



SUBJECT: Financial Assistance Policy (FAP)	POLICY: CHA 12
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DEPARTMENT: Patient Accounts	EFFECTIVE: 06/2006
APPROVED BY: Keri Hindman, Director Business Services	Revised/Reviewed: 1/2022

It is the policy of the DCH Health System that no medically necessary care (a patient encounter for which there is a properly completed physician order based on a legitimate medical diagnosis) will be denied based on the patient's inability to pay. The DCH Health System will treat each patient with respect as we assess and verify his or her financial situation. We will work in good faith to resolve all patient accounts in a manner that is realistic within the patient's ability to pay and consistent with our policies and procedures. (Note. The policy does not apply to non-medically necessary, cosmetic procedures.)

This financial assistance policy is available at and applies to all DCH Health System hospitals, including DCH Regional Medical Center, Northport Medical Center, and Fayette Medical Center as well as the DCH Rehabilitation Pavilion (Inpatient Rehabilitation), and North Harbor Pavilion (Inpatient Psychiatric). The policy does not apply to non-tax exempt entities owned by the DCH Healthcare Authority, including physician practices and clinics within DCH Holdings, LLC and Rural Health Clinics. Likewise, this financial assistance policy also does not apply to any physicians within the DCH Health System. For more information on the applicability of this policy as relates to DCH services, please contact DCH Customer Service at 205.343.8321.

IRS 501r Compliance

DCH Health System's applicable entities are 501r compliant. DCH utilizes the same charge description master for basis of calculating all amounts charged to all patients. All patients in the applicable entities are eligible to apply for financial assistance. All uninsured patients in the applicable entities will be electronically screened for charity at the point of admission and again for presumptive charity eligibility 60 days post discharge if unable to connect to the charity system at the time of admission. Those who qualify will have 100% of the charges written off as charity which eliminates the need for the patient to request charity.

Basis for Patient Charges

The maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care is determined by a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.

The amount that a patient is expected to pay and the amount of financial assistance offered depends on the patient's insurance coverage and income and assets as set forth in the eligibility sections of this Policy. The Federal Income Poverty Guidelines will be used in determining the amount of the write off and the amount charged to patients, if any, after an adjustment.

For more information regarding patient charges, please contact DCH Customer Service at 205.343.8321.

HHS Section 1557 Compliance

DCH Health System is compliant with all aspects of HHS 1557 regulation. DCH Health System does not discriminate against any patient or future patient based on their race, color, national origin, sex, age or disability.

How to Obtain Copies of Our Policy and Application

You may obtain a copy of our Policy and the Financial Assistance application form: (1) on the DCH Health System website at <https://www.dchsystem.com/patient-visitor/understanding-the-cost-of-your-care/information-for-the-uninsured/> and (2) in all registration areas, in our emergency departments, or in any of our patient financial advocate's offices. If you call DCH Customer Service at 205.343.8321 or ask a patient financial advocate, we will provide you a copy of our Financial Assistance Policy, plain language summary and application form free of charge.

Collection of Deductible or Co-payment

Patients with insurance may owe a deductible or co-payment. When possible, the DCH Health System will remind an insured patient in advance of the amount of the deductible and co-payment. We will work with the patient to make arrangements for payment.

Uninsured Patients

The DCH Health System will help uninsured patients apply for governmental health-care benefits, and we will inform them of any other available options. A third party may be used to provide options or assistance with enrollment.

Charity Discount Eligibility

All uninsured patients are informed at time of registration of their ability to apply for charity consideration. Patients whose income is less than 200% of the federal poverty level are eligible for a charity discount equaling 100% of the amount owed. Charity approval can be made for catastrophic situations and is reviewed on a case-by-case basis. Charity approval will be considered upon receipt of a completed charity application and minimal supporting documentation. (Bank statements, tax return, pay check stubs, etc.).

DCH reserves the right to independently screen uninsured patients for presumptive charity approval by using third party credit agencies and automatically applying charity discounts for those who qualify. Charity related information will be widely publicized at all registration and customer service locations. Charity information will be prominently displayed on the DCH Health System internet website.

Self-Pay Discount Eligibility

All self-pay patients will be offered a discount at time of service based on the self-pay fee schedule. Self-pay rates can be found on the DCH Health System internet website under *Understanding your Cost of Care*. Self-pay patients may be eligible for additional self-pay discounts and reviewed on a case by case basis. Factors commonly used to evaluate a patient's ability to pay include, but are not limited to the following: household income and expenses, assets, hospital costs and major payer reimbursements.

Collection

The DCH Health System expects each patient or the person guaranteeing the bill to respond to its requests to discuss payment arrangements. DCH may use a third party to collect on non-extraordinary collection attempts within the first 120 days post discharge. Patients who do not respond to the DCH Health System in its good faith effort to contact them are far more likely to find their account referred to outside companies for extraordinary collection attempts and the court

system for collection. Once the account is referred to the outside company, the account will not be returned to DCH unless the account was sent in error. The patient has a responsibility to respond to collection efforts on behalf of DCH or a third party company. DCH Health System and its companies recognize and adhere to all collection practices contained in the Fair Debt Collections Practice Act and are 501r compliant.

DCH Health System will not engage in collection lawsuits before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this policy. Collection activity will proceed based on a separate collection policy. If a collection agency identifies a patient as meeting DCH's financial assistance eligibility criteria, the patient's account may be considered for financial assistance. Collection activity will be suspended on these accounts and DCH will review the financial assistance application. If the entire account balance is adjusted, the account will be returned to DCH. 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.

Medicare Bad Debt

All unpaid Medicare deductibles and co-insurance will follow the same collection process as all other accounts. All other Medicare Bad Debt regulatory requirements and policies will be followed in accordance with CMS guidelines. Once placed with a third party collection agency, they will pursue payment and will not treat the account any differently than any other. After 120 days from placement with the third party agency if adequate payments arrangements are not obtained, the account is closed and written off as Medicare Bad Debt.

Reviewed: June, 2006
Reviewed: June, 2008
Reviewed: Jan, 2009
Reviewed: Jan, 2011
Reviewed: Feb, 2012
Reviewed: Jan 2013
Reviewed: Jan 2014
Reviewed: Jan 2015
Reviewed: Jan 2016
Reviewed: Oct 2016
Reviewed: Oct 2017
Reviewed: Jan 2018
Reviewed: July 2018
Updated: January 2022