APPLICATION PROCESS:

- A. Except as provided herein, a patient/guarantor seeking Financial Assistance under this Policy will be required to complete an application for Financial Assistance setting forth specific details of Income and Household size. The Union Health Public Benefits Department will request verification of any information submitted by an applicant for Financial Assistance.

- B. The income figure used to determine eligibility for Financial Assistance will be last three (3) months of income, as documented in the manner provided below. The last three (3) months of income will be multiplied by four (4) to calculate the annual Household Income. An exception to this may be made if the last three (3) months of income is not reflective of the current income (e.g., change in employment status). In this event, the income figure used will be that which is most reflective of the applicant's current income.
- C. Proof of income is required. Documentation of income will include the individual's most recent tax return or W-2 or the individual's three (3) most recent pay stubs, if applicable. Self-employed individuals will be required to submit details of the most recent three (3) months of income and expenses for the business. Individuals who are unable to provide documentation of income may provide a signed declaration of income.
- D. Union Health will assist patients in identifying and determining alternative sources of payment or public or private insurance coverage that may be available, including Medicaid, Medicaid Managed Care or other third-party coverage. No patient who refuses to apply for any public or private insurance program will be denied access to the sliding fee discount program.
- E. For questions about or assistance with the application or this SFDP Policy, an individual may visit the Union Health website at www.union.health or may call the Union Health Public Benefits Department at (812) 238-7621

CALCULATION OF AMOUNTS GENERALLY BILLED ("AGB"):

- A. Union Health shall not charge any Eligible Individual more for Emergency Medical Services or other Medically Necessary care than the amount generally billed to individuals who have insurance covering such care ("AGB"). Union Health shall calculate one or more AGB percentages for each hospital facility using the "look-back method" and including Medicare Fee-For-Service and all private health insurers that pay claims to Union Hospital, all in accordance with Code Section 501(r). A free copy of the AGB percentage(s) and a description of how calculated may be obtained by contacting the Union Health Public Benefits Department at (812) 238-7621.
- B. Union Health shall, at all times, make reasonable efforts to determine whether a patient is eligible for Financial Assistance. If Union Health has billed an amount to an individual who has not submitted an application for Financial Assistance as of the date of the charge and is later determined to be eligible for Financial Assistance, Union Health will make appropriate adjustments to the amounts charged and issue a refund to the patient, if necessary. In this manner, the Union Health intends to satisfy the requirements for the safe harbor described in Section 1.501(r)-5(d) of the Proposed Regulations.
- C. Union Health will not charge any Eligible Individual more than the AGB amount for Emergency Medical Services or other Medically Necessary care, and in all cases, the charge to an Eligible Individual will be less than Union Health's Gross Charges.

DISCOUNTS OUTSIDE OF THE FINANCIAL ASSISTANCE POLICY

- A. Any uninsured patients not otherwise eligible for Financial Assistance under this policy, will be eligible for an initial automatic discount of 40% from Gross Charges. Information concerning the automatic discount will be provided to all uninsured patients, upon request.
- B. Union Health may offer additional reductions in the cost of care not specifically defined within this policy.
- C. While described here for the sake of providing complete information for patients, the discounts noted in this section not intended to be financial assistance within the scope of Code Section 501(r) and will not be reported as financial assistance on Schedule H of Form 990.

BILLING AND COLLECTION PRACTICES

- A. If an individual does not submit a Financial Assistance application, then Union Health may take action consistent with Code Section 501(r) to collect payment. This may include Extraordinary Collection Actions if an application is not submitted within 120 days from the date the first statement is made available to the individual (subject to the further requirements of Code Section 501(r)), but Union Health shall suspend any such ECA pending a determination of eligibility if the individual submits an application for Financial Assistance within 240 days of such first statement.
 - 1. Notwithstanding anything to the contrary in this policy, Union Health will not engage in any of the following collection activities:
 - a. Foreclosure of sale of the patients' (or the responsible parties') assets; and/or
 - b. Use of body attachments.
 - 2. Other than the activities specifically identified above as being precluded by this policy, Union Health may engage in any actions to obtain payment of a bill for medical care, including Extraordinary Collection Actions (so long as reasonable efforts have been made prior to any Extraordinary Collection Action to determine whether the individuals' accounts are eligible for assistance under this policy and subject to any other applicable restrictions under Code Section 501(r) or other law). Subject to the foregoing, Union Health may take any of the following actions in the event of nonpayment:
 - a. Automated dunning messages;
 - b. Form letters and personal letters;
 - c. Telephone calls;
 - d. Final notice statements;
 - e. Referral to a self-pay outsourcing service;
 - f. Referral to the hospital attorney;
 - g. Referral to a collection agent or other collection service company;
 - h. Placing a lien on an individual's property;
 - i. Garnishing an individual's wages, but only if a determination has been made in the specific case that the patient (or responsible party) has sufficient income to satisfy the outstanding debt;

- j. Reporting adverse information about the individual to consumer reporting agencies or credit bureaus; and/or
 - k. Selling an individual's debt to a third party.
- B. Union Health will make reasonable efforts, as defined by Code Section 501(r), to determine whether a patient is eligible for financial assistance under this policy before commencing collection efforts.
 - 1. A patient who has not responded satisfactorily to the Hospital's efforts to determine his/her eligibility for financial assistance under this policy and/or made arrangements for payment on an account within 120 days from the payment due date, may be referred for collection efforts.
 - 2. Union Health, its collection agencies, and their respective representatives will not undertake any Extraordinary Collection Actions until after reasonable efforts have been made to determine whether the individuals' accounts are eligible for assistance under this policy.
- C. The Union Health Public Benefits Department shall have responsibility for determining that Union Health has made reasonable efforts to determine whether an individual is eligible for financial assistance and may therefore engage in one or more ECAs against the individual.

GENERAL POLICY ADMINISTRATION

- A. Approved applications for Financial Assistance are considered valid for services rendered up to six (6) months following the application date.
- B. Any individual denied Financial Assistance, in part or in total, will be notified that he/she has the option of appealing his/her case to the Financial Assistance Committee. Such appeal must be received no later than thirty (30) days from the date of notification of denial.
- C. Union Health will widely publicize this SFDP Policy, as required by Code Section 501(r) Notification about Financial Assistance available from Union Health, which shall include a contact number, shall be disseminated by Union Health through various means, which shall include, but are not limited to, the following: including notices in patient bills; including notices in point of service brochures; posting notices in patient waiting areas; and distributing a summary of the financial assistance policies to local public agencies and nonprofit organizations that address the health needs of the community's low income population. Union Health shall also conspicuously post this SFDP Policy, a plain language summary of this SFDP Policy, and the Financial Assistance Application on Union Health's website and shall include the summary in brochures available at patient access sites. Union Health also shall make paper copies of this SFDP Policy, a plain language summary of this SFDP Policy, and the application for Financial Assistance available upon request at all patient registration areas and by mail. Such documents, including the summary, shall be made available in the primary languages spoken by the population serviced by the Union Health, which as of the date this policy was approved included English and Spanish.

- D. Referral of patients for Financial Assistance may be made by any member of the staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- E. Reasonable efforts have been made to determine whether an individual is eligible for Financial Assistance if the Union Health notifies the individual about the program, provides the individual or, where applicable, his or her family member(s), with information relevant to completing the application, and makes and documents its determination as to whether the individual is eligible for assistance under the policy.
- F. Union Health shall not engage in any debt collection activities where such activities could interfere with the treatment of Emergency Medical Services without discrimination.
- G. In certain situations, patients may not be able to pay charges remaining after Financial Assistance. Such charges may be waived by the Financial Assistance Committee based on an individualized assessment of financial need. Any such waiver will be documented in the patient's file with explanation.
- H. Once Financial Assistance has been granted, the guarantor will not be supplied with documentation required to bill insurance companies. This includes UB, 1500 and/or detailed itemization of charges.
- I. Union Health reserves the right to review the Financial Assistance determination if the guarantor's financial circumstances have changed.
- J. Financial assistance may be granted to patients who qualify for government programs when funding has delayed payment. If later government assistance is awarded, the account adjustment will be reversed.
- K. Financial assistance may be granted to patients that are pending Medicaid approval with the appropriate county. These accounts have been reviewed and financial need determined by a third party. Additional documentation will not be required by the Union Health Public Benefits Department.
- L. A list identifying the healthcare providers providing Emergency Medical Services and other Medically Necessary Care within Union Health facilities and identifying which are and are not covered by this Financial Assistance Policy may be obtained by visiting the Union Health website at www.union.health or contacting the Union Health Public Benefits Department at (812) 238-7621.

EXCEPTIONS:

Any exceptions to the policy require approval by the Financial Assistance Committee and appropriate account documentation.

EXHIBIT "A"
DESIGNATED SITES

Union Medical Group Downtown Family Medicine
221 S. Sixth Street
Terre Haute, IN 47807
(812) 242-3737

Union Medical Group Eastside Family Medicine
2133 State Road 46
Terre Haute, IN 47803
(812) 244-1800

Union Medical Group Northside Family Medicine
1739 N. 4th Street
Terre Haute, IN 47804
(812) 242-3600

Union Hospital Medical Group Illiana North
1332 N. 7th Street
Terre Haute, IN 47804
(812) 478-8888

Union Hospital Medical Group Illiana South
601 Surgery Center Drive
Terre Haute, IN 47802
(812) 235-1200

Union Hospital Medical Group
1530 N. 7th Street, Suite 104
Terre Haute, IN 47807

Union Hospital Medical Group – Family Medicine
1530 N. 7th Street, Ste 110
Terre Haute, IN 47807
(812) 238-7878

Union Medical Group Thomas Plaza - Dr. Patrick Titzer
5500 US Hwy 41 S
Terre Haute, IN 47802
(812) 232-3281

Union Medical Group Thomas Plaza - Dr. Daniel Kellar
5500 S Us Hwy 41 S
Terre Haute, IN 47802
(812) 238-7791

Union Hospital Medical Group Riley Family Medicine
7500 SR 46
Riley, IN 47871
(812) 894-2304

Union Hospital Medical Group OB/GYN South - Dr. Vannara Sakbun
611 E. Springhill Drive
Terre Haute, IN 47802
(812) 478 -9845

UMG OB/GYN
1429 N 6th St
Terre Haute, IN 47807
(812) 242-3115

Union Medical Group Pediatrics
221 S. 6th Street
Terre Haute, IN 47807
(812) 242-3105

Clay City Center for Family Medicine
315 Lankford Street
Clay City, IN 47841
(812) 939-2126

Cork Medical Center
408 N. 2nd Street
Marshall, IL 62441
(217) 826-2361

Union Hospital Medical Group Internal Medicine - Dr. Imad George Koj
3903 S. 7th Street - Suite 2E
Terre Haute, IN 47802
(812) 235-7370

Union Hospital Medical Group Internal Medicine – Dr. Antwan M. Mardini
1530 N. 7th Street – Suite 111
Terre Haute, IN 47804
(812) 232-9663