



FINANCIAL ASSISTANCE POLICY

1. PURPOSE

Twin County Regional Hospital has developed this policy to outline the circumstances under which **Twin County Regional Hospital** will provide free or discounted care to uninsured patients who require emergency or other medically necessary care and who demonstrate an inability to pay.

2. SCOPE

Twin County Regional Hospital is committed to providing Financial Assistance for Covered Services to uninsured patients who are unable to pay based on their individual financial situation. Eligibility is generally determined by measuring a patient's gross family income against the Federal Poverty Guidelines, as described in the Policy Guidelines below.

Financial Assistance does not apply to amounts that are covered by insurance or other funding sources. This policy only applies when there is no other means of payment. Patients are expected to cooperate with our counselors or designee for Medicaid screening for eligibility. Patients are expected to obtain and maintain health insurance coverage if affordable coverage is available to them. To be eligible for Financial Assistance, the patient is expected to have applied for and complied with all processes related to seeking assistance from other insurers and/or programs (including all potentially applicable governmental programs) as requested by **Twin County Regional Hospital** staff. Patients who are noncompliant or uncooperative in attempting to obtain insurance coverage, qualification under governmental programs, or other funding sources will not be eligible for Financial Assistance. Financial Assistance will not apply if the patient receives a third-party liability settlement associated with the care rendered, and such patient will be expected to use the settlement amount to satisfy his or her patient account balance.

Patients will not be eligible for Financial Assistance if the patient provides false information or falsified documentation of household size, income or other pertinent information.

3. NONDISCRIMINATION AND EMERGENCY MEDICAL CARE

Twin County Regional Hospital determines Financial Assistance eligibility pursuant to this policy based solely on need, and does not consider age, gender, race, social or immigration status, sexual orientation or religious affiliation.

Twin County Regional Hospital will provide, without discrimination, and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA), care for emergency medical conditions to



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individuals regardless of whether they are eligible for Financial Assistance, as specified in greater detail in Twin County Regional Hospital's EMTALA policy. A copy of the EMTALA policy is available free of charge upon request by writing to Twin County Regional Hospital Patient Financial Services at **200 Hospital Drive Galax, VA 24333**; the policy may also be downloaded at www.tcrh.org.

Twin County Regional Hospital will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency room patients pay before receiving treatment or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

4. POLICY DEFINITIONS

4.1 Covered Provider – **Twin County Regional Hospital** and **Twin County Physician Practices**. Physicians and other healthcare providers who bill “privately” are encouraged, but not required, to follow this policy, except in limited circumstances related to Covered Services provided by **Twin County Physician Practices** physicians within the Hospital Facility. See Attachment A for additional information about other healthcare providers providing care within the Hospital Facility.

4.2 Covered Service – all emergency and medically necessary care provided in the Hospital Facility by a Covered Provider. Covered Services do not include elective procedures (such as cosmetic procedures or infertility services) or other non-medically necessary care.

4.3 Emergency and medically necessary care – services that are necessary and appropriate to sustain life or to prevent serious deterioration in the health of the patient from injury or disease.

4.4 Financial Assistance – reduction of an eligible patient's account balance for Covered Services under the terms of this policy.

4.5 Hospital Facility – **Twin County Regional Hospital**

4.6 Patient – the individual receiving medical treatment and/or, in the case of an unemancipated minor or other dependent, the parent, legal guardian or other person (guarantor) who is financially responsible for the patient.

5. POLICY GUIDELINES

5.1 Eligibility. Eligibility for Financial Assistance, and the amount of Financial Assistance that will be provided, is generally determined by measuring the patient's gross family income against the Federal Poverty Guidelines, as specified in the attached Financial Assistance Discount Guidelines (see Attachment B). These guidelines will be adjusted periodically to reflect changes in the Federal Poverty Guidelines and to adjust the discount percentages to ensure that, in all cases, a patient determined to be eligible for



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Financial Assistance under this policy will not be billed more than the amount generally billed by **Twin County Regional Hospital** to individuals who have insurance covering such care.

“Family” for this purpose includes spouse/domestic partner, children, and any other persons treated as “dependents” for federal income tax purposes.

Income includes revenue from the following resources (before taxes):

- Wages
- Tips
- Payments from Social Security
- Retirement benefit payments
- Unemployment compensation
- Worker’s compensation
- Veterans’ benefits
- Public assistance
- Alimony
- Child support
- Pensions
- Regular insurance or annuity payments
- Investment income

5.2 Procedures. To apply for Financial Assistance, a complete Financial Assistance Application is required. A complete Financial Assistance Application is inclusive of, but not limited to, disclosure of household size, income and other resources, and supporting documents (such as recent tax returns, bank statements and pay stubs), as detailed in the Financial Assistance Application and the associated instructions. Undocumented residents (non-U.S. citizens living as residents in the U.S.) and patients who are without a home address may apply for Financial Assistance. Failure to provide the required information and documentation in a timely manner may result in ineligibility for Financial Assistance.

Copies of this policy, a plain language summary of this policy, the Financial Assistance Application, and the associated instructions are available free of charge upon request by writing to Patient Financial Services at **200 Hospital Dr. Galax, VA 24333** and can be found in the emergency room and admission areas of the Hospital Facility. The documents may also be downloaded at www.tcrh.org. Further information about this Financial Assistance Policy and assistance with the application process are available via phone at **(276) 238-2534** or in person during normal business hours or by appointment from one of the Financial Counselors at **Twin County Regional Hospital 200 Hospital Dr. Galax, VA 24333**.

Complete Financial Assistance Applications should be submitted to **Twin County Regional Hospital – Financial Counselor at 200 Hospital Dr. Galax, VA 24333**. A Financial Counselor will review the application for completeness and a preliminary determination as to eligibility and will then forward the application to the Patient Access Manager/Director and Patient Financial Services Director (or their respective designees) to confirm eligibility based on the guidelines and other terms set forth in this policy. If the



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gross charges to a patient's account exceed \$10,000, the Hospital Facility Controller/CFO (or designee) will also review the eligibility determination. Once a determination as to eligibility has been made, Patient Financial Services will send a determination letter to the patient. Determinations are normally completed within 30 business days after receipt. For patients who are found eligible for Financial Assistance under this policy, specific write-offs of \$50,000 or more will be reviewed by the Hospital Facility Controller/CFO before being processed.

Information from a patient's Financial Assistance Application generally may be used – and a determination that a patient is eligible for Financial Assistance generally shall be in effect – for up to 12 months from the date the complete Financial Assistance Application is submitted, unless changes have occurred in the patient's financial status.

5.3 Patient Responsibilities. Patients are expected to cooperate with Patient Financial Services in the following manner:

- Submitting a complete Financial Assistance Application with supporting documentation within 60 days from receiving service (see the Financial Assistance Application instructions for a list of the required documents).
- Providing follow-up or updated information as requested by Patient Financial Services staff.
- Providing assistance and documents to Patient Financial Services staff to pursue other funding sources for the patient, including but not limited to governmental programs, health insurance and health insurance subsidies, and motor vehicle or other liability insurance.
- Adhering to any agreed-to alternate payment plans.

5.4 Other Discounts. When a patient does not qualify for Financial Assistance under this policy but has special circumstances, other discounts may be available that are not part of this Financial Assistance policy. In these situations, Patient Financial Services staff will review all available information (including documentation of income, liquid and illiquid assets, and other resources, amount of outstanding medical bills and other financial obligations) and make a case-by-case determination of the patient's eligibility for other potential discounts.

6. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NONPAYMENT

Twin County Regional Hospital has a separate Billing and Collections Policy that describes the actions that may be taken in the event of nonpayment. A copy of the Billing and Collections Policy may be downloaded at www.tcrh.org. Copies are also available upon request, free of charge, by mail and in emergency rooms and admission areas of the Hospital Facility. Send written request to **Twin County Regional Hospital Patient Financial Services** at **200 Hospital Dr. Galax, VA 24333**.



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Attachment A: Physicians and Other Providers Delivering Care in the Hospital Facility

This Financial Assistance Policy applies to **Twin County Physician Practices** to the extent of Covered Services provided by **Twin County Physician Practices** physicians within the Hospital Facility. Physicians or other healthcare providers delivering services within the Hospital Facility are not otherwise required to follow this policy.

Copies of a list of physicians and other healthcare providers delivering care in the Hospital Facility are available free of charge upon request by writing to **Twin County Regional Hospital** Patient Financial Services at **200 Hospital Dr. Galax, VA 24333**. The list may also be downloaded at www.tcrh.org.



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Attachment B –Financial Assistance Discount Guidelines

Family Income as a Percent of Federal Poverty Guidelines		Less than or equal to 200%	201% - 225%	226% - 250%	251% - 275%	276% - 300%
Discount Applied		100% Discount	[90%] Discount	[80%] Discount	[70%] Discount	[60%] Discount
Family Size	Poverty Level					
1	\$15,960	\$31,920	\$35,910	\$39,900	\$43,890	\$47,880
2	\$21,640	\$43,280	\$48,690	\$54,100	\$59,510	\$64,920
3	\$27,320	\$54,640	\$61,470	\$68,300	\$75,130	\$81,960
4	\$33,000	\$66,000	\$74,250	\$82,500	\$90,750	\$99,000
5	\$38,680	\$77,360	\$87,030	\$96,700	\$106,370	\$116,040
6	\$44,360	\$88,720	\$99,810	\$110,900	\$121,990	\$133,080
7	\$50,040	\$100,080	\$112,590	\$125,100	\$137,610	\$150,120
8	\$55,720	\$111,440	\$125,370	\$139,300	\$153,230	\$167,160
9	\$64,100	\$122,800	\$138,150	\$153,500	\$168,850	\$184,200
10	\$67,080	\$134,460	\$150,930	\$167,700	\$184,470	\$201,240

[adjust discount percentages as needed to result in charges that are less than AGB]

Amounts charged to a patient eligible for Financial Assistance under this policy will be based on the applicable discount stated in the table above multiplied by the gross charges otherwise billable to the patient. These discounts have been established in a manner that is intended to ensure that, for purposes of Internal Revenue Code section 501(r), a patient eligible for Financial Assistance under this policy is not charged more than the amount generally billed to individuals who have insurance covering such care (“AGB”). **Twin County Regional Hospital** has initially elected to calculate AGB using the “look back method” described in applicable Treasury Regulations, based on claims approved by Medicare and private insurers during a 12-month measurement period. Further information about the AGB percentage currently in use and a description of how such AGB percentage was calculated may be obtained in writing and free of charge by sending a written request to **Twin County Regional Hospital Patient Financial Services, 200 Hospital Dr. Galax, VA 24333** this information may also be downloaded at www.tcrh.org.