



SHARKEY - ISSAQUENA *Community* **HOSPITAL**

47 SOUTH 4th STREET • P.O BOX 339 • ROLLING FORK, MISSISSIPPI 39159

JERRY KEEVER
ADMINISTRATOR

PHONE 873-4395

FINANCIAL ASSISTANCE PROGRAM (FAP)

As part of our mission, Sharkey Issaquena Community Hospital (SICH) will provide financial assistance, based on need, to patients who lack the ability to pay for emergency and other non-elective medically necessary care provided by the hospital and physician services associated with the hospital service, without regard to age, color, creed, ethnic background, sex, national origin, physical disability, race, or religion.

Regardless of an individual's ability to qualify under this Financial Assistance Policy, SICH will provide, without discrimination, care for any emergency medical condition as designated under the U.S. federal government Emergency Medical Treatment and Labor Act (EMTALA) of 1986.

The Financial Assistance Program (FAP) is intended for patients whose Annual Family Income does not exceed 150% of the Federal Poverty Income Guidelines (FPG) published by the U.S. Department of Health and Human Services and in effect at the date of service for awards of FAP under this policy.

In addition, financial assistance may be available on a sliding scale discount from normal charges for uninsured patients or patients with self-pay balances after insurance that have an Annual Family Income up to 150% of the FPG.

The hospital will limit the amount charged for any emergency or other medically necessary care it provides to a FAP eligible individual to not more than the amounts generally billed to individuals with insurance.

Uninsured patients (self-pay) will receive an automatic 20% discount from gross charges. This discount applies to hospital and is in addition to any other discounts or acceptance to FAP.

The eligibility criteria for financial assistance and the procedures for receiving financial assistance set out in this Policy are intended to ensure that SICH will have the financial resources necessary to meet its commitment to providing care to patients who are in the greatest financial need.

This program does not include coverage for independent provider groups not employed by the hospital, such as Cardiologists, Emergency Department Physician fees, Nuclear testing, Wound Care, and other Physician and Advanced Practice Nurse providers that may be involved in your care. See the FAP policy summary.

Collection Efforts:

SICH will not engage in extraordinary collection actions before making reasonable efforts to determine whether an individual who has an unpaid balance is eligible for financial assistance under this Policy. As used in this policy, "extraordinary collection actions" include but are not limited to: placing a lien on an individual's property, foreclosing on an individual's real property, attaching or seizing bank account or other personal property, commencing a civil action against an individual, causing an individual's arrest, and garnishing an individual's wages.

Communication:

SICH is committed to publicizing this Policy widely within the communities in which it serves. Notices will include the Hospital web address, contact numbers, and location addresses.

The following steps are to ensure that members of the communities served are aware of the Policy and have access to the Policy:

- a. A plain English summary of the Policy will be displayed at the SICH registration and emergency department registration areas
- b. FAP pamphlet will be offered during the hospital or emergency department registration process. Information about FAP and who to contact will be listed on the patient's hospital statements
- c. Policy and application will be available at hospital and emergency department registration areas
- d. Financial Counselors are available during normal business hours, which includes availability to provide counseling to individuals currently admitted to SICH.
- e. A plain English summary of the policy is available for distribution to community advocates in the SICH
- f. service area to assist in reaching those who are most likely to require financial assistance

Definitions:

Amount Generally Billed (AGB) = The charge amount generally billed for any patient with similar condition, treatment, service, and/or diagnosis, regardless to having insurance coverage or not. AGB is based on the look back method that considers discounts allowed by Medicare fee-for service and commercial insurances that pay claims to SICH.

Emergency medical condition = As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd)

Gross Charge = An established price, listed in the hospital charge-master, for a service or item that is charged consistently and uniformly to all patients before applying any contractual allowances, discounts, or deductions

Family = Using the Census Bureau definition, a family is defined as a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return they may be considered a dependent on the FAP application. This includes individuals up to 24 years old and enrolled in school or college.

FAP = Financial Assistance Program as defined in this policy

Family income = Calculated based on the income earned in the preceding 12-month period. Although proof of income for the preceding 12-month period is preferred, family income may be based on the current income, especially if there has been a significant change in the family's income.

FPG = Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for awards of financial assistance under this Policy.

Income = Income includes salary and wages, interest income, dividend income, social security, workers compensation, disability payments, unemployment income, business income (IRS Schedule C), pensions & annuities, farm income (IRS Schedule F), rentals & royalties, inheritance, strike benefits, and alimony income.

Income is also defined as payments received from the state for legal guardianship or custody

Social Services = Individuals who help consumers complete health coverage applications on the federally-facilitated Marketplace (healthcare.gov) or state-based insurance affordability program applications (such as Medicaid, the Children's Health Insurance Program ("CHIP")).

Medically necessary= Non-elective services for life threatening conditions outside the emergency room. (Other medically necessary services on a case-by-case basis)

Non-Elective Services= condition or injury that places the health of the individual in serious jeopardy, cause serious impairment to bodily functions, or serious dysfunction to a bodily organ

Plain Language summary= A statement written in clear, concise, and easy to understand language notifying individuals that SICH offers financial assistance under a FAP

Prompt Pay Discount = A discount that is available to self-pay balances on hospital services if paid within 30 days of the first hospital statement.

Self-Pay or Uninsured= A patient who does not have third party coverage from a health insurance plan, Medicare, or state funded Medicaid, or whose injury is not a compensated injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

Insured Patient= A patient who has third party coverage or whose injury is a compensated injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

Standards of Practice:

Information about the Financial Assistance Program (FAP) will be posted in a plain language summary at main entrance points to the hospital. Main entrance points include Hospital and Emergency Department registration areas.

FAP posting will include instructions on how and where to obtain a printed version of the plain language summary and the FAP application.

The FAP summary and application is available through:

- Customer Service office located in the hospital at 47 South 4th Street, Rolling Fork, MS 39159.
- Customer Service office located in the Business Office Center at 44 North 4th Street, Rolling Fork, MS 39159
- Calling Customer Service at (662) 873-4695 for printed copy to be mailed at no expense
- Requesting by mail by writing to Sharkey Issaquena Community Hospital
Attn: Customer Service
P.O. Box 339
Rolling Fork, MS 39159

Patients with balances after insurance (e.g. deductibles, co-pays, and co-insurance amounts) are eligible for FAP if the eligibility requirements are met.

Patients who have exhausted policy limits are eligible for FAP if the eligibility requirements are met. (The remaining account balances after the policy limits are exhausted are considered uninsured and are eligible for the FAP)

Medicare patients are eligible for FAP if the eligibility requirements are met.

Patient shall cooperate in supplying all third-party insurance information and third-party liability information

The patient must exhaust insurance/third-party liability coverage prior to patient receiving financial assistance through FAP.

If the account is with a collection agency, the patient can still apply for FAP.

Services Eligible for FAP

1. Any hospital service that is an emergency or a service that is medically necessary
2. Any SICH physician services provided in relationship to the approved hospital service(s).

Eligibility Requirements for FAP

1. Patient is a permanent resident within the SICH primary service area, which includes the Sharkey and Issaquena counties of Mississippi.
2. Patient's family income is at or below 150% of the existing Federal Poverty Guideline at the date of service or date of the FAP application.
3. Requested services are eligible for the FAP as noted above. The financial counselor may inquire with the attending physician regarding the medical necessity of services before awarding financial assistance.
4. Patient provides proof of ineligibility for Medicaid or other State programs.
5. Individuals with the financial capacity to purchase health insurance through the Healthcare Marketplace (Affordable Care Act) shall be required to meet apply as a means of assuring access to healthcare services, for their overall personal health, and for the protection of their individual assets.
6. Patient must be eligible on the date of service or date of application.
7. Patient does not have to be a U.S. Citizen.

Reason for not being Eligible for FAP

1. Family income exceeds 150% of the Federal Poverty Guidelines. However, the patient may be eligible for a prompt pay discount.
2. If a patient is eligible for Medicaid or other State programs and the patient fails to cooperate in the application, re-application, appeal process, or the patient does not pay the required monthly premium, thereby making the patient ineligible for the program.
3. If the patient is eligible and enrolled in a Healthcare Marketplace plan and does not pay the required monthly premium, thereby causing the health plan to revoke coverage.
4. Patient who resides outside of the SICH service area is not eligible for FAP except when the patient requires urgent or emergent services while visiting in the SICH service area.
5. Patient is in the custody of a unit of Government, which is responsible for coverage of the medical needs of the patient.
6. Patient is eligible for healthcare coverage through their employer.
7. Services are not medically necessary or excluded from the program.

Excluded services include:

- Cosmetic surgery
- Infertility treatments, fertility services, birth control, sterilization, reversal of sterilization.
- Services denied by your insurance due to non-compliance with your insurance coverage requirements;
- Services deemed not medically necessary;
- Services reimbursed directly to you by your insurance company;
- Services reimbursed by another third party
- Services required for employment, schools, or athletics

Asset Test

A sliding fee scale will be used to determine the percentage of discount. The patient's liquid and non-liquid assets are considered in the final determination of financial assistance as possible sources of payment. An individual household is permitted to hold assets of an amount equal to 200% of the Mississippi Medicaid Maximum Household amount, published by the Mississippi Family & Social Services Administration. The

family home, household goods like furniture or appliances, and personal items such as jewelry or clothes are excluded from the asset test.

Application Process

- The patient's eligibility for FAP will be determined through an application process. The SICH Financial
- Application form is the valid application form for the application process.
- One signature is required on the application (the patient, guarantor, or legal representative).
- Approved FAP applications are valid for a period of 6 months for medically necessary services.
- All FAP applications and records will remain on file for a minimum of 7 years.
- FAP applications are considered up to 240 days after the first billing statement is submitted to the patient or when a change in patient financial status is determined.
- Patient may apply for FAP in advance of receiving medically necessary care.
- The FAP Committee will determine the awarding of financial assistance.
- It is the patient's responsibility to request consideration on future services within the 6-month period that would not have been reviewed during the initial application process.
- The patient may appeal the decision to denied financial assistance by writing to:

Sharkey Issaquena Community Hospital
Attn: Director Patient Billing Services
P.O. Box 339
Rolling Fork, MS 39159

Proof of Income

Listed below are **EXAMPLES** of forms of acceptable documentation to establish current proof of income and/or income at time of service. Documentation is required to determine financial assistance. SICH will apply income verification uniformly to all applicants.

- Pay stubs for the last 90 days
- A letter or written statement from employer verifying gross wages for the last 90 days
- W-2's
- Federal Income Tax Returns (Form 1040 or 1040A)
- If self-employed a financial statement of gross income less business expenses
- Bank statements
- If patient/spouse is unemployed and not receiving any unemployment benefits a letter from the patient/ spouse indicating how long they have been unemployed will suffice as proof of income
- As a last resort, the Hospital may accept a written statement from the patient as proof of eligibility. A witness who can substantiate the patient's income must also sign this written statement.
- Alimony payments made to a spouse are an allowable deduction from family income.
- Child support payments are not an allowable deduction from family income.
- Social Security or Retirement Benefits should be verified with the Social Security office or by obtaining a copy of the Social Security Benefits Determination letter from the patient.
- SICH may obtain credit report if additional verification is needed.

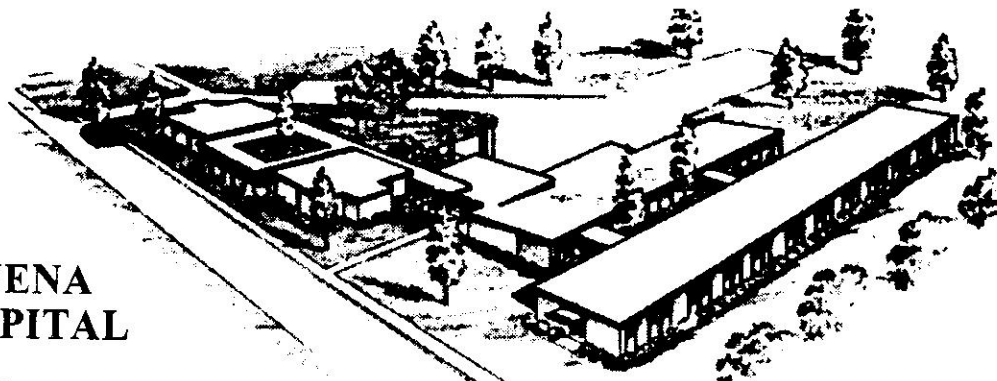
Patient Payments & Refunds

Patient payments received prior to and/or subsequent to the decision to award financial assistance shall be refunded or transferred to other outstanding accounts not applicable for financial assistance.

Regulatory Requirements

In implementing this Policy, SICH management and facilities shall comply with all other federal, state and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

SHARKEY - ISSAQUENA *Community* HOSPITAL



47 SOUTH 4th STREET • P.O BOX 339 • ROLLING FORK, MISSISSIPPI 39159

JERRY KEEVER
ADMINISTRATOR

PHONE 873-4395

Financial Assistance Program

Sharkey Issaquena Community Hospital offers emergency and other medically necessary hospital-level services free of charge if you are (1) a permanent resident within the SICH primary service area, which includes Sharkey and Issaquena Counties, (2) and your income is at or below 150% of the Federal Poverty Guidelines (the FPG).

Sliding Scale. Under our facility's Financial Assistance Policy, we provide financial assistance for emergency and other medically necessary care on a sliding scale discount from our normal charges if you are a resident within the SICH primary service area, and your family income qualifies based upon your income and family size. All applicants will be screened for Medicaid coverage and must cooperate with hospital representative to be eligible for assistance under our financial assistance policy. If you are eligible for financial assistance under our Policy, you will receive discounted rate according to the following sliding scale:

Annual Family Income	Amount of Discount
Less than 150% FPG	100%
151% - 175% FPG	80%
176% - 200% FPG	60%
201% - 225% FPG	40%
226% - 250% FPG	20%

Exceptional Medical Circumstances. Even if your family income exceeds 250% of the FPG, if you supply information to support exceptional medical circumstances (for example, terminal illness, excessive medical bills and/or medications, etc.), you may be considered on a case-by-case basis for assistance.

Other Assistance. If your insurance does not provide coverage for your services or if you have exhausted your lifetime maximum insurance benefits, and if you meet the income criteria, you may be eligible for assistance under our Policy.

Charges Will Not Exceed Amounts Generally Billed If you receive an award of financial assistance under our Policy and your award does not cover 100% of our charges for the service, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having insurance.

How to Obtain Copy of Our Financial Assistance Policy

You may obtain a copy of our Policy and the Financial Assistance Application Form:

- In our emergency department
- At our Customer Service locations at:
 - Registration Office
47 North 4th Street
Rolling Fork, MS 39159
 - SICH Business Office Center
44 South 4th Street,
Rolling Fork, MS 39159

If you provide your mailing address to a financial counselor or customer service representative, we will mail you a copy of our Financial Assistance Policy and Application Form:

- Customer Service:
 - 662-873-4395
- Claim Aid Financial Counselor:
 - 662-873-5138
- Request in writing by mailing to:
 - Sharkey Issaquena Community Hospital
Attn: Customer Service
P.O. Box 339
Rolling Fork, MS 39159

How to Obtain Information and Assistance Regarding Our Financial Assistance Policy

For information regarding our Financial Assistance Policy and Financial Assistance Application Form, please contact our financial counselors located at our business center, or by calling any telephone number listed above.