



DEPARTMENTAL POLICIES AND PROCEDURE
Business Office

SUBJECT: FINANCIAL ASSISTANCE POLICY (FAP)	EFFECTIVE: 07/01/2013
REVISION DATE: 10/13/16 by TARA STROOPE Sept 2020 K. Crenshaw Page 1	SUBMITTED BY: DIANA HORMAN

POLICY: Levi Hospital will provide financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay, for emergency or medically necessary care based on their individual financial situation.

PURPOSE: This policy will define the eligibility criteria for financial assistance and provide administrative guidelines for identification, evaluation, and documentation of eligibility.

PROCEDURE: Levi Hospital will provide financial assistance to any qualified individual who applies for financial assistance and has a family income of not more than 138% of the federal poverty income guidelines for all medically necessary healthcare services.

DEFINITIONS:

Family member – individuals who reside together and who are related by birth, marriage, or adoption and any individual claimed as a dependent on federal income tax returns

Family income – the gross income of all family members including wages and salaries, self-employment income, pensions and retirement, Veterans Affairs benefits, workers compensation, disability compensation, welfare, social security benefits, unemployment, public assistance, alimony, child support, stock/certificate dividends, interest, or income from property

Federal Poverty Level (FPL) Guidelines – the income level required for financial assistance by the U.S. Department of Health and Human Services

Financial Assistance – free or discounted services based on income. FAP discounts will be applied to gross charges.

Medically Indigent – an uninsured individual who is not eligible for health insurance programs such as Medicare or Medicaid or is not covered under private insurance. These individuals make too much money to qualify for Medicaid but too little to purchase health insurance or health care.

Presumptive Eligibility – financial assistance based upon an individual's economic status using outside agencies in determining estimated income amounts and eligibility. Some of the areas that may be used include: state funded prescription programs, homeless organizations services, participations in Women, Infants and Children's program (WIC), Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), free school lunch programs, low income/subsidized housing, eligibility for other state or local assistance programs.

Uninsured – individuals who have no level of insurance, third party assistance, medical savings account, etc. to pay or assist with payment of medical services.

SUBJECT: FINANCIAL ASSISTANCE POLICY (FAP)	EFFECTIVE: 07/01/2013
REVISION DATE: 10/13/16 by TARA STROOPE Sept 2020 K. Crenshaw Page 2	SUBMITTED BY: DIANA HORMAN

Underinsured – individuals who have some level of insurance, third party assistance, medical savings account, etc. to assist with payment of medical services but who remains obligated to pay out-of-pocket expenses that exceed the individual's financial abilities. A patient with out-of-network coverage may be considered underinsured.

Method for applying for Financial Assistance

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need, and may include the following:

- An application process in which the responsible party is required to cooperate by supplying personal, financial, and other information and documentation relevant to making a determination of financial need.
- The use of publically available data that provides information on a responsible party's ability to pay.
- Assets available to the responsible party.
- A review of the patient's outstanding accounts and their payment histories.

The need for financial assistance shall be reevaluated at each subsequent time of services if the last financial evaluation was completed more than one year prior, or at any time additional information relevant to the eligibility of financial assistance becomes known. The request for financial assistance may be done at any point during the collection procedure.

Eligibility Evaluation Process and Verification of Income and Assets

When applying for financial assistance, all sources of income and monetary assets will be included in the calculation of financial need to determine eligibility.

Information required may include but is not limited to, where applicable:

- copy of the most recent tax return,
- W-2 or 1099 forms,
- a statement of earning from the Social Security Office,
- copies of the two most recent pay stubs,
- income statement from self-employed person,
- written income verification from an employer if paid in cash.

If ineligible for a government program, a copy of the letter or notice received from the government office documenting ineligibility.

A patient whose income is documented as "\$0" must complete a "Statement of Zero Income".

Monetary assets include but are not limited to cash, checking and savings accounts, certificates of deposits. Primary places of residence, automobiles, personal property and assets held in pension plans or retirement accounts will not be considered as monetary assets. Noncash benefits (food stamps and housing subsidies) do NOT count.

Eligibility Criteria and Amounts Charged to Patients

Services eligible under this policy (emergency and medically necessary care) will be made available to the patient, in accordance with financial need, as determined by the Federal Poverty

SUBJECT: FINANCIAL ASSISTANCE POLICY (FAP)	EFFECTIVE: 07/01/2013
REVISION DATE: 10/13/16 by TARA STROOPE Sept 2020 K. Crenshaw Page 3	SUBMITTED BY: DIANA HORMAN

Level (FPL) in effect at the time of the determination. The basis for the amounts Levi Hospital will charge patients qualifying for assistance is as follows:

1. Patients whose family income is at or below 138% of the FPL are eligible to receive services at a 100% discount which means their services are free.
2. Patients found to be not eligible for Levi Hospital financial assistance, who do not qualify for any third party or government health benefits, may contact the Business Office (501-622-3454) to discuss discounted rates and/or payment options.
3. Patients with insurance in which Levi Hospital is considered out-of-network should contact the Business Office (501-622-3454) to discuss payment options.

General Application Guidelines

- Services eligible under this policy:
 - Emergency Medical Services provided in an emergency room setting
 - Services for a condition which, if not promptly treated, would lead to an adverse change in the health or mental status of an individual
 - Medically necessary services
- 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.
- Financial assistance is NOT considered to be a substitute for personal responsibility. Patients are expected to cooperate with Levi Hospital's procedures for obtaining financial assistance or other forms of payment and to contribute to the cost of their care based on the individual ability to pay.
- It is crucial that applicants cooperate with Levi Hospital's requirement for accurate and detailed information within a reasonable time frame. Applications with information that is not legible or is incomplete may be considered denied or returned until such time that all information can be obtained. Applications must contain the applicant's signature or a signature of a representative acting on behalf of the applicant (i.e., power of attorney)
- Once financial assistance is determined it will be applied retroactively to all qualifying accounts that were incurred 12 months prior to approval. This includes any outstanding balance with a collection agency. The patient shall not receive any future bills based on undiscounted gross charges for the time the financial assistance is in effect. Any payments made to date may be counted toward the amount due or may be refunded to the patient.
- Requests for financial assistance shall be processed promptly and Levi Hospital will notify the applicant of a decision in writing within 30 days of receipt of a completed application.

Communication of the Financial Assistance Policy to Patients and the Community

Notification of the Financial Assistance policy will be widely distributed by various means including, but not limited to, posting notices in prominent patient locations, including the emergency department and the admissions offices, and placing information on patient statements. Levi Hospital will also publicize a summary of the Financial Assistance policy on the facility website and in brochures available in patient access areas. Such notices and summary information will be free of charge and provided in the primary languages spoken by the population served by Levi Hospital.

SUBJECT: FINANCIAL ASSISTANCE POLICY(FAP)	EFFECTIVE: 07/01/2013
REVISION DATE: 10/13/16 by TARA STROOPE Sept 2020 K. Crenshaw Page 4	SUBMITTED BY: DIANA HORMAN

Relationship to Collection Policies

Levi Hospital has developed policies and procedures for internal and external collection practices including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies. These collection policies consider the extent to which a patient qualifies for financial assistance, a patient's effort to apply for a governmental program/financial assistance and a patient's effort to comply with his/her payment arrangements with Levi Hospital.

If a patient has requested financial assistance and/or applied for other coverage and is cooperating with the hospital, the hospital will not pursue collection action until a decision has been made that there is no longer a reasonable basis to believe the patient may qualify for financial assistance.

For patients who qualify for financial assistance discounts and who are cooperating with the hospital in good faith to resolve their discounted hospital bill, Levi Hospital may offer extended payment plans and will not send unpaid bills to outside collection agencies.

Levi Hospital will not impose extraordinary collections actions such as wage garnishment, liens, or other legal actions for any patient without first making reasonable efforts to determine whether the patient is eligible for financial assistance under this policy.

Covered Entities

Levi Hospital is the only provider covered under the Financial Assistance Policy. All providers, including but not limited to, John Downes, M.D., Melba Barnes, APRN, P. Ross Bandy, M.D., and Hot Springs Radiology Group bill for their services separate from the facility and are not covered under this policy.

Confidentiality

All information relating to financial assistance application will be kept confidential.

Financial assistance application and supporting documentation will be kept for 7 years to allow for subsequent retrieval and review.

Regulatory Requirements

In implementing this policy, Levi Hospital will comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Board Approved:

June 24, 2013