

STEPHENS COUNTY HOSPITAL	
SUBJECT: Financial Assistance Policy – Patient	POLICY #: PA-002
DEPARTMENT: Patient Access	DATE:
REFERENCE:	PAGE:
APPROVED BY:	
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1. POLICY

Emergency Medical Care:

SCH will provide, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Active Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C. 1395dd)) to individuals, regardless of whether they are Financial Assistance-eligible. NGHS personnel will refrain from engaging in debt collection activities that interfere with the provision of emergency medical care. These activities DO NOT include requesting insurance status and applicable patient financial liability (deductibles, co-insurance and co-pays) after the medical screening and stabilization, as required by EMTALA.

Application Process:

1. All patients desiring consideration under the SCH 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 Counselor or a phone screen. The patient will authorize the hospital to make inquiries of employers, banks, credit bureaus, and other institutions for verifying statements made by the patient in applying for assistance. The application may be obtained by calling or by visiting any hospital Financial Counselor or by printing online at www.stephenscountyhospital.com.

When returned, the application shall be accompanied by one or more of the following types of documentation:

- 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

8) Letter from Landlord or person you are living with

d. And 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) Most recent bank statements for personal and business checking and savings accounts

5) Verification of Pension or Retirement Income

6) Verification of student status which is defined as a copy of current class schedule, registration information and a copy of student photo ID

7) 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.

8) If you have listed any children on your application other than biological or stepchildren, you must provide legal documentation to this effect.

9) Patients seeking assistance may need to submit evidence of assets.

2. Income shall be annualized, when appropriate, based upon documentation provided and upon 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. SCH will exercise reasonable care to maintain supporting documents with the application form.

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. Complete applications will be accepted up to the end of the application period, as defined above

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 adjustment 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 or systems. 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. After the latter of 120 days from date of first post-discharge billing statement or 30 days from date of written notification of intent to initiate ECAs and plain language summary, 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. If the completed application is received after extraordinary collection efforts have commenced, but within the application period, the application processing will be expedited and all ECAs will cease during processing.
4. For medically necessary care other than emergency care, patient should be a resident within the SCH service area. Examples of acceptable proof of residency may be found in section 2b of Application Process, above.
5. Cases for consideration may be requested by the patient, the patient's family, the patient's physician, hospital personnel who have been made aware of the financial need of the patient, or recognized social agencies.

7. SCH presumptively approves patients for 100% adjustment only, using the Presumptive Eligibility criteria defined above.
8. In instances where eligibility has been determined through the use of other criteria-based methods, documentation of income and expenses may not be required.
9. Following the initial request for financial assistance, the hospital will pursue other sources of funding, including Medicaid and/or state programs
10. Financial assistance eligibility, while generally determined at the time of application, may occur at any time, during the application period, prior to judgment upon learning of facts that would indicate financial need.
11. Approval for financial assistance is granted for periods of three (3) months. Medicare patients' approval is granted for periods of twelve (12) months. If the patient/responsible party's financial situation changes after charity has been approved and awarded, SCH reserves the right to terminate future charity at the discretion of the Manager of Financial Counseling in accordance with the Vice President of Finance. Examples include but are not limited to payouts from court settlement, lottery, etc.

Calculation of Discount

The calculation of the discount for patients qualified for a partial charity care adjustment will be based on our Medicare reimbursement rate (or amounts generally billed to individuals who have insurance coverage, or AGB). This discount will be updated annually when new rates are received. Patients qualify for a charity adjustment on a sliding scale as follows:

- Family income of 150% or less of the Federal Poverty Guidelines qualifies for a 100% charity adjustment, which means that their services are free.
- A family income between 151%-185% of the Federal Poverty Guidelines qualifies for an adjustment equivalent to SCH's three best payers rate plus an additional 40% discount.
- A family income between 186%-235% of the Federal Poverty Guidelines qualifies for an adjustment equivalent to SCH's three best payers rate plus an additional 20% discount.
- A family income between 236%-300% of the Federal Poverty Guidelines qualifies for an adjustment equivalent to SCH's three best payers rate.

Example of the Calculation:

If a patient's gross charges for services are \$1,000, the charges will be discounted to reflect the rate of SCH's three best payers (or amounts generally billed (AGB) to individuals who have insurance coverage), ($\$1,000 * 64\% = \640.00). So,

- a. The patient with a modified adjusted gross income of 150% or less of the Federal Poverty Guidelines would be responsible for \$.00;
- b. The patient with a modified adjusted gross income of 151% - 185% of the Federal Poverty Guidelines would be responsible for $\$640.00 - \$256.00 (40\%) = \$384.00$;

- c. The patient with a modified adjusted gross income of 186%-235% of the Federal Poverty Guidelines would be responsible for \$640.00 - \$128.00 (20%) = \$512.00;
- d. The patient with a modified adjusted gross income of 236%-300% of the Federal Poverty Guidelines would be responsible for \$640.00;

Notification of Final Determination:

The hospital 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 the AGB and how their amount owed was determined. Denials will be communicated in writing and will include instructions for appeal. If patient is approved, any prior payments made by the patient, in excess of the determined amount, on accounts covered will be refunded, unless the amount paid is less than \$5.

Appeals

The responsible party may request reconsideration of eligibility for financial assistance by providing additional documentation within the application period. The request will be reviewed for reconsideration. 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, adhering to timeframes established by section 501(r) (see Collections Policy).