



FINANCIAL ASSISTANCE POLICY

Conway Regional Health System recognizes, as a not-for-profit health care delivery system, its obligation to provide financial assistance to patients in need of such. Conway Regional health System is dedicated to a mission of public financial assistance through providing care for members of our society who benefit from its services without regard to race, sex, creed, national origin, or station in economic or social life. It is committed to making available in such ways as to preserve human dignity and worth the full resources of the health system to those persons unable to pay. At the same time, Conway Regional Health System must operate its facilities in the most efficient and economical manner possible to assure a strong future financial position necessary for the replacement and expansion of facilities, payment of its debts, establishment of adequate reserves for emergencies, the provision of future technological developments, and needed medical services.

Under these principles, the Board of Conway Regional Health system is committed to the provision of financial assistance to patients who are in need of care, have selected Conway Regional Health system for such care, and a determination has been made that the facility is the most appropriate facility for rendering such care of service and there is no other more suitable facility or program available to such patient where compensated care could be rendered. This policy applies to all emergency or other medically necessary care provided by the hospital facility, including all such care provided in the hospital by a substantially related entity.

It is necessary to adhere to an “open door” philosophy of furnishing adequate diagnostic and therapeutic services for emergencies in order to avoid claims of improper rejection, inappropriate transfers or lack or recognition of cases requiring immediate attention in the emergency room. Conway Regional Health System conforms with existing EMTALA laws and provides treatment for emergency medical conditions without regards to the patient’s ability to pay. Further, this policy prohibits Conway Regional Health System from engaging in actions that discourage individuals from seeking emergency medical care, such as demanding payment before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision of emergency medical care. The following guidelines will be followed in providing financial assistance:

1. Financial assistance is provided in the following ways:
 - A. Uncompensated Services
 - B. Reduced Compensated Services
 - C. Discount Services

2. Each request for financial assistance will be evaluated on its own merits utilizing established patient accounts procedures based on this policy. Evaluation of the need for a particular patient will likely include such factors as: a) income, assets, and liabilities, b) the medical condition of the patient, c) the potential for long term medical care, d) availability of other

forms of reimbursement whether insurance, social programs or other financial resources, and 3) the suitability of the facility for the patient's particular needs and whether a more appropriate facility is available at which some form of payment would be available. Requests for financial assistance may come from doctor's offices, "free" clinics, clergy, board of directors, hospital administration and/or any other community minded interested party. Each request will be required to fill out our financial assistance application unless the requesting party can show that a like form has been completed for the applicant. Conway Regional Health System will, at their discretion, consider coverage of previously unpaid balances under the current application.

3. All patients will be given a financial assistance plain language summary at the time of registration and/or discharge from the facility. If this evaluation is not conducted until after the patient leaves the facility, or in case of outpatients or emergency patients, a Financial Counselor will mail a financial assistance application to the patient for completion. In addition, the hospital will provide a plain language summary of the financial assistance policy to the patient with all billing statements and communications within the first 120 days following the first billing statement.
4. Uninsured patients and patients who qualify for financial assistance will not be charged for emergency or other medically necessary care at rates higher than the "amounts generally billed" to third payers. The use of gross charges to such patients is prohibited. For purposes of this policy, Conway Regional Health System uses the "look back" method to determine the "amounts generally billed" or "AGB". The current AGB discount of 65% at Conway Regional Medical Center, 48% at Conway Regional Health System Primary and Specialty Care Clinics, and 29% at Conway Regional Rehabilitation Hospital is calculated by taking 12 months' claims paid by all Private Insurance and calculating the average discount given to those payers. The discount percentage will be reviewed annually and any appropriate adjustments will be made to be effective on the first day of the upcoming fiscal year.
5. Uncompensated/Reduced Compensation Services will be limited to those patients whose family income is below three hundred percent (300%) of the national poverty guidelines. The prevailing national poverty guidelines will be the basis for determining eligibility and can be requested in writing, free of charge from the hospital or at www.acf.hhs.gov
6. Uncollectible accounts, accounts that were not reviewed by financial counselors at time of admission, and/or questionable collectible accounts may qualify for financial assistance during the collection process if it meets the above criteria.
7. In the following situations (known as presumptive financial assistance), a patient is deemed to be eligible for 100% reduction of charges:
 - A. If patient is currently eligible for Medicaid, but was not eligible on a prior date of service.
 - B. If a patient was eligible for Medicaid on the date of service, but had exhausted their Medicaid benefits.
 - C. If patient states he or she is homeless and the facility, through its own diligence, does not find any evidence to the contrary.

- D. If patient is mentally or physically incapacitated and has no one to act on his/her behalf.
8. In the event of a patient's death, the family of the deceased patient will be given the opportunity to complete an application for financial assistance which will be processed according to this Policy.
 9. Conway Regional will provide any member of the public or state governmental entity a copy of its financial assistance policy and application, upon request, free of charge, by calling the Conway Regional Health System Business Office at 501-450-2121 or by writing the Business Office at 2114 College Ave, Conway, AR 72034. The policy will also be available on the hospital website at www.conwayregional.org/Insurance, at all points of registration within the facility, and will be provided by mail to anyone requesting it at no charge. A plain language summary of the policy will be made available in these locations as well. Notices of this Financial Assistance Policy will also be included on billing statements. Also available by request, or on the Conway Regional website, is a list of providers providing care at Conway Regional and whether or not they are covered by the Conway Regional Health System's financial assistance policy.
 10. Conway Regional will distribute financial assistance information to local public agencies and nonprofits assisting low-income populations.
 11. This Financial Assistance Policy applies only to Conway Regional hospital charges and does not include physician charges or other professional charges that are not billed by Conway Regional. This policy only applies to emergency and medically necessary services and does not apply to elective procedures.
 12. This Policy will be applied equally to all patients regardless of payer source. Applications that do not meet the criteria set forth in this Policy may, in extraordinary circumstances, be approved by the Chief Financial Officer.

Financial Assistance Services

PURPOSE

To insure that requests for uncompensated service, reduced compensation services and discount services are handled consistently, accurately and timely.

POLICY

1. Conway Regional Health System provides uncompensated, reduced compensation or discount services to all eligible persons unable to pay.
2. Eligibility for uncompensated services is limited to persons whose verifiable family income is equal to or less than 225% of the current poverty income guidelines as established by the Department of Health and Human Service.

3. Eligibility for reduced compensation services is limited to persons whose verifiable income is greater than 225% of the current poverty income guidelines but not greater than 300% of the current poverty income guidelines as established by the Department of Health and Human Services. Please see the chart at the end of this policy with the breakdown of applicable discounts.
4. Accounts that have been placed with a third party collection agency are eligible for benefits provided that they meet appropriate guidelines. If approved, the account will be pulled from agency and reinstated for charitable consideration.
5. Acceptable income verification includes, but is not limited to:
 - A. Most recent Federal income tax return, if application is presented within the first quarter of the year.
 - B. Most recent Federal income tax return, plus employers' verification of earnings for current year, if application is presented after the first quarter of the year.
 - C. For self-employed individuals, most recent Federal income tax return and a copy of all current quarterly returns.
6. Conway Regional Health System reserves the right to pursue collections activity on unpaid balance if the patient or representative does not meet the agreed upon schedule.
7. Conway Regional Health System sends account statements to patients on a monthly (30 day) cycle. The first statement is sent to the patient 5 days after discharge or 5 days after all insurance payments are received. If insurance pays the account in full, no statement will be sent to the patient. If no patient payment is received after the first statement, a second statement is issued 30 days after the first statement. A third statement is issued 60 days after the first statement and a final notice is mailed to the patient 90 days after the first statement, stating that payment must be received within 30 days of notice to prevent assignment to a collection agency. Accounts with no payment within 30 days of final notice are reviewed by Conway Regional Business Office staff to insure all reasonable efforts to determine eligibility for financial assistance have been met before assignment to a collection agency. Conway Regional Medical Center will make reasonable efforts to orally notify the patient about its financial assistance policy and how they may obtain assistance with the process before the account is placed with an agency. Any collection agency utilized by Conway Regional Health System will agree to refrain from abusive collection practices. "Reasonable efforts" includes notifying individuals of this Financial Assistance Policy upon admission, discharge and in written and oral communications with the individual concerning his bill. Extraordinary collection efforts include filing lawsuits, placing liens on residences, arrests, body attachments, and similar activities.
8. There are no limitations as to when the hospital will accept and process a FAP for prior dates of service, but financial assistance is generally only considered for accounts that have current collection activity.
9. It is the patient's responsibility to provide a correct mailing address at the time of service or upon moving.

RESPONSIBILITY

Business Office Director
Business Office Associates

PROCEDURE INDEX:

- I. Process Steps
 1. Patient or representative requests financial assistance.
 2. Patient or representative completes application. If the applicant is unable to provide the required financial information, he or she may call the Business Office to discuss other evidence that may be provided to demonstrate eligibility.
 3. Patient Financial Services reviews application for completeness within thirty (30) days of receipt. If it is not properly completed, patient or representative is contacted for needed information. If needed information is not provided, within 15 days, the application is denied.
 4. Patient Financial Services reviews income verification documentation. If such documentation is not present or does not meet required guidelines, the patient or representative is contacted for such documentation. If needed documentation is not provided, within an additional 30 days, the application is denied.
 5. Patient Financial Services reviews services provided to verify eligibility. If the service is covered by other third-party payors, the patient or representative is contacted and these avenues are pursued. If the question of extraordinary circumstances arises, the account is referred to appropriate management for determination of eligibility. Based upon management decision, the account is either returned for processing or denied. If denied, payment options are discussed with the patient or representative. See attached payment plan schedule.
 6. Patient Financial Services reviews to determine if account is placed with a collection agency. If the account is being serviced by an agency, patient may submit a financial assistance application and collection efforts will be suspended while determination is being made.
 7. Patient Financial Services compares family income to current Department of Health and Human Services poverty guidelines. If the family income is at or below 225% of said guidelines, the account is discounted 100% and notification is sent to the patient or representative.

Determination of eligibility will be provided, generally, within 60 days.

8. If the family income exceeds 225% of the Department of Human Services poverty guidelines, Patient Financial Services compares family income to the reduced compensation schedule as outlined in procedure II. If the family income meets the requirements, the patient or representative is notified of acceptance, details of discount Procedure is explained, payment plan is established, the account is discounted appropriately and notes detailing discount are placed on the patient's account record.

9. Patient Financial Services will review the patient's Medicaid eligibility to determine if they are 1) currently eligible for Medicaid but were not on a prior date of service, 2) currently eligible for Medicaid but have exhausted their Medicaid benefits, 3) patient states that he or she is homeless and the facility does not find any evidence to the contrary or 4) the patient is mentally or physically incapacitated and has no one to act on his or her behalf.
10. In the event of a patient's death, a family member or representative may complete the financial assistance application. A copy of the patient's death certificate is required and Patient Financial Services will verify that no estate or probate has been filed with the appropriate county office.
11. If the account is ineligible for reduced compensation benefits, the patient or representative is notified of denial. A payment plan with appropriate discount is established.
12. If an individual has applied for and received financial assistance within the previous twelve (12) months and the individual's financial situation has not changed, the individual will be deemed to be eligible for financial assistance without having to submit a new application for financial assistance.
13. All applications for financial assistance will be maintained for a period of one (1) year.

II. Reduced Compensation Service Schedule – see below.

**CONWAY REGIONAL MEDICAL CENTER
2021 FEDERAL POVERTY GUIDELINES
(effective January 22, 2021)**

**Uncompensated/Reduced Compensation Services will
be limited to those patients whose family income is below
three hundred percent (300%) of the national poverty guidelines**

FAMILY SIZE	Household Income 100%	200%	225%	250%	275%	300%
1	\$ 12,880.00	\$ 25,760.00	\$ 28,980.00	\$ 29,700.00	\$ 35,420.00	\$ 38,640.00
2	\$ 17,420.00	\$ 34,840.00	\$ 39,195.00	\$ 43,550.00	\$ 47,905.00	\$ 52,260.00
3	\$ 21,960.00	\$ 43,920.00	\$ 49,410.00	\$ 54,900.00	\$ 60,390.00	\$ 65,880.00
4	\$ 26,500.00	\$ 53,000.00	\$ 59,625.00	\$ 66,250.00	\$ 72,875.00	\$ 79,500.00
5	\$ 31,040.00	\$ 62,080.00	\$ 69,840.00	\$ 77,600.00	\$ 85,360.00	\$ 93,120.00
6	\$ 35,580.00	\$ 71,160.00	\$ 80,055.00	\$ 88,950.00	\$ 97,845.00	\$ 106,740.00
7	\$ 40,120.00	\$ 80,240.00	\$ 90,270.00	\$ 100,300.00	\$ 110,330.00	\$ 120,360.00
8	\$ 44,660.00	\$ 89,320.00	\$ 100,485.00	\$ 111,650.00	\$ 122,815.00	\$ 133,980.00

DISCOUNT AMOUNT	100%	100%	100%	90%	70%	50%
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FOR FAMILIES/HOUSEHOLDS WITH MORE THAN 8 PERSONS, ADD \$4,540 FOR EACH ADDITIONAL PERSON