



Title	Financial Assistance Policy, THC
Primary Reviewer	System Director, Patient Receivables
Reviewer(s)	VP, Revenue Cycle and Chief Financial Officer

1. Applicability- Select all **Entities that the document applies by** placing an ‘x’ to the left of the entity. For a **Dept only document**, identify specific dept in the appropriate box under (list dept).

<input type="checkbox"/>	NGMC Gainesville-Braselton	<input type="checkbox"/>	NGMC Barrow	<input checked="" type="checkbox"/>	The Heart Center of NGMC (THC)	<input type="checkbox"/>	NGMC Gainesville/Braselton Medical Staff	<input checked="" type="checkbox"/>	NGHS Board
<input type="checkbox"/>	NGMC Gainesville Campus Only	<input type="checkbox"/>	NGMC Barrow Dept: (list department)	<input type="checkbox"/>	Northeast Georgia Physicians Group	<input type="checkbox"/>	NGMC Barrow Medical Staff	<input type="checkbox"/>	NGMC Board – Gainesville & Braselton
<input type="checkbox"/>	NGMC Braselton Campus Only	<input type="checkbox"/>	NGMC Lumpkin	<input type="checkbox"/>	Northeast Georgia Health Partners	<input type="checkbox"/>	NGMC Lumpkin Medical Staff	<input type="checkbox"/>	NGMC Board -- Barrow
<input type="checkbox"/>	NGMC Gainesville-Braselton Dept: (list department)	<input type="checkbox"/>	NGMC Lumpkin Dept: (list department)	<input type="checkbox"/>	Medical Center Foundation	<input type="checkbox"/>		<input type="checkbox"/>	NGMC Board -- Lumpkin
<input type="checkbox"/>	NGMC Gainesville Dept: (list dept)	<input type="checkbox"/>		<input type="checkbox"/>	NGMC Auxiliary	<input type="checkbox"/>		<input checked="" type="checkbox"/>	THC Board
<input type="checkbox"/>	NGMC Braselton Dept: (list dept)	<input type="checkbox"/>	Other: (specify)	<input type="checkbox"/>	NGMC Barrow Auxiliary	<input type="checkbox"/>		<input type="checkbox"/>	NGPG Board
<input type="checkbox"/>	New Horizons -- LTC	<input type="checkbox"/>		<input type="checkbox"/>	NGMC Lumpkin Auxiliary	<input type="checkbox"/>		<input type="checkbox"/>	Health Partners Board
<input type="checkbox"/>	Hospice of NGMC	<input type="checkbox"/>		<input type="checkbox"/>	HealthConnection	<input type="checkbox"/>		<input type="checkbox"/>	Medical Center Foundation Board
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

I. Purpose

Provides guidelines to ensure consistent processing for Financial Assistance.

II. Definitions

Family Unit Size is defined as the applicant (patient, if applicable), spouse, and all legal dependents as allowed by the Internal Revenue Service. If patient/applicant is a minor, the family unit will include parent(s)/legal guardian(s) and any other taxpayer that can claim the patient/applicant as a dependent for income tax paying purposes.

Family Unit Income is defined as gross income for all members of the family unit for the last four months (annualized) or the last calendar year, whichever is the lesser amount. Examples of income are retirement, veteran’s administration, workers compensation, sick leave, disability compensation, welfare, social security retirement, alimony, child support, stock/certificate dividends, interest, or income from property.

Medically Indigent is defined as an uninsured person who is not eligible for other health insurance coverage such as Medicare, Medicaid, or other private insurance. Those that are “medically indigent” make too much to qualify for Medicaid but too little to purchase health insurance or health care.

Presumptive Eligibility is defined as approved financial assistance based upon a patient’s indigent status, determined using criteria-based methods, such as propensity to pay scoring, evidence of participation in low income government assistance programs, such as state funded prescription programs, Women, Infants and Children program (WIC), Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), free school lunch program or other state or local assistance programs.

Emergency Care is defined as care provided for an emergency medical condition.

Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:

- a. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- b. serious impairment to bodily functions
- c. serious dysfunction of any bodily organ or part

With respect to a pregnant woman who is having contractions:

- a. that there is inadequate time to effect a safe transfer to another hospital before delivery
- b. that transfer may pose a threat to the health or safety of the woman or her unborn child

Medically Necessary Care is defined as care based upon generally accepted medical practices in light of conditions at the time of treatment which is appropriate and consistent with the diagnosis and the omission of which could adversely affect or fail to improve the patient's condition. It is care that is not cosmetic, experimental or deemed to be non-reimbursable by traditional insurance carriers and governmental payers. It is care that is deemed medically necessary by an examining physician's determination.

Extraordinary Collection Actions (ECAs) are defined as actions that require a legal or judicial process or involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, "credit agencies").

Application Period is defined as the later of 240 days from the first post-discharge billing statement (for the most recent episode of care) or 30 days from written notification of intended ECAs.

III. Policy

It is the policy of The Heart Center, LLC (THC) to provide emergency care to all patients regardless of ability to pay. The group shall allocate resources to identify financial assistance cases and provide uncompensated care based upon the information submitted at the time of application for financial assistance by the patient or their representative or through the use of other criteria-based methods to determine eligibility. Financial assistance adjustments may only be granted to patients receiving non-elective care. Financial assistance adjustments may be applied to approved accounts for uninsured patients based on the patient's total gross family income and the patient's willful cooperation in applying for Medicaid or other available coverage. In order to assure the funds for uncompensated care are not abused and will be available for those in need within the NGHS service area. The Heart Center will make reasonable attempts to assist eligible candidates to become covered under any available assistance programs in the community. THC proactively makes reasonable efforts to determine whether a patient is eligible for financial assistance before engaging in any collection activities.

PROCEDURE / GUIDELINES GOVERNANCE

The Financial Assistance Policy is administrated by the Revenue Cycle Division with authority and approval from The Heart Center Joint Operating Committee.

PUBLIC RELATIONS

The Heart Center will make concerted efforts to promote the Financial Assistance Program. The program is promoted through a plain language summary offered to patients during their visit, provided on the Northeast Georgia Health System web site and through the conspicuous display of signs in each clinic. In addition, the plain language summary is provided on a periodic basis to human service agencies and other community organizations. The plain language summary includes a brief description of eligibility requirements, brief summary of how to apply, website and physical location where an application and copy of the Financial Assistance Policy may be obtained, how to get an application by mail and contact and assistance information. THC shall make the Financial Assistance Policy, the plain language summary and the financial assistance application available in English and in the primary language of any populations

with limited proficiency in English that constitute a minimum of 5% or 1000 persons, whichever is less, of the residents of the community served.

APPLICATION PROCESS

1. All patients desiring consideration under The Heart Center Financial Assistance Program must complete an application, disclosing financial information that is considered pertinent to the determination of the patient's eligibility for financial assistance. Financial Assistance applications can be completed in writing, by speaking to a Financial Navigator, a phone screen or Presumptive eligibility. The patient will authorize THC to make inquiries of employers, banks, credit bureaus, and other institutions for the purpose of verifying statements made by the patient in applying for assistance. The application may be obtained by calling or by visiting any Financial Navigator or by printing online at www.nghs.com.

When returned, the application shall be accompanied by one or more of the following types of documentation as needed for purposes of verifying income:

- A. Proof of household income must be at least one of the following:
 1. A copy of four most recent pay stubs of all employed in the household. If no pay stub available, please provide a notarized letter from employer.
 2. Current year W-2 and/or recent year tax return
 3. Social Security Award Letter
 4. Proof of workers compensation, sick leave, disability compensation, welfare, or social security retirement
 5. If you have no income at this time, provide a signed and notarized letter from the person who provides food, shelter, clothing, etc. for you and your family, if applicable.
 - B. Proof of assets:
 1. Most recent bank statements for personal and business checking and savings accounts
 - C. Proof of home address must be at least one of the following:
 1. Valid Georgia driver's license
 2. Georgia identification card
 3. Current utility bill
 4. Lease or rent receipts showing evidence of county of residence
 5. County property tax assessment,
 6. County food stamp letter
 7. Voter registration card
 - D. These documents, if applicable:
 1. If you are not married but there are children in common, you must provide entire household income. Any child support or alimony received must also be included.
 2. If you are still legally married but separated, you must provide legal documentation of separation or spouse's income.
 3. Written verification from public welfare agencies or other government agencies which can attest to the Patient's Gross Income status for past 12 months
 4. Verification of Pension or Retirement Income
 5. Verification of student status which is defined as a copy of current class schedule, registration information and a copy of student photo ID
 6. If you lost your job within the last three months, you are required to provide a separation letter from your past employer. Additionally, you must provide a letter from your local Georgia Department of Labor Career Center specifying whether or not you are receiving unemployment benefits.
 7. If you have listed any children on your application other than biological or stepchildren, you must provide legal documentation to this effect.
 8. Patients seeking assistance due to medical indigency may need to submit evidence of assets
2. Income shall be annualized, when appropriate, based upon documentation and verbal information provided by the patient. This process will take into consideration seasonal employment and temporary increases and/or decreases of income.
 3. All applications, supporting documentation, and communications will be treated with proper regard for patient confidentiality. THC will exercise reasonable care to maintain with the application form copies of documents that

support the application.

4. In situations where the information provided by the patient or guarantor does not match the "Criteria Based Method", the Criteria Based information will be considered in the eligibility determination.
5. Additional information may be requested to complete the application.

ELIGIBILITY CRITERIA:

1. In cases where patients request scheduled services, applications for Financial Assistance can be processed prior to services.
2. Financial Assistance is secondary to all other financial resources available to the patient.
3. Determination of eligibility of a patient for financial assistance shall be applied regardless of the source of referral and without discrimination as to race, gender, ethnicity, color, creed, national origin, age, handicap status, or marital status.
4. Financial assistance will be provided to patients when net available assets are not sufficient and gross family income is between 0 and 300 percent of the Federal Poverty Guidelines adjusted for family size.
5. The financial obligations that remain once the financial assistance payment has been applied may be paid in a lump sum or the patient may set up a payment plan.

ELIGIBILITY DETERMINATION

1. Eligibility can be determined once a completed application has been received along with **ALL** supporting documentation or through other criteria-based methods. Should documentation not be supplied or should the application remain incomplete, financial assistance will **NOT** be granted. A notification will be sent informing of how to obtain assistance to complete the application.
2. Accounts with incomplete application or no application will be subject to the normal account flow process of self-pay collection statements and outsourcing to bad debt collection agencies as well as debt collection attorneys, as appropriate (See Collections Policy).
3. For medically necessary care, other than emergency care, patient should be a resident within the NGHS service area. Cases for consideration may be requested by the patient, the patient's family, the patient's physician, THC personnel who have been made aware of the financial need of the patient, or recognized social agencies.
4. THC presumptively approves patients for 100% adjustment only, using the Presumptive Eligibility criteria defined above.
5. In instances where eligibility has been determined through the use of other criteria-based methods, documentation of income and expenses may not be required.
6. Following the initial request for financial assistance, the group will pursue other sources of funding, including Medicaid and/or state programs. If a patient refuses to pursue any other source of funding, the patient will be ineligible for the Financial Assistance Program. All outstanding accounts will be notated as uncooperative and will be subject to the normal account flow process of self-pay collection statements and outsourcing to bad debt collection agencies as well as debt collection attorneys if appropriate (see Collections Policy).
7. Forms and instructions will be furnished to the responsible party when financial assistance is requested, when need is indicated, or when financial screening indicates potential needs. Refusal to complete the forms will result in denial of financial assistance and will subject the account to the normal escalation process including self-pay collection statements and outsourcing to bad debt collection agencies as well as debt collection attorneys (see Collections Policy).
8. The responsible party will be given fifteen (15) business days or a reasonable time as required by the person's medical condition to complete the required forms and furnish proof of income and assets.
9. Financial assistance eligibility, while generally determined at the time of application, may occur at any time prior to judgment upon learning of facts that would indicate financial need. If a responsible party pays a portion or all of the charges related to medical care and is subsequently found to have met the financial assistance care criteria at the time of application, the amount that will be eligible will be the balance due on the patient's account at the time of reapplication.
10. Approval for financial assistance is granted for periods of six (6) months. Medicare patients' approval is granted for periods of twelve (12) months. If the patient/responsible party's financial situation changes after financial assistance has been approved and awarded, THC reserves the right to terminate future financial assistance at the discretion of the Manager of Patient Receivables in accordance with the Revenue Cycle Vice President. Examples

include, but are not limited to, payouts from court settlement, lottery, etc.

CALCULATION

The calculation of the discount for patients qualified for a financial assistance adjustment will be based on our established discount rate of between 5%- 100%. Uninsured patients (i.e. those patients without third party coverage for health care services) qualify for a financial assistance adjustment on a sliding scale as follows:

- Family income of 150% or less than the Federal Poverty Guidelines qualifies for a 100% financial assistance adjustment, which means that their services are free.
- A family income between 151%-185%of the Federal Poverty Guidelines qualifies for an adjustment based on the established discount rate of 60%.
- A family income between 186%-235% of the Federal Poverty Guidelines qualifies for an adjustment based on the established discount rate of 60%-10%.
- A family income between 236%-300% of the Federal Poverty Guidelines qualifies for an adjustment based on the established discount rate of 10%-5%.

Example of the calculation: if a patient's gross charges for services are \$100 the charges will be discounted to the established discount rate ($\$100 * 60\% = \40.00). The patient with an income of 151%-185% of the Federal Poverty Guidelines would be responsible for \$40.00.

- Uninsured patients with family incomes greater than 300% of the Federal Poverty Guidelines may qualify for a 25% prompt pay discount (not financial assistance) when payment for services is provided before or at the time of service

NOTIFICATION

1. THC will make reasonable efforts to notify the patient of the final determination within thirty (30) working days of receipt of application with related documented materials (proof of income, etc.). The notification will include a determination of the amount for which the responsible party will be financially responsible, if anything, and describes how the individual may obtain information regarding how their amount owed was determined. Denials will be communicated in writing and will include instructions for appeal.
2. Financial agreement forms will state that financial responsibility is waived or reduced if the patient is determined eligible for financial assistance.

APPEALS PROCESS

The responsible party may request reconsideration of eligibility for financial assistance by providing additional verification of income or family size to the Patient Receivables Center Manager within 30 calendar days of receipt of notification. The Patient Receivables Center Manager will review all requests for reconsideration and will make the final determination. If the determination affirms the previous denial of financial assistance, written notification will be sent to the patient/guarantor. If the final determination is to approve financial assistance, an approval notification will be sent to the patient indicating amount waived or reduced.

NON-PAYMENT PROCESS

In the event of non-payment by a patient for their portion of their account balance after financial assistance is processed, the account will follow normal collection process flow (see Collections Policy).

NGHS Service Area by Zip Code

30011,30019,30028,30040,30041,30501,30502,30503,30504,30506,30507,30510,30511,30512,30514,
30515,30517,30518,30519,30520,30521,30523,30525,30527,30528,30529,30530,30531,30533,30534,30535,30537,
30538,30542,30543,30545,30546,30547,30548,30549,30552,30553,30554,30557,30558,30562,30563,30564,
30565,30566,30567,30568,30571,30572,30573,30575,30576,30577,30580,30581,30582,30597,30598,30599,30620,
30639,30662,30666,30680