

DECATUR COUNTY MEMORIAL HOSPITAL

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POLICY: PATIENT ACCOUNTS Financial Assistance Policy	EFFECTIVE DATE: 10/23/2025 REVIEWED DATE: 10/23/2025
REGULATION: 26 CFR §1.501(r)-4, IRS Section 501(r)(4)	

PURPOSE:

- 1) The Financial Assistance Policy sets forth guidelines for the application and approval/denial of financial assistance in a nondiscriminatory manner for patient accounts billed by Decatur County Memorial Hospital (DCMH).
- 2) To identify and assist those patients who are uninsured or underinsured and who are financially eligible to receive discounts for specified medical expenses through DCMH's Financial Assistance Program. DCMH will consider each patient's ability to contribute to the cost of his or her care received and the financial ability of DCMH to provide discounts for the care provided.
- 3) All care rendered by any DCMH entity, except for excluded services noted below, may be considered for the DCMH Financial Assistance Program.

POLICY: DCMH will provide a reasonable amount of uncompensated care to patients who fall within the Federal Poverty Guidelines as established by the Department of Health and Human Services and are residents of Decatur County, Indiana or employed by DCMH. The Federal Poverty Guidelines are published annually in the United States Federal Register. Patients may apply for the DCMH Financial Assistance Program at any time, including prior to receiving care. If approved, the patient is eligible for 12 months from the date of approval. Financial Assistance is available only after all other payment sources are exhausted, and to those patients with any ability to pay only as determined by this policy. Payment Terms may be extended upon review of financial ability to pay and must be according to our Payment Term policy to ensure timely resolution to the account. Financial Assistance discounts are effective for open balances due in active A/R or Bad Debt. The patient is responsible to fulfill their financial obligation to DCMH and is not granted Financial Assistance until the established application process, which may include application to State/Federal programs, has been completed and approved. Applicants that do not complete the application, or fail to provide requested information as requested by DCMH, are not eligible for DCMH Financial Assistance. Financial Assistance shall be based on financial need and shall not consider race, ethnicity, religion, creed, gender, age, social or immigration status, or sexual orientation. This policy applies to all DCMH hospital facilities, clinics, and employed physicians. The Financial Assistance Policy is subject to periodic review. Any changes to the policy must be approved by the DCMH Board of Directors

DEFINITIONS:

- 1) Family/Household Size - includes those dependents listed on tax returns, divorce decree, or child support order. Defined by the IRS for tax filing purposes under section 36B (d) (1), "a taxpayer's family consists of the individuals for whom the taxpayer claims a personal exemption deduction under section 151 for the taxable year. Taxpayers may claim a personal exemption deduction for themselves, a spouse, and each of their dependents. Section 152 provides that a taxpayer's dependent may be a qualifying child or qualifying relative, including an unrelated individual who lives with the taxpayer. Family size is equal to the number of individuals in the

taxpayer's family." Parents' income will be used to determine financial eligibility for students who are over age 18 but still claimed as dependents for their parents' income tax purposes.

- 2) Resident – a person who lives in Decatur County, Indiana and who intends to remain living within Decatur County, Indiana indefinitely, or is currently employed by DCMH. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement. Non-citizens of Decatur County, Indiana visiting or living temporarily in Decatur County, IN for personal or work-related reasons are not eligible for the DCMH Financial Assistance Program. DCMH employees, and their family, as defined above, not living in Decatur County, IN are eligible to receive this benefit after successful completion of their new employee introductory period, and their eligibility for DCMH Financial Assistance ends with their last day of employment with DCMH.
- 3) Underinsured - a person without insurance benefits for services provided due to exclusions of coverage by the insurance provider, or have some type of medical coverage and have a high out of pocket amount due as defined in DCMH PA014 Patient Discounts policy. This does not apply to those circumventing insurance restriction or specification or out-of-network services.
- 4) Generally accepted standards of medical practice:
 - a. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
 - b. Physician Specialty Society recommendations;
 - c. The views of physicians practicing in the relevant clinical area; and
 - d. Any other relevant factors.
- 5) Uninsured patient - a person who is a patient and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers compensation, accident liability insurance, or other third-party liability.
- 6) Experian Information Solutions, Inc. (Experian) – is a third-party vendor that uses proprietary data analytics to provide unique information related to patients for the purpose of financial assistance and recovery of patient debt.
- 7) Calculating Amounts Charged -
 - a. Persons qualifying for the financial assistance program will be charged not more than the Amounts Generally Billed (AGB) to other payers. That amount is determined by the hospital and periodically updated AGB calculation methodology:
 - i. The method of determining amount generally billed is based on a 12-month review of Medicare claims.
 - ii. AGB is determined through calculations of the sum of all payments plus the sum of all bad debt and charity care adjustments, divided by the sum of all charges in the time frame.
 - iii. Time frame included in method is for October 1 through September 30 of the prior calendar year.

NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE:

DCMH will advise patients and their families of Financial Assistance through the following means:

- Notice of the Financial Assistance Program will be printed and provided during intake and discharge, and with each patient bill. Patients will also have access to a plain language summary of the Financial Assistance Program.
- Notice of the Financial Assistance Program will be posted on the hospital website. The Program Application will be downloadable and printable without any special software.
- Patients will be notified directly of the Financial Assistance Program, in person or by phone.
- Notice of the Financial Assistance Program will be posted in each registration/admission area, Emergency Department and other waiting areas.
- Financial Assistance Program summaries will be made available to appropriate community health and human services agencies and other organizations that assist people in need.
- The Financial Assistance Policy will be made available in each language spoken by a minimum of 1,000 individuals in DCMH's service area.

APPLYING FOR FINANCIAL ASSISTANCE:

Consideration for the DCMH Financial Assistance Program may occur through the following methods:

- 1) Presumptive eligibility will be utilized as described in the section "ELIGIBILITY DETERMINATION AND LEVEL OF ASSISTANCE", item 3 below.
- 2) After return and completion of a Financial Assistance application with all required documentation. If a patient has questions regarding the application process, they can visit <https://www.dcmh.net/patients-visitors/financial-assistance-program/>, or contact DCMH at (812) 663-1323 or at billing@dcmh.net.

Applications are to be fully completed, signed, and returned with required documentation to:

DCMH Financial Assistance Program
Patient Accounts Department
720 N. Lincoln St.
Greensburg, IN 47240

ELIGIBILITY DETERMINATION AND LEVEL OF ASSISTANCE:

- The Director of Patient Accounts and an account representative will review each application and verify all requested information in order to determine eligibility.
- The following persons are eligible to apply for Financial Assistance:
 - Patients with limited or no income, or for whom the amount due imposes a financial hardship;
 - Patients denied for medical assistance (except for denials due to a failure of the patient to cooperate);

- Patients approved for medical assistance but assistance was not back-dated to original service dates;
 - Patient qualifying for a limited health insurance benefit package; or
 - Patients with significant expenses or liabilities, including outstanding medical debt.
- Certain identified patient populations are presumptively eligible for the DCMH Financial Assistance Program.
 - Experian Financial Assistance Screening
 - Screened patients resulting in a 100% likely eligibility with a low likelihood of payment; and
 - Documentation within the Experian web portal and/or Meditech showing likely eligibility.
 - Homelessness
 - Medical documentation of homeless status; or
 - Letter from local area shelter.
 - Deceased with documentation that no estate was opened, as further described in this policy
 - Death certificate; or
 - Deceased Patient Application Form.
 - Mental incapacitation with no one to make decisions on patient's behalf
 - Verification by DCMH Social Worker or other qualified medical staff; or
 - Court documentation.
 - Indiana Medicaid eligibility for
 - Title XIX;
 - Title XXI; or
 - In-network Medicaid Managed Care plans.
 - WIC (Women, Infants, and Children Nutrition Program)
 - Indication of participation on DCMH Financial Assistance Program application;
 - Copy of current participation document; or
 - Letter from WIC office.
 - SNAP (Supplemental Nutrition Assistance Program)
 - Indication of participation on DCMH Financial Assistance Program application; or
 - Copy of award letter.
 - An application for government assistance must be completed if the patient appears to meet the eligibility criteria for such assistance. When appropriate, DCMH staff or designee will use a screening checklist to assist in determining if the patient would qualify for government assistance. If the patient applies for government assistance, documentation of the determination from the government program is required for reprocessing the DCMH Financial Assistance Program application. This requirement also applies to Medicare beneficiaries who have opted out of Medicare Part B benefits.
 - Patients who have a third-party payment source that will reimburse more than the government program reimbursement will be excluded from the requirement of applying for government assistance.
 - Patients who may be eligible for certain third-party assistance programs must cooperate with program requirements to maintain eligibility within the DCMH Financial Assistance Program.

- Patients who have both Medicare and Medicaid and have an outstanding Self-Administered Drug balance will be adjusted to Financial Assistance without an application as those patients meet the federal poverty guideline requirement to obtain Medicaid coverage. This does not apply to HIP 2.0 coverage.
- Persons and patient balances NOT eligible for Financial Assistance:
 - Patients that fail to complete the government program application process and/or fail to cooperate during the application process will result in an automatic denial of financial assistance.
 - Patients that participate in certain insurance plans that deem DCMH to be “out-of-network” or non-contracted (aka “no network” plans) and obtain non-emergency services from DCMH may be denied assistance by DCMH or offered reduced assistance if the patient could have received similar services from an in-network facility after a review of patient’s insurance information and other pertinent facts and circumstances.
 - Patients who would have been eligible for third party coverage and failed to comply with the terms of that payer, resulting in denial of payment to DCMH, will be denied financial assistance. For example, if the patient was in an auto accident and the medical insurer requested accident details from subscriber/patient prior to payment, and subscriber/patient did not provide requested information, DCMH will deny financial assistance.
 - Patients who purposefully circumvent insurance requirements (i.e. waiting periods, preauthorization, etc.) may be held responsible for the billable services and will be denied financial assistance.
 - Patients obtaining non-emergent out-of-network care, including out-of-state Medicaid that would be paid by the patient’s insurance company elsewhere, will not be eligible for the DCMH Financial Assistance Program because the patient had the opportunity to have their healthcare needs met at a participating provider.
 - Patients who knowingly provide untrue information on the Application for Financial Assistance will be ineligible for financial assistance. Any financial assistance granted will be reversed, and the patient will be held responsible for the billable services.
- Deceased Patients. If the deceased patient was not married, has no established estate, and meets the criteria for adjustment, the account will be routed for adjustment review. To confirm estate status, a DCMH representative will submit an inquiry to the county of residence of the deceased. Account details will be included, reflecting the remaining balance on the account. If the deceased has a surviving spouse, the state law where the deceased resided will determine if the balance becomes the responsibility of the surviving spouse or the estate of the deceased. If the surviving spouse is responsible, the account will be assigned to the spouse. The surviving spouse can apply for financial assistance if the state laws determine that debt of the deceased becomes the responsibility of the surviving spouse. The surviving spouse will need to complete the Application for Financial Assistance and provide any required documentation. The account will then undergo Financial Assistance Program review to determine eligibility.

- All patients must complete a DCMH Financial Assistance application which includes:

A copy of the most recent year's federal tax return, or proof from the IRS that no return was required or filed, a defined list of assets, and any monthly expenses or liabilities. This asset list shall include (3) current months of the patient's bank statements: account balances such as checking and savings, money market accounts, and certificates of deposit. Such expenses and liabilities shall include any outstanding medical debt. Patients with available assets, after factoring in eligible expenses and liabilities, equal to or greater than twelve (12) months of DCMH's calculated Financial Assistance annual income will have an additional five percent (5%) of the above asset value added to their estimated annual income.

- The DCMH Financial Assistance Program discount amount is dependent on the applicant's household income, expenses and liabilities, and family size compared to the currently published Federal Poverty Level guidelines at the time of application.

*Exception: patients covered by Medicare Part A or Part B must also follow the process as outlined in item 6 above.

Household Size	FPL	200%	250%	300%	350%	400%
Discount*	100% **	100%	90%	70%	50%	30%

- Decatur County, Indiana residents and/or DCMH employees: except for emergent situations outlined below, the DCMH Financial Assistance Program is intended for Decatur County, Indiana residents and DCMH employees living outside of Decatur County, Indiana only. Any three (3) of the following, indicating a Decatur County, Indiana address, are acceptable documentation for residency verification documentation:
 - Any document within the income verification listing with a preprinted address;
 - Valid state-issued identification card;
 - Recent (last 60 days) residential utility bill;
 - Valid lease/rental/mortgage agreement;
 - Current vehicle registration card;
 - Voter registration card;
 - Mail addressed to the patient at a Decatur County, Indiana address from a Federal or State of Indiana government office;
 - Award letter from school;
 - Statement from a family member that the patient resides at the same address with one of the above residency verifications.

Additional documentation for DCMH employees: first and/or most recent paystub, or written confirmation from the DCMH Human Resources department that employee's introductory period has ended and is currently employed.

- Income eligibility will be based on the most current published Federal Poverty Guidelines, and will use the prior year's Federal Tax Return showing all household members and their adjusted gross

income, plus two (2) most recent pay stubs. Expenses and liabilities will also be considered in determining income eligibility.

If the guarantor/patient did not file taxes, copies of statements for the following assets are required:

- a) bank account balances such as checking and savings;
- b) money market accounts and certificates of deposit.

Proof of prior years and current income may consist of:

- a) Two (2) most recent pay stubs;
- b) W2 from all jobs held;
- c) Self-employment income and expenses;
- d) Unemployment compensation;
- e) 1099 forms for the following types of income:
 - a. Social Security;
 - b. Social Security Disability;
 - c. Veteran's pension;
 - d. Veteran's disability;
 - e. Private disability;
 - f. Worker's compensation;
 - g. Retirement Income;
 - h. Child support, alimony or other spousal support;
 - i. Other miscellaneous income sources.

If none of the above documents can be supplied, a written statement describing current household size and financial situation can be submitted for consideration.

- The DCMH Financial Assistance Program discount will apply to the residual patient balance after all other payments from sources such as Medicare, insurance companies, third party legal settlements, and/or patient funds are received and posted. The discount, net of any discounts already taken (such as prompt pay, underinsured, or uninsured discounts), will apply to any balance the patient is responsible for retroactively, including those that have been referred to a collection agency. An application for government assistance may be requested as stated above.
- Emergent out-of-network care for those who qualify will be eligible under the DCMH Financial Assistance Program policy guidelines after the No Surprises Act balance billing protections are applied and all other payment sources have been exhausted.
- Emergent out-of-state Medicaid patients are not required to complete the DCMH Financial Assistance Program application process. They will be approved once annually as eligible under the DCMH Financial Assistance Program after proof of coverage is provided, No Surprises Act balance billing protections are applied, and all other payment sources have been exhausted.
- DCMH will not file collection suit liens on a primary residence.
- DCMH will not authorize body attachments for purposes of medical debt collection.

- DCMH will utilize the Centers for Medicare and Medicaid Services coverage guidelines when determining services that qualify for the DCMH Financial Assistance Program. Coverage will apply to health care services that:
 - a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease, or its symptoms;
 - are provided in accordance with the generally accepted standards of medical practice;
 - are clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
 - are not primarily for the convenience of the patient, family, or physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.
 - Exceptions: Cardiac Rehab Phase III services are covered
- DCMH's Financial Assistance Program does not cover non-medically necessary cosmetic or elective services, or non-medical retail services, such as massage therapy, weight loss classes, etc.
- This policy applies to all DCMH hospital facilities, clinics, and employed physicians. Other care providers not billed through DCMH (e.g., independent physician services, private-duty nursing, ambulance transport, etc.) are not eligible for financial assistance through this policy. Patients must contact the service providers directly to inquire about assistance and negotiate payment arrangements with these practices. See list at the end of this policy for included/excluded providers.
- In accordance with the Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patient will be screened for financial assistance or payment information prior to the rendering of services in emergency situations. DCMH care sites shall provide individuals requesting emergency care, or those for whom a representative has made a request if the patient is unable, a medical screening examination to determine whether an emergency medical condition exists. DCMH care sites will not delay examination and treatment to inquire about methods of payment of insurance coverage, or a patient's citizenship or legal status. DCMH care sites shall treat an individual with an emergency medical condition until the condition is resolved or stabilized and the patient is able to provide self-care following discharge, or if unable, can receive needed continual care. Inpatient care will be provided at an equal level for all patients, regardless of ability to pay. DCMH care sites will not discharge a patient with an emergency medical condition prior to stabilization if the patient's insurance is canceled or otherwise discontinues payment during course of stay. If DCMH does not have the capability to treat the emergency medical condition, it will make an appropriate transfer of the patient to another hospital with such capability.

APPLICATION PROCESSING:

- 1) Upon receipt of the DCMH Financial Assistance Program application by Self Pay Receivables Management staff, a notation will be added to Meditech:
 - a) All collection activity will be held by adding insurance code “FAPENDING” as the payer of last resort and moving the patient balance to “FAPENDING” for each account under consideration. The hold will apply until the application processing is complete (approved or denied).
 - b) Application and supporting documentation will be scanned into Meditech and the paper copies destroyed after successful image capture has been verified. Access will be limited to DCMH employees administering the Financial Assistance program.
 - c) The applicant will be notified of any missing documentation by voice mail, US Mail, or email as appropriate. If requested documentation is not returned within 30 days, a notification letter will be mailed to the applicant that indicates their application was denied, billing will commence immediately, and all balances associated with application are not eligible for Financial Assistance discounts. Patients are not eligible to reapply for financial assistance for three (3) months from the notice date.
- 2) When the application has been processed and the determination is made, a record of each application, eligible household member and identifying information, denial reason or approved discount level, and effective start date and end date will be maintained in a secured, confidential shared network location. Access will be limited to DCMH employees administering the Financial Assistance program. In addition, each patient’s demographic record in Meditech will have the Financial Assistance insurance code added, including the start date (approval date) of Financial Assistance eligibility.
- 3) All efforts will be made to send written determination of financial assistance eligibility to the applicant within thirty (30) working days of receipt of the completed application. If the application is approved, the patient’s account will be adjusted as soon as possible thereafter to reflect the discount.
- 4) Patients who have been approved for the DCMH Financial Assistance Program must reapply annually from the date of original application approval to continue financial assistance benefits. DCMH will attempt to notify patients by US Mail ninety (90) days before the current termination date of eligibility in the DCMH Financial Assistance Program.
- 5) Patients who receive a determination of either an approval or denial under the DCMH Financial Assistance Program may reapply after six (6) months from the date of original application signature in the event there are substantial or unforeseen material changes in their financial situation. In the case of extraordinary circumstances, an application may be submitted prior to the six (6) month limitation.
- 6) Applicants may appeal the application determination by sending a written appeal to the Executive Director, Revenue Cycle.

ACTIONS IN THE EVENT OF NON-PAYMENT:

- 1) Consistent with DCMH billing and collection policies, DCMH will make certain efforts to provide uninsured patients with information about our Financial Assistance Policy, such as including a summary of it with billing statements before DCMH or our collection vendors take certain actions to collect payment. In some cases, a patient eligible for assistance under the Financial Assistance Policy may not have been identified prior to initiation of external collections efforts. Patients whose accounts have been sent to DCMH's outside collections agent may still apply for financial assistance, so long as the patient had not previously requested an application for the program, had not failed to complete a previous application, and/or had not had a completed application previously rejected. In the case of such late application for financial assistance, the eligibility of the patient and the amount of any financial assistance for which the patient might be eligible will be based on the Financial Assistance Policy and guidelines that were in effect on the date of service to the patient.
- 2) Any payments made by patients during the application period that are in excess of the approved financial assistance adjusted amount due on open accounts will be refunded upon Financial Assistance application approval.
- 3) Any unpaid patient balances remaining one hundred twenty (120) days after the first post-discharge billing statement will be referred to a collection agency. DCMH will notify the patient in writing thirty (30) days prior to sending an account to a collection agency. DCMH will not send patient accounts covered by Medicaid insurance to a collection agency. DCMH will make every attempt to determine if a patient is eligible for Medicaid and bill accordingly. However, if a patient's Medicaid coverage validation is received past the Medicaid timely filing limit, DCMH will cease all collection activity and close the account. All collection agencies utilized by DCMH will comply with this Financial Assistance Policy and have applications readily available should a patient wish to apply. If the collection agency decides to commence with legal action, written consent from DCMH is mandatory.
- 4) No documentation information obtained through the application process will be used for collection actions. No extraordinary collection actions will be pursued against any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance. Reasonable efforts shall include, but not be limited to, validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by DCMH.
- 5) DCMH billing and collection policies shall comply with federal and state regulations and laws governing health care billing and collections.

PROVIDERS NOT OFFERING FINANCIAL ASSISTANCE UNDER THIS POLICY:

Other care providers not billed through DCMH (e.g., independent physician services, private-duty nursing, ambulance transport, etc.) are not eligible for financial assistance through this policy. As of the effective date of this policy, the following providers practicing at DCMH do not offer financial assistance under this policy. This list is subject to change:

- 1) Cancer Care
- 2) Cardiology

- 3) Dermatology
- 4) Ear, Nose, Throat (ENT)
- 5) Gastroenterology/Hepatology
- 6) Indiana Emergency Professionals/Team Health
- 7) Nephrology
- 8) Pain Management Group
- 9) Plastic Surgery
- 10) Southern Indiana Orthopedics
- 11) Whitewater Eye

AUDIT:

Audits will be conducted annually by Revenue Cycle leadership to ensure Application approvals/denials and adjustments are administered according to this policy and procedure. In addition, audits by hospital's Audit firm may occur on an annual, as needed basis in associated with Medicare Bad Debts claimed on the hospital Cost Report. All results will be reported to the Chief Financial Officer.