

Financial Assistance Policy

PURPOSE:

1. To provide guidelines and objectives, consistent criteria for use in determining the financial status of patients so that appropriate classification and distinction can be made between noncollectable amounts, arising from a patient's inability to pay and those arising from a patient's unwillingness to pay.
2. To identify those needing financial assistance as soon as possible, and reduce the time it takes to resolve an account.
3. To provide a reasonable discount for insured and under-insured patients regardless of ability to pay.
4. To facilitate cash flow by offering a prompt-pay discount to patients with a self-pay balance.
5. To simplify the process for patients and reduce paperwork for both the patient and hospital staff.
6. To gather and maintain data for governmental agencies to substantiate a patient's ability to pay.

POLICY:

It shall be the policy of Clinch Memorial Hospital to provide medically necessary and emergent care to patients regardless of ability to pay and to grant financial assistance to those who qualify. Clinch Memorial Hospital is not allowed to discriminate against a patient in regard to race, color, creed, national origin, gender, age handicap status, or marital status.

Financial Assistance Applications will be processed in a timely manner. The application, supporting documentation, and all communication will be treated with proper regard for patient confidentiality. Clinch Memorial Hospital will maintain the application and supporting documentation in a secure manner.

Reasonable efforts will be made to determine whether an individual is eligible for financial assistance. Upon presenting for service at Clinch Memorial Hospital, a plain language summary of the Financial Assistance Policy (FAP) will be supplied to them as well as an application, upon request. If a patient is admitted to the facility and they were unable to discuss financial assistance at registration, a representative from Financial Services will distribute a plain language summary of the FAP and offer an application prior to discharge.

A plain language summary of the FAP will be included with billing and correspondence. Individuals will be informed of the FAP in oral communications regarding the amount due for the care that occurred during the 120-day notification period.

The final letter sent to the patient during the 120-day notification period will inform the patient of the extraordinary collection actions (ECAs) the hospital may or other authorized party may take if the individual does not submit a FAP application or pay the amount due.

If an individual submits an incomplete FAP application during the application period, ECAs will be suspended. A letter will be sent describing the additional information and/or documentation

required, including a copy of the plain language summary of the FAP. The individual will be informed of the ECAs the hospital may initiate or resume, if the individual does not complete the FAP application or pay the amount due.

If an individual submits a complete FAP application during the application period, all ECAs will be suspended. A determination will be made whether the individual is FAP eligible. The applicant will be notified in writing of the eligibility determination. If the patient qualifies for Charity care, then the letter will indicate the amount due from the individual and how the amount was determined. Any payment made on the account which is in excess of the amount owed will be refunded. Measures will be taken to reverse any ECA taken against the individual (i.e., information reported to the credit bureau, etc.).

If approved for Financial Assistance, any charges incurred by ER Physicians and Radiology readings will receive a separate bill from Southland and Rad Partners not covered by Clinch Memorials Financial Assistance Policy.

Definitions:

ECA - Extraordinary Collection Actions

FAP - Financial Assistance Policy

Eligibility Criteria for All Types of Financial Assistance:

- Household income must be at or below 200% of the Federal Poverty Guidelines; and
 - Federal poverty guidelines are available from the U.S. Department of Health and Human Services at its website: aspe.hhs.gov/poverty.
- The services provided must be medically necessary (non-elective).

TYPES OF FINANCIAL ASSISTANCE AVAILABLE

Indigent Care – Income must be at or below 200% of the Federal Poverty Guidelines.

PROCEDURE: [Copy Link](#)

Any patient/guarantor of child desiring consideration under Clinch Memorial Hospital's Financial Assistance program must apply for assistance in writing, disclosing financial information that is considered pertinent to the determination of the patient's eligibility. The following procedure will be utilized for processing the application for the Financial Assistance program:

- The patient and/or guarantor will be given the plain language summary of FAP and Free or Reduced Charge Services Form at time of service by the Registrar. The Application for Free or Reduced Charges will be given to the patient at the time of services
- The Registrar or Financial Services Representative will assist the patient/guarantor with any questions or concerns. He/she will be instructed to fill out the form in its entirety and to supply all of the supporting documentation, to ensure timeliness and alleviate unnecessary denials.
- The following supporting documentation is required to process the application:
 - Social Security cards for each member of the household

- Copy of most recent Tax Return
- Proof of three months of income, which may include, but is not limited to: employment wages, bank statements, retirement, social security (SSI), disability, workers compensation, child support, food stamp award letter, alimony, etc.
 - Required for every household member, including children under 21
 - If the patient/guarantor is not married, but lives with someone and has children in common, the his/her income must be included
 - If the patient/guarantor is legally separated, he/she must provide legal documentation of separation, otherwise the spouse income must be included on the application.
- If the patient/guarantor is not currently employed, and stated they have no income, they must provide a letter of support from the person who furnishes room and board for the patient and their family.
- If the patient/guarantor lost their job within the last three months, a separation notice is required from their previous employer. Additionally, they will need to provide proof from the Georgia Department of Labor Career Center stating whether or not they are receiving unemployment benefits.
- Any children listed on the application, other than biological or stepchildren, must have legal documentation indicating their relationship.
- Indigent/Charity care is the last source of assistance. If the patient has no income, they are required to apply for assistance with other federal and state agencies, if applicable, such as Medicare, Medicaid, Disability, etc. The patient must provide proof of denial before they will be considered for Indigent or Charity Care.
- At least two forms of Proof of Address. The following are acceptable forms of proof: valid Georgia driver's license, Georgia ID card, current utility bill, current lease or rental receipt that include the address, County property tax assessment, County food stamp letter, or Voter registration card.
- The patient will be instructed to return the completed application, with all of the applicable documentation, to the Financial Services Department as soon as possible.
- Upon receipt of the Free or Reduced Charge Form from Registration, the Financial Services Clerk will comment on the account whether an application was given or if financial assistance was declined. If the patient requested financial assistance and application was not available in

Registration, the Financial Services representative will mail the application to the guarantor.

- Once an application, whether complete or incomplete, is received in Financial Services, all eligible accounts are transferred to a holding account called Indigent until the application is complete or until the Application Period has expired.
- The Application Period begins the date the application is received and ends 45 days after.
- The Financial Services Representative will review the completed application and its contents promptly. The following actions will be taken:
 - If approved for Financial Assistance, the balance will be adjusted appropriately.
 - The Financial Assistance approval period is 6 months prior to approval date, and ends 6 months after.
 - If not approved, the account will be returned to the appropriate billing cycle.
- A written notification will be mailed to the patient/guarantor. Depending on the determination, the patient/guarantor will receive one of the following letters:
 - Indigent Care Approval Letter
 - Notice of Denial due to Income or Application Incomplete – patient falls outside of the Federal Poverty Guidelines for his/her household size -or- the application was incomplete.
 - Notice of Denial due to Collections – the application was not received timely therefore it has already been placed with an outside collection agency.
- The Notice of Denial Letter(s) will include instructions for the patient/guarantor to appeal the adverse decision, should they feel that the decision was made erroneously. The appeal may be made in writing or orally.
- If the patient/guarantor request an appeal or reconsideration, the application will be reviewed by the Financial Services Director and CEO. A decision will be made within 5 business days. A response to the appeal will be mailed to the patient/guarantor.
- Should the initial outcome stand, the patient may elect to appeal to the Executive Committee of The Hospital Authority of Clinch Memorial Hospital. The appeal must be in writing. A hearing will be scheduled for the Executive Committee and all documentation will be reviewed. Once a determination has been made, the patient will be notified. The outcome of this hearing is final.

- If the patient/guarantor continues to disagree with the outcome, they will be instructed to contact the Department of Community Health 1-800-656-9739 for further assistance.

Appropriate efforts will be made, through interviewing the patient, for Medicaid eligibility determination.

The deposit for services will be waived upon approval of the Financial Assistance application, the patient must complete the application and turn in all the supporting documentation to the Financial Services Department prior to the date of service. The Financial Services Representative will initial the order indicating to the registrar that the patient has been approved and the deposit may be waived.

If approved for financial assistance, any deposit made will be refunded to the patient/guarantor. If the patient is responsible for a percentage of the bill, then the amount will be deducted from the refund.

In the event of a STAT request from the physician, the deposit will be waived. The patient will be instructed to return the completed application as soon as possible to avoid the account being turned over to our outside collection agency.

COLLECTION ACTIONS:

Statements are generated on every Wednesday based on the following schedule:

• A-E	1 st week of the month
• F-K	2 nd week of the month
• L-Q	3 rd week of the month
• R-Z	4 th week of the month

If there has been no response after 3 statements then the patient/guarantor will receive a Balance Due Letter, if no response in 10 days then the patient will receive a Final Demand Letter. If there continues to be no response then the accounts are sent to an outside collection agency on the 121st day.

An account may be turned over to outside collection efforts after the initial 120 day notification period. However once the application is processed and approved, all accounts associated with the application within the approval period must be returned from the collection agency and all collection procedures stopped immediately.

Extraordinary Collection Actions (ECA) will not be utilized until reasonable efforts have been made to determine if the patient is eligible for financial assistance.

The Indigent Care Coordinator and CFO will have final authority to determine whether reasonable efforts have been made to determine FAP eligibility.

All patients will be notified for the Financial Assistance program by the Registrar at the time of service. Financial Services will monitor all patient in the Self-Pay Holding classification, by initiating phone calls and/or letters to prompt patient to return the applications and or supporting documentation.

If the patient is not eligible or if a completed application is not received 120 days after initial bill, ECA will be implemented to include the following:

- Placing the account with an outside collection agency;
- Placing a lien on personal property;
- Reporting adverse information to credit bureaus; and
- Garnishing guarantor's wages.