

Title: Financial Assistance Policy	
Department: Revenue Cycle	
Area: Hospital Wide	Effective Date: November 1, 2015
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Purpose

Decatur Morgan Hospital's guideline is to provide medically necessary health care services for patients in the hospital's service area as defined by Decatur Morgan Hospital from time to time. Decatur Morgan Hospital intends, with this guideline, to establish a policy and appropriate procedures for use, in circumstances in which financial assistance, compliant with all applicable federal, state and local laws, is offered to Decatur Morgan Hospital's uninsured patients.

Definitions

For the purposes of this Guideline/ Policy, the following definitions apply:

- "Charity Committee" is appointed by the Chairman of the Health Care Authority of the City of Huntsville and is charged with the oversight of the policy for Billing and Collections of Uninsured Patients.
- "Emergency Care" shall mean the care or treatment for an Emergency Medical Condition, as defined by EMTALA.
- "EMTALA" means the Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd).
- "Medically Necessary Care" shall mean those services reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.
- "Patient" shall mean an individual who receives care at Decatur Morgan Hospital and the person who is financially responsible for the care of the patient.
- "Uninsured Patient" is defined as a person who is uninsured or does not otherwise qualify for any governmental or private program that provides coverage for any of the services rendered and either:

Qualifies for charity care as defined herein;

Does not qualify for charity care but does qualify for some discount of his/her charges for hospital services based on a substantive assessment of his/her ability to pay ("Means Test"), such as total income, total medical bill, assets, mortgage payments, utilities, number of family members, disability considerations, etc.; or

Has some means to pay but qualifies for a discount based on this policy.

Policy for Emergency and Medically Necessary Care

1. This policy applies to all Emergency Care and Medically Necessary Care provided in the inpatient or outpatient acute care setting, including behavioral health, and applies to all such care provided in the hospital's facility by a substantially-related entity as defined in § 1.501(r)-1(b)(28) of the Treasury Regulations promulgated under the Internal Revenue Code of 1986, as amended. This policy does not apply to payment arrangements for elective procedures as defined by Decatur Morgan Hospital or to cover the cost of outpatient prescription medications.

Organizational Policies and Procedures

2. Decatur Morgan Hospital's policy is to provide Emergency Care and Medically Necessary Care to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth below, Uninsured Patients who do not have the means to pay for services provided at Decatur Morgan Hospital's facilities may request to be considered for awards of financial assistance under the financial assistance policy. The eligibility criteria for financial assistance and the procedures for receiving financial assistance set out in this financial assistance policy are intended to ensure that will have the financial resources necessary to meet its commitment to providing care to patients who are in the greatest financial need.
3. Consistent with EMTALA, Decatur Morgan Hospital will provide an appropriate medical screening to any individual, regardless of race, creed or ability to pay, requesting treatment for a potential emergency medical condition. If, following an appropriate medical screening, Decatur Morgan Hospital personnel determine that the individual has an emergency medical condition, Decatur Morgan Hospital will provide services, within the capability of its facility, necessary to stabilize the individual's emergency medical condition, or will effect an appropriate transfer as defined by EMTALA.

Principles

1. All billing and collection practices will reflect our commitment to treat all patients equally, with dignity, respect and compassion.
2. Consistent with Decatur Morgan Hospital's mission and values, these policies reflect our commitment to provide financial assistance to patients who cannot pay for part or all of the care they receive, while taking into account Decatur Morgan Hospital's financial ability to provide the care.
3. When possible, Decatur Morgan Hospital will assist patients in obtaining health insurance coverage from private or public sources, like Medicaid or AllKids.

Guidelines

Decatur Morgan Hospital ensures that:

1. Its employees and agents behave in a manner that reflects the policies and values of Decatur Morgan Hospital, including treating patients and their families with dignity, respect and compassion.
2. Patients who do not qualify for charity care but are in need of financial assistance are offered appropriate extended payment terms or other payment options that take into account the patient's financial status.
3. Outstanding balances on patient accounts are pursued fairly and consistently, in a manner that reflects the values and commitments of our hospital in the community it serves.
4. Financial counselors are available to all patients.
5. Financial assistance policies are applied consistently with all patients.
6. Financial assistance for individual patients is balanced with the hospital's broader responsibility to keep its doors open for all that may need care in the community.
7. Patients and families will be advised of their financial responsibility, based upon their individual ability to pay.

Measures to Widely Publicize Decatur Morgan Hospital's Financial Assistance Policy within the Community

1. Patients and their families are advised of the hospital's applicable policies, including charity care and the availability of need-based financial assistance in easily understood terms, as well as in any language commonly used by patients in the community.
2. Information, including a plain-language summary of this policy, is posted in the admitting and all registration areas, including the emergency room, regarding financial assistance and charity care policies.
3. Patients are offered a copy of the plain-language summary of this policy as part of the Registration process.
4. Patients can call Decatur Morgan Hospital's Patient Financial Services Department at (256) 265-9689, Monday – Friday, 8 a.m.- 4:30 p.m., to confidentially inquire about financial assistance after discharge and request a copy of this policy, a plain-language summary of this policy and the financial assistance application form (attached hereto as Exhibit A) to be mailed to their home address without charge.
5. This policy, a plain-language summary of this policy and the financial assistance application form can be found online by accessing the following link:

decaturmorganhospital.net/services/financial-assistance
6. Billing statements contain a conspicuous written notice informing the recipients that financial assistance is available, providing the telephone number for Decatur Morgan Hospital's Patient Financial Services Department so recipients may inquire about financial assistance and directing recipients to the direct website address where this policy, a plain-language summary of this policy and the application form can be found.

Uninsured Patient Discount

1. Decatur Morgan Hospital will provide Medically Necessary Care through inpatient and outpatient hospital services (including emergency room services) to Uninsured Patients with household income levels at or below 200% of the federal poverty level (FPL) free of charge. The Provider's collection policy will be not to bill these patients for any amount.
2. Decatur Morgan Hospital will base the financial liability of Uninsured Patients with household income levels below 400% FPL by (1) discounting the Uninsured Patient's bill to what would be paid by Medicare for all inpatient, outpatient and physician clinic (Part B) services, and to discount to 50% of billed charges all procedures or services for which Medicare payment does not exist, and (2) after such discounts as provided in (1), by further applying to the remaining balance the discount provided in Financial Assistance Procedure paragraph (5) below. Please also see "Limitations on Amounts Generally Billed" below.
3. This Policy is not applicable to physicians, immediate family members of a physician (as defined in 42 C.F.R. §417.351, as amended) or to any patient who is a referral source to Decatur Morgan Hospital.
4. This Policy applies only to inpatient, outpatient or emergency room services and is not applicable to professional fees, unless such fees are for services performed by a physician employed by Decatur Morgan Hospital.

Organizational Policies and Procedures

5. Upon request, Uninsured Patients eligible for discounts described in this Policy must complete an application for Medicaid participation or for coverage by other governmental payment programs.
6. A patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. Determination of discounts for medically indigent patients will be considered on a case-by-case basis by the Charity Committee.
7. Other discounts outside this policy will be considered on a case-by-case basis by the Charity Committee.

Financial Assistance Procedure

1. Hospital personnel will give patients Decatur Morgan Hospital's Plain Language Summary of the Financial Assistance policy and an Application for Financial Assistance, once a patient is identified as uninsured. The timing for delivery of this Policy and the Application for Financial Assistance will depend upon whether identification is made at the time of service, during the billing process or during collection. The Uninsured Patient must complete the Application for Financial Assistance and provide the information described in Paragraph (2) below. Following the patient's completion of the application, hospital personnel will review the application against eligibility criteria. The Uninsured Patient will provide Decatur Morgan Hospital with supporting documentation of his/her level of income.
2. In evaluating an Uninsured Patient's need for financial assistance, Decatur Morgan Hospital personnel may review the Uninsured Patient's W-2 withholding forms, written verification of wage from employer and written verification from a public welfare agency or other governmental agency attesting to the patient's income status as well as the verification of bank accounts and assets. Upon request, an Uninsured Patient shall supply documentation reasonably necessary to verify the Uninsured Patient's income.
3. Decatur Morgan Hospital personnel will use the Federal Poverty Level Information available for the application calendar year to determine an Uninsured Patient's eligibility to receive financial assistance.
4. If a patient meets the eligibility criteria, the patient must sign a certification statement verifying his household income level. Decatur Morgan Hospital personnel may contact the patient's employer, if any, to verify the Uninsured Patient's status or may request additional documentation of income.
5. Decatur Morgan Hospital will calculate the financial liability of an Uninsured Patient based upon the Uninsured Patient's household income using the chart below and paragraph 2 and 3 of above "Uninsured Patient Discount" section.

Uninsured Patient Financial Assistance Guidelines	
Income Level (of FPL)	Discount
0 -200%	100% of Medicare rate
201% - 250%	50% of Medicare rate
251% - 300%	40% of Medicare rate
301% - 350%	25% of Medicare rate
351% - 400%	15% of Medicare rate

6. Uninsured Patient financial assistance offered under this Policy is subject to review by Decatur Morgan Hospital's Director of Patient Financial Services to ensure compliance with this policy.

Limitation on Amounts Generally Billed

Notwithstanding the table above, where there is an award of financial assistance that does not cover 100% of the charges for the service, the amounts charged to patients eligible for discounted care will not be more than the amounts generally billed by Decatur Morgan Hospital to patients under the Internal Revenue Service's "prospective Medicare" method, which is the amount Decatur Morgan Hospital would expect to receive from patients having insurance under Medicare.

Actions under Collections Policy in the Event of Non-Payment

The actions Decatur Morgan Hospital may take with regard to non-payment by a patient who is able to pay for services, including collections action and reporting to credit agencies, are set forth in Decatur Morgan Hospital's Collections Policy effective January 1, 2005, which may be found at huntsvillehospital.org

Notification of Eligibility Determination

1. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial will be provided, generally within 30 days of receipt of a completed application.
2. Extraordinary collection actions will be suspended during the consideration of a completed charity care application. Prior to placement with an agency, a note will be entered into the patient's account related to charity care to suspend collection activity. If the account has been placed at the agency, the agency will be notified by telephone to suspend collection efforts until a determination is made. If a charity care determination allows for a percent reduction but leaves the patient with a self-pay balance, payment terms will be established on the basis of disposable income.

Reasonable Efforts to Determine Eligibility for Financial Assistance Prior to Extraordinary Collection Actions.

Notwithstanding any other provision of any other policy at Decatur Morgan Hospital regarding billing and collection matters, including the Collections Policy referred to above, Decatur Morgan Hospital will not engage in extraordinary collection actions before it makes reasonable efforts to determine whether an individual who has an unpaid invoice amount from Decatur Morgan Hospital is eligible for financial assistance under this financial assistance policy.

As used herein, "extraordinary collection actions" shall have the meaning set forth in the Treasury Regulations issued under Internal Revenue Code § 501(r) and include selling the patient's debt to another party (with limited exceptions); reporting adverse information to consumer reporting agencies or credit bureaus; deferring, denying or requiring payment before Medically Necessary Care is provided based on previous non-payment; and legal actions, such as placing a lien on property, attaching or seizing bank accounts, civil actions, arrest, writ of body attachments or garnishing wages.

As used herein, "reasonable efforts" shall have the meaning set forth in the Treasury Regulations issued under Internal Revenue Code § 501(r). In order to comply with this obligation Decatur Morgan Hospital will:

- Ensure that this policy has been "widely publicized" (within the meaning of the regulations)
- Refrain from initiating any extraordinary collection actions for at least 120 days from the date of the first post-discharge billing statement for the care
- Provide a written notice about this policy (including a copy of the plain language summary, a statement regarding any extraordinary collection actions the hospital or an authorized third party intends to initiate, and reasonable efforts to notify the individual orally about this policy) 30 days prior to initiating any extraordinary collection actions

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- Accept financial assistance applications for at least 240 days from the date of the first post-discharge billing statement
- Notify individuals who submit an incomplete application during the application period about how to complete the application (and provide contact information for assistance), and suspend any extraordinary collection actions for these individuals until eligibility is determined
- Determine whether individuals are eligible when completed applications are submitted during the 240-day application period
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Then, if a completed application is submitted during the 240-day application period, Decatur Morgan Hospital, acting in a timely manner, will:

- Suspend any extraordinary collection actions to obtain payment for the care
- Make a determination as to eligibility and notify the individual in writing of this determination (including the assistance for which the individual is eligible)
- Provide a billing statement indicating the amount owed and how it was determined, in the event the individual is not eligible for free care
- Refund any amounts paid above the amount required by this policy
- Reverse any extraordinary collection actions (e.g., removing adverse information from the credit report)

Decatur Morgan Hospital ensures that any collection agencies providing collections services on behalf of Decatur Morgan Hospital are aware of this financial assistance policy and adhere to the requirements contained herein and Section 501(r) of the Internal Revenue Code of 1986, as amended, by the execution of an Addendum to Collections Agency Services Agreement. A copy of such Addendum to Collections Agency Services Agreement is attached hereto as Exhibit B.

List of Providers

A list of providers, other than Decatur Morgan Hospital, that deliver Emergency Care or other Medically Necessary Care in Decatur Morgan Hospital's facility, specifying which providers are covered by this financial assistance policy and which are not, is attached hereto as Exhibit C.

This financial assistance policy is also available in Spanish.

EXHIBIT A

FINANCIAL ASSISTANCE APPLICATION

Patient Name: Last _____ First _____ MI _____

Account Number(s): _____

Admission Date(s): _____ Reason: _____

Social Security #: _____ Date of birth _____ Age _____ Male _____ Female _____

Marital status: (*circle one*) married common-law-married single widowed divorced separated How long? _____

Spouse's name: _____ Spouse's DOB: _____

Spouse's social security# _____

Patient Home #: _____ Work #: _____ Cell #: _____

Current address _____

(Street) _____ (City) _____ (State) _____ (Zip code) _____

County: _____ How long at current address? _____

Name & Phone # of relative not living in your household: _____

Patient Employer: _____ Hire Date: M/D/Y _____

If unemployed –last date worked : _____ M/D/Y Reason? _____

Spouse's Employer: _____ Hire Date: M/D/Y _____

If unemployed –last date worked _____ M/D/Y Reason? _____

List **ALL** Bank Accounts (include name & acct #):

Patient's Acct: _____ checking _____ savings _____ other _____

Spouse's Acct: _____ checking _____ savings _____ other _____

Minor Children's Acct(s) _____ checking _____ savings _____ other _____

Property Owned: House _____ Land _____ Auto (year & make) _____

Are you? Renting _____ Buying _____ Own _____ Living with/and or supported by someone? _____ who _____

Number of people living in the household _____ How are they related to you? _____

List the ages of **your** minor children still living in the household: _____

Was this an accident? _____ Nature of accident: _____ Date & Place of accident _____

If involved list:

Medical pay policy ins info _____ Liability policy ins info _____

Have you ever applied for SSI/Social Security Disability? _____ Is the case still open and pending a decision? _____

Do you have an attorney working on your case? _____ Attorney Name: _____

Organizational Policies and Procedures

MONTHLY INCOME

Gross wages/employment (patient) _____
Net wages after taxes (patient) _____
Gross wages/empl (**spouse**) _____
Net wages after taxes (spouse) _____
Gross wages/salary (**parents**) _____
Net wages after taxes (parents) _____
(If patient is a child-please list income for both parents)
Child support/alimony payment _____
Social Security check amt (**patient**) _____
Daycare/childcare expense _____
Social Security check amt (**spouse**) _____
Education/college loans _____
Social Security check amt (**child**) _____
List all insurance premiums paid:
SSI Income (**list amt & whom is receiving**) _____
Military, Reserves, VA income _____
Short/long term disability income _____
Child support/alimony received _____
Unemployment check amount _____
(Monthly payments)
Retirement/pension check amt _____
Workman's Compensation _____
Rental income received _____
AFDC/Family Assistance _____
Food Stamps received _____
Church assistance received _____
Other income/\$ received _____

MONTHLY EXPENSES

****If expenses are shared, please list your portion only****
Rent or House/Trailer payment _____
Land/lot payment _____
Utilities _____ Gas _____ Water _____
Food _____ Phone bill amt _____
Car payment _____ Car Insurance _____
Car payment _____ Car Insurance _____
Hospital/daily indemnity _____
House/renters insurance _____
Health ins: _____ Student ins: _____
Life/burial ins: _____ Cancer ins: _____
Doctor & medical expenses _____

Prescription costs _____
(Out of pocket)
Credit Card Name: _____ pmt _____
Credit Card Name _____ pmt _____
Bank loan Name: _____ pmt _____
Other expense: _____ pmt _____

Applicant's statement: I do hereby certify that the information on this form is correct and true to the best of my knowledge & that no pertinent items of information have been concealed or omitted from this application. I also understand that Huntsville Hospital Health System has the right to reverse their decision concerning charity discounts when discovery of information is made that indicates the patient/guarantors has or had the ability to pay for their services. I am giving Huntsville Hospital Health System; permission to access my credit file and to provide my financial information to those companies contracted by Huntsville Hospital Health System for the purpose of financial or product recovery programs for which I may qualify. If there is anyone you would like to allow us permission to speak with in regard to completing the financial application process, please list them below as a designated person in the space provided.

Designated Person: _____ Patient's Initials to approve _____

Patient (or family rep)SIGNATURE _____ **Date** _____

SPOUSE'S SIGNATURE _____ **Date** _____

Medassist Rep: _____ **Financial Counselor:** _____

EXHIBIT B

ADDENDUM TO COLLECTION AGENCY SERVICES AGREEMENT

Addendum to Collection Agency Services Agreement

_____ [Hospital] and _____ [Collection Agency], for mutual consideration hereby acknowledged, agree, effective this _____ day of _____, to amend the current collection services agreement between the parties to include the following:

1. The [Hospital] has adopted a new policy ("policy") intended to further ensure socially just billing and collection practices for [Hospital's] uninsured patients.
2. A copy of the policy has been provided to [collection agency].
3. Subject to Paragraph 4 of this Addendum, [the collection agency] agrees to abide by the policy in the course of conducting its collection-related activities involving uninsured [hospital] patients. Such activities include, but are not limited to the following:
 - a. All communications with any uninsured [hospital] patient or person financially responsible referred to [the collection agency] for purposes of collecting amounts owed to [hospital]; and
 - b. All legal proceedings, of whatever kind or nature, against any uninsured [hospital] patient or person financially responsible referred to [collection agency] for purposes of collection amounts owed to [hospital].
4. [Collection Agency] agrees not to deviate from the standards and requirements set forth in the policy without the prior written consent from [hospital].
5. [Collection Agency] agrees to abide by the regulations set forth in 501(r).

EXHIBIT C

PROVIDER LIST

Decatur Morgan Gastroenterology
Decatur Morgan Infectious Disease
Decatur Morgan Neurology
Women's Healthcare of Decatur
Urogynecology Center of North Alabama
Growing Together Pediatrics
Milestone Pediatrics
Decatur Morgan Primary Care
Hartselle Med-Peds
Hartselle Family Practice
Valley Family Medicine
Decatur Morgan Hospitalist

The foregoing list of providers was updated on November 1, 2015.