

Sylacauga Healthcare Authority
D/b/a Coosa Valley Medical Center

FINANCIAL ASSISTANCE POLICY

Our Mission

Coosa Valley Medical Center is dedicated to providing our community with comprehensive health services that enhance the health and wholeness of each individual we serve through medical and spiritual support while affirming their personal value and dignity.

Policy/Principles

The mission of Sylacauga Healthcare Authority d/b/a Coosa Valley Medical Center (CVMC) is to treat those we serve with dignity and respect. All Financial Assistance will reflect our commitment to providing care and affirming personal value of those we serve. We understand that not all patients are able to pay their hospital bills due to financial limitations and/or hardship and CVMC is committed to assist those who cannot pay for all or part of their care by offering Financial Assistance options. This policy is specifically designed to address the Financial Assistance for patients who are in need and receive care from the Organization. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not deemed emergency care or otherwise medically necessary.

This Financial Assistance Policy overview:

- Includes eligibility criteria for Financial Assistance.
- Describes the method by which patients may apply for Financial Assistance.
- Describes the basis for calculating amounts charged to uninsured patients.
- Limits the amount that CVMC will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to no more than the amount generally billed to insured patients by CVMC as defined in this policy.
- Describes CVMC collection activity as it relates to Financial Assistance application.

Attachment, Exhibit A, provides a list of any providers delivering care within the Organization's facilities that specifies which are covered by the financial assistance policy and which are not.

CVMC remains committed to serving the emergency needs of all patients, regardless of ability to pay.

Definitions

For the purposes of this Policy, the following definitions apply:

- **501(r)** refers to Section 501(r) of the Internal Revenue Code and the regulations thereunder.

- **Amount Generally Billed (AGB)** with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **Financial Assistance-** Free or discounted health services provided to individuals who meet CVMC's criteria for Financial Assistance and are unable to pay for all or a portion of Medically Necessary services provided by the facility. Financial Assistance may include:
 - Free Care/Charity-Free care is available when the household income of a patient and/or guarantor are either equal to or less than 200% of the current Federal Poverty Guidelines and the patient is not eligible for government health coverage.
 - Financial Assistance-Financial Assistance discounts may be available when the household income of a patient and/or guarantor is in excess of 200% and equal to or less than 400% of the current Federal Poverty Guidelines.
- **Financial Needs Application (FNA)** - Form utilized by CVMC to determine eligibility for financial assistance for those we serve.
- **Emergency Care-** Care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- **Medically Necessary Care-** Care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **Organization-** Sylacauga Healthcare Authority d/b/a Coosa Valley Medical Center.
- **Patient-** Persons who receive emergency or medically necessary care at the Organization and/or the person who is financially responsible for the care of the patient.

Financial Assistance Provided

1. Patients with income less than or equal to 200% of the Federal Poverty Level ("FPL"), may be eligible for 100% charity care write off on the portion of the charges for services the Patient is responsible following payment by an insurer, if any.
2. At a minimum, Patients with incomes above 200% of the FPL but not exceeding 400% of the FPL, may receive a sliding scale discount on the portion of the charges for services provided the Patient is responsible following payment by an insurer, if any.
3. An uninsured patient will not be charged more than the calculated AGB charge utilizing the lookback method.
4. The sliding scale discount utilized to qualify for charity and/or financial assistance is as

follows and based on annual published federal poverty guidelines:

5.

Coosa Valley Medical Center							
2018 Financial Assistance Table							
Based on Federal Poverty Guidelines							
Household Size	Financial Assistance Table						Uninsured (Based on AGB lookback method)
	FPL	0 to 200%	to 250%	to 300%	to 350%	to 400%	
1	\$ 12,140	\$ 24,280	\$30,350	\$36,420	\$42,490	\$48,560	
2	\$ 16,460	\$ 32,920	\$41,150	\$49,380	\$57,610	\$65,840	
3	\$ 20,780	\$ 41,560	\$51,950	\$62,340	\$72,730	\$83,120	
4	\$ 25,100	\$ 50,200	\$62,750	\$75,300	\$87,850	\$100,400	
5	\$ 29,420	\$ 58,840	\$73,550	\$88,260	\$102,970	\$117,680	
6	\$ 33,740	\$ 67,480	\$84,350	\$101,220	\$118,090	\$134,960	
7	\$ 38,060	\$ 76,120	\$95,150	\$114,180	\$133,210	\$152,240	
8*	\$ 42,380	\$ 84,760	\$105,950	\$127,140	\$148,330	\$169,520	
Discount		100%	90%	70%	60%	50%	70%
Discount	1) Financial Assistance for the uninsured is based on total charges.						
Application	2) Insured discount is based on patient liability or balance due.						
	*Add \$4,320 for each person over 8 in household						

6. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant's failure to complete a financial assistance application (FAP Application).
7. Eligibility for financial assistance will be considered for any account balance for which the patient with financial need is responsible within the past 12 months of application based on discharge.
8. Financial Assistance will be considered active for a term of 6 months from approval date.
9. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
 - a. All appeals will need to be submitted in writing via mail to: Coosa Valley Medical Center, Director of Patient Financial Services, 315 West Hickory Street, Sylacauga, AL 35150.
 - b. All appeals will be considered by CVMC Director of Patient Financial Services and the Chief Financial Officer, and decisions will be sent in writing to the Patient or family that filed the appeal.

Notice to patients regarding Amounts Generally Billed (AGB)

IRC Section 501r requires that hospitals limit charges for emergency and other medically necessary care provided to individuals eligible for financial assistance to be no more than amounts generally

billed (AGB) to insured individuals.

Our facility utilizes the “look back” method to calculate AGB. Under this method, we review all paid Commercial Insurance and Traditional Medicare claims for a 12 month period. The “look back” review determined that the average discount totaled 70% of hospital charges for fiscal year 2018.

The uninsured discount rate of 70% is applied to all uninsured patient accounts. The minimum amount we bill uninsured patients is equal to or less than the amount generally billed (AGB) to patients with insurance. Additional discounts for patients who qualify to receive financial assistance under our policy may be greater than or equal to the uninsured rate.

Financial Assistance Procedures

- At the time of registration, each patient will be offered a free written copy of the plain language summary of the Policy.
- A Financial Counselor is available to discuss the Financial Assistance program offered by CVMC with the patient and/or the patient’s designated representative.
- CVMC will assist, as requested, patients with pursuing coverage under Alabama state and/or federal assistance programs.

Applying for Financial Assistance

Requests for Financial Assistance must be submitted via a Financial Needs Application Form (FNA). The request form must be completed in its entirety and all supporting documentation attached to the application form. Financial Needs Application Forms are available at CVMC from a Financial Counselor, ED Registration or online at www.cvhealth.net. A Patient may be denied financial assistance if the Patient provides false information on a FNA Application.

When an application is received, the Financial Counselor will review the Application for completeness, which shall include all supporting documentation. If it is determined that the Application is incomplete, CVMC will take the following actions:

- Suspend collection actions against the patient/guarantor for a period of 30 days to allow patient to provide required documentation.
- Provide the patient with notice that describes the additional information and/or documentation to be submitted as required. Notice will also inform the patient/guarantor that collection actions including extraordinary collection actions (ECA) may be initiated or resumed if the Application is not completed or if the amount due is not paid within the 30 days from the date of the notice.
- If all supporting documentation is not submitted or the amount due is not paid within 30 days of the written notice as described, the Financial Assistance Application will be denied and the account will remain in the billing or collection cycle. A new Application may be submitted if the date of the Application is within 240 days after CVMC issues the first post discharge billing statement or 365 days from discharge.

Once a completed Application has been received, the Financial Counselor will review and make a

recommendation for approval or denial of the requested and/or qualified amount within 10 business days. The Application including recommendation will be presented to Director of Patient Financial Services for final review and decision within 5 business days.

The patient/guarantor will be notified in writing of CVMC's decision to provide Financial Assistance.

Presumptive Financial Assistance

Presumptive Financial Assistance will also be provided at the 100% charity care level in the following situations:

- Deceased Patients where the Organization has verified there is no estate and no surviving spouse.
- Patients who are eligible for Medicaid from another state in which the Organization is not a participating provider and does not intend to become a participating provider.
- Patients who qualify for other government assistance programs, such as food stamps, subsidized housing, and Women's Infants and Children's Program (WIC), upon receipt of current letters of approval.

Payment Arrangements

If the patient does not qualify for 100% financial assistance, CVMC may approve a reasonable payment plan arrangement for patients who indicate they may have difficulty paying their balance in a single installment. Accounts with approved payment arrangements are expected to be paid in full within a 24 month period. If a patient has additional services and additional financial responsibility, CVMC will require increases to the patient's current payment plan, based on the patient's ability to pay. Patient Financial Services Management has the authority to make exceptions to this policy on a case-by-case basis for special circumstances. CVMC is not required to accept patient initiated payment arrangements and may refer accounts to a collection agency if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

Interpretation

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated. For more details about actions the hospital may take in the event of non-payment please see our Billing and Collections Policy available on our website www.cvhealth.net or by calling (256) 401-4017 to request a copy to be mailed.

Contact Information

Coosa Valley Medical Center, Financial Counselor: (256) 401-4017

Mailing Address:

Coosa Valley Medical Center
315 West Hickory St

Sylacauga, AL 35150

Exhibit A

Coosa Valley Medical Center

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers.

Providers Covered by FAP:

Coosa Valley Medical Center
315 West Hickory Street
Sylacauga, AL 35150
(256) 401-4000

Coosa Valley Hospice
315 West Hickory Street
Sylacauga, AL 35150
(256) 401-4545

Davis Family Medicine
209 West Spring Street
Sylacauga, AL 35150
(256) 401-4686

Nix Family Medicine
US Highway 280
Childersburg, AL 35044
(256) 378-3301

Sylacauga Surgical
110 South Anniston Avenue
Sylacauga, AL 35150
(256)207-0200

Coosa Valley Medical Center
Senior Behavioral Health
315 West Hickory Street
Sylacauga, AL 35150
(256) 401-4670