

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
SUBJECT: Financial Assistance Policy - Charity	PAGE: 1 OF: 10
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

PURPOSE:

- The Financial Assistance Policy sets forth guidelines for the application and approval/denial of financial assistance for accounts billed by Daviess Community Hospital (DCH), its employed physician clinics and/or associated business associate that does billing on behalf of DCH.

DEFINITIONS:

- **Organization** means Daviess Community Hospital (DCH)
- **Patient** means those persons who receive emergency and other medically necessary care at the Organization and the person who is financially responsible for the care of the patient.
- **Application Period** means the months beginning with the month in which the application is considered to be filed, through and including the month in which an eligibility determination is made.
- **Emergency Care** means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- **Medically necessary care** means care that is (1) appropriate and consistent with and essential for the prevention, diagnosis, or treatment of a Patient's condition; (2) the most appropriate supply or level of service for the Patient's condition that can be provided safely; (3) not provided primarily for the convenience of the Patient, the Patient's family, physician or caretaker; and (4) more likely to result in a benefit to the Patient rather than harm. For future scheduled care to be "medically necessary care," the care and timing of care must be approved by the Organization's Chief Medical Officer (or designee). The determination of medically necessary care must be made by a licensed provider that is providing medical care to the Patient and, at the Organization's discretion, by the admitting physician, referring physician, and/or Chief Medical Officer or other reviewing physician (depending on the type of care being recommended). In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **Amount Generally Billed (AGB)** means, with respect to emergency and other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **501(r)** means Section 501 (r) of the Internal Revenue Code and the regulations promulgated thereunder.

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
	PAGE: 2 OF: 10
SUBJECT: Financial Assistance Policy - Charity	
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

POLICY:

- It is the policy of DCH to ensure a socially just practice for providing emergency and other medically necessary care at the Organization's facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.
- All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, or special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distribute justice and stewardship.
- This policy applies to all emergency and other medically necessary care provided by DCH, including employed physician services and behavioral health. This policy does not apply to charges for care that is not emergency and other medically necessary care.
- The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within DCH's facility that specifies which are covered by the financial assistance policy and which are not.

PROCEDURE:

- Financial Assistance Policy Publication: DCH will advise patients and their families of Financial Assistance through the following means:
 - Direct patient contact, in person or over the phone.
 - Notice of availability of Financial Assistance will be posted in each registration area to include the Emergency Department registration and all waiting areas.
 - Notice of availability of Financial Assistance will be printed and included with each patient bill.
 - Availability of Financial Assistance will be printed on applicable letters and statements.
 - Notice of availability will be posted on the hospital website.
 - Policy and application downloadable and printable without special software.
 - The Financial Assessment Statement (application) will be published in different languages if needed by more than 10% of the population.
 - Outreach to community most likely to utilize the Financial Assistance Policy to include:
 - Outreach to public agencies and other not-for-profit agencies.
 - Outreach is performed by Executive Management to include Public Relations, Chief Operating Officer or Chief Executive Officer.
 - Availability of Financial Assistance will be posted annually in the local paper.
- Procedure for Applying for Financial Assistance:

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
	PAGE: 3 OF: 10
SUBJECT: Financial Assistance Policy - Charity	
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

- A request for financial assistance may be made by any person who could reasonably be expected to act for the patient according to HIPAA criteria, has a reasonable basis to believe that the person may qualify for uncompensated services, and can provide the information to establish eligibility.
- Patients or representatives may apply for Financial Assistance in any of the following ways:
 - In person at Cashier, Registration, or Patient Financial Services;
 - Over the phone by calling (812) 254-2760;
 - Via the hospital website at www.dchosp.org.
- A Financial Assessment Statement will be given to any eligible person. It is to be completed and submitted to an Account Representative or designee as soon as possible after services are rendered. The decision to grant or deny assistance will be based upon financial information provided by the patient. Assistance in completing the application cannot be requested.
- The patient/family is responsible for providing information necessary to determine income level.
- The PFS Director and the Account Representative or designee will review each application and verify all the requested information in order to determine eligibility.
- Determining Eligibility
 - Persons eligible to apply for Financial Assistance:
 - Patient residing in the counties of Daviess, Martin, and Pike.
 - Patients with limited or no income.
 - Patients denied for medical assistance or approved for medical assistance but did not have the assistance backdated.
 - US Citizen
 - Patients who would have been eligible for third part coverage and failed to comply with the terms of that payer and payment was denied, the denied amount will not be eligible for financial assistance.
 - Criteria for financial assistance eligibility is based upon federal poverty guidelines that are published yearly by Health and Human Services.
 - The annual gross income figure used to determine eligibility for financial assistance will be at least (3) month's income multiplied by (4) to annualize the income. An exception to this may be made, if the three-month income is not reflective of the applicant's true ability or inability to meet his/her obligation. In this event, the income figure used will be that which is most reflective of the applicant's true ability to meet his/her obligation.
 - Current charges and related charges incurred by the patient with the 6 months prior to the date of the written application will constitute the balance due.
 - The determined percentage may be approved upon re-verification of financial eligibility.

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
SUBJECT: Financial Assistance Policy - Charity	PAGE: 4 OF: 10
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

- An individual whose annual gross income exceeds 200% of the current Federal Poverty Income Guidelines will be excluded from consideration for assistance unless otherwise approved by exception through management.

- **Financial Approval Guidelines**

% of Federal Current Poverty Guidelines	% of Charity Granted on Eligible Charges
0% to 125%	100%
126% to 150%	75%
151% to 175%	50%
176% to 200%	25%

- All medically necessary services will qualify for financial assistance consideration, including employed physician services received at DCH or any off-site location.
- A letter will be sent to each applicant informing him/her of the eligibility determination, the amount of financial assistance given, any remaining balances owed by the patient and a suggested repayment plan.
- Patients denied financial assistance will be sent a letter informing them of the reason for denial. DCH business office will keep a log of financial assistance provided each fiscal year, along with all approved and denied applications, and all account notes.

- **Calculating Amounts Charged**

- Persons qualifying for the financial assistance program will be charged not more than the amounts generally billed other payers. That amount is determined by the hospital and periodically updated. The DCH Board must approve each periodic update to the AGB. Revised AGB's must be implemented within 45 days of Board approval.
- The public may obtain information on how DCH defines and calculates their AGB's by contacting the Patient Financial Services offices at 812-254-2760.

- **Patient Collection Practices**

- Patients will receive three (3) statements in 30 day intervals beginning at the date of finalized bill. A notice will be sent with the last statement to the patient indicating that the account will be turned to a collection agency unless a financial assistance application or a payment is received. Accounts will be turned to a collection agency at the 120 day mark.
- The application period for the Financial Assistance Program is 240 days from the date services were provided. Patients who apply for Financial Assistance during the 240 day time period will have all collection activity suspended until after a

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
	PAGE: 5 OF: 10
SUBJECT: Financial Assistance Policy - Charity	
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

determination for financial assistance is made. Patients who return an incomplete application will be contacted and informed about missing information in order to have the application processed.

- A Patient Account Representative will collect accounts, 180 days from the finalized bill of initial hospital account contained in the application to include clinic/employed physician, anesthesia and ambulance services for consideration. In essence, the application will go retroactive for 180 days, but is determined from the finalized date of billing from the account, which is not usually longer than four (4) working days.
- If there is a third party involved, commercial insurance, Medicare or Medicaid, the finalized bill date is from the date of the first patient statement being sent.
- Billing services such as for anesthesia providers and ambulance/EMT will follow suit in practices outlined above.

Extraordinary Collections Actions or ECAs

- ECAs are those actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's Financial Assistance Policy (FAP) that:
 - Involve selling an individual's debt to another party.
 - Involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, "credit agencies")
 - Involve deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the hospital facility's FAP, or
 - Require a legal or judicial process.
- Examples of actions that may require a legal or judicial process include, but are not limited to:
 - Placing a lien on a patient's property
 - Foreclosing on a patient's property
 - Attaching or seizing a patient's bank account or any other personal property
 - Commencing a civil action against a patient
 - Causing a patient's arrest
 - Causing a patient to be subject to a writ of body attachment
 - Garnishing a patient's wages
- An ECA does not include any of the following (even if the criteria for an ECA are otherwise generally met):
 - The sale of a patient's debt if, prior to the sale, a legally binding written agreement exists with the purchase of the debt pursuant to which

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
	PAGE: 6 OF: 10
SUBJECT: Financial Assistance Policy - Charity	
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

- the purchaser is prohibited from engaging in any ECAs to obtain payment for the care;
- the purchaser is prohibited from charging interest on the debt in excess of the rate in effect under section 6621 (a) (2) of the Internal Revenue Code at the time the debt is sold (or such other interest rate set by notice or other guidance published in the Internal Revenue Bulletin);
- the debt is returnable to or recallable by the Organization upon a determination by the Organization or purchaser that the patient is eligible for Financial Assistance; and
- the purchaser is required to adhere to procedures specified in the agreement that ensure that the patient does not pay, and has no obligation to pay, the purchaser and the Organization together more than he or she is personally responsible for paying pursuant to the FAP is the patient is determined to be eligible for Financial Assistance and the debt is not returned to or recalled by the Organization;
- any lien that the organization is entitled to assert under state law on the proceeds of a judgement, settlement, or compromise owed to a patient as a result of personal injuries for which the Organization provided care; or
- the filing of a claim in any bankruptcy proceeding.

REFERENCES:

- Department of Treasury - IRS. Treas. Reg. 1.501(r).

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
SUBJECT: Financial Assistance Policy - Charity	PAGE: 7 OF: 10
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

Daviness Community Hospital

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY Updated 01/01/2022

The list below specifies which providers of emergency and other medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP).

Providers covered by FAP	Providers not covered by FAP
All Daviness Community Hospital employed Physicians	Imaging Associates of Indiana (Physicians Reading Fee)
Daviness Community Hospital EMS	Adam Dawkins MD
	Alice Carroll FNP-C
	Allison Krieger NP-C (Lohano Medical Associates)
	Anand Bhuptani MD
	Angela Bonham FNP
	Anjum Ashraf MD
	Ashley Cobb DO
	Ashley Hammer NP
	Ashley Holland NP (Lohano Medical Associates)
	Ashley McCammon FNP
	Ashwani Bedi MD, FHRS
	Ben Weyer PA-C
	Bradley Bath DDS
	Bruce Adye MD
	Bruce Brink DO
	Carla Brandt MD
	Chandrasekhar Cherukupalli MD
	Chris Chacko MD
	Cindy Basinski MD
	Craig Carter MD
	David Brougher MD
	David Carlson MD
	David Cottom MD
	David Northcutt DPM
	Dennis Atienza DO
	Dominic Cefali MD
	Donald Bailey MD

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
SUBJECT: Financial Assistance Policy - Charity	PAGE: 8 OF: 10
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

	Edward Daetwyler MD
	Emily Leinenbach NP
	Eugene Chung MD
	Frank Amodio MD
	Geoffrey Day MD
	Gregory Brown MD
	Hamid Bashir MD
	Harold Cannon MD
	Herbert Adams MD
	James Buckmaster MD
	James Conkright MD
	Jason Conaughty MD
	Jason Denton DPM
	Jeffery Chandler MD
	Jeffrey Bohling MD
	Jeffrey Coursen MD
	Jessica Campagna DO (Lohano Medical Associates)
	John Ansbro MD
	John Beman MD
	John Bizal MD
	John Deppe MD
	John Doepker MD
	John Stafford MD
	Jonathan Frances DO
	Joseph Carr MD
	Joseph Dalton MD
	Joshua Aaron MD
	Joshua Leonard MD
	Juan Cabrera MD
	Karen Potter-Sandy PA-C
	Kathryn Cambron MD
	Kent Burrell DPM
	Konstantin Boroda MD
	Lachelle Ahlert NP (Lohano Medical Associates)
	Laurie Wilbanks MD
	Leyte Asuncion MD
	Mallory Bray MD
	Marcia Cave MD
	Maria Aljabi MD

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
SUBJECT: Financial Assistance Policy - Charity	PAGE: 9 OF: 10
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

	Marissa Brosmer FNP-C
	Martin Bender MD
	Matthew Boyer MD
	Michael Boger MD
	Michael Boyd DO
	Michael Gallentine MD
	Michael Kottwitz MD
	Miranda Schneider FNP-C (Lohano Medical Associates)
	Mohammed Allaw MD
	Natalie O'Conner NP
	Nidal Dabbasi MD
	Nihal Bakeer MD
	Paul Alley MD
	Paul Daines DPM
	Pedro Dominguez MD
	Peter Airel MD
	Phillip Boren MD
	Reginald Sandy DO
	Richard D'Mello MD
	Richard Moss MD
	Robert Bradfield MD
	Roger Johnson MD
	Roy Arnold MD
	Santiago Arruffat MD
	Shafe Boles MD
	Shannon Calhoun DO
	Sridhar Banuru MD
	Sridhar Bhaskara MD
	Suresh Lohano MD, FACP, FAAP (Lohano Medical Associates)
	Suzette Broshears MD
	Tai Byun MD
	Tammy Pearson FNP
	Tera Knepp FNP-C
	Terence Alvey DPM
	Thomas Brummer MD
	Thomas Waits MD
	Todd Burry MD
	Umang Patel MD, FACC

MANUAL: Patient Financial Services	EFFECTIVE: 01/2002
	PAGE: 10 OF: 10
SUBJECT: Financial Assistance Policy - Charity	
AUTHOR: Patient Financial Services	REVIEWED/REVISED DATE: 01/2022

	Vasdev Lohano MD, FACE (Lohano Medical Associates)
	Vijay Bhasin MD
	Wagih Satar MD
	Wayland Blikken MD
	William Ante MD
	William Rusche MD