

	<h1>POLICY & PROCEDURE</h1>
Department: Business Office	Policy Title: Financial Assistance
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POLICY:

SCOPE: This Policy applies to Pineville Community Hospital and all Facilities.

PURPOSE: PCHC has a long and valued history of providing financial assistance to the communities it serves. This Policy explains how PCHC determines if a patient qualifies for financial assistance (up to and including free care), and, if so, how it calculates that discount. Where applicable, this Policy will apply to and supersede any and all PCHC billing, payment and collection policies, and should be referenced and applied in conjunction with those policies. This Policy does not affect or limit PCHC's dedication and obligation under EMTALA to treat patients with emergency medical conditions, regardless of their ability to pay or their eligibility for financial assistance. Nonetheless, PCHC will exhaust all available options to collect the private-pay portions of patients' accounts, either before or as close to the time of service as possible. This Policy is intended to comply with Section 501(r) of the Internal Revenue Code (the "Code") and its corresponding regulations. This Policy will be adopted by the PCHC Board of Trustees and will apply to all facilities with specific provisions for each facility as noted herein and, on the attachments, hereto.

DEFINITIONS: "Amounts Generally Billed" or "AGB": The maximum amount billable to a patient eligible for financial assistance under this Policy. This amount is determined using the "look back" method described 26

- C.F.R. §1.501(r)-5(b) (3) of the applicable regulations. PCHC Facilities calculate this amount as described in Section 2(A) [2] of this Policy.
- "PCHC" means Pineville Community Health Center, Kentucky nonprofit corporations recognized as tax-exempt organizations under Section 501(c)(3) of the Code.
- "ECAs" or "Extraordinary Collection Actions" are defined under regulations implementing Section 501(r) and are summarized as the following actions taken by an PCHC Facility against a patient related to obtaining payment of a bill for care covered under this Policy: lawsuits, liens on residencies, assigning accounts to outside collectors, reporting adverse information to credit agencies, or other similar collection practices.
- "EMTALA" means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd.

- "FPG" means the federal poverty level guidelines established by the United States Department of Health and Human Services in effect on the date of the provision of the Health Care Service for awards of Financial Assistance under this Policy.
- "Financial Assistance" means free or discounted health care services given to patients who have been determined to be (i) unable to pay for all or a portion of their health care services for which they are responsible for paying and (ii) eligible for free or discounted care under this Policy.
- "Medically Necessary" or "Medically Necessary Care" means those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be Medically Necessary taking into account the most appropriate level of care. Depending on a patient's medical condition, the most appropriate setting for the provision of care may be a home, a physician's office, an outpatient facility, or a long-term care, rehabilitation or hospital bed.

To be Medically Necessary, a service must:

- 1) Be required to treat an illness or injury.
- 2) Be consistent with the diagnosis and treatment of the patient's conditions.
- 3) Be in accordance with the standards of good medical practice.
- 4) Not for the convenience of the patient or the patient's physician; and
- 5) Be that level of care most appropriate for the patient as determined by the patient's medical condition and not the patient's financial or family situation.

"Medically Necessary" or "Medically Necessary Care" does NOT include the following:

- 1) Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity).
- 2) Surgical weight loss procedures.
- 3) Experimental procedures, including non-FDA approved procedures and devices or implants.
- 4) Services for which prior authorization is denied by the Patient's insurance carrier.
- 5) Cost of specialty replacement lenses.
- 6) Hearing aids and hearing aid repair.
- 7) Fertility treatment; and
- 8) Services or procedures for which there is a reasonable substitute or if the Patient's insurance company will provide a service or procedure that is a covered service or procedure

- "Policy" means PCHC's Financial Assistance Policy.
- "Uninsured" means a patient who has no level of insurance or third party assistance to assist in meeting his or her payment obligations for health care services and is not covered by Medicare, Medicaid or Tricare or any other health insurance program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including workers' compensation and awards, settlements or judgments from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

POLICY: It is PCHC's policy to learn whether Uninsured patients are eligible for discounted or free care, and if so, to apply the write-off provisions of this Policy in accordance with its terms. PCHC will actively and widely publicize this Policy, and, upon the determination that a patient is eligible for financial assistance, PCHC will forgive all or a portion of the patient's bill. Eligibility for financial assistance, and the amount to be discounted, will be calculated using the criteria described in this Policy, which are

based, in significant part, on the Federal Poverty Guidelines ("FPG") published by the U.S. Department for Health and Human Services, as updated on an annual basis. This Policy describes: (i) the eligibility criteria for financial assistance, and whether such assistance includes free or discounted services; (ii) the basis for calculating amounts charged to patients; (iii) the financial assistance application method; (iv) the collection actions PCHC may take in the event of non-payment, including civil collections actions and reporting to consumer credit reporting agencies for patients that qualify for financial assistance; and (v) PCHC's approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

PROCEDURE: 1. Emergency Care PCHC will provide care for emergency medical conditions (as defined under applicable law including EMTALA) to all individuals, without discrimination, and regardless of their eligibility for Financial Assistance under this Policy. Emergency services will never be denied or delayed on the basis of a patient's ability to pay. PCHC Facilities will prohibit any action that discourages individuals from seeking emergency medical care, such as demanding that Emergency Department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities in the Emergency Department or in any areas of the Hospital where such activities could interfere with the provision, without discrimination, of emergency medical care. Nothing in this Policy shall be deemed to limit the Hospital's obligations under EMTALA to treat patients with emergency medical conditions.

2. Presumptive Eligibility for Financial Assistance

There are instances when a patient may appear eligible for Financial Assistance, but there is no completed Financial Assistance application on file or the current application lacks supporting documentation. Adequate information may be available through other sources that provide sufficient evidence to support the patient being considered eligible for Financial Assistance. If a patient does not or cannot provide the required documentation to make an eligibility determination, PCHC may use outside agencies to determine estimated family income and assess eligibility for Financial Assistance.

A. Most Generous Discount In the following circumstances, PCHC will provide a 100% discount to patients deemed presumptively eligible for Financial Assistance.

[1] In addition to using formulas developed by PCHC's outside agencies, the following criteria may be used to make presumptive eligibility determinations and may be used in place of the documentation described in Section 3 of this policy:

[a] If PCHC made a FAP eligibility determination on the patient within six (6) months of the current account/date of service at issue and such determination provided for a 100% discount, then PCHC may presumptively rely on its earlier determination to again offer a 100% discount.

[b] the patient is eligible for state-funded prescription programs.

[c] the patient is homeless or received care from a homeless clinic;

[d] the patient is eligible for assistance through the Women, Infants and Children program (WIC)

[e] the patient is eligible for assistance through the Supplemental Nutrition Assistance Program (SNAP).

[f] the patient is eligible for assistance through low income/subsidized housing; or

[g] the patient is deceased with no estate or mentally incapacitated with no one to act on the patient's behalf.

B. Less Than the Most Generous Discount

In the following circumstances, PCHC will provide less than a 100% discount to patients deemed presumptively eligible for Financial Assistance.

[1] If PCHC made a FAP eligibility determination on the patient within six (6) months of the current account/date of service at issue and such determination provided for a less than 100% discount, then PCHC may presumptively rely on its earlier determination to again offer a less than 100% discount. In addition, PCHC may rely on using formulas developed by PCHCs outside agencies.

[2] If a patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP, the PCHC Facility will:

Notify the patient about the basis for the presumptive FAP- eligibility determination and the way to apply for more generous assistance available.

[b] Give the patient a reasonable period of time (i.e., 30 days from the date of the presumptive eligibility notice) to apply for more generous assistance before initiating ECAs" to obtain the discounted balance owed; and

[c] If the patient submits a timely and complete FAP application seeking more generous assistance, then PCHC will determine whether the patient is eligible for a more generous discount.

3. Financial Assistance and Other Discounted Care

If an Uninsured individual presents at an PCHC Facility for health care services, he or she will be informed of the existence of PCHC's Financial Assistance Policy and will be furnished with a copy of this Policy or information about how to obtain a copy of the Policy.

A. Financial Assistance Discount PCHC will use the Sliding Fee Scale, which is linked to this policy, to determine eligibility for Financial Assistance and, if the patient is eligible, the amount of such assistance, which may result in the patient receiving free or discounted care. The Sliding Fee Scale is based on household income compared to the FPG for the current year.

[1] PCHC determines AGB by multiplying its charges for any emergency or other medically necessary care it provides by certain percentages, calculated using the look-back method described under Section 501(r)'s implementing regulations. Each PCHC Facility calculates its AGB percentage(s) separately. An information sheet concerning the AGB calculation for each specific facility can be obtained from the Facility Revenue Cycle Manager located in the Administration Department of the local facility.

[2] The basis to which any discount is applied is equivalent to the AGB charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Financial Assistance will only be applied to self-pay balances, for individuals that do not qualify for third party benefits and are not eligible under the FAP program.

B. Self-Pay Discount

Uninsured patients will automatically qualify for a Self-Pay Discount of up to 40% of charges (PCHC prompt pay discounts may result in a further reduction). The only instances in which a patient would not qualify for the 40% Self-Pay discount would be if they are found to have other coverage that cannot be verified at the time of service and would require additional information. If it is ultimately determined that the patient has no coverage, the account will be treated as self-pay and the Self-Pay Discount will be given, with the patient being billed and responsible for the remaining 60%.

C. No Gross Charges for PAP-Eligible Patients

PCHC will not bill any FAP-eligible patient gross charges for medical care covered by this Policy. Notwithstanding anything to the contrary contained herein, PCHC will limit amounts charged for emergency or other medically necessary care provided to individuals eligible for Financial Assistance under this Policy to not more than the amounts generally billed to individuals who have insurance covering such care.

4. Eligibility Criteria and Patient Responsibilities To qualify for Financial Assistance under this Policy, the patient must:

- A. Be Uninsured.
- B. Cooperate with PCHC staff and provide the requested information and documentation in a timely manner.
- C. Complete the required application form truthfully.
- D. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies for a partial discount only.
- E. Notify PCHC staff promptly of any change in financial situation so that PCHC can assess the change's impact on the individual's eligibility; and
- F. Agree to apply for any state, federal or local assistance for which the individual may be eligible to help pay for his or her hospital bill. Patients receiving Financial Assistance and who require medically necessary care (but not emergency care services) will be screened for eligibility for Medicaid, Health Insurance Exchange, or other available payment programs and, if found eligible, the patient must fully cooperate with enrollment requirements before the procedure is scheduled or the services are rendered. Eligible patients who fail or refuse to enroll in available Medicaid, Health Insurance Exchange, or other available payment programs coverage will be ineligible for Financial Assistance. PCHC will document its efforts, if any, to assist a patient to enroll in Medicaid, Health Insurance Exchange, or other available payment programs. If a patient seeking (care other than emergency or non-scheduled services) is covered by an HMO or PPO and PCHC is not an in-network provider, then the patient will be directed to seek care from his or her participating providers and will not be eligible for Financial Assistance. If a patient knowingly provides untrue information, he or she will be ineligible for Financial Assistance, any Financial Assistance that has been granted may be reversed, and the individual may become responsible for paying the entire hospital bill.
- G. A patient generally will qualify for Financial Assistance if his or her income (or his or her family unit's income) is below levels indicated on the Sliding Fee Scale. As described above in

Section 3(A), the Financial Assistance amount (including free care) provided will be based on the Sliding Fee Scale.

H. H. PCHC will assess patient eligibility based on a review including some or all of the following information:

- [1] Copy of the previous year's income tax return
- [2] Verification of household income
- [3] Savings account (bank, credit union, and etc.)
- [4] Certificates of Deposit
- [5] Stocks or bonds
- [6] Property including rental property.
- [7] Vehicles, boats, RV, & 4-wheelers
- [8] Rent or own home
- [9] Checking account.
- [10] Investment income
- [11] Tax Deferred Annuities 401K IRA Other significant assets

5. Overview of the Financial Application Process

A. To apply for Financial Assistance, a patient must complete the Financial Assistance Application Form attached to

Appendix I. The patient will provide all supporting data required to verify eligibility, including all income-related documentation. Copies of the application form and instructions are available online at http://www.PCHC.org/patients_visitors/financial_assistance.aspx, by requesting a copy in person at any of the PCHC Facilities' patient admission or registration areas, or by requesting a free copy by mail by contacting the PCHC Facilities' Collections Department. Additional contact information is provided below.

B. A patient may apply for Financial Assistance during the patient registration process or any time after, up to 240 days from the date on which PCHC issues its first post-discharge billing statement. If a patient does not submit a Financial Assistance application within the first 120 days from the date on which PCHC issues its first, post-discharge billing statement, then PCHC may begin engaging in the collection actions described below after issuing an ECA Initiation Notice. If a patient submits an application during the 240-day application period but after the 120-day restriction period, then PCHC must suspend any ECAs pending a determination as to whether the patient qualifies for assistance under this Policy.

6. Reasonable Efforts PCHC will engage in "reasonable efforts," as described below, to determine whether a patient is eligible for Financial Assistance under this Policy. Neither PCHC nor any of its contracted agents will engage in ECAs against a patient unless and until it has undertaken reasonable efforts as described below.

A. "Reasonable efforts" include without limit: (i) notifying patients about this Policy, (ii) in the case of an individual who submits an incomplete application, providing the individual with information relevant to completing the application, and (iii) in the case of an individual who submits a complete application, making and documenting a determination as to whether the individual is eligible under this Policy.

B. The PCHC Facility's Revenue Cycle Manager will be responsible for determining if PCHC Facility has made reasonable efforts to determine a patient's FAP eligibility before PCHC can initiate (or resume) ECAs against a patient.

C. ECA Initiation Notice Before PCHC initiates (or resumes) any ECAs, it will issue a written notice that (i) describes the specific collection activities it intends to initiate (or resume); (ii) provides a deadline after which such action(s) will be initiated (or resumed); and (iii) include s a plain- language summary of this Policy. PCHC may initiate collection activities no sooner than the end of the application Period or 30 days from the date on which it mails the written initiation notice, either by mail or electronic mail, whichever period is later. In addition, before initiating (or resuming) any ECAs, PCHC must make a reasonable effort to orally notify the patient about the FAP and how he or she can get help with the FAP application process.

7. Incomplete FAP Applications

If a patient submits an incomplete FAP application, PCHC will take the following steps:

A. PCHC will suspend any ECAs.

B. PCHC will provide the patient or his or her legal representative, with a written notice describing the additional information or documentation that must be submitted to complete the application.

C. PCHC will include the contact information, including the telephone number and physical location, of the Collections Department that can provide information about the FAP and assist with its completion. If the Collections Department cannot provide assistance with completing the application, the notice will list the name and contact information of at least one nonprofit organization or government agency that can assist with completing FAP application.

8. Completed Applications If a patient submits a completed application form, PCHC will make and document its eligibility determination in a timely manner.

A. Ineligible for Financial Assistance If PCHC determines that the patient is ineligible for any Financial Assistance, then the PCHC Facility may initiate ECAs after providing an ECA Initiation Notice to the patient which notice will include the result of the patient's FAP determination and the basis for such determination.

B. Eligible for Financial Assistance If PCHC determines that the patient is eligible for Financial Assistance, then:

[1] PCHC will send written notification to the patient of the Financial Assistance determination.

[2] If the discount is less than 100%, PCHC will provide the patient with a billing statement showing the amount owed, how the amount was determined, and describe how the individual can learn more about how PCHC calculates AGB. PCHC may initiate ECAs to collect any remaining balance from FAP-eligible patients if they do not pay the amounts for which they are responsible and have received an ECA Initiation Notice, described above.

[3] PCHC would issue refunds to FAP-eligible patients if they previously paid an amount to an PCHC Facility exceeding what they were personally responsible to pay, unless such amount is less than \$5 (indexed for inflation).

[4] PCHC will take all reasonable measures to reverse any ECAs taken against FAP-eligible patients to the extent possible. Even though PCHC determines a patient has the ability to pay for all or a portion of his or her bill, that determination does not prevent the patient from submitting a new FAP application in the future.

9. Appeal If a Financial Assistance application is denied, the patient has the right to appeal this decision by contacting the PCHC Facility's Revenue Cycle Manager at the address and numbers listed below. The appeal is subject to a more thorough review determination which will be made on the patient's behalf. The patient will receive correspondence of this determination once this review process is finalized.

10. Payment Plans Monthly payment plans lasting up to 30 months will be established for individuals receiving partial Financial Assistance, including those who are Uninsured. No interest will accrue to account balances while payments are being made. If an individual complies with the payment plan's terms, then no collection action will be taken. If the individual cannot pay the remaining balance within 30 months, then the payment plan may be extended with management's approval.

11. Extraordinary Collection Actions

An PCHC Facility may engage in ECAs after satisfying the reasonable efforts standard described above. PCHC has the right to pursue collections directly or working with a third-party collection agency.

PCHC will engage in the following ECAs:

A. Refer Patient Accounts to a Collection Agency Collection agency that contract with PCHC for collection services will follow this Policy with respect to all billing and collections matters.

B. Report Adverse Information to Consumer Credit Agencies or Credit Bureaus

The PCHC Facility's Revenue Cycle Manager or Collection Agent is responsible for determining that the PCHC Facility has made reasonable efforts to determine whether an individual is FAP-eligible and whether the hospital may take action to report adverse information to consumer credit agencies/credit bureaus.

C. Defer or Deny (or Require Payment Before Providing) Care and PCHC Facility may defer or deny (or require a payment before providing) medical care, but not emergency care, because of a patient's nonpayment for prior care.

[1] The PCHC Facility does not need to provide the ECA Initiation Notice before deferring or denying (or requiring a payment before providing) care based on past nonpayment. The PCHC Facility will, however, provide separate written and oral notices, described below, after which it may defer or deny (or request payment before providing) care immediately.

[2] The notification requirement specific to this ECA will be satisfied if the PCHC Facility provides a copy of its FAP application form to the patient, notifies him or her in writing that Financial Assistance is available, and provides the deadline after which it will not accept a FAP application for the previously provided care.

[3] The PCHC Facility must also provide a plain language summary of this Policy to the patient and orally notify the patient about this Policy and how the patient can obtain help with completing the FAP application. The deadline to submit a FAP application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care.

[4] If a FAP application is timely submitted, then the PCHC Facility will process it on an expedited basis to minimize any risk to the patient's health.

D. Take Certain Legal Actions. PCHC or external collection agencies may pursue, where appropriate, actions that require a legal or judicial process, consisting of:

[1] Placing a lien on a patient's property;

[2] Attaching an individual's bank account or any other personal property.

[3] Commencing a civil action against an individual; and

[4] Garnishing a patient's wages. Prior approval of an PCHC authorized representative is required before lawsuits may be initiated.

E. Non-Extraordinary Collections Actions In addition to engaging in the ECAs described above, PCHC may take the following non-extraordinary collections actions in the event of non-payment by a PAP-eligible patient:

(i) subsequent billings,

(ii) collection letters,

(iii) telephone calls.

(iv) attaching liens to the proceeds of a judgment, settlement, or compromise owed to a patient (or his or her representative) as a result of personal injuries for which the PCHC Facility provided care; and

(v) filing a bankruptcy proceeding claim to prevent PCHC Facility's legal rights from being jeopardized.

12. Community Outreach and Notification Efforts PCHC will publicize this Policy in the communities it serves by:

A. Publishing a copy of this Policy, a plain language summary of the Policy, and the Financial Assistance Policy application on PCHC's website.

B. Referencing on billing invoices where more information about the policy may be obtained.

C. Providing a copy of the Policy, a plain language summary of the Policy, and the Financial Assistance Policy application to patients free of charge upon their request via regular mail or in person; and

D. Using other forms of media in the communities served by PCHC from time to time, as may be beneficial to the public.

13. Internal Review and Approval Financial assistance discounts shall be subject to approval as follows:

A. Level I (up to \$7500), can be approved by the Financial Counselor.

B. Level 2 (\$7,500-\$15,000), requires proof of income (notarized), and Medicaid denial.

C. Level 3 (over \$15,000) requires the approval of the PCHC Facility's CEO in addition to approvals required at Level 2.

D. Authorized representatives of PCHC identified in this paragraph will use the form attached as Appendix III for proper approval and recordation of the discount or reduction provided.

14. Confidentiality PCHC respects the confidentiality and dignity of its patients and understands that the need to apply for Financial Assistance may be a sensitive issue. PCHC staff will provide access to Financial Assistance-related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

15. Contact Information to obtain copies of this Policy, the Financial Assistance application, and a plain language summary of this Policy, please visit http://www.PCHC.org/patients_visitors/financial_assistance.aspx.

Paper copies of these materials are also available in the following locations:

- Patient admission
- Registration areas
- Collections Department
- The Office of the Facility Revenue Cycle Manager Completed applications, along with all required documentation, should be returned or mailed to the Revenue Cycle Manager at the applicable facility. Addresses and contact information for each facility is provided in Appendix IV.

16. Policy Review Schedule This Policy will be reviewed and updated at least annually or on an as-needed basis.

17. Translations PCHC will provide documentation and related public area notices about Financial Assistance in the languages spoken by any populations with limited English proficiency that constitute five percent (5%) or 1,000 individuals, whichever is less, of patients served annually by, or likely to be encountered at, PCHC Facilities.

ENFORCEMENT AND EDUCATION:

All PCHC employees whose responsibilities are affected by this Policy are expected to be familiar with the basic procedures and responsibilities created by this Policy. Failure to comply with this Policy will be subject to appropriate disciplinary action pursuant to all applicable policies and procedures, up to and including termination. Such disciplinary action may also include modification of compensation, including any merit or discretionary compensation awards. The System Director of Patient Financial Services will be responsible for providing training on this Policy to all applicable PCHC employees.

PROVIDER LIST: A number of health care providers deliver emergency or other medically necessary care in PCHC Facilities. A list identifying these providers and whether the care they provide is (or is not) covered by this Policy is available in the office of the Facility Revenue Cycle Manager and on the PCHC website. The contact information for each facility can be found in Appendix IV.

The Facility Revenue Cycle Manager will update the list of providers by adding new or missing information, correcting erroneous information, and deleting obsolete information at least quarterly.