

QKA Health Corporation d/b/a Healthside Partners

BILLING AND COLLECTIONS POLICY

HOSPITALS COVERED BY THIS POLICY (the “Hospitals”):

Barstow Community Hospital, Big Bend Regional Medical Center, Evanston Regional Hospital, Forrest City Medical Center, Kentucky River Medical Center, McKenzie-Willamette Medical Center, Mesa View Regional Hospital, Mimbres Valley Medical Center, Mountain West Medical Center, Odessa Regional Medical Center, Three Rivers Medical Center, and any other state-licensed hospitals owned or operated directly or indirectly by QKA Health Corporation d/b/a Healthside Partners

PURPOSE:

The purpose of this Policy is to provide guidelines for conducting billing and collections activities in a manner that complies with Section 501(r) of the Internal Revenue Code and the regulations thereunder. This Policy outlines the actions the Hospitals (or other authorized party) may take related to obtaining payment of a bill for medical care, which will not include any extraordinary collection actions (ECAs) as defined below. This Policy also describes the process, and time frames the Hospital (or other authorized party) uses in taking such actions and the reasonable efforts they will make to determine whether an individual is eligible for financial assistance.

NO EXTRAORDINARY COLLECTIONS ACTIVITIES:

Extraordinary Collection Actions (ECAs) include 1) selling an individual's debt to another party 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 nonpayment of previous bills 4) actions that require a legal or judicial process, including but not limited to placing a lien on individuals' property (aside from liens placed on proceeds of a judgement, settlement or compromise owed to an individual receiving health care services as a result of personal injury), foreclosing on patient's real property, attaching or seizing an individual's bank account or any other personal property; commencing a civil action against an individual; causing an individual's arrest; causing an individual to be subject to a writ of body attachment; and garnishing an individual's wages.

The Hospitals will not engage in ECAs.

Collection agencies may be enlisted to assist with collections. The Hospitals will not permit their collection agencies to engage in ECAs. The Hospitals may also place liens on the proceeds of a judgment, settlement, or compromise owed to an individual as a result of personal injury.

PROCESS AND TIMEFRAMES:

1. PRESUMPTIVE OR PRIOR ELIGIBILITY

The Hospital shall be deemed to have made reasonable efforts to determine whether an individual is eligible for financial assistance under the Hospital's financial assistance policy (“FAP-eligible”)

if it determines that the individual is eligible for financial assistance based on presumptive eligibility as set forth in the Hospital's financial assistance policy or if it determines that the individual is FAP-eligible based on a prior determination of FAP-eligibility for prior care.

If the individual did not qualify for the most generous assistance available under the Hospital's financial assistance policy, the Hospital shall notify the individual of the basis for the presumptive FAP-eligibility determination and of ways to qualify for further financial assistance under the Hospital's financial assistance policy and shall give the individual a reasonable amount of time to apply for more generous assistance (in no event less than 240 days after the first post-discharge bill).

2. NOTIFICATIONS

The Hospital will send a post-discharge billing statement to any individual with an outstanding balance. Each post-discharge billing statement will conspicuously notify the individual that financial assistance is available for eligible individuals under the Hospital's financial assistance policy. The Hospital will also make reasonable efforts to orally notify the individual, which may include outreach via telephone or in-person discussion, about the Hospital's financial assistance policy and about how the individual may obtain assistance with the financial assistance application process.

3. PROCESSING FINANCIAL ASSISTANCE APPLICATIONS

If the Hospital receives an incomplete financial assistance application, the Hospital will provide the individual with a written notice that describes the additional information and/or documentation required. Such notice will include the telephone number and physical location of the Business Office that can provide assistance with the financial assistance application process. The applicant will be given at least 30 calendar days from the date of the written request to respond. The Hospital will make at least two reasonable contact attempts during that period, including the initial written notice and at least one follow-up attempt when contact information is available.

If the Hospital receives a complete financial assistance application, the Hospital will make a determination as to whether the individual is FAP-eligible. Upon making a determination, the Hospital will notify the individual in writing of its determination, the level of financial assistance for which the individual is eligible, and the basis for its determination.

If an individual is determined to be eligible for discounted but not free care, the Hospital will provide the individual with a billing statement that indicates the amount the individual owes and how the amount was determined, and how the individual can get information regarding amounts generally billed (AGB) for the care.

For any individual determined to be FAP-eligible, the Hospital will refund any amount previously paid that exceeds the amount the individual is personally responsible for as a FAP-eligible individual, unless such amount is less than \$5.

The Centralized Business Office (CBO) has the final authority or responsibility for determining that the Hospital has made reasonable efforts to determine whether an individual is eligible for financial assistance