

	Policy Name: Financial Assistance Program
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I. Purpose

The Financial Assistance Policy (FAP) of the Stephens County Hospital (SCH) illustrates our commitment to our patients and the community we serve in providing care before, during and after treatment is received regardless of their ability to pay. Our mission is to provide timely and appropriate financial assistance when patients meet the guidelines provided. The SCH offers financial assistance to eligible individuals and families who are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care. Based on your financial need, either reduced payments or free care may be available. Patients, or the person legally responsible for their bill, may request financial assistance in regard to their obligation at any time before or during the billing process. Once the application and evaluation process has been completed, patients, or the person legally responsible for their bill will be advised of the assistance determination. Those patients who do not qualify for financial assistance will be billed in accordance with SCH policy as a means of making arrangements for payments or obtaining payment in full. Collection activity is conducted within the applicable rules and laws governing patient collections.

Patients requiring emergency or urgent medical care and pregnant women in active labor shall be treated without regard to their ability to pay in accordance with all applicable Federal regulations (Emergency Medical Screening, Stabilization, Treatment, and transfer).

II. Scope

This Financial Assistance Policy Includes:

- Eligibility Criteria for Financial Assistance.
- Describes the basis for calculating amounts charged to patients eligible for Financial Assistance under this Policy.
- Limits the amount that SCH will charge for emergency or other Medically Necessary care provided to individuals for Financial Assistance to no more than the amount generally billed to insured patients by SCH as defined in this policy.
- Describes the method by which patients may apply for Financial Assistance.
- Describes the SCH Collection Policy.

III. Definitions

1. **Financial Assistance-** Free or discounted health services provided to individuals who meet SCH' criteria for Financial Assistance and are unable to pay for all or a portion of the Medically Necessary services provided by the facility.
2. Financial Assistance includes:

1. This Policy describes the manner in which patients will be notified about the Financial Assistance available and this Policy. The notification period ends on the 120th day after SCH issues the first post- discharge billing statement to the patient. If, by the end of this 120-day period the patient has not submitted a Financial Assistance Application, SCH may begin collection actions against the patient. The application period during which SCH will accept and process a Financial Assistance Application ends on the 240th day after SCH issues the first post discharge billing statement to the patient.
2. Falsifying information on the Application will be grounds for denying or revoking Financial Assistance. Falsifying an application includes, but is not limited to, failure to disclose assets.
3. Applicant shall identify all known third party payment sources, including, automobile, workers' compensation, and other liable payers, for services rendered. Applicant shall cooperate with SCH in filing of claims and collection of reimbursement from all third party payment sources. Failure to cooperate will be grounds for denying Financial Assistance.
4. Applicant shall cooperate in applying for assistance from other sources for which they may be eligible, such as Medicaid, State Cancer Aid, Victims of Crime and other programs. Failure to cooperate will be grounds for denying Financial Assistance.

Financial Assistance Information:

To request an application for financial assistance and a copy of the detailed financial assistance policy, please contact SCH financial assistance team at 706-282-4191. A copy of the financial assistance policy, plain language summary and the application forms are available in English and Spanish or through the SCH website <https://stephenscountyhospital.com>

If you want more information or have questions about the process, please call the financial assistance team at 706-282-4191. A member of the financial assistance team will be happy to assist you.

You may also visit the financial assistance office located at 163 Hospital Rd, Toccoa, GA 30577.

Patients are informed the following ways:

- Signs posted in the Emergency Room and Patient Access registration area.
- Statement/letters sent after services.
- Financial Counseling

Eligibility Criteria for Financial Assistance:

You may be eligible for financial assistance if you:

- Have limited or no health insurance
- Are not eligible for government assistance (for example, Medicare or Medicaid)
- Have no access to other funds to cover the date of service at issue
- Can show you have financial need
- Provide SCH with necessary information about your household finances

If the applicant's average total gross income for the previous 12 months, and/or average calculations using the previous 3 months (whichever is more favorable to the applicant) is at or below 125% of the poverty levels, the applicable medically necessary care, will be provided at no cost.

In determining FPL, temporary assistance for needy families and SSI are excluded. Family unit is defined as individuals living alone, and spouses, parents, and their children under the age of 21 living in the same household. It does not include income from anyone not financially responsible for the bill.

In reviewing total resources, the Georgia State eligibility criteria for resource limits to qualify for Medicaid will be used. Therefore, financial assistance will not be available to anyone with liquid assets over \$2,000.00

Uninsured patients may request financial assistance at any time during pre-registration, registration, inpatient stay, or throughout the course of the billing and collections cycle by requesting and completing an application for financial assistance. All uninsured patients with income less than Federal Poverty Guidelines for their family size may qualify for financial assistance.

Information Required to Complete an Application for Financial Assistance:

- Completed Application for Financial Assistance including information regarding liquid assets and family income.
- Copy of previous year's W-2 form or Income Tax Return.
- Copy of three (3) consecutive, current check stubs from an employer showing year-to-date salary.
- Check stubs for three (3) months or a statement from your employer if checks are not issued.
- Copy of statement of benefits from Social Security or other monthly benefits.
- Additional documentation based on information provided during the screening process.

Once a completed application is reviewed, a decision will be made and the patient/applicant will be notified in writing of the decision within five (5) days.

The Financial Assistance department at SCH is responsible for making eligibility determinations based on the documentation provided through the application process. Patients may contact the Financial Assistance department with questions on eligibility determinations by calling 706-282-4191.

- If approved for Financial Assistance, the patient will receive discounted or total write-off.
- If denied Financial Assistance, the patient may receive a discount in accordance with self-pay fee schedule for the services provided.

Returning your application:

Your application can be given directly to Business Office Representative. You can also mail your completed application form and copies of your proof of income material to: 163 Hospital Rd, Toccoa, GA 30577 ATTN: Business Office.

Your application must include copies of any documents that apply to you (see above). Please attach copies, not originals, as SCH will not be liable for the return any document sent with the application. If any of the documents are missing, it will delay processing of your application and could result in your account being sent to a collection agency.

Notification of Request for Additional Information or Denial:

Financial Assistance will not be denied based solely upon an incomplete application initially submitted. Most common types of documentation needed are referenced above. SCH will contact patients or financial guarantors via mail to notify of additional documentation requirements. Patients will have 14 business days to return additional information.

- If patient fails to provide all requested documentation or fails to assist SCH vendors in obtaining appropriate available coverage, application for financial assistance may be denied and the would receive the self-pay discount as appropriate.
- In addition, collection actions may be taken in the event the patient fails to respond or provide the additional information as requested.

Notification of Approval:

SCH will contact the patient via mail to notify of approval for the financial assistance program. This notice will include the steps a patient may take to obtain information about how their co-pay (if applicable) was determined as well as information confirming that the co-pay is not more than the Amounts Generally Billed described below. If a patient has already established a payment plan or made payments on their account, and was subsequently approved for financial assistance, any payments over the co-pay amount will either be applied to other outstanding accounts, or refunded to the patient if no other outstanding accounts exist. If an approved patient has had

extraordinary collection actions, SCH will take all reasonable available steps to reverse the actions taken upon eligibility approval.

Calculation of Amounts Charged to Patients:

SCH does not bill uninsured patients for patient liability amounts more than the amounts generally billed to other insurance providers. Amounts Generally Billed (AGB) will be calculated using the prospective Medicare method. This amount will be the amount Medicare would allow for care (including any amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, coinsurance, and deductibles) SCH will not bill a financial assistance eligible person more than the AGB rate.

- Uninsured patients will receive a discount.
- SCH does not bill or expect payment of gross/total charges from individuals for medically necessary treatment of services.

Patient Collections:

SCH makes reasonable efforts to ensure that patients are billed for their services accurately and timely. SCH will attempt to work with patients to establish suitable payment arrangements, if full payment cannot be made at the time of service or upon delivery to the first patient statement.

Patients/Guarantors will receive three statements. All statements will inform patients/guarantors of their ability to apply for Financial Assistance. Uninsured patients have 120 days from the date of the first statement to respond before referred to external collections. Patients will be allowed to request financial assistance up to 120 days from the date of first statement, or at any time during the collection process.

If during the course of collections follow up, a patient or guarantor requests financial assistance or indicates that they are uninsured and cannot pay for their care, they will be referred to the SCH' Financial Assistance team to be screened for potential program eligibility. If the Financial Assistance team determines a patient may be eligible for assistance, collection activity will continue until the patient returns the appropriate application. Once the application is received, regardless of completeness, all further collection activity will be stopped pending a decision from the financial assistance team on program eligibility.

Providers:

This policy is only applicable to services provided by the hospital. Other providers (physicians, anesthesia, radiology interpretations, etc.) bill and collect for the service that they provide and are not covered by the hospital's Financial Assistance Policy described above.

Uninsured Discounts:

Patients requiring urgent or emergent services shall not be denied those services based on their inability to pay. SCH will provide a 30% discount to all uninsured patients with no health insurance from either a private or public source. This charity discount is provided to all patients at all income levels. No application is required, however, the patient may need to request this discount if it is inadvertently omitted.