

CHAMBERS MEMORIAL HOSPITAL

BUSINESS OFFICE DEPARTMENT

EFFECTIVE: 05-29-2014

POLICY AND PROCEDURE MANUAL

SUBJECT:

Financial Assistance Policy

EXPIRES:

REVISED: 12-19-2016

APPROVED BY: _____
Mike McCoy
CEO

Reviewed: Annually

I. POLICY

John Ed Chambers Memorial Hospital, Inc. recognizes, as a not-for-profit health care delivery system, its obligation to provide financial assistance to patients in need of emergency or medically necessary care. Chambers Memorial is dedicated to a mission of public financial assistance through providing care for members of our society who benefit from its services without regard to race, sex, creed, national origin, or station in economic or social life. Chambers Memorial is committed to making available, in such a way as to preserve human dignity and worth, the full resources of the health care system to those persons who are unable to pay. At the same time, Chambers Memorial must operate its facilities in the most efficient and economical manner possible, to assure a strong future financial position necessary for the payment of its debts, provision of future technological developments, needed medical supplies, replacement of facilities, and reserves for emergencies.

The Board of John Ed Chambers Memorial Hospital, Inc. is committed to the provision of financial assistance to patients who are in need of care, having selected Chambers Memorial for this care, and a determination has been made that the facility is the most appropriate facility for providing such care of service and there is no other more suitable facility or program available to such patient where compensated care could be provided. Further, this policy prohibits Chambers Memorial from engaging in actions that discourage individuals from seeking emergency medical care, such as demanding payment before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision of emergency medical care.

Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, John Ed Chambers Memorial Hospital, Inc. strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. John Ed Chambers Memorial Hospital,

Inc. will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

It is necessary to adhere to an “open door” philosophy of furnishing adequate diagnostic and therapeutic services for emergencies in order to avoid claims of improper rejection, inappropriate transfers or lack of recognition of cases requiring immediate attention in the emergency room. John Ed Chambers Memorial Hospital, Inc. conforms with existing EMTALA laws and provides treatment for emergency medical conditions without regard to their ability to pay.

Accordingly, the following guidelines will be followed in providing financial assistance:

1. Financial assistance is provided in the following ways:
 - Uncompensated Services
 - Reduced Compensated Services
 - Discounted Services
2. Each Request for financial assistance will be evaluated on its own merits utilizing established patient accounts procedures based on this policy. Evaluation of the need for a particular patient will likely include such factors as: a) income, assets, and liabilities, b) the medical condition of the patient, c) the potential for long term medical care, d) availability of other forms of reimbursement whether insurance, social programs, or other financial resources, and e) suitability of the facility for the patient’s particular needs and whether a more appropriate facility is available at which some form of payment would be available.
3. All patients will be offered, as part of the registration and/ or discharge process, a copy of the plain language summary of this policy. Additionally, all patients identified as potential financial assistance recipients or anyone requesting financial assistance will be offered the opportunity to apply for financial assistance. If this evaluation is not conducted until after the patient leaves the facility, or in case of outpatients or emergency patients, the Financial Counselor will mail a financial assistance application to the patient for completion. In addition, the hospital will provide a plain language summary of the financial assistance policy to the patient with all billing statements and communications within the first 120 days following the first billing statement.
4. Uncompensated/Reduced Compensation Services will be limited to those patients who family income is below (110%) of the national poverty guidelines. The prevailing national poverty guidelines will be the basis for determining eligibility, and can be requested in writing, free of charge from the hospital or at www.acf.hhs.gov
5. Uncollectible accounts, accounts that were not reviewed by the financial counselor at the time of admission, and/or questionable collectible amounts may qualify for financial assistance during the collection process if the patient’s family income is below 110% of the national poverty guidelines The prevailing national poverty guidelines will be the basis for determining eligibility, and can be requested in writing, free of charge from the hospital or at www.acf.hhs.gov

6. In the following situations a patient is deemed to be eligible for 100% reduction of charges:
 - a. If the patient is currently eligible for Medicaid, but was not eligible on a prior date of service, the facility will apply its financial assistance policy retroactively for the previous accounts.
 - b. If the patient states he or she is homeless and the facility, through its own diligence, does not find any evidence to the contrary.
 - c. If the patient is mentally or physically incapacitated and has no one to act on his/her behalf.
7. In the event of a patient's death, the family of the deceased patient will be given the opportunity to complete an application for financial assistance which will be processed according to this Policy.
8. Chambers Memorial will provide any member of the public or state governmental entity a copy of its financial assistance policy and application, upon request, free of charge, by calling the John Ed Chambers Memorial Hospital Business Office at 479-495-2241, or by writing the Business Office at 719 Detroit Ave, Danville, AR 72833. The policy will also be available on the hospital website at <http://www.chambershospital.com/images/financialassistance.pdf> at all points of registration within the facility, and will be provided by mail to anyone requesting it at no charge. A plain language summary of the policy will be made available in these locations as well. Notices of this Financial Assistance Policy will also be included on billing statements.
9. This Financial Assistance Policy applies only to Emergency and Medically Necessary Services and does not apply to elective procedures. A list of providers covered by this policy may be requested, free of charge from the hospital.
10. This Policy will be applied equally to all patients regardless of payer source. Applications that do not meet the criteria set forth in this Policy may, in extraordinary circumstances be approved by the Chief Executive Officer.
11. Uninsured patients and patients who qualify for financial assistance will not be charged for emergency or other medically necessary care at rates higher than the "amounts generally billed" to third payers. The use of gross charges to such patients is prohibited. For purposed of this policy, "amounts generally billed" or AGB will be determined using the "look back" method by taking 12 months' claims paid by Medicare Fee for Service and all Private Insurances and calculating the average discounts give to those payers. The discounts percentage will be reviewed annually and any appropriate adjustments will be made to be effective on the first date of the upcoming fiscal year. The current AGB discount for Chambers Memorial Hospital is 35%.

II. DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

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 for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

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

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Gross charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Financial Assistance Services

PURPOSE

To insure that requests for uncompensated service, reduced compensation services and discount services are handled consistently, accurately, and timely.

POLICY

1. John Ed Chambers Memorial Hospital provides uncompensated, reduced compensation or discount services to all eligible persons unable to pay. Pam Payne in the Business Office is available Monday –Friday from 8:00 am to 4:30 pm to help complete financial assistance applications. Her direct number is 479-495-6355.
2. Eligibility for uncompensated services is limited to persons whose verifiable family income is equal to or less than 110% of the current poverty income guidelines as established by the Department of Health and Human Services.
3. Eligibility for reduced compensation services is limited to persons whose verifiable income is greater than 110% of the current poverty income guidelines but not greater than 200% of the current poverty income guidelines as established by the Department of Health and Human Services.
4. Accounts that have been placed with a third party collection agency are eligible for benefits provided that they meet appropriate guidelines. If approved, the account will be pulled from agency and reinstated for charitable consideration.
5. Acceptable income verification includes, but is not limited to:
 - A. Most Recent Federal Income Tax Return.
 - B. Most Recent Federal Income Tax Return, plus employer’s verification of earnings for current year.
 - C. For Self-Employed Individuals, their most recent Federal Income Tax Return, and a copy of the last four quarterly returns.
 - D. Bank Statements with Social Security Deposits.
 - E. If a patient doesn’t have the listed documentation needed for the financial assistance application, he or she may call the John Ed Chambers Memorial Hospital Business Office at 479-495-2241 and discuss other evidence that may be provided to demonstrate eligibility
6. Chambers Memorial sends out accounts statements on a 30 day cycle. There are three statements and two collection letters generated and after the final collection letter that account or accounts may be referred to a third party collection agency. Any collection agency utilized by Chambers Memorial Hospital will agree to refrain from abusive collection practices. Extraordinary collection efforts which include filing lawsuits and placing liens will not be pursued unless we have made reasonable efforts to determine if the individual is eligible for assistance under this

Policy. "Reasonable Efforts" includes notifying individuals of this Financial Assistance upon admission and in written and oral communications with the individual concerning the bill. If the patient submits an incomplete financial assistance application within 120 days from the first statement date, Chambers Memorial shall suspend all extraordinary collection efforts and provide the patient with a written notice describing the additional information/documentation that is required to complete the application. If the patient fails to provide the additional information requested by the date specified in the written notice, Chambers Memorial may proceed with extraordinary collection efforts.

7. Patients, who are found to be qualified for financial assistance and were originally charged more than amounts generally billed for medical services, shall be reimbursed for any amounts paid in excess of that patient's maximum out-of-pocket charge for the services determined using amounts generally billed.
8. A copy of the Billing and Collections Policy can be obtained from Michaelle Standridge in the Business Office or by calling 479-495-6219. You can also email her at michaellestandridge@chambershospital.com

RESPONSIBILITY

Business Office Director
Financial Counselor
Admissions Director
Admissions Office Staff

PROCEDURE INDEX:

- I. Process Steps
- II. Reduced Compensation Services Schedule

PROCEDURE:

- I. Process Steps
 1. Patient or representative requests financial assistance.
 2. Patient or representative completes application.
 3. Patient Financial Services reviews application for completeness within 10 days of receipt. If it is not complete the patient or representative is contacted for missing and needed information. The application does not move forward until information is received. Applications are renewed yearly therefore the patient has 365 days to complete in each year.
 4. Patient Financial Counselor reviews income verification documentation to confirm all documentation is reported. If there is needed documentation the Financial Counselor will contact the patient or representative. The application does not move forward until received.

5. The Financial Counselor reviews the services provided to verify the service is not covered by other third-party payers. If it is covered the patient or representative is contacted and these avenues will be pursued.
6. The Financial Counselor can refer the account to the appropriate management for determination of eligibility if there is a question of extraordinary circumstances.
7. If an account is with a collection agency the Financial Counselor can provide the patient an application and collection efforts can be suspended until a final determination can be made. Applications are accepted at any time and renewed yearly. Extraordinary collection efforts cannot be taken until the hospital has made reasonable efforts to determine whether an individual is eligible for financial assistance all efforts will be suspended until a final determination is made. Additionally, Chambers Memorial will notify the individual about the financial assistance policy and refrain from any extraordinary collection efforts for at least 120 days from the date the hospital facility provides the first post-discharge billing statement; in the case of an individual who submits an incomplete financial assistance application Chambers Memorial will notify that individual about how to complete and give reasonable amount of time to do so. Prior to any extraordinary collection efforts Chambers Memorial will provide the individual with a written notice that indicates financial assistance is available for eligible individuals, and identifies the extraordinary collection efforts it intends to initiate to obtain payment for the care, and that states a deadline after which such extraordinary collection efforts may be initiated that is no earlier than 30 days from the date on the notice. Chambers Memorial will also make reasonable efforts to orally notify the individual about the hospital's financial assistance policy and about how they may obtain assistance with the application process.
8. The Family income is compared to the current Poverty Guidelines by the Financial Counselor. If the family income is at or below 110% of the said guidelines, the accounts is discounted 100% and the patient or representative is notified.
9. If the family income exceeds 110% of the Poverty Guidelines, the Financial Counselor compares family income to the reduced compensation schedule as outlined in Procedure II. If the family income meets the requirements, the patient or representative is notified of acceptance, details of discount Procedure is explained, payment plan is established, the account is discounted appropriately and notes detailing discounts are placed on the patients account record.
10. If the account is ineligible for reduced compensation benefits, the patient or representative is notified of denial. A payment plan with appropriate discount is established.
11. If an individual has applied for and received financial assistance within the previous twelve months and the individual's financial situation has not changed, the individual will be deemed to be eligible for financial assistance without having to submit a new application for financial assistance.
12. All applications for financial assistance will be maintained for a period of one year.

II. Presumptive Financial Assistance Eligibility.

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, John Ed Chambers Memorial Hospital, Inc. could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- a. State-funded prescription programs;
- b. Homeless or received care from a homeless clinic;
- c. Participation in Women, Infants and Children programs (WIC);
- d. Food stamp eligibility;
- e. Subsidized school lunch program eligibility;
- f. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- g. Low income/subsidized housing is provided as a valid address; and
- h. Patient is deceased with no known estate.
- i. Active Medicaid Coverage, guarantors who are covered will enable children to qualify

Presumptive Eligibility will be considered in instances when a patient may appear eligible for a discount, but there is no financial assistance form on file due to lack of supporting documentation, an incomplete application or no application available. In the event there is no evidence to support eligibility, Chambers will base their determination on the following criteria: means-tested public problem eligibility, patient is deceased with no known estate, homeless person, international student with no support group, person of unknown identity, 3rd party score below 100% FPG, validated 3rd part score from 100% to 149% of FPG; etc.

III. Reduced Fee Discount Table

INCOME

DISCOUNT

Poverty Level @ 111% up to 250%
Poverty Level @ 251% up to 275%
Poverty Level @ 276% up to 300%

90%
70%
50%

RELATED MATERIALS

1. Department of Health and Human Services Poverty Guidelines available at www.acf.hhs.gov.
2. Reduced Fee Discount Table in Section III
3. Services Provided by outside Radiology and Pathology Services do not fall under the Financial Assistance Policy of John Ed Chambers Memorial Hospital, Inc.

DISTRIBUTION

Business Office
Admissions
Administration

FINANCIAL ASSISTANCE APPLICATION

NAME: _____

ACCOUNT NUMBER:

BALANCE:

Please use back of this page, if needed.

Total: \$ _____

1. Complete the next three pages of the application in full. Do not leave any pages blank. If it does not apply put N/A in that space.
2. You must provide proof of income such as a current check stub, W-2, or Disability.
3. You must provide proof of all bills.
4. Sign and date the 5th page of the application.
5. Business Office will make copies, if you do not have access to a copier.
5. The application is due back within two weeks of receiving this application. The application and required information is due: _____

After you turn in all information needed you will receive a letter by mail in 60-90 days showing if you were approved and for how much. If you owe any remaining balance after financial assistance is applied you may call or come in and set up on a payment arrangement.

If you have any questions or need assistance please call:

479-495-2241 x 355

Physical address: 719 Detroit Ave, Danville, AR 72833

Mailing address: P.O. Box 639, Danville, AR 72833

Assets

(Please include names of financial institutions and copies of recent bank statements)

Checking Account: _____

Savings Account: _____

Real Estate: _____

Stocks / Bonds: _____

Other Assets (such as boats, motorcycles, etc.): _____

Income (Gross)

	<u>Monthly</u>	<u>Last 12 Months</u>
Wages:	\$ _____	\$ _____
Spouse's Wages:	\$ _____	\$ _____
Other Household Wages:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Child Support / Alimony:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
Total Income:	\$ _____	\$ _____

Expenses

	<u>Monthly</u>	<u>Last 12 Months</u>
House Payment / Rent:	\$ _____	\$ _____
Electric / Gas:	\$ _____	\$ _____
Water:	\$ _____	\$ _____
Car Payment:	\$ _____	\$ _____
Telephone:	\$ _____	\$ _____
Child Support / Alimony:	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____
Car	\$ _____	\$ _____
Home	\$ _____	\$ _____
Life & Health	\$ _____	\$ _____
Other:	\$ _____	\$ _____
\$ _____		\$ _____
\$ _____		\$ _____
Total Expenses:	\$ _____	\$ _____

I certify that the above information is true and accurate to the best of my knowledge. As part of the application process, Chambers Memorial Hospital may verify information contained in my application and of other documents required in connection with the application either before the application is approved or as part of its quality control program. Further, I will make application for any assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my hospital charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

Signature of Applicant

Date

BILLING AND COLLECTION POLICY

John Ed Chambers Memorial Hospitals billing and collection policies shall comply with federal and state laws governing healthcare billing and collections.

Pre-Collection Billing Statement Process

Uninsured patients will be sent a billing statement after the record is complete and all charges are entered. Followed by billing statements approximately every 30 days for a minimum of 3 statements. At the minimum, the plain language summary of the financial assistance policy will be sent to the patient or the party responsible for paying at least once.

Insured patients will be billed upon receipt of the remittance advice from the patient's insurance carrier. Patients will be sent a billing statement promptly, and will receive billing statements approximately every 30 days until the statement sequence is complete.

EXTRAORDINARY COLLECTION ACTIONS

If an account remains unpaid, Chambers Memorial may initiate collection of that account. If after 120 days from the first post-discharge billing statement, the account remains unpaid, and upon having made reasonable efforts to determine whether the patient or other party responsible for paying the bill is eligible for Financial Assistance and upon notice to the patient or other party responsible for paying the unpaid bill, Chambers Memorial may initiate the following Extraordinary Collection Actions:

- Report the adverse information to a Credit Reporting Agency
- File a lawsuit and attempt to get a judgment for the total amount due including all costs and attorney fees.
- Register any judgment as a judicial lien
- File a writ of garnishment on wages and/or bank accounts

Prior to Initiating Extraordinary Collection Action

Chambers Memorial will notify the patient and/or other party responsible for the payment of the account about this Financial Assistance Policy for a minimum of 120 days after the first post-discharge billing statement has been sent. Information regarding the Financial Assistance Policy will be provided on the monthly billing statements as well efforts to contact the patient or responsible party via the telephone.

Chambers Memorial will provide patients or other parties responsible for the payment of the account with a notice, a minimum of 30 days in advance of initiating any extraordinary collection activity. This notice will inform patients of any extraordinary collection activity, including all ECA's listed above, that Chambers Memorial may initiate if the patient has not paid the outstanding balance or initiated the financial assistance process.

Extraordinary Collection Action Process

Accounts remaining unpaid more than 120 days from the date of the first post-discharge billing statement may be referred to a third party collection agency. The third party collection agency, however, shall comply with the policies of John Ed Chambers Memorial Hospital, Inc. at all times. While balances may be referred to credit reporting agencies after placement with the third party collection agency, no extraordinary collection action (including but not limited to a referral to credit reporting agencies) will be undertaken by or on behalf of Chambers Memorial unless made reasonable efforts to determine if patients are eligible for the Chambers Memorial financial assistance program. The Director of the Business Office maintains oversight and responsibility for determining if Chambers Memorial has made such reasonable efforts and whether extraordinary collection action is appropriate. Such accounts will be adjusted internally as bad debt.

Chambers Memorial and any contracted collection agencies will not discriminate, either in its collection efforts or its determination of collectability, between Medicare and non- Medicare accounts.

Financial Assistance Application Time Period

Patients are eligible to apply for financial assistance *during or after* the 120 day period.

In the event financial assistance is approved after an account has been referred to a collection agency, the balance will be recalled by Chambers Memorial and Chambers Memorial will send a request to the collection agency to remove any adverse credit reporting.

Patients may dispute their balance by calling (479) 495-6264 or by written communication to:

John Ed Chambers Memorial Hospital, Inc.
Attn: Collections Manager
PO Box 639
Danville AR 72833-0639

No extraordinary collection actions will be initiated or pursued against any patient within the 120 day period without first making reasonable efforts to determine whether the patient is eligible for financial assistance as described in this Policy. Reasonable efforts are described in the Financial Assistance Policy Procedure section of this policy and include, but not be limited to:

1. Confirming that the patient owes the unpaid bill and that all sources of third-party payment have been identified and billed by Chambers Memorial Hospital.
2. Instituting a prohibition on collection actions pursued against an uninsured patient or underinsured patient until reasonable attempts have been made to make the patient

- aware of Chambers Memorial Hospital's financial assistance policy;
3. Notifying the patient in writing of any additional information or documentation that must be submitted for a determination of financial assistance;
 4. Confirming whether the patient submitted an application for health care coverage under Medicaid, or other publicly supported health care programs and obtaining documentation of such submission. Chambers Memorial Hospital will not pursue collection actions while this application is pending, but once coverage is determined, normal collection actions will ensue;
 5. Sending the patient written notice of the extraordinary collection actions that Chambers Memorial Hospital may initiate or resume if the patient does not complete the financial assistance application or pay amount due by the later of 30 days after this written notice or 30 days from the date provided to the patient to complete the application for financial assistance. Every effort will also be made to contact the patient by telephone a call will be attempted weekly during the 30 day period.

Chambers Memorial Hospital may pursue normal collection actions against patients found ineligible for financial assistance, or patients who are no longer cooperating in good faith to pay the remaining balance.

No collection agency, law firm or individual may initiate legal action against a patient for non-payment of a Chambers Memorial Hospital bill without the written approval of an authorized Chambers Memorial Hospital employee.

Patients may be offered payment plans if they are not able to make reduced payments in full. If a patient makes a deposit, it is included as part of a payment towards his/her financial aid balance. To the extent a patient has made a deposit or payment that exceeds the amount, if any, that the patient is required to pay once a financial assistance application has been approved, Chambers Memorial will refund the patient any excess amount. Chambers Memorial does not charge interest on patient balances with the exception of interest that may be awarded by a court of competent jurisdiction upon entry of a judgment.

All collection agencies under contract with Chambers Memorial must obtain the hospital's written consent before taking any extraordinary collection actions. All collection agencies under contract with Chambers Memorial have a copy of the Chambers Memorial financial assistance policy. If a collection agency identifies a patient as meeting Chambers Memorial financial assistance eligibility criteria, the patient's account may be considered for financial assistance. Collection activities will be suspended on these accounts and Chambers Memorial Hospital will review the financial assistance application. If the entire account balance is adjusted, the account will be returned to Chambers Memorial. If a partial adjustment occurs, the patient fails to cooperate with the financial assistance process, or if the patient is not eligible for financial assistance, collection activity will resume.

Chambers Memorial's policy regarding care for emergency medical conditions prohibits the collection of payment prior to receiving services or permitting collection activities that could interfere with the provision of emergency medical care. This does not preclude, however, hospital staff from following normal registration processes (e.g., obtaining an insurance card)

so long as doing so does not delay the provision of a medical screening examination. See EMTLA (“Emergency Medical Treatment and Active Labor Act”).

DEFINITIONS

Amounts Generally Billed (“AGB”) – The charge for medically necessary services that is determined on the look back basis of actual claims paid in the past by commercial insurers and Medicare to determine the average percentage of John Ed Chambers Memorial Hospital’s gross charges that a patient eligible for financial assistance is expected to pay.

Emergency Medical Conditions – 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:

- 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,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part, or
- With respect to a pregnant woman:
 - That there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - That transfer may pose a threat to the health or safety of the woman or the unborn child.

Extraordinary Collection Actions – Reporting to a consumer credit reporting agency, property liens, civil actions, writs of body attachment, writ of garnishment.

Financial Assistance- The cost of providing free or discounted care to individuals who cannot afford to pay, and for which Chambers Memorial ultimately does not expect payment. Chambers Memorial Hospital may determine inability to pay before or after medically necessary services are provided.

Income – For the purpose of determining financial assistance eligibility, income is defined as the before tax household income of all family members and includes earnings, unemployment compensation, workers compensation, Social Security, Supplemental Security Income, public assistance, veteran’s benefits, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, estate income, trusts, educational assistance, alimony, annuities, and child support.

Medically Necessary Services – Services or items reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member. For purposes of this Policy, the term medically necessary services includes all services or items provided within the Chambers Memorial Hospital’s Emergency Department for purposes of determining the presence and/or treatment of ***emergency medical conditions***.

Notification Period – That period which commences on the date on which care is provided to the patient and ends on the 120th day after Chambers Memorial Hospital provides the patient with the first billing statement.

Underinsured Patient – An individual who has medical insurance coverage that is limited in coverage, has high “out-of-pocket” (e.g., copayments, deductibles) balances and/or policy maximums that would result in his or her medical bills not being fully paid.

Uninsured Patient – An individual who does not have any third party health care coverage through either a Federal Health Care Program, including without limitation Medicare, Medicaid, or Tricare, an ERISA plan, Workers’ Compensation, Automobile, Third Party Liability coverage (e.g., personal injury claim), or any other coverage that would pay for all or a part of the individual’s medical care bill.

John Ed Chambers Memorial Hospital, Inc. primary service area - The geographic area comprised of the following Arkansas counties: Y e l l , P o p e , S c o t t , P e r r y , a n d L o g a n .

REFERENCES

Patient Protection & Affordable Care Act, Internal Revenue Code Section 9007(a) Pub. L No. 111-148
26 C.F.R. §1.501(r)-4; 26 C.F.R. §1.501(r)-5; 26 C.F.R. §1.501(r)-6
Federal Poverty Guidelines 2016, <http://aspe.hhs.gov/poverty-guidelines>