

**DeWitt Hospital and Nursing Home
Ferguson Rural Health Clinic
Policies and Procedures**

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| Charity Policy | Revised Date: 6/2/2021 |
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POLICY:

DeWitt Hospital & Nursing Home and Ferguson Rural Health Clinic has a financial assistance program that offers discounted charges for services to eligible patients that may cover all or part of the patient responsibility portion of their bill. The program reduces the patient bill based on income/family size. The reduction is based on a sliding fee scale. Charges for uninsured patients (which will be further discounted in accordance with the sliding fee scale) shall be initially determined based on “amounts generally billed,” or “AGB,” by DeWitt Hospital & Nursing Home/Ferguson Rural Health Clinic , as opposed to gross charges for the services.

A. SERVICES COVERED UNDER POLICY

All emergency and other medically necessary healthcare services provided by DeWitt Hospital and Nursing Home/Ferguson Rural Health Clinic are eligible for financial assistance, depending upon qualifications of the patient. Elective and non-medical services are not eligible for financial assistance. Appendix A to this Policy included a list of providers, other than DeWitt Hospital & Nursing Home, which deliver emergency or other medically necessary care in the Hospital and specifies whether such providers are covered under the Hospital’s Financial Assistance Program.

B. EMERGENCY SERVICES

DeWitt Hospital & Nursing Home will provide, without discrimination, care for emergency medical conditions to individuals, regardless of their eligibility under this financial assistance policy. A separate emergency medical care policy is attached here to as Appendix B.

C. ELIGIBLE PATIENTS

Eligibility for financial assistance is based upon a determination of financial need in accordance with the sliding fee scaled described in the Policy. A person who’s individual or family income is not more than 225% of the current Federal Poverty Guidelines (FPG) of the United States Department of Health and Human Services will be eligible for assistance at lease at some level, as described herein.

D. INELIGIBLE PATIENTS

Anyone who does not meet the organizations financial assistance criteria or who refuses to provide the information necessary to determined eligibility will be determined as ineligible for financial assistance. Patients refusing to make reasonable application for medical assistance or similar programs (for example, Medicaid), as reasonably suggested by DeWitt Hospital & Nursing Home/Ferguson Rural Health Clinic, will also be ineligible for financial assistance under this policy.

E. DEFINITIONS

MEDICALLY NECESSARY SERVICES-

- (1) Are consistent with the person's symptoms, diagnosis, condition, or injury.
- (2) Are recognized as the prevailing standard of care and are consistent with generally accepted professional medical standards.
- (3) Are provided in response to a life-threatening condition; to treat pain, injury, illness, or infection; to treat a condition which would or could result in physical or mental disability; or to achieve a level of physical or mental function consistent with prevailing standards for the diagnosis or condition.
- (4) Are not furnished primarily for the convenience of the person of the provider; and
- (5) There is no other equally effective course of treatment available or suitable for the person needing the services which is more conservative or substantially less costly.

FAMILY UNIT-Consists of individuals living alone; or an individual and any spouse and/or children under age 21 living in the same household. A family unit may include minor children living with a legal guardian.

GROSS INCOME-Total family unit income before taxes for the applicable period of calculation. Family unit income may include 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. Non-cash benefits (such as food stamps and housing subsidies) do not count toward gross income. If a person lives with a family unit, gross income includes the income of all family members. Non-relatives, such as housemates, do not count.

F. AMOUNT OF FINANCIAL ASSISTANCE

The hospital/clinic bill may be discounted (at varying levels depending on family unit income) if the qualified patient income does not exceed 225% of the Federal Poverty Guidelines (family unit adjusted). (See sliding fee scaled included in this Policy). Patients at 150% FPG will be asked to pay a nominal fee of \$10.00 for each visit to Ferguson Rural Health Clinic. This fee is to be paid at time of service. Patients who qualify for a reduction in their patient bill or do not financially qualify for a reduction can arrange for installment payments. After a financial assessment, the appropriate monthly payment will be assigned with a prescribed timeframe.

G. APPLYING FOR FINANCIAL ASSISTANCE; DETERMINATION PROCEDURES

To determine if a patient is eligible for assistance, an application for financial assistance must be completed by the patient or guarantor. The hospital will then review the application and make a determination of eligibility. The Hospital/Clinic will accept FAP applications at least sixty (60) days from the date of the first post-discharge billing statement. The Hospital/Clinic will notify individuals who submit an incomplete FAP applications during the application period about how to complete the application (and provide contact information for assistance), and suspend any extraordinary collection activities for these individuals until eligibility is determined. Appendix C includes a listing of non-profit organizations or government agencies which may be sources of assistance for patients completing FAP applications.

The availability of financial assistance will be widely publicized. Applications for free or reduced charge care will be distributed by a Patient Financial Advisor, Patient Financial Collector, Cashiers Department, Social Services, or other related departments of DeWitt Hospital & Nursing Home.

Approval is valid for a period of one (1) year without re-application. A patient must apply (or reapply) for free or reduced charges with current financial information if it has been more than one (1) year since the patient last applied.

To qualify for assistance, the patient must:

- Complete an application form.
- Provide documentation of gross income for the last three (3) months, including where applicable:
- Federal tax form 1040; and
- Last three pay stubs for all household members (or if unavailable, letter from employer stating weekly wages).
- Provide bank statements for the last two months for all household members.
- Be determined eligible for financial assistance by DeWitt Hospital & Nursing Home/Ferguson Rural Health Clinic.

Upon Completion, the application and related material will be forwarded to the Financial Counseling Supervisor for eligibility determination. If additional information is needed to complete the determination process, the application will be placed in a "HOLD" status until the required information is obtained. An application will be considered in a "HOLD" status if third party coverage is discovered that will pay for the related services.

H. COLLECTION ACTIONS

For patients who qualify for financial assistance and who are cooperating in good faith to resolve their discounted hospital bills, DeWitt Hospital & Nursing Home/Ferguson RHC may offer extended payment plans. In these cases, the hospital/clinic will not send unpaid bills to outside collection agencies and will cease all collection efforts.

In addition, DeWitt Hospital & Nursing Home/Ferguson RHC will not impose extraordinary collections actions (described below) without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this Policy. Reasonable efforts shall include:

1. Verifying that the patient owes the unpaid bills;
2. Offering information to the patient regarding the availability of financial assistance;
3. Providing determination of eligibility on a timely basis;
4. Requesting that the patient identify all sources of third-party payments;
5. Determining that the hospital has pursued collections from the third-party payment sources identified by the patient;

6. The hospital/Clinic has or has attempted to offer the patient the opportunity to apply for financial assistance pursuant to this policy and that the patient has not complied with the hospital's application requirements;

7. Provide verbal and written notice about the AP (including a summary statement of the FAP and notice of any extraordinary collection actions which the Hospital/Clinic plans to initiate), at least thirty (30) days prior to initiating any extraordinary collection actions;

and

8. If applicable, documenting that the patient has been offered a payment plan but has not honored the terms of that plan.

The hospital/Clinic will suspend any extraordinary collection activities if an FAP application is submitted anytime during the sixty (60) day application period.

DeWitt Hospital & Nursing Home/Ferguson Rural Health Clinic may take extraordinary collection actions ("ECA") after these reasonable efforts have been completed, as determined by Hospital Administration. Extraordinary collection action may include the following:

- (A) placing a lien or foreclosing on patient property (does not include medical liens against third parties);
- (B) attaching or seizing a bank account or other patient property (does not include medical liens or attachments against third parties);
- (C) filing suit against the individual;
- (D) garnishing wages;
- (E) reporting to consumer credit reporting agencies or bureaus;
- (F) sale of medical debt to a third party; or
- (G) turning patient account over to collections.

The Hospital/Clinic will not initiate any extraordinary collection actions for at least one hundred twenty (120) days from the date of the first post-discharge billing statement for the care at issue. The Hospital will accept FAP application at least sixty (60) days from the date of the first post-discharge billing statement.

If the application is approved, it will be forwarded to the Business Office Director for final approval and processing. Upon final approval, the eligible amount will be adjusted off the patient balance and a "DETERMINATION LETTER" will be mailed to the patient informing them of the results of their application. This process will be completed with reasonable promptness.

If the application is not approved, a "DETERMINATION LETTER" will be mailed to the patient informing them of the results of their application. If the patient believes the initial decision regarding his or her

eligibility is incorrect, he or she may request reconsidering of this determination directly to the Financial Counseling Supervisor. This right to reconsideration will be explained in the determination letter, and a decision regarding the reconsideration will be made within five (5) working days.

It is preferred, but not required, that a request for financial assistance and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be made at any point in the collection cycle prior to legal action. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than one (1) year prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

Questions regarding the financial assistance application process should be directed to: Director of Business Office, at the following phone number 870-946-3571

2021. MEASURES TO WIDELY PUBLICIZE FINANCIAL ASSISTANCE POLICY

DeWitt Hospital & Nursing Home Financial Assistance Policy, FAP Summary, and FAP Application are available to the public using various means, which may include, but are not limited to, the posting of these materials (or a summary thereof):

- In patient bills;
- In the emergency room, admitting and registration departments, In the Clinic lobby and registration desk, hospital business office, and patient financial service offices that are located on both hospital campus locations and at off-campus locations, and at other public places as DeWitt Hospital & Nursing Home may elect;
- On the hospital/clinic website;
- In brochures available in-patient access sites; and
- At other places within the community served by the hospital as DeWitt Hospital and Nursing Home may elect.

Patients will be offered a plain language summary of the FAP either upon patient intake or patient discharge. Paper copies will be available, without charge, both for distribution in public locations within the facility and by mail, if requested. And the Hospital will inform members of the community about the availability of financial assistance in a manner reasonable determined by reach those members of the community most likely needing financial assistance (i.e., distributing FAP information to local government agencies and non-profit organizations).

Referral of patients for financial assistance may be made by any member of the hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

At any time the Hospital/Clinic determines that the lesser of 1,000 individuals or five percent (5%) of the community served by the Hospital facility or the population likely to be affected or encountered by the Hospital facility, is a limited English Proficiency language group, then the Hospital/Clinic will provide written translation of financial assistance policy documents in the applicable language.

J. AMOUNTS GENERALLY BILLED (AGB)

Following a determination of eligibility of an individual for financial assistance, the individual will not be charged more than amounts generally billed for emergency or other medically necessary care. AGB will also be used in connection with the sliding fee scale as a starting point for discounts and reductions.

DeWitt Hospital & Nursing Home calculates AGB based upon actual past claims paid to the Hospital facility by Medicare fee-for-service. On or before April 1 of each year, the Hospital will determine AGB based upon previous calendar year date. This AGB shall be effective until the following April 1.

DEWITT HOSPITAL AND NURSING HOME/FERGUSON RURAL HEALTH CLINIC

FAP SLIDING FEE SCALE

At DeWitt Hospital & Nursing Home/ Ferguson RHC, free or discounted series are available for medically necessary inpatient and outpatient services to qualifying individuals. Discounts are applied only to the patient responsibly portion of the bill. To be eligible to receive free or reduced-charge care, your family unit income must be no more than 225% of the U.S. Department of Health and Human Services Federal Poverty Guidelines, based upon family size. If you think you may be eligible for free or reduced-charge services, you may make this request to DeWitt Hospital & Nursing Home. A written conditional or final determination of your eligibility will be made to you with reasonable promptness after your request. The following table describes the current DeWitt Hospital & Nursing Home/Ferguson RHC sliding fee schedule (updated annually):

2021 Financial Assistance Sliding Scale

| Family Size | 2021 Federal Poverty Guidelines | 150% of FPG 100% Discount (From AGB) Nominal Fee: \$10.00 | 175% of FPG 75% Discount (From AGB) | 200% of FPG 50% Discount (From AGB) | 225% of FPG No Discount (From AGB) |
|-------------|---------------------------------|---|---|---|--|
| 1 | \$12,880 | \$19,320 | \$22,540 | \$25,760 | \$28,980 |
| 2 | \$17,420 | \$26,130 | \$30,485 | \$34,840 | \$39,195 |
| 3 | \$21,960 | \$32,940 | \$38,430 | \$43,920 | \$49,410 |
| 4 | \$26,500 | \$39,750 | \$46,375 | \$53,000 | \$59,625 |
| 5 | \$31,040 | \$46,560 | \$54,320 | \$62,080 | \$69,840 |
| 6 | \$35,580 | \$53,370 | \$62,265 | \$71,100 | \$80,055 |
| 7 | \$40,120 | \$60,180 | \$70,210 | \$80,240 | \$90,270 |
| 8 | \$44,660 | \$66,990 | \$78,155 | \$89,320 | \$100,485 |

APPENDIX B

EMERGENCY MEDICAL CARE POLICY

DeWitt Hospital & Nursing Home will not engage in any action which may discourage an individual from seeking emergency medical care, such as demanding that emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities in the emergency department or in other areas of the Hospital where such activities could interfere with the provision, without discrimination, of emergency medical care.

Reference is made to DeWitt Hospital and Nursing Home EMTALA and ancillary emergency services policies. This policy is not intended to limit or restrict any patient rights or regulatory requirements contained in any of said policies.

APPENDIX C

ORGANIZATIONS PROVIDING ASSISTANCE IN COMPLETEING FAP APPLICATIONS

DeWitt Hospital and Nursing Home/Ferguson Rural Health Clinic
1641 S. Whitehead Drive
DeWitt AR, 72042
(870) 946-3571

APPENDIX D

CHARITIES

DeWitt Food Pantry 870-509-2308
Breaking Bonds Ministries 870-919-1751
Hospital Auxiliary 870-946-3571
Unity Baptist Clothing Closet 870-946-1390
Dana's House Clothing Closet 870-946-8303
Ministerial Alliance 870-830-1374
Gillett United Methodist Church 870-548-2574