

Clinch Memorial Hospital Financial Assistance Policy

Principles/Guidelines

Clinch Memorial Hospital (CMH) seeks to treat all patients equitably, with dignity, respect and compassion. To this end, and in understanding that not all patients are able to pay their hospital bills due to financial considerations including financial hardship due to medical misfortune, CMH will assist those who cannot pay for all or part of their care by extending Financial Assistance to qualifying patients. CMH will provide Indigent and Charity Care discounted Financial Assistance in keeping with the Policy described below. In order for CMH to apply this Policy fairly and consistently, patients and their families have an obligation to provide appropriate and timely information that will help qualify them for the appropriate level or type of Financial Assistance given their specific circumstances.

As further described below, 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 CMH will charge for emergency or other Medically Necessary care provided to individuals eligible for Financial Assistance to no more than the amount generally billed to insured patients by CMH as defined in this Policy.
- Describes the method by which patients may apply for Financial Assistance.
- Describes CMH's collection Policy.

Clinch Memorial remains committed to serving the emergency needs of all patients, regardless of ability to pay. Indigent care and charity care will be provided to all patients who present themselves for care at CMH without regard to race, religion, color, or national origin and who are classified as financially indigent or medically indigent according to CMH's eligibility system.

Definitions: As used in this Policy, the following terms have the meanings as set forth below:

1. **Financial Assistance:** Free or discounted health services provided to individuals who meet Clinch Memorial's criteria for Financial Assistance and are unable to pay for all or a portion of the Medically Necessary services provided by the facility. Financial Assistance includes:
 - **Financially/Medically Indigent** – Indigent free care is available when the household incomes of a patient and/or Guarantor are either equal to or less than 200% of the current Federal Poverty Guidelines.

- **Charity Care** – Charity Care financial assistance discounts are available when the household income of a patient and/or Guarantor is in excess of 200% and equal to or less than 300% of the current Federal Poverty Guidelines.
 - **Allowable Medical Expenses** - Medical expenses incurred within the preceding 90 days must be greater than 15% of annual household income. Qualification will be determined through the completion of a financial assistance application.
2. **Federal Poverty Guidelines (FPG)** - Poverty guidelines issued by the federal government at the beginning of each calendar year that are used to determine eligibility for poverty programs. The current FPG can be found on the U.S. Department of Health and Human Services website at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
 3. **Gross Charges** – The total charges at the organization’s established rates for the provision of patient care services before deductions from revenue are applied.
 4. **Emergency Medical Conditions** – Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).
 5. **Medically Necessary** – Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:
 - a. in accordance with the generally accepted standards of medical practice;
 - b. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease

For these purposes, "generally accepted standards of medical practice" means:

 - a. standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
 - b. Physician Specialty Society recommendations;
 - c. the views of Physicians practicing in the relevant clinical area; and
 - d. any other relevant factors.
 6. **Eligible Services** – Services eligible under this Policy include: (1) Emergency medical services provided in an emergency room setting, (2) non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and, (3) other Medically Necessary services. Eligible Services does not include elective, or non-Medically Necessary services, such as most cosmetic surgery.
 7. **Household** – The household consists of the applicant, spouse and all legal dependents as allowed by the Internal Revenue Service. If the applicant is a minor or legal dependent for income tax purposes, the household will include parent(s), legal guardian(s) and/or the taxpayer claiming the patient as a dependent for income tax purposes.
 8. **Household Income** – The combined annual income of all members within the

Household, as previously defined, which includes the patient or Guarantor. Combined annual income will be calculated by annualizing documented income over the last ninety (90) consecutive days. For the purposes of determining financial eligibility for Financial Assistance, income includes all funds received before taxes from all sources, including, but not limited to, employment wages, estate payments, net rental income, alimony, military family allotments, employee pensions or retirement plans, military retirement pay, veteran's payments, self-employment income, royalties, Social Security payments, railroad retirements, unemployment compensation, regular insurance or annuity payments, interest income, private pensions, and workers compensation benefits. CMH will require supporting documentation to be submitted with the Application. Income does not include Medicare, Medicaid, food stamps, heat assistance funds, school lunches or housing assistance, employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, gifts, loans, need-based assistance from non-profit organizations, child support or foster care payments, or disaster relief assistance.

9. **Co-Payments, Coinsurance and Deductibles** – The amount determined by the patient's insurance policy as being due from the patient and/or any Guarantor. This amount is normally a required payment due from the patient or Guarantor by contract.
10. **Guarantor** – Individual other than the patient who is responsible for payment of the patient's bill.
11. **Patient Liability** – Patient Liability is the amount owed by the patient and /or Guarantor after application of all insurance benefits and Financial Assistance discounts. If the person is a 100% self-pay patient and does not qualify for Financial Assistance, then it is the entire balance.
12. **Financial Counselor** – The CMH employee who is the designated point of contact to receive applications and determine eligibility for the FAP.
13. **Amounts Generally Billed (AGB)** – The amount charged to all patients meeting the eligibility criteria under this Policy before any discounts are applied (i.e., gross charges). Amounts Generally Billed (AGB) will be calculated by multiplying gross charges for any eligible service by the appropriate AGB percentage as defined below.
14. **Amounts Generally Billed Percentage** – The AGB percentage shall be determined by dividing the sum of claims allowed by all sources (such as: health insurers during the previous fiscal year, by Medicare fee-for-service and all private health insurance, including payments and allowed amounts received from beneficiaries and insured patients) by the sum of the associated Gross Charges for those claims based on the IRS "look-back" method. The AGB percentage will be calculated for the 12-month period ending March 31 each year. The AGB percentage so calculated will be applied for the succeeding 12-month fiscal year beginning July 1 and ending June 30. The AGB percentages calculated will be updated July 1 each year and remain in effect until June 30 of the following calendar year. The AGB Percentage in effect at any particular time is available in writing and may be obtained free of charge by contacting Patient Financial Services at (912) 487-5211.

15. Extraordinary Collections Actions (ECAs) – Actions that may be taken related to obtaining payment for services rendered include the following:

- a. Selling an individual's debt to another party unless the purchaser is prohibited from engaging in any ECAs to obtain payment, prohibited from charging interest in excess under section 6621(a)(2) at the time the debt is sold, the debt is recallable upon determination the individual is eligible for financial assistance, and the individual does not pay or has no obligation to pay the purchaser and CMH together more than they are personally responsible for paying under this financial assistance policy.
- b. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
- c. Deferring or denying, or requiring payment before providing Medically Necessary Care because of nonpayment of one or more bills for previously provided care.
- d. Actions that require a legal or judicial process, including but not limited to:
 - i. Placing a lien on an individual's property except for any lien CMH is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual as a result of personal injuries for which care was provided;
 - ii. Foreclosing on an individual's real property;
 - iii. Attaching or seizing an individual's bank account or any other personal property;
 - iv. Commencing a civil action against an individual; and
 - v. Garnishing an individual's wages.

Eligibility Criteria for Financial Assistance

Indigent and Charity Care financial assistance applies only to Eligible Services as defined in this Policy. A patient that qualifies for financial assistance under this policy is eligible for discounts to co-payments, coinsurance and deductibles. Financial assistance discounts do not apply to any amounts received or receivable from an insurance company for Eligible Services. The maximum amount a patient will pay is the AGB as defined in this Policy.

This Policy applies to all CMH facilities referenced in Exhibit A (CMH Facilities Included in Financial Assistance Policy) below and all CMH providers listed in Exhibit B (Providers Included in Financial Assistance Plan) below and providing care within CMH facilities.

Approved Financial Assistance will be applicable only to the charges of CMH. Clinch Memorial cannot make any financial arrangements for the charges of any private physician practice, including the following private physician practices offering services:

1. Radiologists
2. Anesthesiologists
3. Pathologists
4. ER Physicians

Patients will need to make payment arrangements directly with these physician practices.

CMH will assist the patient in qualifying for any State of Georgia Medicaid or Social Security (SSI) benefits. CMH may utilize the services of outside vendors to assist patients in obtaining these benefits.

Amounts billed to patients approved for Financial Assistance pursuant to this Policy shall be based on AGB, as defined in this Policy. Patients shall not be expected to pay Gross Charges. Once a patient has been determined by CMH to be eligible for Financial Assistance, the patient shall not receive any future bills based on undiscounted Gross Charges for the episode of care in which an Application for Financial Assistance was submitted and any excess collections will be refunded to the patient and/or Guarantor. The patient will be notified of the corrected amounts due.

A patient may qualify for Financial Assistance under this Policy if he or she meets one of the following criteria:

- **Presumptive Eligibility** – Prior to the issuance of the first post discharge billing statement, all patient accounts will be reviewed using predictive analytics to determine if the patient/guarantor qualifies for financial assistance. Predictive analytics uses publicly available information from credit bureaus, US Census data, US Postal Service, insurance databases, state and local public records, telephone company databases and the white pages.
- **Income** – Completion of CMH's Financial Assistance Application is required in order to qualify for Financial Assistance based on income. Household Income, as defined in this Policy, must be less than or equal to 300% of the Federal Poverty Guidelines in order to be eligible for any Financial Assistance discounts. If the Income criterion is met, all discounts will be applied to the AGB for approved patients based on household income using the following schedule:

Household Income	Maximum Amount Individual is Responsible for Paying
Less than or equal to 200% of Federal Poverty Guidelines	0% of AGB
In excess of 200% but less than or equal to 250% of Federal Poverty Guidelines	15% of AGB
In excess of 250% but less than or equal to 275% of Federal Poverty Guidelines	30% of AGB
In excess of 275% but less than or equal to 300% of Federal Poverty Guidelines	45% of AGB

- Expense – Completion of CMH’s Financial Assistance Application is required in order to qualify for Financial Assistance based on expense. Patients not eligible for Financial Assistance based on income may be eligible for Financial Assistance if their Allowable Medical Expenses have consumed or will consume a significant portion of the Household’s income. In order to qualify for Financial Assistance based on expenses, Allowable Medical Expenses as defined in this Policy must be greater than 15% of household income. Patients who qualify for Financial Assistance based on the expense criterion will be billed the lesser of 15% of Household Income or AGB. In order to qualify based on expenses, a financial assistance application must be completed as described below.
- Bankruptcy – Once a Notice of Bankruptcy is received from the Trustee of the Bankruptcy Court, accounts will be written off as 100% Charity Care.
- Patient with Medicaid Eligibility –
 - Patients eligible for Medicaid in another state in which CMH is not enrolled will be written off as 100% Charity Care
 - Patient liabilities related to co-pays and spend-down amounts will be written off as 100% Charity Care
 - Medicare patients with Secondary Medicaid Coverage that have a patient liability will be written off as 100% Charity Care.
 - Medicare patients with Secondary Medicaid Coverage will have any Medicaid crossover adjustments written off to Bad Debt
 - Non-covered charges are considered charity and will be written off as 100% Charity Care.

If a patient/guarantor qualifies for financial assistance using the Presumptive Eligibility method, the patient/guarantor retains the ability to apply for additional financial assistance by completing CMH’s Financial Assistance Application.

Financial Assistance Application Guidelines:

All requests for Financial Assistance must be submitted using CMH’s Financial Assistance Application. The Application must be completed in its entirety and all supporting documentation attached to the Application.

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 Clinch Memorial 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, CMH may begin collection actions against the patient. The application period during which CMH will accept and process a Financial Assistance Application ends on the 240th day after the issuance of the first post discharge billing statement to the patient.

2. Applicant shall submit the following supporting documentation, if applicable, with a completed Application:
 - i. Proof of income – IRS Form W-2, the most recent federal income tax return, pay stubs covering the last 90 consecutive days as of the date of application, proof of Social Security, unemployment receipts, investment income, alimony, worker's compensation, rental/royalty income, retirement income and any other documentation that supports household income as defined in the financial assistance policy.
 - ii. Checking and savings account statements for the most recent 3 months
 - iii. If the annualized Household income has decreased 10% or more than the most recent federal income tax return, the applicant must submit a written explanation for the decrease in annual Household income.
 - iv. Proof of allowable medical expenses – all billing statements for medical expenses incurred within the last 90 days.
 - v. Unemployment denial letter
 - vi. Any additional documentation the applicant deems necessary to support their application for Financial Assistance.
3. 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 required information.
4. Applicant shall identify all known third party payment sources for services rendered. Applicant shall cooperate with CMH in filing of claims and collection of reimbursement from all third party payment sources. Failure to cooperate will be grounds for denying Financial Assistance.
5. Applicant shall cooperate in the application for Financial Assistance from other sources, such as Medicaid and other programs. Failure to cooperate will be grounds for denying Financial Assistance.

Financial Assistance Procedures:

1. At the time of registration, each patient will be offered a free written copy of the plain language summary of the Policy.
2. A Financial Counselor is available to discuss the Financial Assistance program offered by CMH (by appointment) with the patient or the patient's designated representative. A free written copy of the Financial Assistance Policy and Financial Assistance Application may be obtained from the Financial Counselor. At the request of the patient or the patient's designated representative, the Financial Counselor will assist the patient with initiation of the Financial Assistance Application.
3. Financial Counselor(s) may be reached via email at kratliff@clinchmh.org and by telephone at [912-470-2528](tel:912-470-2528), or by appointment, at the Main Hospital office located at 1050 Valdosta Highway, Homerville, GA 31634.

4. CMH will assist, as requested, patients in becoming covered under available state, local, federal or community based assistance programs.
5. When an Application is received, the Financial Counselor will review the Application for completeness, which shall include all supporting documentation. If it is determined that the Application is incomplete, CMH will take the following actions:
 - a. Suspend any collection actions against the patient/Guarantor.
 - b. Provide the patient with a written notice that describes the additional information or documentation the patient must submit to complete his or her Application.
 - c. Provide the patient with at least one written notice that informs the patient/Guarantor about the collection actions including any extraordinary collection actions that may be initiated or resumed if the Application is not completed or if the amount due is not paid within 30 days from the date of the notice.
 - d. If all supporting documentation is not submitted or the amount due is not paid within 30 days of the written notice as described in the preceding paragraph, the request for Financial Assistance will be denied and the account will remain in the billing cycle. A new Application may be submitted if the required information becomes available.
6. Once a completed Application has been received and reviewed, the Financial Counselor will make a recommendation for approval or denial on the Application. The Application is given to the appropriate individuals based on the account balance and amount of the Financial Assistance discount requested for approval. CMH will render a decision in no more than 15 working days from the receipt of a completed Financial Assistance Application.
7. Approval authority for Financial Assistance is made by CFO. If denied, a Notice of Denial Letter will include instructions for the patient/guarantor to appeal the adverse decision. 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 15 business days. A response to the appeal will be mailed to the patient/guarantor.
8. The patient will be notified in writing of CMH's decision to provide Financial Assistance.
9. The approved application will be in effect for a period of twelve (12) months unless the applicant's financial situation changes. The applicant is responsible for notifying CMH of any financial status changes that may impact eligibility.

Collection Practices and Policies

Patients will receive four statements and multiple phone calls requesting payment in full or

payment arrangements be made.

If there has been no response after 3 statements have been issued, then the patient/guarantor will receive a Balance Due Letter. If there is no response within 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. The application period for the financial assistance period is 240 days from the date of the first post discharge bill. An account may be turned over of outside collection efforts after the initial 120-day notification period.

Phone calls – Twenty-one (21) days after the initial statement, the patient may begin to receive multiple phone calls requesting payment in full or payment arrangements be made.

Use of Outside Collection Agency – When a patient and/or Guarantor fail to pay the patient liability, the account will be referred to an outside collection agency in accordance with the schedule above. The Business Office Manager will be responsible for ensuring that CMH has made reasonable efforts to determine whether a patient is eligible for Financial Assistance prior to being sent to a collection agency.

Extraordinary Collection Actions (ECAs) - The patient and/or Guarantor shall be provided at least thirty (30) days written notice prior to any ECAs being taken. The written notice will include a plain language summary of the financial assistance policy, notification of any ECAs that maybe initiated against the patient and /or Guarantor, and the date after which any ECAs will be initiated. Oral notification to the patient and/or Guarantor will be attempted via a phone call prior to any ECAs being initiated. The oral notification will inform the patient and/or Guarantor about the Financial Assistance Policy and how to obtain help with the financial assistance application process.

Legal Actions – Legal actions may be initiated against the patient and/or Guarantor who default on payment to Clinch Memorial. These legal actions may include:

- Placing a lien on personal property;
- Reporting adverse information to credit bureaus; and
- Garnishing an individual's wages.

All legal actions taken by any collection agency on behalf of Clinch Memorial shall have had prior review and approval.

CMH or any collections agency working on behalf of CMH shall not pursue enforcement of a judgment lien, whether by Sheriff's levy and sale or otherwise, on a primary residence, pursue an involuntary bankruptcy proceeding against a patient and / or Guarantor, or take any action that would cause a bench warrant (an order issued by a judge or court for the arrest of a person) to be issued. However, CMH may pursue appropriate court orders, including contempt of court, for a patient/judgment debtor failing to respond to post-judgment discovery as required by law. See Official Code of Georgia Annotated Sect. 9-11-69 and Official Code of Georgia Annotated Sect. 9-11-37.

Payment Options

Patients will be encouraged to pay their accounts in full by selecting from one of the following

options.

1. Payment in full using Check, Money Order, Credit Card (including HSA or FSA cards)
2. Long-term Payment Plan – Patients with a balance equal to or in excess of \$100.00 may establish an extended payment plan. The patient must request an extended payment plan.

Process of Appeal

Patients who were denied Financial Assistance are able to appeal that determination by contacting the Business Office via mail within 30 days of notification:

Clinch Memorial Hospital
1050 Valdosta Highway
Homerville, GA 31634

All appeals will be reviewed by the Executive Financial Committee.

CMH makes this Policy, the Financial Assistance Application form and a Plain Language Summary of this Policy widely available to the public on its website at <https://clinchmh.org/patient-services/>.

In addition, CMH makes paper copies of this Policy, the Financial Assistance Application Form and a Plain Language Summary of this Policy available upon request and without charge in CMH admissions and registration areas and in the CMH Emergency Room. Individuals may also receive a copy of these documents through the mail by contacting Patient Financial Services at (912) 487-5211. A paper copy of the Plain Language Summary of this Policy will be offered to patients as part of the intake or discharge process.

All billing statements will include information on how to obtain a copy of this Policy (including the website addresses where this Policy, the Financial Assistance Application Form and the Plain Language Summary can be found) and the contact information (including telephone number) for the CMH Department that can provide more information about this Policy and aid with the application process.

Finally, CMH will set up conspicuous public displays in the CMH Emergency Room and admissions areas that notify and inform patients about this Policy.

Clinch Memorial Hospital
(912) 487-5211
1050 Valdosta Highway
Homerville, GA 31634

Exhibit A

All Facilities Included in Financial Assistance Policy:

Clinch Memorial Hospital – 1050 Valdosta Hwy Homerville, GA 31634

Clinch Memorial Family Practice – 80 Huxford Street Homerville, GA 31634

Clinch Memorial Family Practice – Fargo – 117 GA Hwy 94 Fargo, GA 31631

Exhibit B

All Providers Included in Financial Assistance Policy:

Heather Minshew, N.P. - Clinch Family Practice

Nancy Strickland, P.A. - Clinch Family Practice

Dr. Messcher, M.D. - Clinch Family Practice