

 <b>CHESAPEAKE REGIONAL HEALTHCARE</b>	Issued By: Patient Financial Services	<b>Policy #:</b> 400.11
	Prepared By: Revenue Cycle Steering Committee	Effective Date: 3/1/2020
Dept. Patient Financial Services	Approved By: VP/Chief Financial Officer Steve C. McDonnell, CPA, MBA, FHFMA	Review Date 3/1/2021
		Revision Date:
<b>Subject: Financial Assistance Policy (FAP)</b>		Page 1 of 13

## **FINANCIAL ASSISTANCE POLICY**

### **Purpose:**

It is the policy of Chesapeake Regional Medical Center (CRMC) to provide Emergency Services and other Medically Necessary Services to all patients without regard to the patient's ability to pay, at each CRMC Hospital Facility (as defined below).

In accordance with the Federal Emergency Medical Treatment and Labor Act of 1986 ("EMTALA") and EMTALA regulations, CRMC Hospital Facilities will provide, without discrimination, care for emergency medical conditions regardless of financial assistance eligibility or ability to pay. Patients seeking emergency care are not subject to financial screening prior to receiving care. Additionally, CRMC Hospital Facility will not engage in any actions that discourage individuals from seeking emergency medical care, such as requiring emergency department patients to pay before receiving treatment for emergency medical conditions or permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

This policy is consistent with CRMC's values of patient-centered care, respect and compassion, quality and service, community health improvement, and financial stewardship in compliance with state and federal laws. CRMC provides, without discrimination, care for Emergency Medical Conditions and other Medically Necessary Services (as defined below) to individuals without regard to such individual's ability to pay or eligibility for Financial Assistance. In determining a patient's indigent or charity status, CRMC considers many factors; such as the patient's income, patient's assets, patient's monthly expenses and patient's liabilities. All uninsured patients automatically receive a 40% discount. The discount may be replaced by the Charity component of the financial assistance policy if it is a greater amount.

The purposes of this policy are to:

Set forth eligibility criteria for receiving Financial Assistance (as defined below);

Outline circumstances and criteria under which each Hospital Facility of CRMC will provide free or discounted care for Eligible Services (as defined below) to eligible patients who are uninsured, underinsured, or otherwise unable to pay for such services, set forth the basis and methods of calculation for charging any discounted amounts to such patients, and state the measures that CRMC will undertake to widely publicize this policy within the communities to be served by each CRMC Hospital Facility.

CRMC Hospital Facility will make reasonable efforts to ensure that information about our Financial Assistance Program (FAP) is clearly communicated and made widely available to the public. The Financial Assistance application, Plain Language Summary, Financial Assistance policy (Policy), Billing and Collections Policy and uninsured discount policy are available for view or download at [www.chesapeakeregional.com](http://www.chesapeakeregional.com). If requested, CRMC will also provide individuals with our Financial Assistance website address. Individuals may also obtain and receive assistance in completing the Financial Assistance Application from any of our registration areas, financial counselors, or customer service office. The financial counselor offices are located within the patient registration areas. Individuals may stop at any of our information desks located on the first floor of the hospital to ask for assistance in locating the financial counselor's offices. Upon request, individuals may obtain a free copy, by mail, of our Financial Assistance application and policy, Plain Language Summary, uninsured discount policy, and our Billing and Collections Policy by calling our customer service department at 757-312-6281 or 757-312-6401 option #2. Mailing address for Financial Assistance is Chesapeake Regional Medical Center, Attn: Financial Assistance, 736 Battlefield Blvd N, Chesapeake, VA 23320.

## **DEFINITIONS**

For purposes of this Policy, the terms below shall be defined as follows:

**"Appeals"** All patient/guarantors have a right to appeal the original decision if there is a change in circumstance or more information to consider. Appeals may be made in writing to the Chesapeake Regional Medical Center Financial Assistance Counselors within 30 days from the date of the notification of denial date.

**"Application Period"** The time period in which an individual may apply for financial assistance. Period of time commencing at the beginning of a patient's continuum of care and ends on the two-hundred fortieth (240) day after the date of the first post-discharge billing statement for the care.

**"Billing and Collection Policy"** Billing and collection policy #PA0181 or version currently in effect.

**"CRMC"** has the meaning set forth above.

**"Collection Agency"** A "Collection Agency" is a contracted agency engaged by a CRMC Hospital Facility to pursue or collect payment from patients/guarantors.

**"Eligible Services"** means the services (and any related products) provided by CRMC that are eligible for Financial Assistance under this Policy, which shall include:

Emergency Services provided in an emergency room setting.

Non-elective medical services provided in response to life-threatening circumstances that are other than emergency medical services in an emergency room setting,

Medically Necessary Services.

*(Cosmetic and other elective packaged plan procedures are exempt from this policy and may fall under separate discounted pricing)*

Emergency and other Medically Necessary Services provided within the CRMC Hospital Facility may be provided by the Hospital Facility itself, its employed physicians or independent providers. Services provided by non-employed physicians and independent providers may not be covered under this policy.

**"Emergency Medical Conditions"** has the same meaning as such term is defined in section 1867 of the Social Security Act, as amended (42 U.S.C. §1395dd), a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body or part or, with respect to pregnant women, as further defined in 42. U.S.C. section 1395dd(1)(B), or as otherwise defined by applicable law. For example, Emergency Medical Conditions will include, but not be limited to, fainting, difficulty breathing, uncontrolled bleeding, poisoning, or broken or displaced bones.

**"Emergency Services"** care or treatment provided by a CRMC Hospital Facility for an "emergency medical condition" as such term is defined by EMTALA.

**"EMTALA"** Emergency Medical Treatment and Labor Act (42 U.S.C. § 1395dd; 42 C.F.R § 489.24).

**"Extraordinary Collection Actions (ECA)"** reporting adverse information to consumer credit reporting agencies or credit bureaus, legal or judicial activity to include; commencing a civil action against an individual, placing a lien on an individual's property, and garnishing an individual's wages .

**"Family Member"** means a group of two (2) or more individuals who reside together and who are related by birth, marriage, or adoption, including, without limitation, any individual claimed as a dependent by any such individual on his or her federal income tax return.

**"Family Income"** means the gross income of an individual and all of his or her family members, including, without limitation, compensation for services (wages, salaries, commissions, etc.), interest, dividends, royalties, annuities, pension, retirement income, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public or government assistance, veterans' payments, survivor benefits, assistance from outside the household, rents, alimony, child support, business income, income from estates or trusts, scholarships or other educational assistance, fees, income from life insurance or endowment contracts, and any other gross income or remuneration, from whatever source derived. If an individual is considered a legal dependent of another, income must be listed on the application for this provider. Self-employed persons must provide last year's tax return with accompanying schedules.

**"Federal Poverty Guidelines (FPL)"** means the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services in effect at the time of such determination. See <http://aspe.hhs.gov/poverty/index.cfm> for the current guidelines.

**"Financial Assistance"** means any financial assistance in the form of free or discounted care granted to an eligible individual pursuant to this Policy.

**"Hospital Facility"** means a facility that is required by the Commonwealth of Virginia to be licensed, registered, or similarly recognized as a hospital.

**"Liquid Assets"** the household's total amount of liquid assets available not to exceed \$10,000.00, including but not limited to the following; (cash, checking, savings and money market accounts, certificates of deposit, trust accounts, mutual funds and bonds that may be cashed without a penalty). Asset exclusions: Money in pension or retirement plans (i.e. Individual Retirement Accounts, 401(k), 403(b), and KEOGH plans), and money in education accounts (i.e. Coverdell Savings and qualified tuition accounts (Internal Revenue Codes 529 and 530).

**"Medically Indigent"** means an underinsured patient of a CRMC Hospital Facility who meets the criteria below:

After payment by all third-party payers, is financially obligated to CRMC Hospital Facility for an amount in excess of twenty-five percent (25%) of such patient's yearly gross income and is at or below 500% of the FPL and pass the Liquid Asset test as determined in Schedule A attached to and made part of this policy.

**"Medically Necessary Services"** shall have the same meaning as such term is defined for Medicare in 42 U.S.C. 1395y(a)(1)(A) (services or items "...reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member...").

**"Medical Debt"** is defined as out of pocket expenses for medical costs for medically necessary treatment billed by CRMC facility to which the application is made, the out of pocket expenses mentioned above to no include co-payments, co-insurance and deductibles.

**"Notification Period"** 120-day period, which begins on the date of the first post-discharge billing statement, in which no ECAs may be initiated against the patient.

**"Plain Language Summary ("PLS")"** a written statement which notifies CRMC Hospital Facility patients that the organization offers financial assistance and provides additional information in a clear, concise and easy to understand manner.

**"Policy"** means this Financial Assistance Policy#400.11 or version currently in effect, as amended from time to time.

**"Uninsured Patient"** means a patient of a CRMC Hospital Facility who has no level of health insurance, third party assistance, medical savings account, or claims against third parties covered by insurance to

pay or assist with such individual's payment obligations for the provision of eligible services.

**“Underinsured Patient”** means a patient of a CRMC Hospital Facility who has some level of insurance or third party assistance who nevertheless remains obligated to pay out-of-pocket expenses for the provision of eligible services that exceed such individual's financial abilities and is deemed medically indigent or meets the income and asset requirements as listed on Schedule A, as made part of this document.

## **PROCEDURES**

### **Eligibility**

Upon a determination of financial need in accordance with this Policy. CRMC will provide Financial Assistance for Eligible Services to or for Uninsured Patients, Underinsured Patients, patients who are ineligible for public or government assistance, or who are otherwise unable to pay for eligible services. The provision of Financial Assistance pursuant to this policy shall be based on a determination of financial need for each individual, regardless of race, gender, age, disability, national origin, sexual orientation, social or immigration status, gender identity, religious affiliation or other protected classes that may be designated by law or regulation. Financial Assistance is the payer of last resort and all other payer sources (i.e. pursuit of other insurance in the form of Medicaid or insurance purchased from the health insurance exchange) must be exhausted. Exemption letters or proof of Medicaid denial must be provided as part of the application process.

A patient may be required to exhaust all other payment options, including private coverage, federal, state, and local medical assistance programs, and other forms of assistance provided by third parties prior to being approved for Financial Assistance. An applicant for Financial Assistance may be asked to apply for public programs that also aid in covering the patient's costs. The patient may also be expected to pursue public or private health insurance payment options for care provided by CRMC Hospital Facility. A patient's full cooperation in applying for applicable programs and identifiable funding sources, including COBRA coverage (a federal law allowing for a time-limited extension of employee healthcare benefits), may also be required. If a CRMC Hospital Facility determines that COBRA coverage is potentially available, and that patient is not a Medicare or Medicaid beneficiary, the patient may be asked to provide the CRMC Hospital Facility with information necessary to determine the monthly COBRA premium for the patient. The patient may be asked to cooperate with the CRMC Hospital Facility staff to determine whether the patient qualifies for COBRA premium assistance, which may be offered for a limited time to assist in securing insurance coverage. The CRMC Hospital Facility often makes affirmative efforts to help a patient apply for public and private programs. A patient is asked to supply all needed and required information by CRMC Hospital Facility in a timely manner to be eligible under the Policy.

### **Medically Indigent**

Patients who do not qualify for Financial Assistance under the current FPL guidelines but have significant hospital debt may qualify for a Medically Indigent discount. If after payment by all third-party payers, the patient/guarantor is financially obligated to CRMC Hospital Facility for amounts in excess of twenty-five percent (25%) of such patient's yearly gross income, income is at or below 500% of the FPL, and pass the Liquid Asset test as determined in Schedule A attached to and made part of this policy, the patient /guarantor's will receive a medically indigent percentage discount. Medically Indigent hospital debt criteria exclusions may include, but not limited to the following: Patients who opt to be voluntary self-pay, insurance co-pays, deductibles, and co-insurance amounts.

### **Application for Financial Assistance**

CRMC will review all information requested and set forth in an application for financial Assistance, as amended from time to time, and in any and all documentation therein requested and provided (the application and such documentation, collectively, an "application"), as well as any one or more items of the following information, in determining whether an individual will be eligible for and receive financial assistance:

- External publicly available data that provides information about an individual's ability to pay (e.g.,

credit reports, scores, or ratings; Federal Poverty Guidelines, relevant published federal or state guidelines, bankruptcy filings or orders);

- Information relating to such individual's participation or enrollment in, or receipt of benefits as part of, any state or federal assistance program enrollment (e.g. Supplemental Security Income, Medicaid, Food Stamps/SNAP, Women, Infants, and Children (WIC) programs, Aid for Dependent Children (AFDC), Children's Health Insurance Program (CHIP), low-income housing, disability benefits, unemployment compensation, subsidized school lunch, Healthy Community Access Program (HCAP));
- Information substantiating the assets owned or held by the individual and liabilities or other obligations of the individual;
- Information substantiating that such individual is or has been homeless, disabled, declared mentally incompetent or otherwise incapacitated, so as to adversely affect such individual's financial ability to pay; and information substantiating that such individual has sought or is seeking benefits from all other available funding sources for which the individual is eligible, including insurance, Medicaid or other state or federal programs.

The application process for Financial Assistance shall be consistent with CRMC's mission and CRMC will strive to prevent patients from avoiding care because of their financial capacity.

The Financial Assistance Application Period during which CRMC accepts a completed Financial Assistance Application commences at the beginning of a patient's continuum of care and ends on the two-hundred fortieth (240<sup>th</sup>) day after the date of the first post discharge billing statement. If approved, the approved financial assistance is valid for 240 days from the date of signature on the application and may be applied to prior accounts with open balances up to 240 days prior to the date of signature on the application. An exception may be made on a case by case basis by the Chief Financial Officer and the Director of Patient Financial Services for bad debt or collection accounts which fall outside of the approved financial assistance application period on file. Although approval for financial assistance is valid for 240 days, we understand that patient circumstances may change during this time. CRMC Hospital Facility patients are encouraged to re-apply for financial assistance if their financial circumstances have changed and they may be eligible for a greater level of financial assistance. If approved, the discount would be applied prospectively. At subsequent visits during the 240-day approval period, the applicant may be required to re-submit financial and/or source documents to screen for government assisted health insurance plan eligibility. The information may also be used to re-evaluate and re-verify continued eligibility during the approved application period. These documents include, but are not limited to: proof of income, household size, assets, liabilities, and expenses.

Applications will be made available at any CRMC registration area, patient accounting/ customer service, by phone or on-line. Completed applications can be returned to any registration office, patient accounting, or customer service, or mailed to the address on the application. Requests for Financial Assistance will be processed promptly, and CRMC will make reasonable efforts to provide written notification to the patient or applicant of its determination within thirty (30) days after CRMC's receipt of a completed application and submission of all information required therein.

If an individual submits a completed application during the application period, CRMC will:

- ♦ Place the account on hold preventing any collection activity from occurring until Financial Assistance eligibility is determined.
- ♦ Process the application and make reasonable efforts to notify the individual of approval or denial within 30 days of receipt of the completed application.

If the individual qualifies for partial financial assistance, CRMC will provide the following:

- ♦ An approval letter indicating the level of financial assistance approved and the amount of discount the patient/guarantor will receive.
- ♦ A billing statement that indicates the amount the patient/guarantor owes for services.

If the individual submits an incomplete Financial Assistance application and an immediate determination of Financial Assistance eligibility cannot be made, financial counselors will request additional information from the applicant. CRMC will provide the applicant with the following:

- ♦ Written notice of the additional information and/or documentation needed to make an eligibility determination
- ♦ A reasonable amount of time (30 days) to provide the requested documentation.
- ♦ CRMC or any third parties acting on their behalf will suspend any ECAs until an eligibility determination is made.

If an individual does not submit an application during the application period, patients/guarantors will receive billing cycle statements and letters which contain information about the FAP. In an effort to obtain payment for services received, CRMC and its collection agency partners may perform an ECA.

In cases where a patient is unable to provide any requested information as part of the application process, CRMC may accept the following as verification of such information:

The patient's /applicant's written explanation of why the requested information cannot be provided; and a statement of the patient or applicant of the information requested, signed by the patient or applicant which attests to the accuracy and completeness of the information provided therein.

#### **Presumptive Financial Assistance.**

There are instances when a patient/guarantor may appear eligible for Financial Assistance, but there is no Financial Assistance application on file because the patient/guarantor is unable to complete, or the information is incomplete. As a result, there may be circumstances under which a patient/guarantor) qualification for Financial Assistance is established without completing the formal assistance application. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for Financial Assistance, CRMC Hospital Facility reserves the right to use outside agencies in determining estimated income amounts and Liquid Assets for the basis of determining Financial Assistance eligibility and potential discount rates or may use other sources of information to assess individual need. Any third-party utilization model considers multiple decision criteria designed to assess each patient/guarantor to the same standards as defined in this policy.

Once determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is either a partial or a 100% write-off of the account balance dependent upon household income, FPL levels, and Liquid Assets. Approval for presumptive Financial Assistance eligibility shall only apply to the date(s) of service on the accounts being evaluated. Eligibility will not apply to accounts for any past or future dates. To be presumed eligible to receive Financial Assistance for Eligible Services the patient/guarantor must meet one (1) of the following criteria or the CRMC Hospital Facility may use other sources of information to make an individual assessment of financial need.

Participation or enrollment in or receipt of benefits from a state or federal assistance program such as; Medicaid, Supplemental Security Income (SSI). Supplemental Nutrition Assistance program (SNAP) or Food Stamp eligibility, Women Infants and Children (WIC), disability, unemployment compensation, subsidized or free school lunch, residence in low income or subsidized housing, homeless or received care from a homeless or free clinic or shelter; mentally incompetent as declared by a court or licensed professional; and deceased with no known estate. Uninsured patient participation in state and local care clinics for medical services. Participation in state and local sponsored breast screening programs for uninsured and/or underinsured community residents, to include, but not limited to: Every Woman's' Life, CRMC's Mobile Mammogram and CRMC's Bra-ha-ha.



**Non-Covered Medicaid Services:**

CRMC may apply presumptive eligibility approval for 100% discount to patients who qualify for Medicaid who are rendered any services deemed non-covered by Medicaid as a third-party payor. Types of non-covered Medicaid services provided to patients eligible for Medicaid (or other indigent care programs) eligible for patient financial assistance. Non-covered examples, including, but not limited to the following:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e. patients that may only have pregnancy or emergency benefits, but receive other care from the hospital)
- Medicaid or other indigent care program denials
- Charges related to days exceeding a length-of-stay limit
- Out-of-state Medicaid claims with no payment
- Charges incurred retroactive to an approved Medicaid application and deemed ineligible for payment as out-of-date range

**Other Presumptive Financial Assistance Eligibility:**

For patients, or their guarantors, who are non-responsive to CRMC's application process, other sources of information may be used to make an individual assessment of financial need. This information will enable the CRMC Hospital Facility to make an informed decision on the financial need of non-responsive patient/guarantors, utilizing the best estimates available in the absence of information provided directly by the patient/guarantor.

To help assist indigent patients/guarantors), CRMC may use a third-party to review a patient's, or the patient's/guarantor's, information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capability score. The model's rule set is designed to assess each patient/guarantor) based upon the same standards and is calibrated against historical Financial Assistance approvals by CRMC. This enables CRMC to assess whether a patient/guarantor is characteristic of other patients/guarantors who have historically qualified for Financial Assistance under the traditional application process.

When the model is utilized, it will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows CRMC financial counselors to screen all patient/guarantors for Financial Assistance prior to pursuing any Extraordinary Collection Actions. The data returned from this review will constitute adequate documentation of financial need under this Policy. The result will emulate acceptance of patient (guarantor) that has demonstrated an FPL and asset level at or below the level indicated in the CRMC's Hospital Facility policy at the most generous level available under the FAP.

In the event a patient/guarantor does not qualify for full presumptive eligibility based on this model, the patient/guarantor may qualify for partial presumptive or may still provide requisite information and be considered under the traditional (use of an application) Financial Assistance process.

Accounts granted full presumptive eligibility based on this predictive model will be reclassified as financial assistance and any remaining balance due will be forgiven. For these accounts, refunds will only be granted if the CRMC Hospital Facility patient subsequently completes the application process and meets charity at the 100% level. Approval for presumptive eligibility will only apply to the date(s) of service on the accounts being evaluated. Eligibility will not apply to accounts for any past or future dates of service. This decision will not constitute a state of free care as available through the traditional application process. These accounts will be treated as eligible for Financial Assistance under this Policy. They will not be sent to collection, will not be subject to further collection action, and will not be included in CRMC

bad debt expense.

Patient/guarantors will only be notified of the presumptive charity if the predictive model show that the patient or guarantor is between 201- 400% of the FPL granting them a discount per Schedule A. A letter will be sent to inform them of this decision and give them 30 days to apply for full charity.

Presumptive screening provides a community benefit by enabling CRMC Hospital Facility to systematically identify financially indigent patients, reduce administrative burdens and provide Financial Assistance to patients and their Guarantors, some of whom may have not been responsive to the financial assistance application process. For these accounts, refunds will only be granted if the patient/guarantor subsequently completes the application process and meets Financial Assistance at the 100% level. Approval for presumptive eligibility will only apply to the date(s) of service on the accounts being evaluated.

#### **Eligibility Criteria and Amounts Charged to Patients.**

Patient/guarantors, who are determined to be eligible, shall receive Financial Assistance in accordance with such individual's financial need, as determined by referring to the Federal Poverty Guidelines.

Notwithstanding anything in this policy to the contrary, no patient/guarantor who is eligible to receive financial assistance for Eligible Services will be charged more than the appropriate discounted amount as determined by Federal Poverty Guidelines and Liquid Assets (see Schedule A). This discount percentage is calculated by dividing the difference between gross charges and actual payments into the gross charges using Medicare fee for service and all private health insurers. The calculation uses a 12 month look-back period for Emergency and other Medically Necessary services. We will periodically update this discount percentage.

The basis for determining and calculating the amounts that the CRMC Hospital Facility will bill an Uninsured Patients or Underinsured Patients must meet FPL income limit guidelines based on household size and annual income as well as meet the Liquid Asset limit as defined in Schedule A of this policy.

#### **Communication of Information About the Policy to Patients and the Public.**

For each of its Hospital Facilities, CRMC Hospital Facility will take measures to inform and notify its' patients and visitors and the residents of the community served by such Hospital Facility (in particular, those who are most likely to require Financial Assistance). Such measures shall include, without limitation, the Hospital Facility will (1) offer a paper copy of the plain language summary of the Policy to patients as part of the intake process without charge; (2) include a conspicuous written notice on billing statements that notifies and informs recipients about availability of Financial Assistance under the Policy and includes the telephone number of the Hospital Facility office or department that can provide information about the Policy and the Policy application process and the direct Web site address or (URL) where copies of the Policy documents may be obtained; (3) set-up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about the Policy in public locations in the Hospital Facility, including, at a minimum, the emergency room, admission or registration areas and associated waiting rooms, or by mail.

Referral of patients for Financial Assistance may be made by any member of the CRMC Hospital Facility 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.

CRMC's Financial Assistance Policy, Application and Plain Language Summary are available in English and the primary language of the population with limited proficiency in English ("LEP") that constitute the lesser of 1,000 individuals or 5% of the community served within the primary service area. Any and all written or printed information concerning this Policy, including the application, shall be made available in each of the languages spoken by at least 5% of the population serviced by each Hospital Facility. Currently, the spoken languages are Spanish, Tagalog, Vietnamese, Arabic, and French, Chinese (Mandarin), Korean, and Urdu. CRMC will take reasonable efforts to ensure that information about this Policy and its availability is clearly communicated to patients who are not proficient in reading and writing and/or who speak languages other than those for which information about this Policy are printed or published.

**Document Retention Procedures.** CRMC Hospital Facility will maintain documentation in accordance with retention policies sufficient to identify each patient determined to be eligible for Financial Assistance, including, without limitation, the patient's application, any information obtained or considered in determining such patient's eligibility for Financial Assistance (including, information about such patient's income and assets), the method used to verify the patient's income, the amount owed by the patient, the method and calculation of any financial assistance for which such patient was eligible and in fact received, and the person who approved the determination of such patient's eligibility for Financial Assistance.

**Extraordinary Collection Actions (ECA)**

CRMC and its collection agency partners may perform an ECA listed below:

- Reporting adverse information to consumer credit reporting agencies or credit bureaus
- Legal actions to include: civil lawsuit, placing lien on property and wage garnishment for accounts with aggregate balances above \$1,000

Notification to patient/guarantor of ECA:

- ♦ Notify in writing 30 days in advance of an ECA performed by the collection agency partner with the timeframe associated for which the ECA will be initiated
- ♦ Provide written notification that Financial Assistance is available for eligible individuals prior to initiating an ECA
- ♦ ECA's will only be initiated after at least 150 days from the date the CRMC Hospital Facility provides the first "post discharge" billing statement for care
- ♦ Provide a copy of the plain language summary of the Policy 30 days prior to initiating ECA

CRMC's collection agency partners will make a reasonable effort to notify the patient/guarantor about the Policy and how they may obtain assistance. All accounts may have up to 240 days from the date of the first post-discharge billing statement to apply for Financial Assistance. The Application Period may be longer because the CRMC Hospital Facility or its Collection Agency partners must notify a patient/guarantor at least 30 days before initiating one or more ECAs to obtain payment for the care.

CRMC and its Collection Agency partners shall not pursue an ECA for a patient/guarantor who has submitted an application for Financial Assistance. If it is determined the patient/guarantor qualifies for Financial Assistance and the patient/guarantor has made a payment, CRMC will research to identify if there are other accounts, associated with the patient/guarantor, that have any outstanding balance that does not qualify for financial assistance. If an account with an outstanding balance is found, CRMC will contact the patient/guarantor, via letter, informing the patient/guarantor that the payment made on the account, which was approved for Financial Assistance, will be transferred to the account with an outstanding balance. If the patient/guarantor does not agree to transfer the funds, then any amounts paid will be refunded to the patient/guarantor. If a patient/guarantor qualifies for partial financial assistance the

remaining balance will be subject to all billing cycle efforts. If the patient/guarantor does not submit a Financial Assistance application and is approved for presumptive Financial Assistance, the presumptive Financial Assistance will only apply to the patient/guarantor's current balance for the date(s) of service for the account(s) being evaluated and no previous or future payments made will be refunded.

**Relationship to Billing and Collections Policy.** For any patient/guarantor who fails to timely pay all or any portion of the amount(s) due, apply for financial assistance, or presumptively meet Financial Assistance of such patient's account, CRMC Hospital Facility shall follow the guidelines set forth in its Billing and Collection Policy; provided that; CRMC will not commence or institute any Extraordinary Collection Actions against any patient/guarantor for failure to timely pay all or any portion of such patient's account, without first making reasonable efforts to determine whether such patient/guarantor is eligible for Financial Assistance. Such reasonable efforts are set forth in the Billing and Collection Policy which is available for free on the CRMC website, including those relating to patient communications and required actions, time periods and notices relating to the submission of a complete or incomplete application.

Upon request, individuals may obtain a free copy, by mail, of our Billing and Collections Policy by calling our customer service department at 757-312-6281 or 757-312-6401 option #2. Mailing address for Financial Assistance is Chesapeake Regional Medical Center, Attn: Financial Assistance, 736 Battlefield Blvd N, Chesapeake, VA 23320

**No Effect on Other Hospital Policies; Policy Subject to Applicable Law.** This policy shall not alter or modify other CRMC policies regarding efforts to obtain payment from third party payers, transfers or emergency care. This Policy and the provision of any Financial Assistance hereunder shall be subject to all applicable federal, state, and local law.

**Exceptions to this Policy.** The Director of Patient Financial Services and the Chief Financial Officer of CRMC Hospital Facility are each granted the authority to provide eligibility and determination exceptions to this policy on a case-by-case basis as appropriate to an individual patient's facts and circumstances. In no case will a patient be denied Financial Assistance if s/he meets the stated eligibility and determination requirements for Eligible Services set forth in this policy.

**Responsible Department: Revenue Cycle Committee, Patient Access, Patient Accounting**

**Related Policies: Departmental Uninsured Discount Policy, Billing and Collection Policy**

**Schedule A** Table of FPL levels and discount percentages

## Schedule A

ANNUAL INCOME								
2021	100% Discount				63% Discount	63% Discount	Medically Indigent 63% Discount	Liquid Asset Limit
Household Size	100%	133%	138%*	200%	300%	400%	500%	
1	\$12,880	\$17,130	\$17,774	\$25,760	\$38,640	\$51,520	\$64,400	\$10,000
2	\$17,420	\$23,169	\$24,040	\$34,840	\$52,260	\$69,680	\$87,100	\$10,000
3	\$21,960	\$29,207	\$30,305	\$43,920	\$65,880	\$87,840	\$109,800	\$10,000
4	\$26,500	\$35,245	\$36,570	\$53,000	\$79,500	\$106,000	\$132,500	\$10,000
5	\$31,040	\$41,283	\$42,835	\$62,080	\$93,120	\$124,160	\$155,200	\$10,000
6	\$35,580	\$47,321	\$49,100	\$71,160	\$106,740	\$142,320	\$177,900	\$10,000
7	\$40,120	\$53,360	\$55,366	\$80,240	\$120,360	\$160,480	\$200,600	\$10,000
8	\$44,660	\$59,398	\$61,631	\$89,320	\$133,980	\$178,640	\$223,300	\$10,000
Additional Per Person	\$ 4,540							

\* 138% is the amount that allows a patient to be exempt from the Health Insurance Exchange. If they earn less than this, they are not required to apply.