

JEFFERSON REGIONAL MEDICAL CENTER
BUSINESS OFFICE PROCEDURE MANUAL

SUBJECT: Financial Assistance Policy

VOLUME: JRMC

SECTION:

PAGE: 1 of 6

SUPERSEDES:

APPROVED: Approved by the JRMC Finance Committee, May 23, 2018

Recommendation: Deidra Dunagan
Concurrence:

Approval:
Effective: 05/10/2018

I. Purpose

JRMC is committed to providing measurable quality health service in a caring environment, fulfilling the needs of our patients, physicians, employers, employees and community. It is the expressed philosophy of JRMC that we follow our guiding principles indicated below:

- A. Treat all patients equitably, with dignity, respect and compassion.
- B. Provide emergency services regardless of a patient's ability to pay.
- C. Assist patients who cannot pay for all or part of their care.
- D. Recognize patients and their families have a responsibility to help qualify them for financial assistance.
- E. Develop and administer financial assistance policies fairly.
- F. Utilize multiple communication approaches to inform patients of the financial assistance available and provided.

II. Policy

Recognizing its charitable mission, it is the policy of JRMC to provide services without charge or at a reduced rate to eligible patients who cannot afford to pay for care. Financial assistance write-offs and charge reductions will be provided to uninsured or underinsured patients who meet the established criteria defined in this policy.

A. Definitions

- 1. **Amounts Generally Billed (AGB)** means the amounts generally billed for care to individuals who have third party coverage for such care. JRMC defines and calculates the AGB using the following method: Retrospective look back including Medicare and all commercial payer percentages.
- 2. **Catastrophic Illness** is considered to be any illness that may or may not be sudden and imposes a financial hardship upon the patient that would otherwise be able to remit or agree to payment terms with JRMC.

3. **Emergency Medical Care.** Any patient seeking urgent or emergent care at JRMC shall be treated without discrimination and without regard to a patient's ability to pay for care. Furthermore, any action that discourages patients from seeking emergency medical care, including, but not limited to, demanding payment before treatment or permitting debt collection and recovery activities that interfere with the provision of emergency medical care, is prohibited. JRMC shall also operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Labor Act (EMTALA) and in accordance with 42 CFR 482.55 (or any successor regulation).
4. **Extraordinary Collection Actions** may include the following:
 - a. Selling an individual's debt to another party except as expressly provided by federal law.
 - b. Legal actions such as liens, lawsuits and payroll garnishments.
 - c. Reporting adverse information about the individual to consumer credit bureaus.

Extraordinary collection actions do not include any lien or other legal action that JRMC is entitled to assert under state law to collect payments due for medical care provided as a result of personal injuries.

5. **Family Income.** The sum of the total adjusted gross income of each person living in the home of the person applying for financial assistance.
6. **Federal Poverty Guidelines.** Guidelines published annually in the Federal Register by the United States Department of Health and Human Services. Guidelines can be referenced at <https://aspe.hhs.gov/poverty-guidelines>.
7. **Financial Assistance.** Assistance provided to patients for whom it would be a financial hardship to pay for the full cost of medically necessary services provided by Jefferson Regional Medical Center who meet the eligibility criteria for such assistance.
8. **Medically Necessary Care** will include all services except for the services listed below:
 - a. Elective services.
 - b. Non-medical services.
 - c. Cosmetic or bariatric services.
 - d. Experimental or unproven procedures
 - e. Treatments related to sex-reassignment surgery.
9. **Presumptive Financial Assistance** is the determination of eligibility for Financial Assistance that may rely on information provided by third-party vendors and other publically available information.

B. Patients Covered

JRMC shall render services to all members of the community who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial financial assistance will be based on the patient's ability to pay and will not be abridged on the basis of age, sex, race, creed, disability, sexual orientation or national origin. Patients will qualify for financial

assistance if one of the following is demonstrated by the patient or is identified by JRMC:

1. Uninsured or underinsured low-income patients who do not have the ability to pay all or part of their bill as determined by the financial guidelines of this policy.
2. Insured patients whose coverage is inadequate to cover a catastrophic situation and who meet certain income guidelines. Catastrophic illnesses may or may not be limited to one encounter.
3. Patients whose income is sufficient to pay for basic living costs but not medical care, and also those persons with generally adequate incomes who are suddenly faced with catastrophically large medical bills.
4. Patients deemed medically indigent by virtue of their documented eligibility for any type of Medicaid Benefits.

C. Services Covered

All inpatient and outpatient medically necessary services provided by JRMC shall be eligible for financial assistance with the following exceptions:

1. The portion of services currently covered by other programs.
2. Services otherwise covered by government programs, commercial insurance or other third-party payers had the patient followed the requirements of their policy and/or procedural regulations for cases pertaining to government programs.
3. Medically necessary services due to personal injury where payment by a third party carrier other than the patient's commercial insurance is being pursued, for example, auto insurance.

D. Application Process

In recognition of its charitable mission, JRMC intends to facilitate the application process of patients for financial assistance. The Financial Assistance application will be the primary mechanism used by patients to apply for financial assistance from the hospital. The completed application should be accompanied by the following supporting documents or its equivalent:

1. Last two pay stubs for each employed member of the household.
2. Last two years tax returns for self-employed individuals.
3. Proof of residency such as a driver's license, utility bill, lease agreement, etc.
4. Household members with no income should provide two letters from a friend or neighbor containing an explanation of how the patient's basic financial needs are being met.
5. Proof of Medicaid determination for those patients who have applied but were initially deemed ineligible for charity care assistance.

Upon receipt of the financial assistance application, JRMC staff members will compare the provided application for all requested documents. If the patient meets the criteria set by JRMC based on the current federal poverty guidelines, financial assistance will be granted and the encounter will be adjusted accordingly. JRMC

will determine the AGB utilizing the retrospective look back method using Medicare and all commercial payer percentages.

To qualify for financial assistance, the patient/guarantor must have fallen below the income guidelines during the last twelve months. The poverty income levels and resulting financial assistance adjustment percentages are as follows and will be based on the federal poverty guidelines in force at the time of the application and review:

% of Federal Poverty Level	150% or less	151% to 175%	176% to 200%	201% to 250%	251% to 300%	Over 300%
% of Financial Assistance	100%	80%	60%	40	20%	0%

Applications should be completed and returned to:

JRMC Business Office
 1600 W 40th Avenue
 Pine Bluff, AR 71603

E. Presumptive Eligibility

JRMC recognizes that not all patients and guarantors are able to complete the financial assistance application or provide the required documentation. The hospital may, at its discretion, rely on evidence of eligibility other than described throughout this financial assistance policy such as:

1. The patient’s payment history on accounts at JRMC.
2. Employment and income history documented on accounts at JRMC, including employment status documented during the registration for the current encounter.

If the above information appears to lead to a conclusion that the payment on the current accounts is unlikely, the Business Office Director or Manager will document that conclusion in lieu of the completed financial assistance application. Based on that conclusion, a financial assistance adjustment may be applied to the patient’s account, with the patient being notified by letter of the financial assistance adjustment.

JRMC may also utilize the service of a third party company to score patients or guarantors that have not completed a financial assistance application for financial assistance. Prior to any encounter being placed with a third party collection agency for bad debt collections, the patient/guarantor will be screened for presumptive charity by a third party agency of the facility’s choice. If the patient/guarantor is scored to qualify for financial assistance, JRMC will apply the applicable financial assistance adjustment. A note will be entered into each

encounter stating that financial assistance was granted based on the third party's charity scoring guidelines.

JRMC will also consider any type of Medicaid eligibility as qualification for 100% financial assistance.

F. Expired Patient Qualification

Patients who are deceased and have no estate are deemed to have no income for the purpose of determining financial assistance eligibility. Based on this circumstance, a financial assistance adjustment may be processed for 100%.

G. Catastrophic Care Qualification

Medically necessary services will be eligible for a financial assistance discount if the following criteria are met:

1. Patient has an out-of-pocket financial obligation resulting from medical services provided by JRMC for a specific visit or course of treatment are in excess of 25% of the family's gross annual income.
2. Patient has exhausted all other payment options including private coverage, federal, state and local medical assistance programs.
3. Patient has completed a financial assistance application and provided all supporting documentation.

H. Extraordinary Collection Actions

Patients will be screened for financial assistance using all of the above noted qualifications prior to taking any extraordinary collection actions described in this policy, with the exception of any lien or other legal action that JRMC is entitled to assert under state law to collect payments due for medical care provided as a result of personal injuries.

I. Assistance Duration

Financial assistance applications are valid for a period of twelve months. The application will qualify for any account within twelve months of the approval whether the visit is prior to the application or after the application.

J. Notification of Financial Assistance Status

Applicants will be notified of their financial assistance application status after the application is reviewed and processed. Each applicant will receive a written notice of the amount of the financial assistance discount or if their application has been denied.

K. Hospital Based Providers

Patients may receive bills from independent hospital-based providers who may or may not abide by JRMC's Financial Assistance Policy. Patients seeking financial assistance from these providers should contact them directly, using the information provided in Attachment A.

L. JRMC Employed Providers

Attachment B lists providers that are employed by JRMC and/or work in JRMC-owned practices. If you receive services from any of these providers, the JRMC Financial Assistance policy will apply.

Attachment A

Independent Hospital-based Providers That May or May Not Abide by the JRMC Financial Assistance Policy

Julie Harris, M.D.

Pathologist
1600 W 40th Avenue
Pine Bluff, AR 71603
Phone: 870-541-7524

Premier Anesthesia

2635 Northwinds Parkway
Alpharetta, GA 30009
Phone: 855-220-3662, option 2

RAPA

Radiology Associates, P.A.
500 South University Ave, Suite 600
Little Rock, AR 72205
Phone: 501-686-2622
Web: www.rapaxray.com

UCC Physicians & Hospitalists

Schumacher Clinical Partners
Phone: 888-703-3301

Last updated: May 22, 2018

Attachment B

JRMC Employed Providers Covered by the JRMC Financial Assistance Policy

Leslie Adams, APRN	Kenneth Dill, MD	Amanda Lem, APRN
Yathreb Alaali, MD	Navdeep Dogra, MD	Charles Mabry, MD
Maher Alesali, MD	Michelle Eckert, MD	Khalid Mohammad, MD
Lester Alexander, MD	Lee Forestiere, MD	Reid Pierce, MD
Meer Ali, MD	Ricki Fram, MD	James Pollard, MD
Ayman Alshami, MD	Megan Holloway, APRN	Anna Redman, MD
Tochi Amagwula, MD	Ariel Jakes, APRN	Pervie Simpson, MD
Troy Birk, MD	Lillian Jynes, APRN	Cyrus Tamboli, MD
Roy Burrell, MD	John Knight, PA	Lacy Thomas, APRN
Linda Cabine, APRN	Kenneth Lambert, MD	Nancy Williams, MD
Clyde J. Campbell, MD	Brent Lawrence, MD	Nicholas Willis, MD
Aldon Corle, MD	Heather Leblanc, MD	Brock Wrinkles, PA

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