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Owner Robert Payne
Department Finance

Financial Assistance Policy

This policy is intended to comply with the financial assistance policy required by Internal Revenue Section 501(r). This policy establishes a framework pursuant to which Pinewood Springs will identify patients that may qualify for financial assistance with respect to emergency and medically necessary care.

In order to ensure that all patients are adequately informed about this policy, Pinewood has undertaken the following:

- Information about the Financial Assistance Policy, a plain language summary of the policy, and the Financial Assistance Application and instructions for completion are available on the Pinewood Springs website: <http://www.pinewoodsprings.com> in both English and Spanish.
- At registration, patients are provided a document describing the availability of the uninsured discount as well as other discount options that may be available
- The Financial Assistance Application is available at the facility, by mail upon request, and on the facility website.
- Signs that prominently present information about the charity mission and guidelines are present at all points of admission.
- A patient brochure *document*, entitled "A Guide to Your Hospital Bill" is provided to patients. This document explains the billing process and provides information on the Financial Assistance Policy.
- A summary of this policy is provided to local non-profit organizations near Pinewood Springs
- Paper copies of this policy, the Financial Assistance Application, and the plain language summary of this policy will be made available on request and without charge, by mail at **Patient Account Services PO Box 290429 Nashville, TN, 37229** and in the emergency rooms and admission areas.
- Conspicuous written notice shall be included on all patient bills of this policy, telephone number of the office or department that provides information about this policy and the

application process and the Pinewood Springs website address (<http://www.pinewoodsprings.com>) where this policy, the Financial Assistance Application, and the plain language summary of this policy can be found.

- Conspicuous notices and displays about this policy shall be displayed throughout the Hospital including the emergency rooms and admissions areas.

CHARITY CARE ELIGIBILITY SYSTEM

Application. In order to qualify for charity care, Pinewood requires the completion of the Pinewood Financial Assistance Application. Pinewood may use electronic validation from a third party vendor (i.e. credit scoring methodology) to provide Financial Assistance to patients who have not met the requirement of completing a Financial Assistance Application.

The Financial Assistance Application, the Financial Assistance Policy, and a plain language summary of the financial assistance policy are available upon written request to the following address: 1001 N James Campbell Blvd, Columbia, TN 38401.

If you need assistance, you may contact patient account services at the address below or by calling the telephone number listed below.

Patient Account Services PO Box 290429

Nashville, TN, 37229

Pinewood Springs	(931) 777-6000
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The Application allows for the collection of information in accordance with state law and the income and documentation requirements set forth below. In the case of repeat hospital visits, Pinewood Springs will attempt to re-verify with the patient or responsible party the Application and income information for each subsequent encounter; however, a new Application and new supporting documentation must be obtained after twelve (12) months have passed.

Calculation of Immediate Family Members Patients requesting financial assistance must verify the number of family members in their household.

Adults. In calculating the number of family members in an adult patient's household, include the patient, the patient's spouse and any dependents.

Minors. In calculating the number of family members in a minor patient's household, include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father.

Income Calculation. Patients must provide their household's yearly income.

Adults. For adults, the term "Yearly Income" for purposes of classification as Financially Indigent or Medically Indigent in accordance with this Policy means the sum of the total yearly gross income of the patient and the patient's spouse.

Minors. If the patient is a minor, the term "Yearly Income" means total yearly gross income from the patient, the patient's mother and the patient's father.

Income Verification. Patients or the responsible party must verify the income reported on the Financial Assistance Application in accordance with the Documentation Requirements set forth below.

Documentation Requirements. The income reported on the Financial Assistance Application may be verified through any of the following mechanisms:

Income Indicators. By the provision of third-party financial documentation, which may include but is not limited to, IRS Form W-2, Wage and Tax Statement; Pay Check Remittance; Individual Tax Returns; telephone verification by employer; bank statements; Social Security payment remittances, unemployment insurance payment notices, Unemployment Compensation Determination Letters, or electronic validation from a third party vendor (i.e. credit scoring methodology). Additionally, the Company considers the economic demographics of the zip code in which the patient resides.

Participation in a Public Benefit Program. By the provision of documentation showing current participation in a public benefit program such as Medicaid; County Indigent Health Program; AFDC; Food Stamps; WIC; Children's Health Insurance Program; or other similar indigency related programs. Proof of participation in any of the above programs is required with the completed Financial Assistance Application.

Documentation Unavailable: In cases where the patient is unable to provide the documentation verifying yearly income, the Hospital may verify the patients income **by providing an**

explanation of why the patient is unable to provide documentation verifying income and:

- A. Obtaining the Patients Written Attestation. The patient or responsible party sign the Financial Assistance Application attesting to the accuracy of the income information provided: **or**
- B. Obtaining the Patient's Verbal Attestation. Through the written attestation of MHS

Personnel completing the Financial Assistance Application that patient verbally verified the Hospital's calculation of the income reported on the Financial Assistance Application.

De Minimis Accounts: If the patient's account of de minimis value, not to exceed \$500, the

Hospital may verify the income reported by the patient on the Financial Assistance Application by:

- A. **Obtaining the Patient's Written Attestation.** Obtaining a Financial Assistance Application signed by the patient attesting to the veracity of the income information provided; **and**
- B. **Documenting Efforts to Obtain Documentation.** Under this de minimis account section there is no requirement to provide an explanation of why the patient is unable to provide documentation verifying income. However, there must be two different documented attempts by the Hospital to obtain documentation from the patient verifying income.

Expired Patients: Patients that expire and research documented through family contact and/or courthouse records indicate that an estate does not exist may be considered for a charity discount, and income verification is not required.

Verification Procedure. In determining a patient's total income, PINWOOD SPRINGS may consider other financial assets and liabilities of the patient as well as the patient's family income and the patient's family's ability to pay. If a determination is made that a patient has

the ability to pay the remainder of the bill, such determination does not preclude a re-assessment of the patient's ability to pay upon presentation of additional documentation. **Classification Pending Income Verification.** PINEWOOD SPRINGS may consider a request for financial assistance at any time before, during or after the dates of service. During the verification process, while PINEWOOD SPRINGS is collecting the information necessary to determine a patient's income, the patient may be treated as a private pay patient in accordance with PINEWOOD SPRINGS policies.

Inconsistent or Incomplete Information. This policy in no way limits PINEWOOD SPRINGS's ability to conduct additional due diligence concerning a patient's ability to pay if information provided by the patient during the application process appears to be inconsistent or incomplete. For example, PINEWOOD SPRINGS may choose to inquire why little or no assets were reported if a patient's income is high.

Information Falsification. Falsification of information may result in denial of the Financial Assistance Application. If, after a patient is granted financial assistance, PINEWOOD SPRINGS finds material provision(s) of the Financial Assistance Application to be untrue, charity care status may be revoked and the financial assistance may be withdrawn.

Classification as Financially Indigent Financially Indigent means an uninsured or underinsured person who is accepted for care with no obligation or with a discounted obligation to pay for the services rendered based on the Charity Care Eligibility System.

Classification. Patients may only be granted classification as Financially Indigent if their Yearly Income is less than or equal to 200% of the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services ("Federal Poverty Guidelines"). The updated Federal Poverty Guidelines should be applied beginning the first day of the month following their release.

Acceptance If the Hospital accepts a patient as Financially Indigent, the patient may be granted financial assistance in accordance with Schedule A of PINEWOOD SPRINGS Financial Assistance Eligibility Discount Guidelines, attached as Exhibit C.

Classification as Medically Indigent Medically Indigent means a patient whose medical or hospital bills, after payment by third-party payers, exceeds a specified percentage of the person's Yearly Income, and who is unable to pay the remaining bill.

Initial Assessment. To be considered for classification as a Medically Indigent patient, the amount owed by the patient after payment by all third-party payers must exceed ten percent (10%) of the patient's Yearly Income and the patient must be unable to pay the remaining bill. If the patient does not meet this initial assessment criterion, the patient may not be classified as Medically Indigent.

Acceptance. PINEWOOD SPRINGS may accept a patient who meets the Initial Assessment criteria for Medically Indigent and meets the criteria set forth below:

- i. **Yearly Income Between 200% and 500% of the Federal Poverty Guidelines.** The patient's income must be greater than 200% but less than or equal to 500% of the Federal Poverty Guidelines. In these instances, PINEWOOD SPRINGS will determine the amount of financial charity assistance granted to these patients based upon the patient's Yearly Income as compared to the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services ("Federal Poverty Guidelines"). The range of discount will vary from 40-90%. The uninsured discount will be applied to the remaining balance due after the charity discount is applied.
- ii. **Catastrophic Medical Indigence.** Patients with abnormally large accounts may

qualify as catastrophic eligible when their remaining balance exceeds a specified percentage of their income. In such cases, PINWOOD SPRINGS will determine the amount of financial assistance by calculating the amount necessary to reduce the remaining balance to a reasonable percentage of the patient's income, which ranges from 10-40%. Please see the "Approval Procedures" section below where the patient may obtain more information regarding this calculation.

Approval Procedures. PINWOOD SPRINGS will work with all uninsured patients to determine eligibility for Medicaid or charity assistance, as outlined in the "Uninsured Patient Information Document". Patients will be notified by mail of eligibility for financial assistance once the application has been reviewed and processed. In reviewing an application for approval, Shared Service Center (SSC) Management will make the determination of eligibility, including a determination that reasonable efforts were undertaken to determine eligibility. Such manager may also make further inquiry into available information such as assets, etc. to determine a patient's ability to pay or make further inquiry regarding qualifying the patient for governmental or other funding.

In the event that a patient does not qualify for charity assistance, or the patient is responsible for a portion of the balance after charity assistance has been applied, the uninsured discount or other applicable discounts will be applied to the account. The amount due will not exceed amounts generally billed to patients with insurance as determined by using the look-back method Described in the Internal Revenue Service Regulations. Patients may request information on this calculation by submitting a request to the following:

Patient Account Services
PO Box 290429
Nashville, TN, 37229

1. **Notification of Policy** The Hospital will provide at admission (i) paper copies of this policy, the Financial Assistance Application, and a plain language summary of this policy and make these available in the Hospital's emergency rooms and (ii) make reasonable efforts to orally notify the patient about his policy and how the patient may obtain assistance with the application process. Each patient receiving medically necessary services or emergency services will be sent a bill for charges which notifies the patient of the availability of financial assistance under this policy and provides with the bill a plain language summary of this policy and notifies the patient that the Hospital may sell the patient's debt to a collection agency and/or report the nonpayment of the bill to credit reporting agencies or credit bureaus.
2. **Application Period.** The Financial Assistance Application will be accepted and processed for a period of 240 days after the bill described above is provided.
3. **Incomplete Application.** If a patient timely submits an incomplete application, the Hospital will provide the patient written notice of the additional information and/or documentation required under this policy or the Financial Assistance Application and a telephone number and physical location of an office or department that can assist or provide information to the patient. The patient will have 30 days to provide the missing information or documentation.
4. **Notification of Financial Assistance.** Once completed application is made the Hospital will make eligibility determination under this policy. The hospital has final

authority for making the eligibility determination. If eligibility determined, the Hospital will provide the patient a bill that shows the amount, if any, the patient owes the Hospital and how that amount was determined and states the amounts generally billed (ABG) for the care. The Hospital will refund to the patient any amount the patient paid in excess of the amount the patient personally owes under the determination.

5. **Collection Activities.** The Hospital, with the information provided by the patient and under the processes defined in this Financial Assistance Policy, will determine the appropriate level of financial.

C. DETERMINATION PROCESS AND COLLECTION ACTIVITIES

NO EFFECT ON OTHER HOSPITAL POLICIES

This Policy shall not alter or modify other Hospital policies regarding efforts to obtain payments from third-party payers, patient transfers, or emergency care.

RESERVATION OF RIGHTS

Pinewood Springs reserves the right to limit or deny financial assistance at its sole discretion.

NON-COVERED SERVICES

Policy. Providers of elective procedures or other care that is not emergency care or otherwise medically necessary are not covered by the Financial Assistance Policy.

Members of the public may obtain a copy by written request to the following address: Patient Accounting Services, PO Box 290429, Nashville, TN 37229; or by calling the facility.

Telephone number listed in Financial Assistance Policy.

Approval Signatures

Step Description	Approver	Date
Not an approver - Prep for MEC / Board Mtg	Sharon Meredith: Executive Admin Assistant	09/2022
MEC Committee	Holly McGucken: AVP Quality	09/2022
Policy Approver	Marti Lamastus: CFO Horizon Med Ctr	05/2022
Policy Owner	Robert Payne: Controller	04/2022

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