



Russell Medical Center Policy and Procedure

SUBJECT: Charity/Uninsured/Underinsured

RECOMMENDATION: Business Office Director

APPROVAL:

EFFECTIVE DATE: 01-01-26

Purpose:

This policy is intended to outline circumstances under which Russell Medical (“Hospital”) will provide free or discounted care to patients who are unable to pay for services and to address how the Hospital will calculate amounts charged to patients. This policy is specifically intended to meet the requirements of applicable federal, state and local laws, including without limitation, section 501(r) of the Internal Revenue Code of 1986 as amended, and the regulations there under. Accordingly, this policy establishes: (1) eligibility criteria for financial assistance; (2) the basis for calculating amounts charged to patients; (3) the method of applying for financial assistance; and (4) measures to widely publicize this policy within the community.

Definitions:

Amounts Generally Billed (“AGB”) – For medical care provided to a patient eligible for financial assistance under this policy, Hospital’s gross charges for the care provided to the individual multiplied by a percentage of gross charges (“AGB Percentage”). Hospital calculates its AGB Percentages using the look-back method. The method divides (1) the sum of all claims for emergency and other medically necessary care that have been allowed by Medicaid, Medicare fee-for-service and all private health insurers that pay claims to the Hospital during a prior 12-month period by (2) the sum of the associated gross charges for those claims. All discounts outlined in this FAP shall apply to AGB for the care provided and not gross charges. Hospital’s current AGB Percentage and a description of the calculation may be readily obtained free of charge from the Patient Financial Services Department that is located at 125 Alison Drive, Suite 5, Alexander City, AL and may be contacted at 256-329-7102.

Emergency Medical Care – Medical care provided by Hospital pursuant to EMTALA to individuals with an emergency medical condition regardless of their eligibility for financial assistance under this FAP

Emergency Medical Condition – Conditions defined under EMTALA (42 U.S. Code § 1395dd (e); 42 CFR § 489.24(b)).

EMTALA – The Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd) and the regulations there, including specifically 42 CFR § 489.24 (or any successor regulations).

Extraordinary Collection Actions (“ECA”) – ECA’s include:

1. Selling an individual’s debt to another party (“Purchaser”) unless the Purchaser has entered into a prior written agreement (i) prohibiting the Purchaser from engaging in any ECAs to obtain payment for care, (ii) prohibiting the Purchaser from charging interest in excess of the rate set forth in I.R.C. § 6621 (a)(2) at the time the debt is sold, (iii) requiring the return to or recall by Hospital upon a determination that the individual is FAP eligible individual, and (iv) if the debt is not returned to or recalled by Hospital for a FAP eligible individual, requiring the Purchaser to adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the Purchaser and the Hospital together more than he or she is personally responsible for paying under the FAP.



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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 because of an individual's nonpayment of one or more bills for previously provided care covered under the Hospital's FAP.
4. Any actions that require a legal or judicial process, including but not limited to (i) placing a lien on an individual's property (other than liens permitted under state law on personal injury settlements related to the care), (ii) foreclosure on an individual's property, (iii) attaching or seizing an individual's bank account or any other personal property; (iv) commencing a civil action against an individual, (vi) causing an individual's arrest, (vii) causing an individual to be subject to a writ of body attachment; or (viii) garnishing an individual's wages. For this purpose, the filing of a claim in any bankruptcy proceeding is not an ECA

FAP – This Financial Assistance Policy of Hospital.

Federal Poverty Guidelines (“FPG”) – Poverty guidelines issued by the federal government at the beginning of each calendar year that are used to determine eligibility for poverty programs; the current FPG can be found on the U.S. Department of Health and Human Services website at <http://www.hhs.gov/>.

Medically Necessary – Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert 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, or conservative, or less costly course of treatment available.

Policy:

1. It is the policy of Hospital to provide, without discrimination, emergency medical care to individuals regardless of the individual's ability to pay or whether they are eligible for financial assistance.
 - a. Hospital will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the nondiscriminatory provision of emergency medical care.
 - b. Hospital will provide care for emergency medical conditions that it is required to provide under EMTALA.
 - c. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Hospital's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay.
 - d. In addition, Hospital is required by the Internal Revenue Service to adopt and widely publicize this FAP.



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Procedures:

1. Upon registration and after EMTALA medical screening (when applicable) requirements are met, a plain language summary of the FAP shall be made available upon request. For patients who are uninsured, underinsured or cannot pay their deductible or co-pays, the Hospital will provide, upon request, (1) a packet of information that contains the FAP and the FAP application, and (2) immediate financial counseling assistance from designated staff, including an explanation of and assistance with the FAP application will be available free of charge as set forth herein.
2. To qualify for financial assistance, a patient must: (1) complete a FAP application; (2) submit supporting documentation, including proof of income (such as income tax returns for the most recently filed year or documentation from the IRS stating that taxes were not filed, pay stubs for the past sixty (60) days, W-2 statements, social security checks, or other documentation supporting eligibility); and (3) meet the financial eligibility criteria set forth in this FAP.
 - a. The Hospital will not deny financial assistance based upon a patient's failure to provide information or documentation not requested by the Hospital in the FAP or FAP application.
 - b. The Patient Financial Services Department is the department of the Hospital with the authority and responsibility for determining whether an individual qualifies for financial assistance or whether ECA's may be initiated against individuals.
 - c. The Patient Financial Services Department, located at 125 Alison Drive, Suite 5, is available to provide assistance with the FAP application process and information about Hospital's FAP and may be contacted at 256-329-7136
3. The FAP, FAP application, and a plain language summary of the FAP shall be available free of charge on the Hospital's website. Additionally, paper copies of the FAP, FAP application, and a plain language summary of the FAP shall be available upon request and free of charge, both by mail and in public locations in the Hospital (including each registration desk throughout the Hospital and the emergency room).
 - a. A plain language summary of the FAP shall be made available to patients, upon request, during the registration process.
 - b. Each billing statement shall notify and inform recipients about the availability of financial assistance under the FAP and include the telephone number of the Patient Financial Services Department that can provide information about the FAP and FAP application, and the plain language summary of the FAP may be obtained.
 - c. The FAP, FAP application, and plain language summary shall be available in English and Spanish, upon request. The FAP, FAP application and plain language summary shall also be translated into the language spoken by each limited-English proficiency group that constitutes the lesser of 1,000 individuals or 5% of the population served by Hospital, as defined in its Community Health Needs Assessment.



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- d. Hospital shall notify and inform members of the community served by the Hospital facility about the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance from the Hospital facility.
- e. Hospital shall set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about the FAP in public locations in the Hospital facility, including, at a minimum, the emergency room and admissions areas.

Eligibility:

1. Hospital will provide financial assistance for all emergency care and medically necessary healthcare services on a sliding scale of up to 100% of charges and up to a full waiver of co-payments after third-party insurance proceeds based on indigence.
 - a. The scale will offer discounts ranging from 20-100% of the AGB based on family size and on published Federal Poverty Guidelines. Individuals whose family incomes are less than or equal to 350% of Federal Poverty Guidelines are eligible to receive free or discounted care on the following sliding scale basis:

Household/ Family Size	2026 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$15,960	\$21,227	\$22,025	\$23,940	\$31,920	\$47,880	\$63,840
2	\$21,640	\$28,781	\$29,863	\$32,460	\$43,280	\$64,920	\$86,560
3	\$27,320	\$36,336	\$37,702	\$40,980	\$54,640	\$81,960	\$109,280
4	\$33,000	\$43,890	\$45,540	\$49,500	\$66,000	\$99,000	\$132,000
5	\$38,680	\$51,444	\$53,378	\$58,020	\$77,360	\$116,040	\$154,720
6	\$44,360	\$58,999	\$61,217	\$66,540	\$88,720	\$133,080	\$177,440
7	\$50,040	\$66,533	\$69,055	\$75,060	\$100,080	\$150,120	\$200,160
8	\$55,720	\$74,108	\$76,894	\$83,580	\$111,440	\$167,160	\$222,880
Each person over 8, add	\$5,680	\$7,554	\$7,838	\$8,520	\$11,360	\$17,040	\$22,720



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2. If a patient submits an incomplete FAP application for financial assistance within the two hundred and forty (240) day application period, the hospital shall provide the patient with information relevant to completing the FAP application and providing required supporting documentation in a timely manner.
 - a. Hospital shall provide the patient with a written notice that describes the additional information or documentation the patient must submit to complete his or her FAP application and include contact information (telephone and physical location) for the Patient Financial Services Department.
 - i. Hospital shall suspend any ECAs against the patient until the completion deadline has passed without the patient having completed the FAP application.
 - ii. If an individual who has submitted an incomplete FAP application during the application period subsequently completes the FAP application during such period or within a reasonable timeframe given to respond to request for additional information and/or documentation, the individual will be considered to have submitted a complete FAP application during the application period and the provisions for handling complete FAP applications shall then apply.
3. Any written notice or communication required herein may be provided (1) on a billing statement or along with other descriptive or explanatory matter, provided that the required information is conspicuously placed and of sufficient size to be clearly readable or (2) electronically (for example, by e-mail) to any individual who indicates he or she prefers to receive the written notice or communications.

Billing and Collections:

1. Hospital has a separate Billing and Collections Policy which outlines the actions Hospital may take in the event of nonpayment. A copy of the Billing and Collections Policy may be obtained free of charge by visiting the [Hospital's website](#), or by calling the Patient Financial Services Department at 256-329-7136.

Related Documents:

1. EMTALA and Emergency Medical Care, Russell Medical Hospital policy
2. Billing and Collections, Russell Medical Hospital policy