

DOCTORS MEMORIAL HOSPITAL BUSINESS OFFICE Policy and Procedures	Date: 02/01/02 Revision Date: 10/01/2016 Financial Assistance Policy Signature:
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PURPOSE:

At Doctors Memorial Hospital, our mission is to serve as a compassionate, efficient health home, that encourages wellness, restores health, and promotes a superior quality of life. As a part of our mission, Doctors Memorial Hospital seeks to provide quality care to those we serve regardless of their ability to pay. To that end, Doctors Memorial Hospital has put in place the tools and resources needed for the people we serve who qualify for financial assistance as outline in this policy.

Those who qualify for Doctors Memorial Hospital’s financial assistance will have care that is given at a reduced price. This financial assistance policy meets federal and state laws. Assistance is given in the hope that the patient and/or guarantors, that is, the person or people who would normally pay the bill for our services, work with Doctors Memorial Hospital’s policies, complete the forms and paperwork we need and make use of any public benefit or coverage programs that might also help pay the bill for services.

Doctors Memorial Hospital does not base eligibility for financial assistance on a person’s age, color, disability or handicap, gender, national origin, race, sex or sexual orientation.

ELIGIBILITY CRITERIA

The Doctors Memorial Hospital financial assistance eligibility criteria are based on gross household income and household size. A student who is not claimed as a dependent on his or her parents’ tax return will be evaluated based on the student’s income. If the student is claimed as a dependent, the parent’s or parents’ household income will be used to determine if he or she is eligible for financial assistance.

Gross income and household size: At Doctors Memorial Hospital and all clinics owned or may be owned and operated by Doctors Memorial Hospital, a reduced price is given to eligible patients or guarantors.

- Free Care is granted to eligible patients with a household income up to 100% of the Federal Poverty Guidelines.

- A 75% discount is given to patients or guarantors whose household income is greater than 100% but less than 150% of Federal Poverty Guidelines.
- A 50% discount is given to patients or guarantors whose household income is greater than 150% but less than 200% of Federal Poverty Guidelines.
- A 25% discount is given to patients or guarantors whose household income is greater than 200% but less than 250% of Federal Poverty Guidelines.

It is the patient's or the guarantor's responsibility to present the information Doctors Memorial Hospital needs to determine eligibility for financial assistance.

ELIGIBLE SERVICES

Services eligible under this financial assistance policy include:

1. Emergency medical care given in an emergency setting.
2. Medically necessary services, for example, inpatient or outpatient health-care services given to evaluate, diagnose or treat an injury, illness, disease or its symptoms.
3. Medical services that are necessary and given in a non-emergency setting to care for issues that threaten life.
4. Doctors Memorial Hospital's employed providers' services.

EXCLUSIONS: Services not eligible for financial assistance include:

1. Elective procedures:
 - Fertility and infertility treatment and procedures (including birth control)
 - Fertility and infertility treatment and procedures (including birth control)
 - Weight-loss programs (unless diabetes-related)
 - CT heart score
 - Sports physicals
 - Bariatric services
2. Collection agency accounts that have incurred legal fees.

Providers not employed by Doctors Memorial Hospital are not covered under this policy, unless they are providing Emergency Department services through a contract with Doctors Memorial Hospital to provide emergency services to their patients.

Providers performing radiology readings, pathology services, or other specialty services for Doctors Memorial Hospital's patients are not included in this financial assistance policy.

EMERGENCY MEDICAL SERVICES

Doctors Memorial Hospital will provide emergency care in accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations. All patients are seen and given care prior to being screened for financial assistance and/or payment ability in an emergency. Care will be provided at an equal level for all patients, regardless of ability to pay.

FINANCIAL ASSISTANCE

Financial assistance may be given to patients, or their guarantors, who meet the guidelines for what is required in terms of income levels under this policy. Doctors Memorial Hospital expects patients or guarantors to cooperate by applying for assistance or other public programs we identify as sources of help to cover the cost of services and care. Patients or guarantors who choose **not** to cooperate may be denied financial assistance.

Financial assistance will be granted on a sliding scale up to 100% of charges, based on the Federal Poverty Guidelines. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of financial assistance offered by third parties.

Payment Plans: A reasonable, no-interest, payment plan may be made between Doctors Memorial Hospital and the patient or guarantor for any amount due that remains once all discounts and financial assistance has been applied.

Patients or guarantors **must** communicate with Doctors Memorial Hospital any time an agreed-upon payment plan cannot be paid on time. Lack of communication may result in the patient's account being sent to a collection agency.

AMOUNTS BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

Basis for calculating amounts generally billed: Following a determination of financial-assistance eligibility, an individual will not be charged more than the amounts generally billed (AGB) individuals with insurance covering the same care for emergency or other medically necessary care.

The AGB is calculated, or determined, using the Medicare percentage of charges in effect at 10/01_____ as a guideline. Doctors Memorial Hospital is a Critical Access Hospital, and services are reimbursed at cost. Doctors Memorial Hospital chooses to use the Medicare percentage of charges set forth by Medicare or it's intermediary, First Coast Service Options in calculating the AGB.

If you have any questions about the AGB percentages, please call Patient Financial Services at (850) 547-8030, or the Business Office Manager at (850) 547-8015, for additional information that will be provided, free of charge.

Patients who are covered under Doctors Memorial Hospital's financial assistance policy and determined eligible for financial assistance will not be expected to pay gross charges for any eligible service received while covered under the Doctors Memorial Hospital's financial assistance policy.

APPLYING FOR FINANCIAL ASSISTANCE

Patients will be informed of the Doctors Memorial Hospital's financial assistance policy and the process for submitting an application. To determine if the patient or guarantor is eligible for financial assistance, Doctors Memorial Hospital asks for the necessary information and documents to prove household size, income and assets. A completed application for financial assistance must be submitted within 240 days from the date of the first post-discharge billing statement.

Doctors Memorial Hospital will make a reasonable effort to explain the Medicaid benefits, and any other state or local programs that may be available for the patient or guarantor to apply for. Once the patient or guarantor has been screened, and found potentially eligible for any of these programs, public or private, Doctors Memorial Hospital expects him or her to apply. If a patient or guarantor chooses not to apply, he or she may be denied financial assistance.

Documentation: Most applicants seeking financial assistance must submit required documents to verify income, including all sources of income received by the household unit. If required documents are not supplied, Doctors Memorial Hospital may ask for other information. If the applicant cannot provide the required documents, then a decision about financial assistance may be made based solely on information provided.

Income documentation includes the following:

1. Money, wages (including overtime) and salaries before any deductions. (Most recent pay stubs of all individuals contributing to the household income or written verification from employer(s) of current year to date wages.)
2. Income Tax Return (last year's)
3. Farm Income (last year's)
4. Personal Property Tax (last year's)
5. Regular payment from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments and public assistance (including Aid to Families with Dependent Children).

Income information will be used to figure, or calculate an annual gross income on which a decision will be based.

When a patient or guarantor claims “no income,” a signed letter by this person will be accepted as fair explanation or reason. If the patient is being supported by another person, that person must submit confirmation in writing of the type of support given to the patient/guarantor applying for Doctors Memorial Hospital’s financial assistance policy.

If a submitted financial assistance application is incomplete, a letter will be mailed to the applicant requesting the required information. The application will remain active for 30 days from the date the letter was mailed to the applicant asking for more information. If the applicant does not respond within 30 days, the application will be denied.

Please mail or bring financial assistance applications to:

Doctors Memorial Hospital
2600 Hospital Drive
P. O. Box 188
Bonifay, Florida 32425-0188

Any Doctors Memorial Hospital patient or guarantor may submit an application for assistance before or after receiving services.

Obtaining financial assistance information: To obtain a copy of the Doctors Memorial Hospital financial assistance application, financial assistance policy and financial assistance plain language summary, call, visit or contact us online.

By phone:

Please call the Patient Financial Services at (850) 547-8030 to request a copy of the financial assistance application, financial assistance policy and/or financial assistance plain language summary. It will be mailed to you free of charge.

In person:

Please visit our Business Office at: 2600 Hospital Drive, Bonifay, FL 32425, to obtain a copy of the financial assistance application, financial assistance policy and /or financial assistance plain language summary.

Online: Please visit www.doctorsmemorial.org to access a copy of the financial assistance application, financial assistance policy and/or financial assistance plain language summary.

The financial assistance application, financial assistance policy and/or financial assistance plain language summary are all free to you. If you need help to complete the financial assistance application, please call our Patient Advocate at (850) 547-8030 to set up an appointment.

Information on financial assistance and the notice posted in the hospital or any clinic locations will be translated and in any language that is the primary language spoken by 1,00 or 5 percent-whichever is fewer-of the residents in the primary service area.

ELIGIBILITY DETERMINATIONS AND DISPUTE RESOLUTION

Eligibility determinations will be made in accordance with the Doctors Memorial Hospital's policy. Every effort will be made to issue a decision on the same day we receive a completed application and all necessary information. If that is not possible, the applicant will be informed in writing within 20 business days of the date Doctors Memorial Hospital receives a completed application. Doctors Memorial Hospital's financial services representatives will record the reason for the denial in our patient accounting system.

Determination for financial assistance will be made after all efforts to qualify the patient for Medicaid or other public programs have been exhausted. If a decision on such coverage is pending, Doctors Memorial Hospital will not begin extraordinary collection actions.

If an applicant is determined eligible for financial assistance, on accounts for which they have been granted assistance, they will be refunded payments made in excess of the amount determined owed by the patient or guarantor under the Doctors Memorial Hospital financial assistance policy. In accordance with the Doctors Memorial Hospital policy, financial assistance is not extended for co-payments, therefore co-payments received will not be refunded. Financial assistance is not extended for amounts that are due from insured patients who fail to get the necessary referrals or approvals when insurance requires it, therefore these payments will not be refunded.

Applicants denied assistance may reapply if there has been a change of income or status. The original, signed applications will be kept on file. Applicants found ineligible for financial assistance may dispute the decision in writing by providing information as to the reason for the dispute and any helpful information to describe the basis for the dispute or appeal. A dispute or appeal letter must be received within 30 days of the date of the determination letter.

Disputes or appeals should be submitted to: Doctors Memorial Hospital Business Office, P. O. Box 188, Bonifay, FL 32425-0188/

Once an applicant is approved for financial assistance, the assistance will be automatically applied to unpaid accounts for eligible services as long as legal action has not already been taken on any of the accounts.

NOTIFICATION OF FINANCIAL ASSISTANCE

Information on the Doctors Memorial Hospital financial assistance policy is offered in the patient admission or discharge information packet. Information on the assistance policy and how to contact Doctors Memorial Hospital for further information or help in applying is posted in the hospital admitting locations, as well as the hospital emergency department. Financial assistance information will be included on the patient statement.

COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT

Collection actions: No account will be subject to collection actions within 180 days of issuing the first post-discharge statement and without first making reasonable efforts to determine whether the patient is eligible for financial assistance. No extraordinary collection actions will be pursued against a patient if the patient or guarantor has provided documentation showing that an application has been submitted for Medicaid or other publicly sponsored health programs, and that an eligibility determination is still pending.

This 180-day timeframe may be shortened if a decision has been made on financial assistance, or when a payment plan has been established and agreed to, but the patient or guarantor is no longer making the required payments.

If a statement is sent to a patient or guarantor, and mail is returned as undeliverable, Doctors Memorial Hospital will attempt to find a correct address. If the correct address cannot be found, Doctors Memorial Hospital will attempt to contact the patient or guarantor by telephone at the number listed by the patient or guarantor. If efforts to communicate with the patient or guarantor fail, accounts will be sent to a collection agency.

Reasonable efforts to inform patient of financial assistance: Prior to sending an account to a collection agency, the patient or guarantor will generally receive a minimum of six written statements including the first post-discharge statement and five subsequent statements. These statements will include a telephone number for information on paying patient balances and a conspicuous notice about financial assistance.

If an agreement has not been made to resolve the account, a final letter will be sent to the patient or guarantor. This letter acts as a notice to the account owner of the amount owed to Doctors Memorial Hospital and that the account will be placed with a third-party collection agency in 30 days. This letter will include a plain language summary and will outline any collection actions that may be taken if a plan is not put in place to settle the account. Oral notification will be attempted at this time as well to ensure the patient or guarantor is aware of Doctors Memorial Hospital's Financial Assistance Policy and the debt they owe.

There are other times when accounts may be placed in collections including when:

1. The patient or guarantor has not made timely payments according to the agreed-upon payment plan.
2. The patient or guarantor has received a financial assistance discount, but is no longer working with Doctors Memorial Hospital in good faith to pay off the remaining amount owed.

Extraordinary collection activities: Once an account is with the collection agency, the following actions may be taken to make sure debt for services and care is paid. They are “Extraordinary Collection Activities.”

1. Seizing the patient’s or guarantor’s bank account
2. Civil actions
3. Property liens
4. Property foreclosures
5. Garnishing of wages
6. Reporting adverse information to credit bureaus

Before Extraordinary Collection Activities can begin, the account must be reviewed and approval must be given by Doctors Memorial Hospital’s Revenue Cycle Manager. When one of these actions is to be taken against a patient or guarantor, the patient or guarantor will be given a 30-day written notice of the exact action to be taken. The patient or guarantor will also be informed of the Doctors Memorial Hospital’s financial assistance policy and how to apply for it. A plain language summary of the financial assistance policy will be included with the notice.

ENFORCEMENT

Doctors Memorial Hospital’s staff are expected to uphold the highest ethical standards. At no time should any staff member use false information or lie in an attempt to collect an account. All business must be conducted in the name of the caller or Doctors Memorial Hospital. By no means should staff lie about being an employee of a credit bureau, collection agency, law firm, etc. Everything a staff member says must be true and correct using a professional approach. Doctors Memorial Hospital’s staff as well as all third-party vendors working on behalf of Doctors Memorial Hospital will uphold and adhere to the Fair Debt Collection Practices Act.

CONFIDENTIALITY

Doctors Memorial Hospital will protect the privacy of each patient’s financial and personal health information.

REGULATORY REQUIREMENTS: Doctors Memorial Hospital will comply with all federal, state and local laws, rules and regulations as well as reporting needs that may apply to the work and actions done as a result of our financial assistance policy. If required, information

on financial assistance given under this policy will be reported once a year on Internal Revenue Service Form 990 Schedule H.

POLICY APPROVAL

Doctors Memorial Hospital's Board designated approval committee has approved the Doctors Memorial Hospital Financial Assistance policy. This policy is subject to review at any time. Any substantive changes to the policy must be approved by both Doctors Memorial Hospital executive team and, after that, the appropriate Board designated approval committee.

ATTACHMENT A: DEFINITIONS

The following definitions apply to all sections of this policy.

Amount generally billed (AGB): The amount generally billed (AGB) is the maximum payment Doctors Memorial Hospital expects directly from patients or guarantors who are eligible for financial assistance, for services that qualify under the financial assistance guidelines, after all financial assistance discounts have been applied. The amount generally billed will be figured or calculated using the Medicare cost to charge percentage. For patients with insurance, the amount generally billed applies only to the amount that they must pay, it does not include the amount insurers pay toward the bill.

Bad debt: An account that goes unpaid for more than 180 days after Doctors Memorial Hospital has determined the amount the patient or guarantor owes and is sent the initial patient statement, or the remaining amount that a patient or guarantor fails to pay after establishing an agreed-upon payment plan.

Discounted care: Care for which patients or guarantors can qualify for a percentage of their balance to be written off.

Financial Assistance that gives the patient or guarantor a discount of 25% up to 100% of total charges based on the Federal Poverty Guidelines.

Emergency Medical Condition: As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term “emergency medical condition” means: a medical 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:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions:
 - a. There is inadequate time to effect a safe transfer to another hospital before delivery, or
 - b. Transfer may pose a threat to the health or safety of the woman or the unborn child

Family Unit: A family is two or more persons related by marriage, birth of adoption, who reside together. All of these are considered as members of one family and therefore make up the household. This includes unmarried couples applying for assistance if they have mutual children together and same-sex married couples.

Federal Poverty Guidelines: The Federal Poverty Guidelines (FPG) use income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPG can be reference at www.obamacare.net/2016-federal-poverty-level/.

Financial assistance: Assistance given to eligible patients or guarantors, who might otherwise have financial hardship, to dismiss of all or part of their financial requirements for medically necessary care provided by Doctors Memorial Hospital.

Free care: Care for which patients or guarantors can qualify for the balance of the account to be written off.

All patient amounts due that are a result of having received eligible services given at Doctors Memorial Hospital and its clinics to eligible patients, or their guarantors, with yearly household incomes at or below 250% of the Federal Poverty Level.

Guarantor: A person, other than the patient, who is responsible to pay the patient's account.

Gross charges: Total charges at the full established rate for patient care services before deductions from revenue are applied.

Household: Family of one is a person who may be the only one living in a housing unit or who may be living in a housing unit in which one or more persons also live, but are not related to the applicant by marriage, birth or adoption. For example, people who live with others include a lodger, a foster child, a ward or an employee. A family of two or more persons includes people who are related by marriage, birth or adoption who live together; all such related persons are thought of as members one family; an unmarried couple with a mutual child; and same-sex couples who are married. If a household includes more than one unrelated family, the poverty guidelines are applied separately to each family and not to the household as a whole. Sometimes, a copy of a divorce decree or court documents proving legal separation may be required. If married, but not living together, income documents will required from both people.

Income: Income is how much everyone who lives in the household makes, before taxes are taken out, from all sources (gross income).

Medically necessary: As defined as services or items that a patient could or must receive for the diagnosis or treatment of illness or injury.

Doctors Memorial Hospital Service Area: The primary service area includes the following zip codes: 32425, 32427, 32464, 32428, and 32455, and 32464.

Payment plan: A financial payment plan that Doctors Memorial Hospital and the patient or guarantor agrees to for out-of-pocket fees. The plan takes into account the patient's financial issues, the amount owed and any prior payments.

Presumptive eligibility policy: In certain cases, patients or guarantors may be eligible for financial assistance because they are enrolled in other assistance programs that are based on need. Proof of enrollment in such programs will be sufficient documentation for determining eligibility.

Qualification period: Applicants who are eligible for financial assistance will be given this assistance for 90 days. Assistance will also be applied to past unpaid accounts for eligible services as long as legal action has not been taken on the account.

Uninsured patient: A patient with no third-party coverage such as commercial third-party insurance, and ERISA plan, a Federal health Care program (including without limit Medicare, Medicaid, SCHIP and CHAMPUS), Worker's Compensation or other third-party assistance to assist with meeting a patient's payment obligations.

Unrelated individual: An unrelated individual may be the only person living in a housing unit, or may be living in a housing unit in which one or more persons also reside, but are not related to the applicant by marriage, birth, or adoption. Examples of unrelated individuals living with others include a lodger, a foster child, a ward or an employee.

