

<b>Title:</b> Financial Assistance Policy	
<b>Department:</b> Revenue Cycle	
<b>Area:</b> All HH Health System Hospitals	<b>Effective Date:</b> November 1, 2015
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<b>Approved by:</b> System CFO	<b>Reference Number:</b> ADM.045.08
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### Purpose

Huntsville Hospital Health System's guideline is to provide medically necessary health care services for patients in the hospital's service area as defined by Huntsville Hospital Health System from time to time. Huntsville Hospital Health System 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 Huntsville Hospital Health System's underinsured patients.

### Definitions

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

- "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 Huntsville Hospital Health System and the person who is financially responsible for the care of the patient.
- "Discrimination" includes that based on age, gender, gender identity, race, national origin, social or immigrant status, sexual orientation, religious affiliation, ability to pay, or insurance status.

"Underinsured Patient" is defined as a person who is uninsured or insured and qualifies for financial assistance.

### 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 Huntsville Hospital Health System or to cover the cost of outpatient prescription medications.
2. Huntsville Hospital Health System's policy is to provide Emergency Care and Medically Necessary Care to patients without discrimination. Subject to the terms and conditions set forth below, Underinsured Patients who do not have the means to pay for services provided at Huntsville Hospital Health System'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, Huntsville Hospital Health System will provide an appropriate medical screening to any individual, without discrimination, requesting treatment for a potential emergency medical condition. If, following an appropriate medical screening, Huntsville Hospital Health System personnel determine that the individual has an emergency medical condition, Huntsville Hospital Health System 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 Huntsville Hospital Health System'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 Huntsville Hospital Health System's financial ability to provide the care.
3. When possible, Huntsville Hospital Health System will assist patients in obtaining health insurance coverage from private or public sources, like Medicaid, TennCare, or AllKids.
4. The granting of financial assistance is based on an individualized determination of financial need and is applied without discrimination. . Huntsville Hospital Health System also provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance.

### Guidelines

Huntsville Hospital Health System ensures that:

1. Its employees and agents behave in a manner that reflects the policies and values of Huntsville Hospital Health System, 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.
8. Patients receiving pre-negotiated discounts (package pricing) for services will not be eligible for financial assistance.

**Measures to Widely Publicize Huntsville Hospital Health System'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 Huntsville Hospital Health System'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:  
  
<http://www.huntsvillehospital.org/patients-visitors/financial-assistance>
6. Billing statements contain a conspicuous written notice informing the recipients that financial assistance is available, providing the telephone number for Huntsville Hospital Health System'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. Huntsville Hospital Health System will provide Medically Necessary Care through inpatient and outpatient hospital services (including emergency room services) to Underinsured 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. Huntsville Hospital Health System will base the financial liability of Underinsured Patients with household income levels below 400% FPL by (1) discounting the Underinsured Patient's bill to what would be paid by Medicare for all inpatient, outpatient and physician clinic (Part B) services 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 Huntsville Hospital Health System.

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 Huntsville Hospital Health System.
5. When a Patient requests charitable care, Underinsured Patients eligible for discounts described in this Policy must complete an application for Medicaid participation or for coverage by other governmental payment programs.
6. Catastrophic Financial Assistance is available for patients who do not qualify for free care based on the criteria above, who, due to the nature and extent of services provided, have significant care-related financial obligations in relation to household income and other potentially available resources. In such circumstances, the patient responsibility will be limited to the lesser of 30% of family income or the amount generally billed.
7. Other discounts outside this policy will be considered on a case-by-case basis by the Huntsville Hospital Health System Chief Executive Officer and/or Chief Financial Officer.

### Financial Assistance Procedure

1. Hospital personnel will give patients Huntsville Hospital Health System's Plain Language Summary of the Financial Assistance policy and an Application for Financial Assistance, once a patient is identified as underinsured. 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 Underinsured 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 Underinsured Patient will provide Huntsville Hospital Health System with supporting documentation of their level of income.
2. In evaluating an Underinsured Patient's need for financial assistance, Huntsville Hospital Health System personnel may review the Underinsured 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 Underinsured Patient shall supply documentation reasonably necessary to verify the Underinsured Patient's income.
3. Huntsville Hospital Health System personnel will use the Federal Poverty Level Information available for the application calendar year to determine an Underinsured 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. Huntsville Hospital Health System personnel may contact the patient's employer, if any, to verify the Underinsured Patient's status or may request additional documentation of income.
5. In order to determine a patient's eligibility for financial assistance, Huntsville Hospital Health System utilizes a sliding scale discount that takes a patient's household income and qualifying assets into consideration. Assets not listed as a protected asset will be available for payment of medical expenses. Huntsville Hospital Health System may count the excess available assets as current year income in establishing the level of discount offered to the patient.

Protected Assets:

- Primary personal residence
- IRA, 401-K, cash value retirement plans/pensions
- Reasonable assets used in a business
- IRS defined college savings plans
- Personal property

Underinsured Patient Financial Assistance Guidelines		
Income Level (% of FPL)	Discount	Monthly Gross Income Multiplier to Determine Allowed Assets
0-200%	100% of Medicare rate	5.00
201% - 250%	50% of Medicare rate	4.00
251% - 300%	40% of Medicare rate	3.33
301% - 350%	25% of Medicare rate	2.86
351% - 400%	15% of Medicare rate	2.50

6. Underinsured Patient financial assistance offered under this Policy is subject to review by Huntsville Hospital Health System’s Director of Patient Financial Services to ensure compliance with this policy.

**7. Presumptive Financial Assistance**

- a. Huntsville Hospital Health System may deem patients presumptively eligible for financial assistance by utilizing a third party to review a patient’s, or the patient’s guarantor’s, information to assess eligibility for financial assistance.
- b. Once accounts are deemed eligible through the presumptive financial care process, the patient obligation amount in the account will receive a 100% financial assistance discount.
- c. Huntsville Hospital Health System may deem individuals presumptively eligible if they demonstrate the following conditions or eligibility in the following means-tested programs:
  1. Homelessness
  2. Deceased with no estate
  3. Supplemental Nutrition Assistance Program (SNAP)
  4. Patients qualifying for Emergency Medicaid will be eligible for assistance associated with emergency or medically necessary services not covered by the Medicaid program
  5. Patients qualifying for local county indigent programs will be eligible for assistance associated with emergency or medical necessary services not covered by such program.

**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 Huntsville Hospital Health System to patients under the Internal Revenue Service's "prospective Medicare" method, which is the amount Huntsville Hospital Health System would expect to receive from patients having insurance under Medicare. In the case of all other care covered by this Policy, the amount charged to patients eligible for discounted care will be less than the gross charges for such care.

### **Actions under Collections Policy in the Event of Non-Payment**

The actions Huntsville Hospital Health System 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 Huntsville Hospital Health System's Collections Policy effective January 1, 2005, which may be found at <https://www.huntsvillehospital.org/patients-visitors/financial-information>

### **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 Huntsville Hospital Health System regarding billing and collection matters, including the Collections Policy referred to above, Huntsville Hospital Health System will not engage in extraordinary collection actions before it makes reasonable efforts to determine whether an individual who has an unpaid invoice amount from Huntsville Hospital Health System 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, Huntsville Hospital Health System 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.

- 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.

Then, if a completed application is submitted during the 240-day application period, Huntsville Hospital Health System, 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).

Huntsville Hospital Health System ensures that any collection agencies providing collections services on behalf of Huntsville Hospital Health System 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.

### **List of Providers**

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

### **Policy Enforcement**

The Financial Counselors Department is charged with the oversight of the policy for Billing and Collections of Uninsured Patients.

**This financial assistance policy is also available in Spanish.**

**EXHIBIT A: Financial Statement**

Patient Name: Last		First		MI	
Account Number(s):					
Admission Date(s):			Reason:		
Social Security #:		DOB:	Age:		Female
Male	Marital Status (circle one) Married Common-law married Single Widowed Divorced Separated How long?				
Spouse's Name:			Spouse's Social Security #:		
Patient Home #:		Work #:		Cell #:	
Current Address:	Street		City	State	Zip
County:			How long at current address:		
Patient Employer:			Hire Date: (month/day/year)		
If unemployed – last date worked (month/day/year)			Reason:		
Spouse Employer:			Hire Date: (month/day/year)		
If spouse is unemployed – last date worked (month/day/year):			Reason:		
List <b>ALL</b> Bank Accounts (Name and Account #s)					
Account Name	Account #		Checking	Savings	Other
Property Owned	House	Land	Auto (year and make)		
Are you Renting	Buying	Own	Living with and/or supported by someone?		Who?
Number of people living in household:			Relation to you?		
List the ages of <b>YOUR</b> children still living in the household:					
Was this an accident?	Nature of accident		Date and place accident occurred		
Have you ever applied for SSI/Social Security Disability?			Date of last SSI application:		
Is the case still open and pending a decision?			If denied, have you filed an appeal?		
Do you have an attorney working on your case?					
Attorney Name:			Attorney's Phone # and Address:		



## Organizational Policies and Procedures

### EXHIBIT A: Income and Expenses

#### MONTHLY INCOME

#### MONTHLY EXPENSES

\*If expenses are shared, please list **your** portion only

Income Type	Amount	Expense Type	Amount
Gross wages/unemployment (patient)		Rent, house, or trailer payment	
Net wages after taxes (patient)		Land/lot payment	
Gross wages (spouse)		Utilities	Gas
Net wages after taxes (spouse)		Food	Phone Bill
Gross wages/salary (parents)		Car payment	Car Insurance
Net wages after taxes (parents)		Car payment	Car Insurance
*If patient is a child, list income for both parents)		Child support/alimony payment	
Social Security check amount (patient)		Daycare/childcare expense	
Social Security check amount (spouse)		Education/college loans	
Social Security check amount (child)		List all insurance premiums paid:	
SSI Income (list amount & recipient)		Hospital/daily indemnity	
Military/Reserves/VA income		House/renters insurance	
Short/long term disability income		Health insurance	
Child support/alimony received		Student insurance	
Unemployment check amount		Life/burial insurance	
Retirement/pension check amount		Cancer insurance	
Workman's Compensation		Doctor and medical expenses (monthly)	
Rental income received		Prescription costs (out of pocket)	
AFDC/Family Assistance		Credit Card Name:	
Food Stamps received		Credit Card Name:	
Church assistance received		Credit Card Name:	
Other income or money received		Other expense	

**Applicant's statement:** I do hereby certify that the information on this form is correct and true to the best of my knowledge and that no pertinent items of information have been concealed or omitted from this application. I also understand that Huntsville Hospital 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; permission to access my credit file and to provide my financial information to those companies contracted by Huntsville Hospital 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 /FAMILY REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BOLDER REP

\_\_\_\_\_  
FINANCIAL COUNSELOR

EXHIBIT B

PROVIDER LIST

HH Internal Medicine
HH Observation Center
HH Surgical Associates of Madison
HH Digestive Disease Center
HH Surgical Associates
Emergency Physicians Group
HH Anesthesia Services
HH Tennessee Valley Pain Center
HH Spine and Neuro Center
HH Heart Center, LLC
HH Fever and Flu Clinic
Mountain View Family Medicine
HH Physicians Network
HH Physician Care

The foregoing list of providers was updated on July 1, 2022.