POLICY & PROCEDURE

Policy #:	***Financial Assistance Policy***		
Facility(s):	Atmore Community Hospital		
Department:	Patient Business Services		Hospital, Patient Accounts
Original Date	Sept. 29, 2011		
Revision Date	October 1, 2019	April 7, 2022	

Policy & Procedure Description (Policy):	Define the Financial Assistance Policy for Atmore Community Hospital (ACH). The Financial Assistance Policy describes the Financial Assistance Program available to patients provided services at Atmore Community Hospital (ACH).
Purpose:	As part of our mission to serve the community, will provide hospital services to uninsured or under-insured persons who may not have the personal resources to fully or partially cover such services. The Financial Assistance Policy defines the program through which attempts to identify/qualify such hospital patients for Financial Assistance. The Policy includes: 1) Communication/Publication of the Financial Assistance Policy, 2) Determination of Eligibility under the Policy, and 3) Administration of the Policy.
Approved By/ Date:	ACH Board of Directors 4/13/2022

I. Policy

Atmore Community Hospital (ACH) is committed to providing financial assistance to patients who require emergent or other medically necessary hospital care, are uninsured or underinsured, and have demonstrated that they are otherwise unable to pay for such care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are indigent and disenfranchised, ACH strives to ensure that the patient's financial situation does not prevent them from seeking emergent or other medically necessary hospital care. ACH's emergency medical treatment, if an emergency medical condition is found, will never be delayed to determine insurance coverage, the patient's method of payment, or the patient's eligibility for financial assistance.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with ACH's procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services. The financial assistance guidelines herein exist so that ACH may provide an appropriate level of assistance to the greatest number of persons in need, while also allowing ACH to responsibly manage its resources.

II. Definitions

Application Period: Application period means the period during which a hospital facility must accept and process an application for financial assistance under its FAP. The period begins on the date the care is provided and ends on the 240th day after the date of the first post discharge billing statement is issued and appropriate notice is given to the individual as required by IRS regulations.

Financial Assistance (FA): Healthcare services that have or will be provided to qualified patients, and which are not expected to result in full payment. FA results from each hospital's policy to provide healthcare services free or at a discount to patients who meet established criteria under the Financial Assistance Program.

Financial Assistance Policy (FAP): The Financial Assistance Policy of Atmore Community Hospital is reviewed and administered by the ACH Revenue Cycle division with authority and approval from the governing board and the Escambia County Health Care Authority, a not-for-profit healthcare provider.

Financial Assistance Program (FA Program): The program hereunder where patients apply for FA and their application is evaluated using certain eligibility criteria, and through which their eligibility for Financial Assistance is determined. The FA Program does not include other discounts that ACH may offer, e.g. prompt pay discounts or employee discounts. The FA Committee has final authority to determine eligibility and therefore determine what level of assistance is available based off the Federal Poverty Guidelines.

Financial Assistance Committee: The Committee consists of members of the Patient Financial Services Office, including but not limited to the Financial Counselor and the Revenue Cycle Director. The Committee reviews and evaluates FA applications, determines and documents eligibility/qualification (or non-eligibility /qualification) there-under. FA approval or disapproval, for each FA application reviewed, is evidenced by the signature of the Revenue Cycle Director on the respective FA application.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent family member.

Household: the household consists of the applicant, spouse and all legal dependents as allowed by the IRS. If the applicant is a minor or legal dependent for income tax purposes, the household will include parent (s), legal guardian(s) and/or the taxpayer claiming the patient as a dependent for income tax purposes.

Guarantor- Any individual, other than the patient, who is financially responsible for the patient's bill.

Household Income: The combined annual income of all members within the Household, as previously defined, which includes the patient or Guarantor. Combined annual income will be calculated by annualizing documented income over the last ninety (90) consecutive days. For the purposes of determining financial eligibility for Financial Assistance, income includes all monies received before taxes from all sources, including, but not limited to, estate payments, net rental income, alimony, military family allotments, employee pensions or retirement plans, military retirement pay, veteran's payments, self- employment income, royalties, Social Security payments, railroad retirements, unemployment compensation, regular insurance or annuity payments, interest income, private pensions, workers compensation benefits and employment wages. The Hospital will require supporting documentation to be submitted with the paper Application. Income does <u>not</u> include, food stamps, heat assistance funds, school lunches or housing assistance, employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, gifts, loans, need-based assistance from non-profit organizations, or disaster relief assistance. Family Income is used to measure, as a percentage, the Family's indigence relative to the U.S. Census Bureau's "Federal Poverty Guidelines."

Medically Necessary: Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are in accordance with the generally accepted standards of medical practice and/or clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease.

For these purposes, "**generally accepted standards of medical practice**" means:

a. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
b. Physician specialty society recommendations.
c. It can also mean the views of Physicians practicing in the relevant clinical area;
d. any other relevant factors.

Emergency Medical Services are always deemed to be Medically Necessary.

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting their payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out- of-pocket expenses that exceed their payment abilities.

Gross Charges: The total charges at the organization's established rates for the provision of patient care services as provided in the uniform charge master of ACH.

Patient Liability: The amount owed by the patient and/or Guarantor after all insurance benefits and Financial Assistance discounts are applied. If the applicant is approved for 100% Financial Assistance then no amount will be billed to the patient. If the applicant does not qualify for 100% Financial Assistance then the remaining balance will be due from the patient or Guarantor and subject to Extraordinary Collections Actions **(ECA).**

Eligible Services: For purposes of this policy, "financial assistance" refers to hospital healthcare services provided without charge or at a discount to patients who apply and are eligible under the FAP. Services eligible for financial assistance are emergent or other medically necessary hospital care. The FAP does not cover non-hospital services (e.g. Emergency Room Physician, Radiologist, Pathologist, Nurse Anesthetist or Anesthesiologist or any Specialist Services which may provide services at Atmore Community Hospital) and elective procedures. See Appendix A - Covered and Non-Covered Providers.

Extraordinary Collections Actions (ECA): Actions that may be taken by ACH related to obtaining payment for services rendered including:

a. Selling an individual's debt to another party for the purpose of collecting that debt,

this debt is recallable upon determination that the individual is eligible for financial assistance, and the individual has no obligation to pay the purchaser and ACH together more than they are personally responsible for paying under this financial assistance policy.

b. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
c. Actions that require legal or judicial process, including but not limited to:
    i. Placing a lien on the individual's property except for any lien ACH is entitled to assert under state law on the proceeds of a judgement, settlement or compromise owed to an individual as a result of personal injuries for which care was provided; (Alabama State Debt Setoff Program)
    ii. Commencing a civil action against an individual; and
    iii. Garnishing an individual's wages.

Amounts Generally Billed (AGB): The AGB is determined annually based on the IRS' "Look-back" method, using ACH hospital's respective Medicare paid-claims allowable percentage for the following applicable patient types:

i. "Inpatient" (includes Acute, Swing Bed In-House rehabilitation)
ii. "Outpatient" (all other patient types).

The annual AGB calculation period is the most- recent 12-month period of October 1st-September 30th to be applied by January 1 of the following calendar year. The AGB percentages for ACH are available in writing and may be obtained free of charge, by calling the ACH Central Business Office at 251-809-8435.

III. Procedures

1. **Eligibility for Financial assistance:** Eligibility will be considered for all applicants who submit a complete "Financial Assistance Application," (FAA). The FAA is accompanied by "Financial Assistance Instructions", (FAI). The FAA and FAI indicate the information and documentation which are required by the FA program. Collectively, the FAA and FAI are considered the "Financial Assistance Application." Hospital registration and business office personnel will provide Financial Assistance applications at no cost to the patient whenever requested by the patient or their representatives from the main Registration desk or Emergency Room desk. In addition, Financial Assistance applications are available at:

   https://www.atmorehealth.org/docs/ECHCA_Financial_Assistance_Application.pdf

   The application is also available upon admission. The FAP, Application and Plain Language Summary are provided to each patient at the time of registration/admission to ACH by the registrar or Financial Counselor.

2. **Determination of Financial Need:** Determined by the FA Committee in accordance with procedures that involve an individual assessment of financial need including:
   - An application process, in which the patient or the patient's guarantor is required to supply personal, financial and other information and documentation relevant to determining the financial need of the patient.
   - Reasonable efforts by ACH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs.
   - A review of the patient's outstanding accounts receivable for prior services rendered in order to write off any prior eligible care.
   - Family Income, as a percentage of Federal Poverty Guidelines (FPG) https://aspe.hhs.gov/poverty-guidelines, will be used as a guideline in making determinations of financial need.

     Patients are eligible for ***"full"*** Financial Assistance when their monthly Family Income is at or below 200% of FPG. For these patients, financial assistance is granted at a 100% discount from gross charges, which is always less than amounts generally billed to insured patients (AGB).

     Patients are eligible for ***"partial"*** Financial Assistance when their monthly Family Income is above 200% and up to 350% of FPG. For these patients, financial assistance is granted at a less-than-100% discount, in sliding amounts, which will not exceed AGB. *See III.3 below for Federal Poverty Guideline Sliding scale.*

     Patients eligible for FA are never billed Gross charges for any service. It is the intent of this policy to ensure that billed services for all eligible financial assistance patients are discounted below Gross charges.

     The Determination of FA may be done at any point in the billing collection cycle, or after an account has been written off to bad debt and referred to a collection agency.

3. **Calculation:** The calculation of the discount for patients qualified for a "partial" financial assistance adjustment will be based on our Medicare Reimbursement (AGB) rate. This discount will be updated annually when new Medicare rates are received. Applicants who qualify will receive the following adjustment:
   - Family income at or below 200% of the FPG qualify for 100% adjustment, which means that their services are free.
   - A family income above 200% to 250% of the FPG qualify for an adjustment based on the Medicare Reimbursement Rate plus an additional 60%.

- A family income above 250% to 300% of the FPG qualify for an adjustment based on the Medicare Reimbursement Rate plus an additional 30%.
- A family income above 300% to 350% of the FPG qualifies for an adjustment equivalent to the hospital's Medicare reimbursement rate.

4. **Complete Applications for Financial Assistance (FA):** An application is not considered complete until a fully completed FAA is submitted along with all supporting documentation as outlined in the FAI. It is the goal of ACH to review each FAP within 10 days of submission of a completed FAA. The FA Coordinator will ensure that the following steps are performed:

    a. The complete FAA and documentation are submitted to the Committee for review.
    b. The determination of FA eligibility or ineligibility is documented.
    c. The patient is provided with a written notice of the FA eligibility/ineligibility determination (as applicable). The notification to the patient will include the amount of FA that the patient has qualified for, if not 100% then the patient will be notified of any remaining amount that will be billed to the patient, the basis of the amount billed, and where applicable, the AGB percentage for the particular services which were provided. The anticipated time from complete application, review and written notification to applicant is 10 business days. This may vary based on amount of information to be reviewed. If a longer approval process is required, due to request for additional documentation from the applicant, we will contact the applicant in writing outlining the reason for delay and the anticipated time of completion.

5. I**ncomplete applications**: The Financial Assistance Coordinator will provide the patient with a written notice that describes the additional information and/or documentation required under the FAP. If the patient does not respond with the requested information to complete the application within 10 business days then ACH will continue with normal collection efforts. These are as follows:
    a. 1st statement will be sent out at approximately 5 days post discharge
    b. 2nd statement will be sent out at approximately 45 days post discharge
    c. 3rd statement will be sent out at approximately 90 days post discharge
    d. After the 3rd post discharged statement ACH will authorize a collection agency to make calls to either the patient or guardian to request payment and remind them that financial assistance may be available. With the 90-day letter, a written notice of the specific ECA to be initiated against the patient/guarantor will be identified and a copy of the PLS of the FAP will be provided.
    e. If after the 120-day period begins, if the patient submits an application for FA, then the ECA(s) are suspended while the application is being reviewed. If approved, any ECA(s) are reversed and if any payments have been received in excess of what would have been billed, had eligibility had been determined earlier, such amounts are refunded. Should documentation not be supplied or should the application remain incomplete, financial assistance will **not** be granted. However, the patient may submit a new application with the required information as long as the application period remains open, as defined earlier.

6. **The FA Committee determines** the need, eligibility, and amount of Financial Assistance granted commensurate with ACH's internally developed sliding scale, which is based on Family Income as a percentage of Federal Poverty Guidelines, and in conformity with any applicable laws, rules and regulations established by Federal, State or other applicable authorities. The amount of FA granted may be a 100% discount of gross charges, some lesser discount percentage (i.e. partial FA), or no FA. Where partial FA is granted, the billable amount, expressed as a percentage, will not exceed the aggregate percentage generally billed for each Hospital's Medicare patient population for the respective service provided, i.e. Inpatient or Outpatient.

    a. Financial Assistance will not be denied based on an applicant's failure to provide information or documentation that is not required by the Financial Assistance application. However, if no family income is reported, supporting information will be necessary as to how the family's daily needs are met. The FA Committee makes the final determination as to whether reasonable efforts have been satisfied to determine each patient's financial assistance eligibility; and therefore, whether ECA(s) can be initiated against the individual.

7. **Communication of the Financial Assistance Policy to Patients and the Public.** ACH will notify patients of the financial assistance policy, plain language summary, and application via:
    i. the admissions process prior to discharge,
    ii. ACH website,
    iii. patient billing statements/authorization, and
    iv. signage in registration and business office areas.

    ACH will notify the community of the financial assistance policy by circulating copies of the PLS and FAP to certain local public agencies and nonprofit organizations that address the health needs of the community's low-income populations, i.e. County Health Department(s).

8. **Summary of Financial Assistance Steps.**

    a. The FAA, PLS and FAP (in English) are available at the time of registration, or will be provided to the patient, free of charge upon request. It will also be provided as required in a translated-language version to a member of any ethnic population group with limited English proficiency constituting either the lesser of 1,000 residents or 5% of the population of the county.
    b. If a completed application is received along with all required documents (i.e. application is complete), the FA Coordinator will:
        i. Calculate the Federal Poverty Guideline percentage based on Family Income, and
        ii. Determine the amount applicant is eligible to receive as a discount.
    c. Present the completed applications to the FA Coordinator so the Committee may determine eligibility under the FAP.

d. Eligibility/non-eligibility and the amount of FA is determined and documented by the Committee; appropriate approvals/dis-approvals are documented via signatures.
e. Applicable adjustments are made to the account balance(s).
f. Prepare and mail a notice to the patient of the determination and amount of FA granted, following the steps outlined on page 6 section 2.
g. For incomplete applications, reasonable effort should be made to secure the required documents from the patient. If these attempts prove unsuccessful, the FA Coordinator should send to the applicant the written notice described on page 7 section 5 and treat the incomplete application as closed until the required documents are received. (Note: Closed "incomplete" applications shall be reopened and considered once the missing/required information/documents are received (within the 240-day application period).

IV. Process of Appeal

Patients who were denied Financial Assistance are able to appeal that determination by contacting the Business Office via mail within 30 days of notification:

Escambia County Health Care Authority

Atten: Revenue Cycle Director

1301 Belleville Ave.

Brewton, AL 36426

V. Related Documents

- Financial Assistance Policy Plain Language Summary
- Financial Assistance Application Form with Instructions
- Notice of Incomplete Financial Assistance Application
- Notice(s) of Financial Assistance Eligibility Determination
- Financial Assistance Determination
- Appendix A- Covered and Non-Covered Providers

For help in completing the Financial Assistance application please call the ACH Central Business Office at 251-809-8435.

Appendix A - Covered and Non-Covered Providers

Physician Name and License Number	Covered	Non-Covered
ACTIVE STAFF		
Durand-Mitchelle P. MD.25566		x
Harigel, Sheldon MD.31833	x	
Harigel, William S. MD.31834		x
Lundquist-Smith, Layla MD.41378	x	
McIntyre, Jonah MD.24551	x	
Salter, F.D. MD.12252		x
ALLIED HEALTH		
Barnett, Matthew CRNP 1-128241	x	
Bonner, Lydia 1-115121	x	
Classen, Keith CRNP 1-096876	x	
Jimmerson, Cathy PA.1250	x	
Yoder, Brent CRNP 1-089948	x	
Gandy, Joy CRNP 1-101114		x
EMCARE		
Allman, Jeffrey DO.447		X
Badewa, Abiodun MD.28254		X
Bagneris, Gina MD.32062		X
Boyd, Linda MD.36617		X
Briggs, Blake MD.40930		X
Carmichael, Sandra MD.13613		X
Carney, David MD.34982		X
Debuse, Mark MD.32564		X
Diop, Djiby MD.29792		X
Fagbongbe, Eniola MD.23921		X
Gundapuneni, Satish DO.1705		X
Harigel, Sheldon MD.31833		X
Harigel, W. Shane MD.31834		X
Harris, William MD.9132		X
Lee Anna MD.33567		X
McBeth, Michael MD.26103		X

Mueke, Maureen MD. 20304		X
Okonkwo,Ndubueze MD.18935		X
Richards, Theodore DO.1652		X
Rivers, Terry MD.12493		X
Scarborough, Jay MD.40777		X
Settlemoir, Hyet DO.2626		X
Sholes, Phillip MD.36314		X
Spitzer, Steven MD.25533		X
Stevenson, ZacharyMD.38182		X
Tio, VincentDO.1795		X
Tyndall, WilliamMD.11265		X
Uddin, Mohammad MD.19994		X
Weisenfeld, ShellyMD.21225		X
Williams, Wesley MD.22908		X
Yoder, JonMD.11637		X
Zwolksi, Andrew MD.42261		X
CARDIOLOGY		
Buckley, Ralph MD.25243		X
		X
Burnham, Kenneth MD.23415		X
		X
Cave, Luther MD.24676		X
Chaisson, Jordan, MD.39232		X
Chernick, Richard MD.20774		X
		X
Cole, Jason MD.25850		X
		X
Kirby, Dale Scott MD.19224		X
Quin, Ernest MD.33476		X
Robichaux, Robert MD.27223		X
GASTROENTEROLOGY		
Adkisson, Kendral MD.20289		X
Hakim, FaresMD. 20369		X
Orth, Roger MD.11467		X
GI CRNA		
Stokes, Stephen 1-096319		X
Camferdam, Laura 1-037104		X

Barenis, Barbara1-096079		X
GENERAL SURGERY		
Harris, WilliamM.D. 9132		X
OR CRNA'S		
McPhaul, Ashley 1-084167		X
Presley, John 1-120681		X
Belle-Isle, Michael1-080417		X
Garris, Jennifer1-090674		X
NEPHROLOGY		
Meyer, Katharina MD.21746		X
Bunting, Douglas MD.31814		X
Rahman, SaadurDO1960		X
Vannorsdall, Mark MD.23695		X
Yusufi, MuhammadMD. 32797		X
ORTHOPEDICS		
Smith, William E.MD.17688		X
Weakley, Christine PA.888 PA.888		X
PATHOLOGY		
Cardamone, ReganMD.18142		X
Fucich, Lee FMD.20718		X
McIntosh, RebekahMD.33015		X
Moses, KellyMD.33236		X
Marbut, Stephen MD.33164		X
PULMONOLOGY		
Agagan, Caesar MD.23463		X
Ellis, Blesilda MD. 27022		X
Lutz, Peter MD.24282		X
Pitts, William MD.31904		X
Porr, WilliamMD. 37294		X
Radcliff, Va. MD.34042		X
Sindel, Lawrence MD.11173		X
TELEPSYCH		
Aromin, Jourdan MD.41254		X
Lamousin, James MD.36387		X
Liubicich, Jeffrey MD.42197		X
Narayan, Dwayne, MD.36439		X
Renck, Greg MD.36418		X

Schofield, Michelle MD.43231		X
Smith, Andrew		X
Spiotto, Ernest MD.43840		X
Steffan, Anna MD.43436		X
Vandemark, Wendy MD.42817		X
VASCULAR		
Esses, Glenn E.MD.19175		X
HEMATOLOGY/ONCOLOGY		
Yunus, Furhan MD.36427		X
MONTGOMERY RADIOLOGY		
Berry, Teddi MD.36914		X
Dobbs, Matthew MD.33249		X
Dorey, Jason MD.16370		X
Downs, David MD.16329		X
Farley, Edward MD.36424		X
French, III, Wilford MD.25017		X
Hadley, Johnathan MD.28654		X
Hankins, Daniel MD.26934		X
Heeke, Brenten MD.34747		X
Hewlett, Nathan MD.33615		X
Johnston, Bryan MD.27435		X
Karst, Mary MD.20068		X
Kriegel, Wendy MD.34312		X
LeQuire, Mark MD.13481		X
Leung, Gary MD.20808		X
Marshall, Jonathan DO.2615		X
McGowin, Greyson MD.29938		X
Morano, Gordon MD.42933		X
Ng, Roland MD.25609		X
Phillpott, Justin MD.26333		X
Piasecki, Philip MD.24981		X
Pollitt, Cynthia MD.20652		X
Smith, Gordon MD.24974		X
Stanton, Ronald MD.29560		X
Thomas, Bradley, MD.26715		X
Thorington, Lauren DO.1363		X
Williams, Terry MD.10512		X

TELESTROKE		
Iyer, Anand MD.31978		**X**
Jaumally, Bibi MD.41859		**X**
Johnson, James MD.11977		**X**
Kaur, Manmeet MD.35677		**X**
Kelmenson, Daniel MD.36752		**X**
Kessler, Adam DO.1328		**X**
Kotecha, Aditya MD.42811		**X**
Kulkarni, Tejaswini MD.32618		**X**
LaFon, David MD.32994		**X**
Lalani, Ishan, MPH, MD.42126		**X**
Luckhardt, Tracy MD.29678		**X**
Mkorombindo, Takudzwa MD.37154		**X**
O'Reilly, Philip MD.21754		**X**
Page, David MD.34013		**X**
Patel, Kinner MD.42243		**X**
Parekh, Trisha DO.1431		**X**
Raval, Dhaval MD.34542		**X**
Robinson, Sarah MD.35994		**X**
Russell, Derek MD.33481		**X**
Salem, Ahmed MSc, FACP, MD.41795		**X**
Sangha, Rajbeer MD.35620		**X**
Singh, Vinodkumar, MD.L.3812.SP		**X**
Solomon, George MD.29339		**X**
Song, Weifeng, PhD,MD.33912		**X**
Stigler, William MD.31669		**X**
Vijaykumar, Kadambari, MD.36961		**X**
Virdi, Ravi MD.38648		**X**
Wade, Raymond MD.35250		**X**
Whitson, Micah MD.36108		**X**
Winter, Gretchen MD.38429		**X**