

HOSPITAL AUTHORITY OF MILLER COUNTY

DOCUMENT NAME: Financial Assistance Program	Document #:	2009.1554
	Version:	4.0
	Original date:	June 2001
HAMC entity: All Hospital Authority of Miller County Entities	Review Date:	February 2020
Manual: Policies and Procedures	Process Owner:	Patient Financial Services

Revision Date	Revision Description	Approved By:
June 2015		
June 2017		
December 1, 2018	Added definitions, updated phone numbers, formatting, and added documentation to purpose, procedure and factors to be considered.	
February 11, 2019	Added Exhibit “G, H, and I”	
September 25, 2019	Added definitions and made clarifications/edits.	PFS Director
February 5, 2020	Updated Federal Poverty Guidelines and made clarifications/edits.	Patient Access Manager
June 10, 2020	Added Pharmaceutical definition	

Purpose:

- To distinguish indigent and charity care from bad debts. To establish procedures to ensure consistent identification and recording of Hospital Authority of Miller County (HAMC) patient accounts and debt write-off and to define and adjust self-pay balances for discounts, as appropriate.
- To provide guidelines and objective, consistent eligibility criteria for use in determining the financial status of patients so that appropriate classification and distinction can be made between uncollectible amounts arising from a patient’s inability to pay and those arising from a patient’s unwillingness to pay.
- To identify those in need of financial assistance at the beginning of the collection cycle and reduce the time it takes to resolve an account.
- To explain how patients may apply for financial assistance.
- To provide a discount for uninsured patients that results in charges that equal the Amounts Generally Billed (AGB) to insured patients.
- To define the method used to calculate AGB and how to obtain this information free of charge.
- To facilitate cash flow by offering a prompt-pay discount to patients with self-pay balances.

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- To simplify the process for patients and reduce paperwork for both the patient and HAMC staff.
- To gather and maintain data to substantiate a patient's inability to pay and meet the requirements of § 501(r) of the Internal Revenue Code and the Affordable Care Act requirements for § 501(c)(3) hospitals.

Scope:

This Policy applies to all Hospital Authority of Miller County (HAMC) facilities referenced in Exhibit D (HAMC Facilities Included in Financial Assistance Policy) below and all HAMC providers listed in Exhibit F (Providers Included in Financial Assistance Plan) below and providing care within HAMC facilities.

Definitions:

Amounts Generally Billed (AGB): means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with § 1.501(r)-5(b). AGB is determined by dividing the sum of claims allowed by all sources (such as: health insurers during the previous fiscal year, by Medicare fee-for-service and all private health insurance, including payments and allowed amounts received from beneficiaries and insured patients) by the sum of the associated Gross Charges for those claims.

Applicant: Applicant may include the patient, the guarantor of a patient's financial account, or a designated patient's representative such as a legal guardian.

Assets: Assets include, but are not limited to: bank accounts; investments including 401k and 403b accounts; real property; businesses whether or not incorporated; personal property including vehicles, boats, airplanes, and other such items. Assets shall be reported on the FAP application as a source of revenue.

Elective Admissions/Procedures: An elective admission/procedure is a procedure or admission that would not be covered by Georgia Medicaid if the patient was a Georgia Medicaid beneficiary; this includes services that Georgia Medicaid requires pre-certification, as well. Note: Persons with third party insurance who elect not to bill insurance for a hospital service will be considered self-pay for that service; however, patient will not be eligible for Indigent Care Trust Fund since they have a health insurance plan.

Family Unit: The family unit consists of individuals living alone; and spouses, parents and their children under the age of 21 living in the same household.

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Financial Assistance Program (FAP): A program that provides financial assistance to persons who have emergent and/or medically necessary healthcare needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for such care based on their individual financial situation, and who meet the requirements contained within this Policy.

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 www.hhs.gov.

Financial Counselor: The HAMC employee who is the designated point of contact to receive applications and determine eligibility for the FAP.

Gross Charges (chargemaster rate): A hospital facility's full, established price for medical care that the hospital facility consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Income: Income as defined by the Internal Revenue Service (IRS), which includes, but is not limited to: income from wages, salaries, tips; interest and dividend income; unemployment compensation, individual income policy, alimony, all social security income, disability income, self-employment income, rental income, k-1 income, and other taxable income. For applicants who are financially dependent on another individual, that individual's income will become part of the income of the applicant. Examples of other sources of income that are included in the definition of Income are food stamps, student loan, and foster care disbursement.

Household: Number of people claimed on income tax filing, or individuals the Applicant is legally responsible for, and any person whose income is included in the applicant's Income.

Medical Necessity: 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, more conservative or less costly course of treatment available. Exhibit E includes a list of emergent or medically necessary services.

Pharmaceuticals: Any drug provided, prescribed or ordered by a licensed healthcare provider that reasonably determines necessary treatment 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.

Resident: An individual shall be recognized as a resident of Georgia if he/she or his/her legal guardian is able to provide proof of Georgia residency documents as requested.

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PROCEDURE:

As a condition of participation in the Medicaid disproportionate share program and to serve the health care need of our community, HAMC will provide indigent and charity care to patients without financial means to pay for hospital services. All policies shall be implemented in accordance with all Emergency Medical Treatment & Labor Act¹ (EMTALA) laws and Indigent Care Trust Fund² (ICTF) rules and regulations, as well as, any other federal or state law, rule or regulation as it relates to the delivery of health care services, as they currently exist and any future changes or amendments to these rules and regulations. This policy will be made available upon request in English unless requested in another language.

Indigent care and charity care will be provided to all patients who present themselves for care at HAMC without regard to race, creed, color, or national origin and who are classified as financially indigent or medically indigent according to HAMC's eligibility system.

ELIGIBILITY FOR FINANCIAL ASSISTANCE

1. FINANCIALLY / MEDICALLY INDIGENT:

- A. A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services rendered based on HAMC's eligibility criteria set forth in this process. A medically indigent patient is a person with medical insurance who may also qualify for balances to be discounted after insurance payment, provided the patient meets the income requirements.
- B. To be eligible for indigent care, a person's total household income may not exceed 200% of the current Federal Poverty Guidelines. HAMC may consider other financial assets and liabilities for the person when determining eligibility.
- C. HAMC will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services (HHS) to determine an individual's eligibility for indigent care as a financially indigent patient. The poverty income guidelines are published in the Federal Register in February of each year and for the purposes of this policy will become effective the first day of the month following the month of publication.

¹ 42 U.S.C. §1395DD

² O.C.G.A. § 31-8-152

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- D. In no event will HAMC establish eligibility criteria for financially indigent patients which sets the income level for charity care lower than that required for counties under the State Indigent Health Care and Treatment Act, or higher than 200% of the current federal poverty income guidelines. HAMC may adjust the eligibility criteria from time to time based on the financial resources of HAMC and as necessary to meet the indigent and charity care needs of the community.

2. CHARITY CARE:

- A. To be eligible for charity care, a person's total household income shall be greater than 200% but less than 300% of the current federal poverty guidelines. HAMC may consider other financial assets and liabilities for the person when determining eligibility.
- B. Patients eligible for charity care will have their medical bill discounted at 20%, 40%, or 60% off the charges based on their household income above the Federal Poverty Guidelines. The remaining balance will be due and payable by the patient and normal collection efforts will continue.

3. SELF-PAY DISCOUNT:

- A. Non-insured (Self-Pay) patients, regardless of their state of residence, will be eligible for HAMC's charity care/self-pay discount as defined in the Patient Protection & Affordable Care Act further defined by the IRS Form 990 Schedule H Part V and the 501r4 Final Regulations. Uninsured patients whose household income is greater than 300% of the Federal Poverty Guidelines may qualify for an uninsured discount on Gross Charges when payment arrangements are established. This discount does not apply to market or retail-priced services, or procedures that are already discounted.
- B. The Charity Care/Self-Pay Discount percentage will be calculated using the "Look Back Method" as the average amount HAMC is paid by the insurance companies and traditional Medicare for both inpatient and outpatient services.
- C. Note that patients who qualify for a self-pay discount under this section are not treated as qualifying for financial assistance under this Policy and therefore, are not subject to the AGB limitations or other requirements applicable to patients who qualify for financial assistance.

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PROCESS

1. Identification of Indigent and Charity Care Cases:

- A. HAMC maintains posted signs in the emergency room, clinics, admissions, and business offices, which state “Do You Need Help With Your Hospital Bill?” Signage will be in both English and Spanish and will provide a plain language summary of HAMC’s FAP informing patients that indigent and charity care is available and the qualifications to determine eligibility.
- B. All self-pay inpatients will be screened for potential governmental programs and all self-pay outpatients will be screened for FAP eligibility.
 1. The Financial Counselor will review each application and supporting documentation to determine whether the patient qualifies for indigent and/or charity care. The Financial Counselor will complete and approve the application prior to write off of the patient’s remaining balance.
 2. The following items will be required for verification of income: valid driver’s license or state-issued identification card and one of the following: copy of the previous year’s income tax statement, pay stubs for the previous three (3) months, food stamp letter, if applicable, any records demonstrating all child support due and received, if applicable, or a copy of the Division of Family and Children Services (DFCS) denied application for assistance, if applicable. The applicant will also provide a copy of one of the following current bills including, but not limited to: utility, telephone, cable, rent/mortgage receipt, etc.
 3. HAMC will not accept an incomplete application. It will be the responsibility of the Financial Counselor to notify the patient via mail with the “incomplete” status.

2. FACTORS TO BE CONSIDERED FOR INDIGENT AND CHARITY CARE DETERMINATION:

The following factors are to be considered in determining the eligibility of the patient for charity care:

1. Income
2. Family size
3. Employment status and future earning capacity
4. Other financial resources
5. Other financial obligations
6. The amount and frequency of hospital and other medical bills.

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- A. The income guidelines necessary to determine the eligibility for Charity Care are attached as Exhibit A. The Current Federal Poverty Guidelines are attached as Exhibit B.

- B. All prospective indigent or charity care accounts must remain in a self-pay financial class and regular collection efforts will continue until the application and documentation is received. These accounts are not to be left on active Accounts Receivable (A/R) indefinitely, but adjusted off to bad debt and referred to a collection agency if the appropriate information is not received in a timely fashion.

3. DOCUMENTATION OF ELIGIBILITY DETERMINATION

- A. Once the eligibility determination has been made, the results will be documented in the comments section of the patient's account and the financial class will be changed to reflect the appropriate status. An adjusted form will be completed by the Financial Counselor and submitted to the Patient Financial Services (PFS) Director for approval prior to the adjustments being posted by the Accounting Department. The completed and approved financial assistance application will be filed in the indigent/charity binders. The approved application will be in effect for a period of six (6) months unless the applicant's financial situation changes. The applicant is responsible for notifying HAMC of any financial status changes that may impact eligibility.

- B. Notification of Payment Classification: Patients will be notified of eligibility determination through the U.S. Postal Service mail and/or the indigent/charity care adjustment reflected on the patient's hospital bill. Patients may receive one (1) or two (2) statements. Any additional statements will be available upon request. If the patient is not eligible for free or discounted services, the appeal procedure for reconsideration will be provided by U.S. Postal Service mail with the written eligibility determination.

4. REPORTING OF CHARITY CARE

Information regarding the amount of indigent and charity care provided by HAMC in its fiscal year shall be aggregated and included in the annual report filed with the Georgia Department of Community Health (DCH). HAMC reserves the right to set limits on indigent/charity care once it has fulfilled its financial obligation to participate in the ICTF program. Once a patient has received Indigent Status and participated in the FAP, the patient cannot refuse consent for use of health information in reports to DCH. If patient refuses consent or withdraws consent, then the patient's account(s) will be reactivated and full collection efforts will begin. Patients will be made aware of this before they consent to participating in the FAP. In addition, patient may be barred from future participation in the Indigent Care program.

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5. RESPONSIBILITY

It is the responsibility of the Financial Counselor and the PFS Director to provide this aggregated information to the Chief Financial Officer (CFO) for inclusion on the DCH report.

BILLING AND COLLECTION

HAMC may take, or authorize a third-party collection agency or law firm to take, on behalf of HAMC, certain actions related to obtaining payment of a bill for medical care, including the following “extraordinary collection actions”:

1. HAMC may defer or reschedule non-emergent services, if clinically appropriate after discussion with the treating physician, until payment is received, or until payment arrangements are made.
2. HAMC may report unpaid debts to external collection agencies, credit reporting agencies, or credit bureaus.
3. Actions that require legal or judicial process including, but not limited to:
 - Commencing a civil action or lawsuit against the patient or responsible individual;
 - Garnishing an individual’s wages after securing a court judgement;
 - Attaching or seizing an individual’s bank account, or other personal property, or other judgment enforcement action permissible under state law after securing a judgment.

Neither HAMC nor a collection agency or law firm will commence extraordinary collection actions prior to 30 days from the date of the enclosed billing statement or 120 days after the date of the first post-discharge billing statement for the applicable medical care received, whichever date occurs later, and only after making reasonable efforts to determine whether an individual is eligible for assistance under the FAP.

POLICY COMPLIANCE

In all instances, this policy is intended to comply with all requirements of the ICTF and related guidelines.

Reference Document Information: (Standards of Practice, Standard Operation, Regulatory, Legal Documents):

Federal Poverty Guidelines

Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

42 U.S.C. § 18001 et seq.

Internal Revenue Service Regulations § 1.501(r)-1 through § 1.501(r)-7

42 U.S.C. §1395DD

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O.C.G.A. § 31-8-152

All financial assistance information may be obtained free of charge, upon request, at the locations below or at <https://www.millercountyhospital.org> and/or <https://www.millercountyhospital.com>

Exhibit A

HAMC Indigent/Charity Care scale to determine level of uncompensated care given to patients upon application and approval of medical indigence.

HOUSEHOLD INCOME	WRITE-OFF PERCENTAGE
0 – 200% of Federal Poverty Level (FPL)	100 %
200.01 – 233% of FPL	60%
233.01% – 250% of FPL	40%
250.01% – 300% of FPL	20%
> 300% of FPL	0%

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Exhibit B

2020 Federal Poverty Guidelines³

Number of People in Household	48 States & DC	Alaska	Hawaii
One	\$12,760	\$15,950	\$14,680
Two	\$17,240	\$21,550	\$19,830
Three	\$21,720	\$27,150	\$24,980
Four	\$26,200	\$32,750	\$30,130
Five	\$30,680	\$38,350	\$35,280
Six	\$35,160	\$43,950	\$40,430
Seven	\$39,640	\$49,550	\$45,580
Eight	\$44,120	\$55,150	\$50,730
For nine or more, add this amount for each additional person	\$4,480	\$5,600	\$5,150

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³ The U.S. Department of Health and Human Services (HHS) posts the Federal Poverty Guidelines on their website (aspe.hhs.gov/poverty-guidelines). The guidelines are updated annually in the Federal Register and the updates are posted on the HHS website. Previous years' Federal Poverty Guidelines are available upon request.

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Exhibit C

All financial assistance information may be obtained free of charge, upon request, at the locations below or at <https://www.millercountyhospital.org> and/or <https://www.millercountyhospital.com>

Mailing Address	Hours of Operation
Miller County Hospital 209 N Cuthbert St Colquitt, GA 39837 229-758-3554	8:30AM – 4:30PM, Monday – Friday Walk-in hours from 8:00AM – 4:30 PM, Monday – Friday Scheduled appointments upon request Floor visits are available upon request from a patient or responsible party, or any staff member within the organization
Miller County Medical Center 208 N Cuthbert St. Colquitt, GA 39837 229-758-3304	8:00AM – 5:00PM, Monday – Friday
Robert E. Jennings Medical Clinic 103 RE Jennings Ave., SE Arlington, GA 39813 229-725-4251	8:00AM – 4:30PM, Monday – Friday

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Exhibit D

HAMC Facilities Included in Financial Assistance Policy		
Miller County Hospital	Miller County Medical Center	Robert E. Jennings Medical Center

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Exhibit E

For Emergent, Medically Necessary Services Including, But Not Limited To:

- Emergency Care
- Inpatient Care
- Inpatient and Outpatient Surgery
- Anesthesia Services
- Laboratory
- Cardiovascular Pulmonary Services
- Dialysis
- Endoscopy, Colonoscopy, Bronchoscopy, and Laparoscopy
- Pharmaceuticals
- Podiatry
- Radiology: X-Ray, Mammography, CT SCAN (16 slice), MRI, Ultrasound, Echocardiography, Vascular Ultrasound, Ultrasound (Regular), Bone Density Studies
- Rehabilitation Services: Physical, Occupational, and Speech Therapy
- Respiratory Therapy
- Wound Care

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Exhibit F

Providers Included in Financial Assistance Plan
Dr. Garrett Nathaniel Bennett, MD
Dr. Ugo Ireh, MD
Dr. Zalika Nisbeth, MD
Dr. NaKeisha Otto-Stewart, MD
Dr. Roy Richard Reardon, MD
Dr. William Franklin Swofford, Jr., MD ⁴
Dr. Viet Anh Vu, DPM

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⁴ This Policy relates only to Emergency Department Services performed by Dr. Swofford.