



SUBJECT: Financial Assistance Policy	POLICY: CHA 12
	PAGES: 3
DEPARTMENT: Patient Accounts	EFFECTIVE: 06/06
	Revised/Reviewed:
APPROVED BY: Michael G. Wilson, Dir Bus Services	
SIGNATURE OF DIRECTOR:	NEXT REVIEW DATE: 1/19

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.

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), North Harbor Pavilion (Inpatient Psychiatric) and Fayette Medical Center Long Term Care. 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.

IRS 501r Compliance

DCH Health System’s affective 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 affective entities are eligible to apply for financial assistance. All uninsured patients in the affective entities will be electronically screened for presumptive charity eligibility and those who qualify will have 100% of the charges written off as charity which eliminates the need for the patient to request charity.

Charges Will Not Exceed Amounts Generally Billed

If you receive financial assistance under our Policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having commercial insurance or Medicare coverage.

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/Default.aspx?page=about_us%2fdch_health_system_the_uninsured , and (2) in our admissions 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 mail 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 their deductible and co-payment. We will work with the patient to make arrangements for payment.

Uninsured Patients

The DCH Health System will help all uninsured inpatients apply for governmental health-care benefits, and we will inform them of any other available options.

Charity Discounts

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 System web site.

Self-Pay Discounts

All self-pay patients will be offered a 25% discount at time of service if they can pay their bill immediately. Self-pay discounts greater than 25% can be approved depending

on the patient's verified ability to pay. 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 reimbursement. Exceptions granting extended payment terms in addition to discounts can be made with the approval of Business Office management and/or Administration. Long-term care patients are charged a daily per diem rate that is not eligible for discounts.

Pricing and Prepayment for Certain Procedures

Fees for cosmetic surgeries and maternity care are based on flat rates instead of hospital charges. However, payment is expected on or before time of service. Exceptions can be made with Business Office management and/or Administration approval. These pre-priced types of programs are not subject to any other forms of discounts.

Collection

The DCH Health System expects each patient or the person guaranteeing the bill to respond to its requests to discuss payment arrangements. 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 vendors and the court system for collection. The DCH Health System and its vendors recognize and adhere to all collection practices contained in the Fair Debt Collections Practice Act and are 501r compliant.

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 as directly by CMS guidelines. Once placed with a collection agency the agency will pursue payment and will not treat the account any differently than any other. After 120 days if adequate payments arrangements are not obtained the account is closed and written off as Medicare Bad Debt.

Reviewed: June, 2006

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