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Purpose:

Piedmont Columbus Regional (PCR) is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, and ineligible for aide from county, state or federal agencies and are otherwise unable to pay for emergency and other medically necessary care based on their individual financial situations.

This policy is intended to cover emergency and other medically necessary care provided at Piedmont Columbus Regional Midtown (PCRM) and Piedmont Columbus Regional Northside(PCRN), herein collectively referred to as PCR. See Appendix A for a listing of healthcare providers, other than the hospital facilities listed above, delivering emergency or other medically necessary services within the hospital facilities who follow this policy and those who do not follow this policy.

Piedmont Columbus Regional strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility and patients are expected to cooperate with PCR's policies and procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay.

Starting January 1, 2014, the Patient Protection and Affordable Care Act of 2010 (PPACA) mandated insurance coverage. Patients with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health and protection of their individual assets.

The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, sexual orientation or religious affiliation.

Policy:

I. Financial assistance will only be considered for emergent and other medically necessary services, and not for elective services or patient convenience. For example, services that are excluded from this policy include but are not limited to cosmetic surgery, fertility treatment, sterilization procedures and hearing aids. The determination of which services are considered elective resides with PCR.

II. Financial assistance is only available to residents PCR's primary and secondary service areas. Primary and secondary service areas are located within the areas of Muscogee and Harris counties in Georgia.

Note: *Financial assistance may be extended to residents outside of these areas at the discretion of PCR*.

III. All patients who are unable to pay their medical expenses will be encouraged to apply for financial assistance prior to their procedure/test being performed. A Financial Resource Specialist will be available by appointment to assist with application and provide instructions. Copies of the Financial Assistance Policy, the Plain Language Summary, and Financial Assistance Application can also be obtained free of charge by written request to Financial Resource Center, P.O. Box 951, Columbus, GA 31993, can be found online at https://www.piedmont.org/locations/piedmont-columbus/bill-pay, and can be requested via phone at (706)571-1672.

IV. All applicants will be instructed on the availability and eligibility for funds from local, state and federal agencies to ensure exhaustion of all other sources of reimbursement prior to approval for financial assistance. If a patient refuses to apply for, or follow through with, an application for Medicaid and that patient is likely to be eligible for the assistance; the patient's financial assistance application will automatically be denied.

V. One source of reimbursement that began January 2014 is the new health insurance exchange that offers subsidies and insurance coverage at discounted rates to eligible individuals between 133% and 400% of the Federal Poverty Level (FPL) (*varies with family size*). Applicants who refuse to purchase federally-mandated health insurance during the (enrollment period) or the (special enrollment period) when they are eligible to do so will not be awarded financial assistance.

VI. You may qualify for federally mandated coverage *outside of* open enrollment (special enrollment) for a period of 60 days following certain life events. The following life events will generally qualify you under (PPACA):

a) Getting married

b) Having, adopting, or placement of a child

c) Permanently moving to a new area that offers different health plan options

d) Losing other health coverage (for example due to a job loss, divorce, loss of eligibility for Medicaid or CHIP, expiration of COBRA coverage, or a health plan being decertified).

e) Note: Voluntarily quitting other health coverage or being terminated for not paying your premium is not considered loss of coverage. Losing coverage that is not minimum essential coverage is also not considered loss of coverage.

f) For people already enrolled in marketplace coverage, having a change in income or household status that affects eligibility for tax credits or cost-sharing reductions

VII. Those who are *exempt* from enrolling in the federally mandated Patient Protection and Affordable Care Act of 2010 (PPACA) are as follows:

a) Unauthorized immigrants, who are prohibited from receiving almost all Medicaid benefits and all subsidies through the insurance exchanges;

b) People with income low enough that they are not required to file an income tax return;

c) People who have income below 138 percent of the federal poverty guidelines (commonly referred to as the federal poverty level) and are ineligible for Medicaid because the state in which they reside has not expanded eligibility by 2016 under the option provided in the ACA;

d) People whose premium exceeds a specified share of their income (8 percent in 2014 and indexed over time); and

e) People who are incarcerated or are members of Indian tribes.

VIII. The primary factor in qualifying for financial assistance will be the patient's or guarantor's income level with consideration given to other available assets. Other circumstances that may constitute eligibility for financial assistance are hardship due to unemployment, illness, death and medical indigency.

IX. Patients must complete a Financial Assistance application within 240 days of the first bill received after discharge from the hospital facility. Approved Applications will be valid for 90 days after the date originally approved. After the 90 day period, patients must reapply for financial assistance.

X. Financial assistance may be provided without formal application at the discretion of (PCR). PCR may provide financial assistance above and beyond the assistance described in this policy at its discretion.

Presumptive Financial Assistance Eligibility: PCR may provide financial assistance based on presumptive measures, i.e. from information other than that provided by the individual or from a prior financial assistance determination. Financial assistance may also be considered on a case by case basis due to financial hardship or other circumstances demonstrating the patient or guarantor has no ability to pay. PCR may award a 100% presumptive discount for illegal aliens whose identity cannot be established, decedents with no estate or known family, and transient or homeless persons. PCR may also award financial assistance for patients who have qualified for financial assistance within the last 90 days.

Completion of an Application Requesting Financial Assistance:

In awarding financial assistance PCR requires applicants to submit a Financial Assistance Application, other than situations described in the presumptive financial eligibility section above, in order to make its determination. The application process:

I. Gives (PCR) explicit permission to complete a credit check to evaluate a patient's ability to pay and their eligibility for financial aid. This review utilizes a healthcare industry-recognized model that incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals.

II. Provides a document to be reviewed by patient accounting staff after the patient is discharged to determine financial class assignment; and

III. Provides documentation of the hospital's commitment to providing financial assistance.

Financial Assistance Calculation:

Based on the patient's financial class assignment, financial assistance is awarded based on the patient's income level in relation to Federal Poverty Guidelines (FPG). PCR offers varying levels of financial assistance based on this information. The following table provides the overview of the various levels of assistance available. The discount is applied to the patient's responsibility after insurance and other discounts have been applied. The discount is applied to gross charges for purposes of determining the amount owed by the individual.

Family Member Size and Income Levels							
(for family units of more than 8 members, add $4,180 for each additional family member							
	125%	133%	150%	185%	200%	225%	250%
Family Size							
1	$15,075	$16,040	$18,090	$22,311	$24,120	$27,135	$30,150
2	$20,300	$21,599	$24,360	$30,044	$32,480	$36,540	$40,600
3	$25,525	$27,159	$30,630	$37,777	$40,840	$45,945	$51,050
4	$30,750	$32,718	$36,900	$45,510	$49,200	$55,350	$61,500
5	$35,975	$38,277	$43,170	$53,243	$57,560	$64,755	$71,950
6	$41,200	$43,837	$49,440	$60,976	$65,920	$74,160	$82,400
7	$46,425	$49,396	$55,710	$68,709	$74,280	$83,565	$92,850
8	$51,650	$54,956	$61,980	$76,442	$82,640	$92,970	$103,300
Patient % of Responsibility	0%	40%	50%	65%	70%	80%	90%
Up to Cap of	$0	$1,000	$1,500	$2,400	$3,000	$4,000	$5,000
Based on Federal Income Guidelines for 2017 - Published in the Federal Register - released January 31, 2017							

Use of “cap”: The patient is responsible for the patient responsibility amount up to the stated “cap” amount or the patient liability for the service, whichever is less.

Example: If for an episode of care the “cap” amount is $1,500 but the patient liability is $975 then the patient would pay $975 (less any applicable discounts such as the prompt pay discount).

If for an episode of care the “cap” amount is $2,400 but the patient liability is $3,500 then the patient would pay $2,400

Amounts Generally Billed:

Patients granted financial assistance under this policy will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care. PCR calculates AGB annually and calculates it by facility and by line of service. PCR calculates its AGB percentage utilizing claims paid for Medicare fee-for-service, and Medicaid beneficiaries for each particular facility/service line

Amount generally billed is calculated by dividing payments received (i.e. claims allowed) for Medicare fee-for-service and all private health insurer claims by the gross charges for those same Medicare fee-for-service and private health insurer claims.

The following is the list of the current AGB percentages based on this calculation:

Piedmont Columbus Regional Midtown: 36.5%

Piedmont Columbus Regional Northside: 30.6%

Procedure:

I. Team members should screen patient/guarantor in advance to determine if the patient/guarantor is financially able to pay at least the minimum deposit as defined in Revenue Cycle Policy HOSD.RVC.100 and set up payment arrangements. If so, deposit should be collected and financial arrangements should be made with the patient/guarantor. If the patient/guarantor is not financially able to pay at least the minimum deposit as defined in Revenue Cycle Policy HOSD.RVC.100 and commit to making interest free payments, then team members should refer patient/guarantor to a Financial Resource Specialist before services may be rendered.

II. If a team member determines after screening a patient that he/she may have Medicare and/or Medicaid coverage, this information must be verified to determine present or future eligibility for Medicare and/or Medicaid coverage.

III. During the screening if it is determined that the patient/guarantor is not just medically indigent, due to not having insurance, but may be disabled and/or burdened with a long term or chronic illness, then patient/guarantor should be referred to current Medicaid/SSI vender for processing.

IV. It is critical that patients are screened in advance appropriately in regard to any individual policies or liability information. If another party may be responsible for reimbursement on services rendered, they would be primary to assistance from the PCR's financial assistance program**.**

V. Any patient who is eligible for any county, state or federal (PPACA) programs must apply and be either approved for assistance or denied before PCR's financial assistance program may help with any bills that may incur.

VI. If other resources or programs are available to assist with payment of the patient's hospital bill, they must cooperate with these services. If they do not pursue all other payment options, their financial assistance application will not be considered. These sources may include money available through insurance sources, including but not limited to money available from third parties liable for injury to the patient. We reserve the right to reinstate these charges should we discover any failure on the patient's part to cooperate with or pursue any other services offered or should we discover any information given to us was false.

VII. The patient's qualification for financial assistance will be revaluated when the following occur:

a) Subsequent rendering of significant healthcare services

b) Income change

c) Family size change

d) When any part of the patient's account is written off as a bad debt or is in collections

e) At least every 90 days

XI. Patients are encouraged to complete a Financial Assistance Application within 10 working days of receipt of the Application. Proof of income should be attached as well as the following documents: three (3) current payroll stubs, current year federal tax return, child support and if not currently employed (written documentation from employer, proof of unemployment/worker's compensation/social security or letter of support from the provider of that supports).

XII. Copies of this Financial Assistance Policy, the Plain Language Summary, and the Financial Assistance Application can be obtained free of charge by written request to Financial Resource Center, P.O. Box 951, Columbus, GA 31993-9754, found online at https://www.piedmont.org/locations/piedmont-columbus/bill-pay and can be requested via phone at (706)571-1672 Completed application should be returned to Financial Resource Center, P.O. Box 951, Columbus, GA 31993-9754. If the patient needs assistance with the application process they should contact a financial counselor at (706)571-1672.

XIII. The PPACA expands Medicaid coverage to individuals will a family income up to 100% of the FPL. However, the State of Georgia has opted out of this expansion. Therefore, patients whose family income falls at or below 100% of the FPL will continue to be eligible for financial assistance.

XIV. In certain circumstances, there may be patients whose income is greater than 100% of the FPL, but are not eligible to purchase the new federally-mandated insurance coverage. Patients who fall into this category may be eligible for financial assistance if they meet the income and asset requirements.

XV. Financial assistance applications will be reviewed for primarily for income and secondarily for (asset ownership). The following criteria may be a factor in the approval decision:

a) Home Property: Total equitable value of home property must not exceed $100,000. Please note: if there is a life estate on a home, it will not be counted as an asset for purposes of eligibility.

b) Non-Home Real and Taxable Personal Property: Total equitable value of non-home real and taxable personal property must not exceed $10,000.

c) Liquid Assets: Total value of liquid assets must not exceed $1,000

XVI. Any reasonable method to verify income information necessary to establish eligibility may be used. Documents may include, but are not limited to the following:

a) Pay stubs

b) Employee W-2 forms

c) Federal income tax return

d) Self-employment bookkeeping records

e) Statements from employer

XVII. Any reasonable method to verify *other* types of income (assets) necessary to establish eligibility may be used. Documents may include, but are not limited to the following:

a) Social Security award letter

b) Unemployment compensation letter

c) Pensions award notice

d) Veterans Administration award notice

e) Support and alimony papers evidenced by court order, divorce or separation papers, contribution check

XVIII. Upon satisfactory completion of the application, which includes submitting proof of income and/or support, it will be reviewed by the Financial Resource Specialist and recommended for approval or denial. Recommended approvals will be reviewed by the Financial Resource Center Manager for a final decision. Patients who were denied financial assistance may be eligible for other discounts offered by Piedmont Columbus Regional. Further information regarding discounts and their eligibility criteria can be provided by the Financial Resource Center. If not eligible for a discount, interest-free payment arrangements will be available.

XIX. Applicants will have the opportunity to appeal any financial assistance denial or partial financial assistance decision. If an appeal is requested, the decision will be reviewed by the Director of Revenue Cycle and/or CFO as appropriate. A written notification of the outcome of the re-review will be issued to the patient within 14 days of the request.

XX. The financial assistance award will be applied to eligible candidates in the following manner:

a) An approved application for financial assistance will cover any future accounts with dates of service up to 90 days from the date of the application. At the expiration of 90

days, the patient must reapply and provide all relevant documentation for continued financial assistance eligible status.

b) If a patient who receive financial assistance under this program but have previously paid on the account more than their ultimate responsibility will be refunded the excess when greater than $5.

Billing and Collection Actions in the Event of Nonpayment:

I. PCR's financial resource specialists have the final authority for making determinations of eligibility. PCR does not conduct, or permit collection agencies to conduct on their behalf, collection actions against individuals before 120 days following the initial billing. After the initial billing PCR will make reasonable efforts to notify the patient of the financial assistance offered. The following collection efforts will be pursued in compelling circumstances after the 120 notification period. The PCR Patient Financial Resource Center has the responsibility of ensuring reasonable notification efforts have occurred prior to making the recommendation to pursue these collection actions. Representatives of this department can be reached at (706)571-1672.

II. PCR may engage in any of the actions below in an effort to collect payment:

a) Wage garnishment

b) Legal action

c) Credit reporting

d) Placement with a collection agency

III. PCR will notify patients at least 30 days prior to engaging in any of the above collection actions.

IV. Before engaging in any collection action(s) or reporting to a credit or collection agency, patients/guarantors are informed of the financial assistance program.

V. PCR or outside collection agencies cancel and return on a retrospective basis, any accounts that qualify for financial assistance according to the eligibility criteria outlined in the financial assistance program.

VI. Before taking legal action for non-payment of medical bills, financial counseling is offered to determine whether the patient/guarantor is eligible for applicable public assistance programs or the financial assistance program.

VII. When reasonable collection efforts have occurred and the patient/guarantor debt is deemed uncollectible within a minimum of 120 days after the initial billing statement, qualified receivables will be placed with a collection agency.

VIII. PCR may contract with outside collection services to pursue collection of delinquent accounts. All unpaid accounts without prior exception or payment arrangements are placed in outside collection after a minimum of 120 days from the initial billing statement and the delivery of all scheduled patient account statements to the patient/guarantor has occurred. The collection agency may not report to the credit bureau until 120 days after the initial billing statement.

IX. Collection agencies may report adverse information to a consumer credit reporting Agency or commence civil action against the patient/guarantor for nonpayment only after completing appropriate collections per contract and laws. PCR reserves the right to request deletions of accounts reported to a credit bureau only due to errors.

X. If a patient submits a financial assistance application after collection efforts have begun, collection actions will be suspended until a determination of qualification has been made. If the applicant is determined to be eligible for financial assistance, collection actions will be ceased and reasonable efforts will be made to reverse any adverse effects relating to collection efforts.

Attachments: Appendix A

Appendix A – Provider List

Providers who follow this Financial Assistance Policy

Piedmont Columbus Regional Medical Group – Physicians providing services within the hospital facility
Providers employed by Piedmont Columbus Regional Medical Group. For additional information contact Piedmont Columbus Regional Medical Group at (706)660-6561

Providers who do not follow this Financial Assistance Policy

Anesthesiologists:	AmSol, LLC
	Twilight Consulting and Management
ER Physicians:	Emergency Group of Columbus, LLC
	Heritage Physician Services, LLC
Radiologist:	Radiology Partners, Inc. a/k/a Georgia Radiology Imaging Consultants, LLC
Hospitalist:	Muscogee Hospitalist Services, LLC
	Benning Hospitalist Services, LLC
Pathologists:	Southeastern Pathology Associates, P.C.