

**Marshall Medical Centers Department:**  
**Patient Financial Services Section:**  
**Hospital Wide**  
**Title: Financial Assistance Policy**

<b>Approved By:</b>	<b>HH Health System-Marshall, LLC Advisory Board</b>		
<b><u>Effective Date</u></b> June 9, 2000	<b><u>Review Dates</u></b> Sept 2007 Sept 2009 Sept 2011 Sept 2013	<b><u>Revision Dates</u></b> April, 2004 July, 2006 December, 2015 November, 2021	

**Purpose / Goals:**

It is the goal of HH Health System-Marshall, LLC d/b/a Marshall Medical Centers (MMC) to provide medically necessary health care services to patients in the hospital's service area as defined by the medical centers. The below guidelines are intended to establish a policy and appropriate procedures for use in circumstances in which financial assistance, compliant with all applicable federal, state, and local laws, is offered by MMC to its uninsured or underinsured patients.

**Definitions:**

For purposes of this program, the following terms are defined as:

- “Emergency Care” shall mean the care or treatment for an Emergency Medical Condition, as defined EMTALA.
- “EMTALA: means the Emergency Medical Treatment and Active Labor Act (42 U.S.C 1395dd)
- “Medically Necessary Care” shall mean those services reasonable and necessary to diagnose and provide preventive palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.
- “Patient” shall mean an individual who receives care at MMC and the person who is financially responsible for the care of the patient.
- “Uninsured Patient” is defined as a person who is uninsured or does not otherwise qualify for any governmental or private program that provides coverage for any of the services rendered and either:
  - Qualifies for charity care as defined herein;
  - Does not qualify for charity care but does qualify for some discount of his/her charges for hospital services based on a substantive assessment of his/her ability to pay, such as total income, total medical bills, assets, mortgage payments, utilities, number of family members, disability considerations, etc; or
  - Has some means to pay but qualifies for a discount based on this policy.
- “Underinsured” shall refer to an individual who has insurance coverage, but is still unable to meet his or her financial obligations.

## **Policy for Emergency and Medically Necessary Care**

1. This policy applies to all Emergency Care and Medically Necessary Care provided in the inpatient or outpatient acute care setting, including behavioral health, and applies to all such care provided in the hospital's facility by a substantially-related entity as defined in 1.501( r) -1(b)(28) of the Treasury Regulations and promulgated under the Internal Revenue Code of 1986, as amended. This policy does not apply to payment arrangements for elective procedures as defined by MMC.
2. MMC's policy is to provide Emergency Care and Medically Necessary Care to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth below, uninsured or underinsured patients who do not have the means to pay for services provided at MMC's facilities may request to be considered for awards of financial assistance under the Financial Assistance Policy. The eligibility criteria for financial assistance and procedures for receiving financial assistance set out in this Financial Assistance Policy are intended to ensure that MMC will have the financial resources necessary to meet its commitment to providing care to patients who are in the greatest financial need.
3. Consistent with EMTALA, MMC will provide an appropriate medical screening to any individual, regardless of race, creed or ability to pay, requesting treatment for a potential emergency medical condition. If, following an appropriate medical screening, MMC personnel determine that the individual has an emergency medical condition; MMC will provide services, within the capability of its facility, necessary to stabilize the individual's emergency medical condition or will affect an appropriate transfer as defined by EMTALA.

## **Principles**

1. All billing and collection practices will reflect our commitment to treat all patients equally, with dignity, respect and compassion.
2. Consistent with MMC's mission and values, these policies reflect our commitment to provide financial assistance to patients who cannot pay for part or all of the care they receive, while taking into account MMC's financial ability to provide said care.
3. When possible, MMC will assist patients in obtaining health insurance coverage from private or public sources (including, but not limited to Medicaid and AllKids).

## **Guidelines**

Marshall Medical Centers ensures that:

1. Its employees and agents behave in a manner that reflects the policies and values of MMC, including treating patients and their families with dignity, respect and compassion.
2. Patients who do not qualify for charity care but are in need of financial assistance are offered appropriate extended payment terms or other payment options that take into account the patient's financial status.
3. Outstanding balances on patient accounts are pursued fairly and consistently, in a manner that reflects the values and commitments of our hospital in the community it serves.
4. Financial counseling is available to all patients.
5. Financial assistance policies are applied consistently with all patients.

6. Financial assistance for individual patients is balanced with the hospital's broader responsibility to keep its doors open for all that may need care in the community.
7. Patients and families will be advised of their financial responsibility, based upon their individual ability to pay.

### **Measures to Widely Publicize Marshall Medical Centers' Financial Assistance Policy within the Community**

1. Patients and their families are advised of the hospital's applicable policies, including charity care and the availability of need-based financial assistance in easily understood terms, as well as in any language commonly used by patients in the community.
2. Information regarding financial assistance and charity care policies, including a Plain Language Summary of this policy, is posted in all admitting and registration areas, including the emergency room.
3. Patients are offered a copy of the Plain Language Summary of this policy as part of the registration process.
4. Patients can call MMC's Patient Financial Services Department at (256)894-6600, Monday-Friday 8:00 a.m.–5:00 p.m., to confidentially inquire about financial assistance after discharge and request a copy of this policy, a Plain Language Summary of this policy and the Financial Assistance Application (attached hereto as Exhibit A) to be mailed to their home address free of charge.

This policy, a Plain Language Summary of this policy, and the Financial Assistance Application can be found online at: [www.mmcenters.com/index.php/about/financial](http://www.mmcenters.com/index.php/about/financial)

5. Billing statements contain a conspicuous written notice informing the recipients that financial assistance is available, providing the telephone number for MMC's Patient Financial Services Department so recipients may inquire about financial assistance and directing recipients to the direct website address where this policy, a plain-language summary of this policy and the application form can be found.

### **Uninsured or Underinsured Patient Discount**

1. MMC will provide Medically Necessary Care through the inpatient and outpatient departments (including emergency room services) to uninsured or underinsured patients regardless of household income. Uninsured patients will be offered a private pay discount of 50% of charges if payment is made prior to reaching bad debt write-off at approximately 120 days. The ER prompt pay discount, available to uninsured patients, is a \$100 flat fee plus \$50 for any lab work and/or \$50 for any diagnostic imaging services so long as payment is made within 24 hours of discharge.
2. Please also see "Limitations on Amounts Generally Billed" below. Persons deemed eligible for financial assistance covering less than 100% of charges for services provided will not be charged more or differently than amounts generally billed to insured patients for emergency or other medically necessary care upon completing and qualifying for financial assistance.
3. This policy is not applicable to physicians, immediate family members of a physician (as defined in 42 CFR 417.351, as amended) or to any patient who is a referral source to MMC.
4. This Policy is not applicable to any professional fees, unless such fees are for services performed by physicians in our Emergency Department and other providers listed on Exhibit C.
5. Upon request, uninsured or underinsured patients eligible for discounts described in this Policy must complete an application for Medicaid participation or for coverage by other governmental payment programs.

6. A patient who incurs catastrophic medical expenses, is homeless, or is deceased is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. Determination of discounts for medically indigent patients will be considered on a case-by-case basis by the Patient Financial Services Director.
7. Other discounts outside this policy will be considered on a case-by-case basis by the Director of Patient Financial Services.

### **Financial Assistance Procedure**

1. Hospital personnel will give patients MMC's Plain Language Summary of the Financial Assistance policy and an Application for Financial Assistance, once a patient is identified as uninsured or underinsured. The timing for delivery of this Policy and the Application for Financial Assistance will depend on whether identification is made at the time of service, during the billing process or during collections. The uninsured or underinsured patient must complete the Application for Financial Assistance, including the certification statement which verifies the information described in Paragraph (2) below. Following the patient's completion of the application, hospital personnel will review the application against eligibility criteria. The uninsured or underinsured patient will provide MMC with supporting documentation of his/her level of income.
2. In evaluating an uninsured or underinsured patient's need for financial assistance, MMC may review the uninsured or underinsured patient's W-2 withholding forms, tax return for previous year, 1099, letter from employer verifying income, verification of unemployment compensation, verification of circumstances from person(s) providing support, government agency assistance verification, as well as the verification of bank accounts and assets. MMC personnel may contact the patient's employer, if any, to verify the patient's status or may request additional documentation of income.
3. MMC personnel will use the Federal Poverty Guidelines (FPG) Information available for the application calendar year to determine an uninsured or underinsured patient's eligibility to receive financial assistance. When calculating income, up to \$1,000 per month of qualifying expenses listed on the application may be deducted from monthly income amount.
4. MMC will follow the Schedule of Financial Assistance to determine the amount by which a patient's bill may be discounted and /or the minimum payment required. The Schedule of Financial Assistance is based on family income and is attached hereto as Exhibit D. Those persons at or below 200% of the FPG will be given a 100% discount of charges. Persons earning between 200%-300% of the FPG will receive a discount of charges based on the income schedule in Exhibit D and offered a payment arrangement. All uninsured, private pay patients can qualify for a 50% discount of charges if payment is made prior to reaching bad debt write-off at approximately 120 days.
5. Uninsured or underinsured patient financial assistance offered under this policy is subject to review by MMC Director of Patient Financial Services to ensure compliance with this policy.
6. Incomplete applications will be held for 30 days after the applicant is notified. Failure on behalf of the applicant to complete the application within this timeframe will void the application and will require him/her to start over.
7. If the supporting documentation is not submitted with the application and/or if falsification of any portion of the application is identified, the application will be denied. Marshall Medical Centers reserves the right to reverse financial assistance when information is presented indicating the patient/guarantor has the ability to pay for services and financial assistance should not have been approved. Financial Assistance may also be reversed if patient accounts become eligible for insurance coverage.

8. Our award period goes back 7-years and is good for 6-months, unless someone has a fixed income indicated by Medicare coverage or Social Security income, which will allow the award period to remain good for 12-months.
9. Financial Assistance awarded upon death will be contingent on the lack of an estate probated to the court. Should an estate be probated, a claim will be filed for satisfaction of the accounts.
10. All approved applications will be scanned to the patient's account. Applications subject to cost report auditing will be retained in storage for 10 years.
11. Accounts in "legal status" or having a judgment on them will not be considered for Financial Assistance.

### **Limitation on Amounts Generally Billed**

Notwithstanding above, where there is an award of financial assistance that does not cover 100% of the charges for the service, the amounts charged to patients eligible for discounted care will not be more than generally billed by MMC to patients and insurance companies.

### **Actions under Collections Policy in the Event of Non-Payment**

The actions MMC may take with regard to non-payment by a patient who is able to pay for services, including collections action and reporting to credit agencies, are set forth in MMC's Collections Policy, which may be found at [www.mmcenters.com](http://www.mmcenters.com).

### **Notification of Eligibility Determination**

1. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial, will be provided, generally within 2 weeks of receipt of a completed application. Priority will be given to applicants requesting to be scheduled for surgical services.
2. Extraordinary collection actions will be suspended during the consideration of a completed charity care application. Prior to placement with an agency, a note will be entered into the patient's account related to charity care to suspend collection activity. If the account has been placed at the agency, the agency will be notified to suspend collection efforts until a determination is made. If a charity care determination allows for a percent reduction but leaves the patient with a self-pay balance, payment terms will be established.

### **Reasonable Efforts to Determine Eligibility for Financial Assistance Prior to Extraordinary Collection Actions**

Notwithstanding any other provision of any other policy at MMC regarding billing and collection matters, including the Collections Policy referred to above, MMC will not engage in extraordinary collection actions before it makes reasonable efforts to determine whether an individual who has an unpaid invoice amount from MMC is eligible for financial assistance under this financial assistance policy.

As used herein, "extraordinary collection actions" shall have the meaning set forth in the Treasury Regulations issued under Internal Revenue Code § 501(r) and include selling the patient's debt to another party (with limited exceptions); reporting adverse information to consumer reporting agencies or credit bureaus; deferring, denying or requiring payment before Medically Necessary Care is provided based on previous non-payment; and legal actions, such as placing a lien on property, attaching or seizing bank accounts, civil actions, arrest, writ of body attachments or garnishing wages.

As used herein, "reasonable efforts" shall have the meaning set forth in the Treasury Regulations issued under Internal Revenue Code § 501(r). In order to comply with this obligation MMC will:

- Ensure that this policy has been “widely publicized” (within the meaning of the regulations)
- Refrain from initiating any extraordinary collection actions for at least 120 days from the date of the first post-discharge billing statement for the care
- Provide a written notice about this policy (including a copy of the plain language summary, a statement regarding any extraordinary collection actions the hospital or an authorized third party intends to initiate, and reasonable efforts to notify the individual orally about this policy) 30 days prior to initiating any extraordinary collection actions
- Accept financial assistance applications for at least 240 days from the date of the first post-discharge billing statement
- Notify individuals who submit an incomplete application during the application period about how to complete the application (and provide contact information for assistance), and suspend any extraordinary collection actions for these individuals until eligibility is determined
- Determine whether individuals are eligible when completed applications are submitted during the 240-day application period

Then, when a completed application is submitted, MMC, acting in a timely manner, will:

- Suspend any extraordinary collection actions to obtain payment for the care
- Make a determination as to eligibility and notify the individual in writing of this determination (including the assistance for which the individual is eligible)
- Provide a billing statement indicating the amount owed and how it was determined, in the event the individual is not eligible for 100% Financial Assistance.
- Refund any amounts paid after the application submission date that are above the amount required by this policy
- Reverse any extraordinary collection actions (e.g., removing adverse information from the credit report)

MMC ensures that any collection agencies providing collections services on behalf of MMC are aware of this financial assistance policy and adhere to the requirements contained herein and Section 501(r) of the Internal Revenue Code of 1986, as amended, by the execution of an Addendum to Collections Agency Services Agreement. A copy of such Addendum to Collections Agency Services Agreement is attached hereto as Exhibit B.

### **List of Providers**

A list of providers, other than MMC, that deliver Emergency Care or other Medically Necessary Care in MMC’s facility, specifying which providers are covered by this financial assistance policy, is attached hereto as Exhibit C.

**This Financial Assistance Policy is also available in Spanish.**

**Esta política de asistencia financiera también está disponible en Español**

## Financial Assistance Program

### We Are Here For You When You Need Us Most

Marshall Medical Centers is committed to providing world class healthcare right here at home for those we serve. Financial assistance is the key to meeting our mission by providing help to those in our community in need.

### Do I Qualify?

Please fill out the application for financial assistance and attach the documents that prove residence and income to determine if you qualify. Confidential help completing the application is available Monday-Friday between 8:00 a.m. and 4:30 p.m. by calling Financial Assistance Representative at (256) 840-3685.

### How Do I Apply?

Print and complete the Financial Assistance Application, and return it with any supporting documentation to:

Marshall Medical Centers  
Attn: Financial Assistance  
227 Brittany Road  
Guntersville, Alabama 35976

You may obtain a copy of the financial assistance application from our website or by calling the above phone number to request that one be mailed to you.

### Required Documentation for Your Application:

- Proof of Residence (such as driver's license or utility bill with your current address)
- One of the Following:
  - Tax Return for previous year
  - W-2
  - 1099
  - Letter from employer verifying income
  - Verification of unemployment compensation
  - Verification of circumstances from person(s) providing for you

### Approval Process

Based upon the information provided, please allow up to two (2) weeks to process your application. Eligibility is based on the Federal Poverty Income Guidelines and your ability to pay. Collection will continue on your account until the required documentation is returned to Marshall Medical Centers.

*\*This program does not apply to physician or other professional fees billed separately from hospital facility fees, with the exception of emergency medicine physicians, CRNA services, and other select providers indicated in Exhibit C of the Financial Assistance Policy. Click this link for a complete list of our emergency medicine physicians.*

<https://www.mmcenters.com/services/emergency-services>

*\*\*This document serves as the Plain Language Summary of the Financial Assistance Policy.*

*FINANCIAL ASSISTANCE APPLICATION*

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Address \_\_\_\_\_

Patient Telephone Number(s) \_\_\_\_\_ Patient SSN \_\_\_\_\_

Currently Employed  YES  NO

If Yes, Employer Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Spouse Date of Birth \_\_\_\_\_ Spouse SSN \_\_\_\_\_

Currently Employed  YES  NO If Yes, Employer Name \_\_\_\_\_

Name(s) of dependent family members **under the age of 19** currently residing with you:

Name(s)	Date(s) of Birth	Social Security Number(s)

Briefly describe why you are applying for financial assistance. (Include all employment, health, disability, death, divorce, extenuating circumstances, etc.)

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**INCOME AND RESOURCES STATEMENT**

<b>Income: (Gross Amounts)</b>	<b>Patient</b>	<b>Spouse</b>
Salary (Monthly)		
Social Security / Disability		
Child Support		
Retirement (401(k), IRA, etc.)		
Business		
Food Stamps		
Other Income		

<b>Resources (Current value of each):</b>	<b>Patient</b>	<b>Spouse</b>
Checking Accounts		
Savings Accounts		
Other		

<b>Monthly Expenses:</b>			
Housing		Utilities	
Insurance		Child Support	
Car Payment		Credit Cards	
Medical Insurance		Medications	

To ensure full consideration of your application and to assist us in making an informed decision, the following **MUST** be submitted:

- Documentation of income (examples: paycheck stub(s), food stamps, federal tax return, W-9, etc.)
- Proof of residence (examples: driver’s license, utility bill, etc.)

I certify the above information is true and correct. I understand the information submitted herein is subject to verification and review by federal and state enforcement agencies and others as required.

Signed: \_\_\_\_\_ *(Applicant’s Signature)*

Exhibit B

## **Addendum to Collection Agency Services Agreement**

\_\_\_\_\_ [Hospital] and \_\_\_\_\_ [Collection Agency], for mutual consideration hereby acknowledged, agree, effective this \_\_\_\_\_ day of \_\_\_\_\_, to amend the current collection services agreement between the parties to include the following:

1. The [Hospital] has adopted a new policy (“policy”) intended to further ensure socially just billing and collection practices for [Hospital’s] uninsured patients.

A copy of the policy has been provided to [collection agency].

2. Subject to Paragraph 4 of this Addendum, [the collection agency] agrees to abide by the policy in the course of conducting its collection-related activities involving uninsured [hospital] patients. Such activities include, but are not limited to the following:

- a. All communications with any uninsured [hospital] patient or person financially responsible referred to [the collection agency] for purposes of collecting amounts owed to [hospital]; and financially responsible referred to [collection agency] for purposes of collection amounts owed to [hospital].
- b. All legal proceedings, of whatever kind or nature, against any uninsured [hospital] patient or person financially responsible referred to [collection agency] for purposes of collection amounts owed to [hospital].

4. [Collection Agency] agrees not to deviate from the standards and requirements set forth in the policy without the prior written consent from [hospital].

5. [Collection Agency] agrees to abide by the regulations set forth in 501(r).

Exhibit C

## **Marshall Medical Centers Covered Providers**

Emergency Physicians North (MMC North ED)  
American Physician Partners of Alabama (MMC South ED)  
MMC CRNA Services  
Marshall Cancer Care Center Medical and Radiation Oncologists

This list of providers was updated August 8th, 2021.

Exhibit D \*\*Sample – This is Updated Annually According to Current Guidelines

Marshall Medical Centers - Financial Assistance Income Schedule

# of Persons in Household		1	2	3	4	5	6	7	8
<b>Current National Poverty Guideline</b>									
<i>Year: 2021</i>		<b>12,880</b>	<b>17,420</b>	<b>21,960</b>	<b>26,500</b>	<b>31,040</b>	<b>35,580</b>	<b>40,120</b>	<b>44,660</b>
100%	<i>range low</i>	-	-	-	-	-	-	-	-
	<i>range high</i>	25,760	34,840	43,920	53,000	62,080	71,160	80,240	89,320
90%	<i>range low</i>	25,761	34,841	43,921	53,001	62,081	71,161	80,241	89,321
	<i>range high</i>	27,177	36,756	46,336	55,915	65,494	75,074	84,653	94,233
80%	<i>range low</i>	27,178	36,757	46,337	55,916	65,495	75,075	84,654	94,234
	<i>range high</i>	28,594	38,672	48,751	58,830	68,909	78,988	89,066	99,145
70%	<i>range low</i>	28,595	38,673	48,752	58,831	68,910	78,989	89,067	99,146
	<i>range high</i>	30,010	40,589	51,167	61,745	72,323	82,901	93,480	104,058
60%	<i>range low</i>	30,011	40,590	51,168	61,746	72,324	82,902	93,481	104,059
	<i>range high</i>	31,427	42,505	53,582	64,660	75,738	86,815	97,893	108,970
50%	<i>range low</i>	31,428	42,506	53,583	64,661	75,739	86,816	97,894	108,971
	<i>range high</i>	32,844	44,421	55,998	67,575	79,152	90,729	102,306	113,883
40%	<i>range low</i>	32,845	44,422	55,999	67,576	79,153	90,730	102,307	113,884
	<i>range high</i>	34,261	46,337	58,414	70,490	82,566	94,643	106,719	118,796
30%	<i>range low</i>	34,262	46,338	58,415	70,491	82,567	94,644	106,720	118,797
	<i>range high</i>	35,678	48,253	60,829	73,405	85,981	98,557	111,132	123,708
20%	<i>range low</i>	35,679	48,254	60,830	73,406	85,982	98,558	111,133	123,709
	<i>range high</i>	37,094	50,170	63,245	76,320	89,395	102,470	115,546	128,621
10%	<i>range low</i>	37,095	50,171	63,246	76,321	89,396	102,471	115,547	128,622
	<i>range high</i>	38,640	52,260	65,880	79,500	93,120	106,740	120,360	133,980
<b>Notes:</b>									
***Example: Household of 5 with annual household income of \$73,543. Discount Adjustment = 60% of Charges									
***All uninsured patients qualify for 50% discount of charges if paid within 120 days of statement / prior to bad debt right off.									