



SOUTH CENTRAL REGIONAL MEDICAL CENTER

South Central Regional Medical Center Financial Assistance Policy

Purpose:

Pursuant to federal and state law, including Section 501(r) of the Internal Revenue Code of 1986, this Financial Assistance Policy (“FAP”) is intended to set forth the circumstances under which patients of South Central Regional Medical Center (SCRMC) may be eligible for financial assistance on accrued balances in the form of free or discounted care. This policy also sets forth the method by which SCRMC will determine eligibility for financial assistance, amounts charged to patients, and amount of financial assistance.

Scope:

This policy is intended to assist patients who have received emergency or hospital-based medically necessary care at South Central Regional Medical Center. This policy does not apply to services provided through South Central Clinics unless otherwise specified.

Definitions:

Amounts Generally Billed (“AGB”): For purposes of patients eligible for financial assistance, “AGB” means SCRMC’s gross charges for care provided to the patient multiplied by a percentage of gross charges (“AGB Percentage”). Using the “lookback method,” SCRMC calculates these AGB Percentages by dividing the sum of all claims for emergency and other medical necessary care allowed by Medicaid, Medicare fee-for-service, and all private health insurers paying claims to the SCRMC during the prior 12-month period by the sum of the Associated Gross Charges for those claims. Discounts will be taken off the AGB. For more information, contact Patient Accounts at (601) 399-6103 or (601) 399-6104.

Emergency Medical Care: “Emergency Medical Care” is medical care provided for Emergency Medical Conditions, as defined under the Emergency Medical Treatment and Active Labor Act and related regulations (42 U.S.C. § 1395dd(e) and 42 C.F.R. § 489.24(b)).

Extraordinary Collection Actions (“ECA”): ECAs are, as defined in 26 C.F.R. § 1-501(r)-(6), the following actions taken by a hospital against an individual to obtain payment of a bill for care covered under a hospital’s FAP:

- (1) Selling an individual’s debt to another party unless, prior to the sale, the hospital entered into a legally binding written agreement with the debt purchaser, and the debt purchaser is prohibited from (a) engaging in any ECAs to obtain payment for care, and (b) charging interest on the debt in excess of the rate allowed under Internal Revenue Code § 6621(a)(2) at the time the debt is sold. The debt must also be returnable or recallable to the hospital upon a determination that an individual is eligible for financial assistance. If the individual is not eligible and the debt is not returned or recalled, the purchaser must adhere to procedures in the agreement that ensure that the individual does not pay and has no obligation



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to pay the debt purchaser and hospital more than he/she is personally responsible for paying as a FAP-eligible individual.

(2) Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.

(3) Deferring or denying, or requiring payment before providing, medically necessary care due to an individual's nonpayment of one or more bills for previously provided care covered under the hospital's FAP.

(4) Actions that require a legal or judicial process. This may include placing a lien on an individual's property, except for liens that a hospital is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual as a result of his/her personal injury action. This may also include foreclosure on an individual's real estate property, attaching/seizing an individual's bank account or personal property, commencing a civil against the individual, causing an individual's arrest, causing an individual to be subject to a writ of body attachment, or garnishing an individual's wages.

Federal Poverty Guidelines: Each year, the Federal government issues the Federal Poverty Guidelines that are used by the government to determine eligibility for certain programs. The Guidelines may be found at <https://aspe.hhs.gov/poverty-guidelines> (U.S. Department of Health and Human Services website).

Medically Necessary: "Medically Necessary" services include any hospital-based procedures determined to evaluate, diagnose, treat, or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative, or less costly course of treatment available.

Policy:

SCRMC provides emergency medical care to individuals in accordance with the requirements of EMTALA. SCRMC will not participate in activities that discourage individuals from seeking emergency medical care. As required by federal law, SCRMC provides this Financial Assistance Policy to enable individuals to apply for financial assistance. Further, this policy will be widely publicized as required.

Eligibility:

Patients may be eligible for partial or full financial assistance for emergency care and medically necessary services. For patients whose annual family incomes are less than 150% of the Federal Poverty Guidelines, a discount ranging from 20%-100% of the AGB may be offered in writing to the patient. Patients with annual family incomes exceeding 150% of the Federal Poverty Guidelines will be considered on a case-by-case basis.



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Annual Family Income	Amount of Discount
100% - 109% of Federal Poverty Guidelines	100%
110-119% of Federal Poverty Guidelines	80%
120-129% of Federal Poverty Guidelines	60%
130-139% of Federal Poverty Guidelines	40%
140-149% of Federal Poverty Guidelines	20%

The charges for such emergency or medically necessary care will not exceed the AGB for patients with insurance, using the look-back method. Discounts are determined at the time of billing and based on the review of the patient's annual family income against the Guidelines, information and documents submitted with the patient's FAP application, as well as other indicators such as third-party coverage or other financial resources.

Discounts awarded through FAP applications only apply to previously accrued charges for medically necessary or emergency care for which financial assistance was sought. Discounts do not apply to charges from physicians who are not included under this FAP such as physicians or non-physician practitioners not employed by SCRMC. A list of participating providers is included with this policy and may also be found at www.scrmc.com with the Financial Assistance Policy materials. This list is updated quarterly.

Procedure:

After SCRMC has met any obligations to a patient under EMTALA, a plain language summary of the FAP will be offered to patients registering at SCRMC, whether in the Emergency Department or through Admissions. If a patient is uninsured, underinsured, and has attested that he/she cannot pay his/her deductible or any co-pays, SCRMC will provide the patient with a FAP application as well as a copy of the FAP. Billing statements will also notify patients about the FAP and how to obtain more information or a copy of the FAP, FAP application, or plain language summary of the FAP, and will include the relevant telephone number(s) and the hospital website. Copies of the FAP, FAP application, and a plain language summary of the FAP are available on the hospital's website at www.scrmc.com. Paper copies are available for pick up at the SCRMC main campus (1220 Jefferson Street, Laurel, MS 39440; telephone number (601) 426-4000) in the Emergency Department and Admissions Department as well as the Patient Accounts Department at South Central Place (2260 Hwy. 15 North, Laurel, MS 39440; telephone number (601) 399-6103 or (601) 399-6104). Copies may also be mailed, free of charge, upon request.

A Spanish translation is also available online and in paper form. Additional translations in any language spoken by a Limited English Proficiency group constituting the lesser of 1,000 individuals or 5% of the population served by SCRMC will be available.

SCRMC will inform members of its population served about the FAP in a manner reasonably calculated to reach those individuals who may be eligible for financial assistance. Additionally, SCRMC will establish



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conspicuous public displays at SCRMC, including the Emergency Department and Admissions Department, at a minimum, to notify patients about the FAP.

Patients interested in applying for financial assistance for previously accrued medical charges for emergency and medically necessary care may apply by completing an FAP application and providing any documentation requested by SCRMC to support the application. Assistance with the application is available by contacting SCRMC Patient Accounts, located at South Central Place, at (601) 399-6103 or (601) 399-6104. SCRMC Patient Accounts Department determines eligibility for financial assistance by reviewing the individual's completed FAP application in conjunction with the Federal Poverty Guidelines.

Patients may submit a FAP application up to 240 days after SCRMC's first post-charge billing statement for the services and treatment for which assistance is sought. If an incomplete application is submitted, SCRMC will notify the patient in writing of any information or documents that are missing and allow the patient 15 days from the date of such letter to finalize completion of application. If a patient has exceptional circumstances that necessitate more than 15 days for completion, SCRMC shall consider such request upon notification by the patient. Any ECAs will be suspended until such reasonable time when SCRMC has determined if the patient qualifies for financial assistance. Patients are notified in writing of decisions made on FAP applications and the basis for same. For patients who qualify for financial assistance, a billing statement will be mailed to the patient reflecting the amount the patient owes (after assistance) as well as the AGB for the services provided and details on how the amount of assistance was determined. SCRMC will refund any excess payments made by the patient and attempt to reverse any ECAs taken against the charges being reduced.

Billing and Collections:

For a copy of SCRMC's Billing and Collections Policy, visit www.scrmc.com or contact the Patient Accounts Department at (601) 399-6103 or (601) 399-6104.