

Title:	Financial Assistance Policy
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## **I. Purpose:**

The purpose of the Athens Regional Medical Center financial assistance policy is to establish guidelines for assistance provided to patients for whom it would be a hardship to pay the full cost of medical care. Athens Regional Medical Center delivers necessary medical care to all patients, regardless of ability to pay, with dignity and compassion.

This financial assistance policy and associated procedures are designed to comply with all applicable federal, state and local laws. Athens Regional Medical Center participates in the Georgia Indigent Care Trust Fund (GICTF), a state-sponsored program to reimburse medical providers for care provided to indigent patients. Patient eligibility in the GICTF program is based on family size, and income.

Financial assistance is extended with the expectation that patients will cooperate with Athens Regional Medical Center procedures for applying for such assistance and that they will contribute to the cost of their care according to their ability to pay.

## **II. Definitions**

The following definitions are applicable to all sections of this policy.

**Catastrophic Care Discount:** For eligible services, discounts will be provided to patients without of pocket, patient obligations in excess of 25% of gross family income resulting from medical services provided for a specific visit or course of treatment by Athens Regional Medical Center.

**Emergency Medical Condition:** As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd).

**Family:** As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purposed of determining eligibility under the Center's financial assistance policy.

**Family Income:** The annual gross family income from the 12 month period prior to the date medical service was received, as shown by recent pay stubs and the previous year's income tax return, less Temporary Assistance Needy Families (TANF) or Social Security Insurance (SSI) income received by

any family member. Proof of earnings may be determined by taking into consideration the current year-to-date family earnings rate and annualizing it to determine the annual family income.

A person's family income includes the income of all adult family members in the household. Income includes wages, salaries, tips, unemployment compensation, worker's compensation, veterans benefits, child support for any children claimed as a dependent, alimony, survivors benefits (non-SSI), pensions (non-SSI), retirement income (non-SSI), regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

Non-cash benefits are excluded (i.e. Medicare, Medicaid, Supplemental Assistance Nutrition Program (SNAP) benefits, heat assistance, school lunches, housing assistance, need-based assistance from non-profit organizations, foster care payments, or disaster relief assistance Pell, HOPE) and are not counted as income for making an eligibility determination for financial assistance.

For patients under 18 years of age, family income includes that of the parents and/or step-parents, or caretaker relatives.

For applicants reporting no income, information must be provided to explain how they are meeting their living expenses. Supporting documentation, that would be reasonably easily accessed, may be requested if the explanation does not sufficiently address how living expenses are being met.

Self-employed applicants must explain how they are meeting their living expenses if their net income is not consistent with the level of expenses.

Wage inquiry will be required as proof of income when unemployed. Applicants will be asked to provide the last date of employment.

**Federal Poverty Level:** The Federal Poverty Level uses income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>

**Financial Assistance:** Assistance provided to patients for whom it would be a financial hardship to pay for the full cost of medically necessary services provided by Athens Regional Medical Center who meet the eligibility criteria for such assistance.

**Free Care:** A full waiver of patient financial obligation for eligible medical services provided by Athens Regional Medical Center to medically indigent patients with annualized gross family incomes not in excess of 300% of the Federal Poverty Level.

**Gross charges:** Total charges at Athens Regional Medical Center's fully established rate for the provision of patient care services before deductions from revenue are applied.

**Medically Indigent:** For the purpose of this policy, a person with an income no greater than 125% of the federal poverty level guidelines as published by the United States Department of Health and Human Services. A person with an income between 125-300% of the federal poverty level guidelines is considered a Charity patient.

**Medically Necessary:** As defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

**Payment Plan:** An extended payment plan that is negotiated between the medical Center and patient for any patient out-of-pocket fees. The payment plan shall take into account the patient's available income and assets, the amount owed, and any prior payments.

**Eligibility Span:** The *Eligibility Span* for financial assistance is the 12-month date span in which an individual is eligible for the Financial Assistance Program at Athens Regional Medical Center. The effective date of the Eligibility Span is the date the application was received in Patient Business Services; the expiration date is 12 months (one year) after the effective date. Account balances prior to the effective may also be considered for adjustment.

### **III. Eligible Services**

Services and goods eligible under this financial assistance policy include the following.

- A. Emergency medical services provided in an emergency room setting,
- B. Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient, and
- C. Other non-elective, medically necessary services.

### **IV. Eligibility for Financial Assistance**

Athens Regional Medical Center will provide financial assistance to patients, regardless of ability to satisfy their financial obligation, in compliance with federal, state and local laws. Financial assistance shall be extended to eligible patients, in accordance with the mission and values of Athens Regional Medical Center, and based on the continuous assessment of community.

Patients with no insurance who do not qualify for any other assistance will receive a 60% self pay discount on total charges. If the patient ends up qualifying for any programs such as Medicare, Medicaid, PeachCare, federal Social Security, charity or any other programs available, the 60% self pay discount will be reversed.

Applicants for assistance are required to exhaust all other payment options as a condition of their approval for the Center's financial assistance. Athens Regional Medical Center will pursue any State of Georgia Department of Community Health funding from programs such as Medicaid or PeachCare, federal Social Security claims, or other program funding for patients who may qualify for such benefits. The patient's cooperation in accessing applicable and identifiable funding sources is required. The granting of financial assistance shall be based on financial need and shall not take into account, gender, race, ethnic origin, employment status, immigration status, sexual orientation, or religious affiliation.

In accordance with EMTALA regulations, no patients will be screened for financial assistance or payment information prior to the rendering of services in emergency situations.

Services rendered and billed separately from Athens Regional Medical Center are not subject to this policy but may follow a similar process. Patients must contact these healthcare providers directly to inquire into assistance and negotiate payment arrangements with these independent practices.

**Free Care:** For eligible services, full free care will be provided to patients meeting the following criteria.

1. Uninsured patients, or patients covered by Medicaid who have accrued medical bills that Medicaid does not cover, with gross annual family incomes not in excess of 300% of the Federal Poverty Level, and
2. Patients have exhausted all other payment options including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties,

OR

3. Patients covered by Medicaid in states where ARMC is not a participating provider, or
4. Patients with Georgia Medicaid Family Planning coverage presenting with non-covered services.
5. Any accounts receiving partial funding, reimbursement, or product replacement that require the balance is not billed to the patient will have that balance written off to charity.
6. Deceased or expired patients with no estate. Death certificate must be provided with documentation as proof of no estate. If the applicants/candidates discharge status at the Center is "Expired", no death certificate is necessary. The Center may search public court records to locate estate of the deceased.

**Catastrophic Care Discount:** For eligible services, discounted care will be provided to patients meeting the following criteria.

1. Patients have out of pocket, patient obligations resulting from medical services provided by Athens Regional Medical Center for a specific visit or course of treatment in excess of 25% of gross annual family income, and
2. Patients have exhausted all other payment options including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties.

Patients will be required to complete the Athens Regional Medical Center Catastrophic Care Discount Application. Eligibility determinations will be based on annual income and, depending on extenuating circumstance, assets may be considered. Patients meeting eligibility criteria for catastrophic care discounts shall receive a full write-off of their Athens Regional Medical Center charges for a specific visit or course of treatment that exceed 25% of their gross annual family income.

Patients may reapply for catastrophic care discounts should they incur bills subsequent to the approval data.

**Payment Plans:** A reasonable payment plan will be established between the Center and the patient for any balance remaining after receiving a catastrophic care discount has been granted to patients eligible for financial assistance. The payment plan will take into account the patient's available income and assets, the amount owed, and any prior payments.

Should the patient default on payment arrangements for the discounted balance, the Catastrophic Care Discount shall be added back to the account and the adjusted balance will be immediately referred to a collection agency.

## **V. Applying for Financial Assistance**

Financial assistance eligibility determinations will be made based on the Center's policy and after an assessment of financial need. Patients have a responsibility to cooperate in applying for financial assistance by providing information and documentation on family size, income and assets.

Athens Regional Medical Center will first make reasonable efforts to explain the benefits of Medicaid and other programs to all uninsured patients. Those patients identified as potentially eligible will be required to apply for Medicaid and other such programs and will be provided applications and other resources. Patients with payment obligations will be informed of the Center's financial assistance policy and how to submit an application.

***Application and Documentation:*** All applicants must complete the Athens Regional Medical Center Financial Assistance application form. Documentation, as outlined in the application, must be provided when applying for financial assistance in order for a request to be considered.

Financial assistance applications are to be submitted to the following office:

Patient Business Services  
Athens Regional Medical Center  
1199 Prince Avenue  
Athens, GA 30606

This information will be used in making a determination on financial assistance. The patient will be notified within five (5) days of the Center receiving a complete application of the eligibility decision. If eligibility is approved, the patient will be granted financial assistance for 12 months provided that family income does not change significantly during this time. If denied eligibility, the patient may re-apply at any time there has been a change of income or status, and will be asked to provide additional supporting documentation.

***Presumptive Screening:*** Athens Regional Medical Center recognizes that some patients may be unable to complete the financial assistance application or provide requisite documentation. For patients unable to provide required documentation (for example, due to being homeless), the Center may grant financial assistance. For patients who are non-responsive to Center's application process, other sources of information will be used to make an individual assessment of financial need. This information will enable the Center to make an informed decision on the financial need of non-responsive patients.

For the purpose of helping all of the Center's financially needy patients, including non-responsive patients, Athens Regional Medical Center may utilize a third-party to review patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. These public records enable the Center to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. The presumptive model, applied systematically and properly, estimates the patient's financial need based on the best data available in the absence of information provided directly by the patient.

The presumptive screening will be conducted for accounts from non-responsive patients after the account has completed the revenue cycle but prior to bad debt assignment. Patient accounts granted presumptive eligibility status will be adjusted according to the financial assistance policy. The presumptive screening intervention provides a community benefit by helping the Center systematically identify the accounts of financially needy patients. These accounts are reclassified under the financial assistance policy. After this is done, the accounts are not sent to collection and will not be included in the Center's bad debt expense.

***Record Keeping:*** Athens Regional Medical Center will document any and all financial assistance, whether full free care, partial, or a catastrophic care discount, in order to maintain information integrity and accessibility, as well as to meet all internal and external compliance requirements.

## **VI. Notification About Financial Assistance**

Athens Regional Medical Center will post notices of its financial assistance policy at inpatient, outpatient, and emergency department admissions and registration areas and on its website.

The signs in the Center's admissions and registration areas will be posted conspicuously. The signs and other information on financial assistance will be in English, and in any other language that is the primary language of at least 5% of the patients served by the Center annually.

Information posted on the Center's website will be easy to access and will include a summary description of the financial assistance application process and a copy of the financial assistance application.

Notification on financial assistance will not be limited to the methods noted above. Financial assistance information, including a contact number, shall be included in patient bills and through oral communication with uninsured and potentially underinsured patients.

Information on the Athens Regional Medical Center financial assistance policy will be made widely available to Center staff. Athens Regional Medical Center will also respond to all oral or written requests for more information on the financial assistance policy made by a patient or any interested party.

## **VII. Appeals and Dispute Resolution**

Patients may seek a review from the Center in the event of a dispute over the application of this financial assistance policy. Patients denied financial assistance may also appeal their eligibility determination.

Disputes and appeals may be filed by contacting:

Executive Director of Revenue Cycle  
Athens Regional Health Services  
1199 Prince Avenue  
Athens, GA 30606  
(706) 475-1150

The basis for the dispute or appeal should be in writing and submitted within 14 days of the patient's experience giving rise to the dispute or notification of the decision on financial assistance eligibility.

## **VIII. Collection Policy**

Athens Regional Medical Center's collection policies shall comply with federal and Georgia regulations and laws governing healthcare billing and collections. No documentation or information obtained through the application process will be used for collection actions. No extraordinary collection actions will be pursued against any patient within 120 days of issuing the initial bill or without first making reasonable efforts to determine whether that patient is eligible for financial assistance.

No extraordinary collection actions will be pursued against any medically indigent patient, until the patient has made aware of the Center's financial assistance policy and has had the opportunity to apply for it or has availed themselves of a reasonable payment plan. The Center will refrain from extraordinary collection actions against a patient if s/he informs the Center that s/he has applied for health care coverage under Medicaid, PeachCare or other publicly-sponsored health care programs.

The Center's policy requires that information on financial assistance be included in all invoices sent to patients informing them of any outstanding balance due. Additionally, the Center shall attempt to contact non-responsive patients, using oral and written means of communication, to inform them of outstanding balances owed and to discuss eligibility for financial assistance or reasonable payment options.

The Center may pursue collection actions against patients found ineligible for financial assistance or those receiving a catastrophic care discount but no longer cooperating in good faith to pay the remaining balance or not in accordance with the payment plan. The Center has elected to use the following

collection actions when pursuing payment for these patients reporting to credit bureaus, liens and wage garnishments.

No collection agency, law firm, or individual may initiate legal action for non-payment of a hospital bill against a patient without the written approval of an authorized Athens Regional Medical Center employee.

**IX. Regulatory Issues:**

In implementing this financial assistance policy, Athens Regional Medical Center shall comply with all federal, state, and local laws, regulations, and rules that may apply to activities conducted pursuant this policy.

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