

HOSPITAL AUTHORITY OF MILLER COUNTY

DOCUMENT NAME: Financial Assistance Plan (FAP)	Document #:	
	Version:	
	Original date:	June 2001
HAMC entity:	Review Date:	June 2018
Manual:	Process Owner:	Patient Financial Services

Revision Date	Revision Description	Approved By:
June 2015		
June 2017		
December 1, 2018	Added definitions, updated phone numbers, formatting, and added documentation to purpose, procedure and factors to be considered.	
February 11, 2019	Added Exhibit “G, H, and I”	

Purpose:

- **To define Indigent and Charity Care as distinguished from bad debts and to establish procedures to ensure consistent identification and recording as Miller County Hospital and to define and adjust self-pay balances for discounts, as appropriate.**
- **To provide guidelines and objective, consistent eligibility criteria for use in determining the financial status of patients so that appropriate classification and distinction can be made between uncollectible amounts arising from a patient’s inability to pay and those arising from a patient’s unwillingness to pay.**
- **To identify those needing financial assistance at the beginning of the collection cycle and reduce the time it takes to resolve an account.**
- **To explain how patients may apply for financial assistance.**
- **To provide a discount for uninsured patients that results in charges that equal the Amounts Generally Billed (AGB) to insured patients.**
- **To define the method used to calculate AGB and how to obtain this information free of charge.**
- **To facilitate cash flow by offering a prompt-pay discount to patients with self-pay balances.**
- **To simplify the process for patients and reduce paperwork for both the patient and HAMC staff.**
- **To gather and maintain data to substantiate a patient’s inability to pay and meet the requirements of § 501(r) of the Internal Revenue Code and the Affordable Care Act requirements for § 501(c) (3) hospitals.**

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Scope: This Policy applies to all Hospital Authority of Miller County facilities listed in the definition of HAMC Facilities below and all HAMC providers listed in the definition of HAMC Physicians and Physician Groups below providing care within HAMS facilities.

Definitions:

Amounts Generally Billed (AGB): means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with § 1.50(r)-5(b). AGB is determined by dividing the sum of claims allowed by 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.

Applicant: Applicant may include the patient, the guarantor of a patient's financial account, or a designated patient's representative such as a legal guardian.

Assets: Assets include but are not limited to: bank accounts; investments including 401k and 403b accounts; real property; businesses whether or not incorporated; personal property including vehicles, boats, airplanes, and other such items. Assets shall be reported on the FAP application as a source of revenue.

Financial Assistance Program (FAP): A program that provides financial assistance to persons who have emergent and/or medically necessary healthcare needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for such care based on their individual financial situation, and who meet the requirements contained within this Policy.

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 www.hhs.gov.

Gross Charges, or the chargemaster rate: Income as defined by the Internal Revenue Service (IRS), which includes but is not limited to: income from wages, salaries, tips; interest and dividend income; unemployment compensation, individual income policy, alimony, all social security income, disability income, self-employment income, rental income, k-1 income, and other taxable income. For applicants who are financially dependent on another individual, that individual's income will become part of the gross income of the applicant. Examples of other sources of income that are included in the definition of Gross Income are food stamps, student loan, and foster care disbursement.

Household: Number or people claimed on income tax filing, or individuals the Applicant is legally responsible for, and any person whose income is included in the applicant's gross income.

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Medical Necessity: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

Elective Admissions/Procedures: Elective admissions/procedures will be denied if not covered by a third party source or if the patient is unable to make satisfactory payment arrangements. All elective admissions/procedures will be classified as "Full Pay". An elective admission/procedure is a procedure or admission that would not be covered by Georgia Medicaid if the patient was a Georgia Medicaid beneficiary; this includes services that Georgia Medicaid requires pre-certification, as well. Note: Persons with third party insurance who elect not to bill insurance for a hospital service will be considered self-pay for that service; however, patient will not be eligible for ICTF since they have a health insurance plan.

HAMC will determine if a service is eligible for financial assistance.

Resident: An individual shall be recognized as a resident of Georgia if he/she or his/her legal guardian is able to provide proof of Georgia residency documents as requested.

PROCEDURE: As a condition of participation in the Medicaid disproportionate share program and to serve the health care need of our community, HAMC will provide indigent and charity care to patients without financial means to pay for hospital services. All policies shall be implemented in accordance with all EMTALA and ICTF rules and regulations, as well as, any other federal or state law, rule or regulation as it relates to the delivery of health care services, as they currently exist and any future changes or amendments to these rules and regulations. This policy will be made available upon request in English unless requested in Spanish.

Indigent and charity care will be provided to all patients who present themselves for care at Miller County Hospital without regard to race, creed, color, or national origin and who are classified as financially indigent or medically indigent according to the hospital's eligibility system.

ELIGIBILITY FOR INDIGENT CARE

1. FINANCIALLY / MEDICALLY INDIGENT:

- A. A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services rendered based on Miller County Hospital's eligibility criteria set forth in this process. A medically indigent patient is a person with Medical insurance who may also qualify for balances after insurance payment to be discounted provided they meet the income requirements.

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- B. To be eligible for indigent care, a person's total household income shall be at or below 200% of the current federal poverty guidelines. Miller County Hospital may consider other financial assets and liabilities for the person when determining eligibility.
- C. Miller County Hospital will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for indigent care as a financially indigent patient. The poverty income guidelines are published in the Federal Register in February of each year and for the purposes of this Process will become effective the first day of the month following the month of publication.
- D. In no event will Miller County Hospital establish eligibility criteria for financially indigent patients which sets the income level for charity care lower than that required for counties under the State Indigent Health Care and Treatment Act, or higher than 200% of the current federal poverty income guidelines. Miller County Hospital may adjust the eligibility criteria from time to time based on the financial resources of Miller County Hospital and as necessary to meet the indigent and charity care needs of the community.

2. CHARITY CARE:

- A. To be eligible for charity care, a person's total household income shall be greater than 200% but less than 300% of the current federal poverty guidelines. Miller County Hospital may consider other financial assets and liabilities for the person when determining eligibility.
- B. Patients eligible for charity care will have their medical bill discounted at 20%, 40%, or 60% off the charges based on their household income above the Federal poverty guidelines. The remaining balance will be due and payable by the patient and normal collection efforts will continue.

3. SELF-PAY DISCOUNT:

- A. Non-insured (Self-Pay) patients, regardless of their State of residence, will be eligible for HAMC's Charity Care/Self Pay Discount as defined in the Patient Protection & Affordable Care Act further defined by the IRS Form 990 Schedule H Part V and the 501r4 Final Regulations. Uninsured patients whose family income is greater than 300% of the U.S. Federal Poverty Guidelines may qualify for an uninsured discount on gross charges when payment arrangements are established. This discount does not apply to market or retail-priced services, or procedures that are already discounted.

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- B. The Charity Care/Self-Pay Discount percentage will be calculated using the “Look Back Method” as the average amount the hospital is paid by the insurance companies and traditional Medicare for both Inpatient and outpatient services.
- C. Note that patients who qualify for a self-pay discount under this section are not treated as qualifying for financial assistance under this Policy and therefore, are not subject to the AGB limitations or other requirements applicable to patients who qualify for financial assistance.

1. Identification of Indigent and Charity Cases:

- A. Miller County Hospital maintains posted signs in the emergency room, clinics, admissions, and business offices, which state “Do You Need Help With Your Hospital Bill?” Signage will be in both English and Spanish. Additional signage informing patients that indigent and charity care is available and qualifications to determine eligibility.
- B. All self-pay inpatients will be screened for potential governmental programs and all self-pay outpatients will be screened by the Financial Counselor.
 - 1. The Financial Counselor will determine through the application and supporting documentation that the patient qualifies for indigent and/or charity care. She/he will complete and approve the application prior to write off. She also screens for Presumptive Medicaid Eligibility.
 - 2. The following information will be required for verification of income: copy of the previous year’s income tax statement, three (3) current and consecutive check stubs, food stamp letter – if applicable, any child support – if applicable, and a copy of the DFCS denied application for assistance, if applicable. The applicant will also provide a copy of current bills to include but not limited to: utility, telephone, cable, rent/mortgage receipt, etc.
 - 3. Miller County Hospital will not accept an incomplete application. It will be the responsibility of the Financial Counselor to notify the patient via mail with the “incomplete” status.

2. FACTORS TO BE CONSIDERED FOR INDIGENT AND CHARITY CARE DETERMINATION:

- A. The following factors are to be considered in determining the eligibility of the patient for charity care:
 - 1. Gross Income
 - 2. Family Size
 - 3. Employment status and future earning capacity

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4. Other financial resources
 5. Other financial obligations
 6. The amount and frequency of hospital and other medical bills.
- B. The income guidelines necessary to determine the eligibility for charity care are attached on *Exhibit "A"*. The Current Federal Poverty Guidelines are attached as *Exhibit "B"* and it includes the following definition.
1. Family Unit
- C. All prospective Indigent and/or Charity accounts must remain in a self-pay financial class and regular collection efforts will continue until the application and documentation is received. These accounts are not to be left on the active A/R indefinitely, but adjusted off to bad debt and referred to a collection agency if the appropriate information is not received in a timely fashion.

3. DOCUMENTATION OF ELIGIBILITY DETERMINATION

A. Once the eligibility determination has been made, the results will be documented in the comments section of the patient's account and the financial class changed to reflect the appropriate status. An adjusted form will be completed by the Financial Counselor and submitted to the Patient Financial Services (PFS) Director for approval prior to the adjustments being posted by the Accounting Department. The completed and approved "FA" will be filed in the Indigent/Charity binders. The approved application will be in effect for a period of six (6) months unless the applicant's financial situation changes. The applicant will be responsible for notifying MCH of any changes.

B. Notification of Payment Classification: Patients will be notified upon approval for indigent services through the US Postal Service mail and/or the Indigent/Charity Care Adjustment reflected on the patient's hospital bill. Patients may receive one (1) or two (2) statements any additional statements will be available upon request.

4. REPORTING OF CHARITY CARE

Information regarding the amount of indigent and charity care provided by HAMC in its fiscal year shall be aggregated and included in the Annual report filed with the Georgia Department of Community Health.

The HAMC reserves the right to set limits on Indigent/Charity care once it has fulfilled its financial obligation to participate in the ICTF program. Once patient has received Indigent Status and taken advantage of the HAMC Indigent policy, patient cannot refuse consent for use of Health Information. If patient refuses consent or withdraws consent, then account(s) will be reactivated and full collection efforts will begin. In addition, patient may be barred from future participation in indigent program.

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5. RESPONSIBILITY

It is the responsibility of the Financial Counselor and the PFS Director to provide this aggregated information to the CFO for inclusion on the DCH report.

BILLING AND COLLECTION

HAMC may take or authorize a third-party collection agency or law firm to take certain actions related to obtaining payment of a bill for medical care, including the following “extraordinary collection actions”:

1. HAMC may defer or reschedule non-emergent services, if clinically appropriate after discussion with the treating physician, until payment is received, or payment arrangements are made.
2. HAMC may report unpaid debts to external collection agencies, credit reporting agencies and/or credit bureaus.
3. Actions that require legal or judicial process including, but not limited to:
 - Commencing a civil action or lawsuit against the patient or responsible individual;
 - Garnishing an individual’s wages after securing a court judgement;
 - Attaching or seizing an individual’s bank account, or other personal property, or other judgment enforcement action permissible under state law after securing a judgment.

Neither HAMC nor a collection agency or law firm will commence *Extraordinary Collection Actions* prior to 30 days from the date of the enclosed billing statement or 120 days after the date of the first post-discharge billing statement for the applicable medical care received, whichever date occurs later, and only after making reasonable efforts to determine whether an individual is eligible for assistance under the financial assistance policy.

DEFINITIONS:

Family Unit: The family unit consists of individuals living alone; and spouses, parents and their children under the age of 21 living in the same household.

POLICY COMPLIANCE

In all instances, this policy is intended to comply with all requirements of the Indigent Care Trust Fund and related guidelines.

Reference Document Information: (Standards of Practice, Standard Operation, Regulatory, Legal Documents):

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Federal Poverty Guidelines

Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

Internal Revenue Service Regulations § 1.50(r) -1 through § 1.50(r) -7

Hospital Authority of Miller County Indigent/Charity Care scale to determine level of uncompensated care given to patients upon application and approval of medical indigence.

INCOME	WRITE-OFF PERCENTAGE
0 – 200% of FPL	100 %
201 – 233 % of FPL	60%
234 – 250 % of FPL	40%
251 – 300 % of FPL	20%

Exhibit “A”

2018 Federal Poverty Guidelines Chart

Number of People in Household	48 States & DC	Alaska	Hawaii
One	\$12,140	\$15,180	\$13,960
Two	\$16,460	\$20,580	\$18,930
Three	\$20,780	\$25,980	\$23,900
Four	\$25,100	\$31,380	\$28,870
Five	\$29,420	\$36,780	\$33,840
Six	\$33,740	\$42,180	\$38,810
Seven	\$38,060	\$47,580	\$43,780
Eight	\$42,380	\$52,980	\$48,750
For nine or more, add this amount for each additional person	\$4,320	\$5,400	\$4,970

Exhibit “B”

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2017 Federal Poverty Guidelines Chart

Number of People in Household	48 States & DC	Alaska	Hawaii
One	\$12,060	\$15,060	\$13,860
Two	\$16,240	\$20,290	\$18,670
Three	\$20,420	\$25,520	\$23,480
Four	\$24,600	\$30,750	\$27,290
Five	\$28,780	\$35,980	\$33,100
Six	\$32,960	\$41,210	\$37,910
Seven	\$37,140	\$46,440	\$42,720
Eight	\$41,320	\$51,670	\$47,530
For nine or more, add this amount for each additional person	\$4,180	\$5,230	\$4,810

Exhibit "C"

2016 Federal Poverty Guidelines

Number of People in Household	48 States & DC	Alaska	Hawaii
One	\$11,880	\$14,850	\$13,662
Two	\$16,020	\$20,025	\$18,423
Three	\$20,160	\$25,200	\$23,184
Four	\$24,300	\$30,375	\$27,945
Five	\$28,440	\$35,550	\$32,706
Six	\$32,580	\$40,725	\$37,467
Seven	\$36,730	\$45,913	\$42,240
Eight	\$40,890	\$51,113	\$47,024
For nine or more, add this amount for each additional person	\$4,160	\$5,200	\$4,780

Exhibit "D"

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2015 Federal Poverty Guidelines

Number of People in Household	48 States & DC	Alaska	Hawaii
One	\$11,770	\$14,720	\$13,550
Two	\$15,930	\$19,920	\$18,330
Three	\$20,090	\$25,120	\$23,110
Four	\$24,250	\$30,320	\$27,890
Five	\$28,410	\$35,520	\$32,670
Six	\$32,570	\$40,720	\$37,450
Seven	\$36,730	\$45,920	\$42,230
Eight	\$40,890	\$51,120	\$47,010
For nine or more, add this amount for each additional person	\$4,160	\$5,200	\$4,780

Exhibit “E”

All financial assistance information may be obtained free of charge, upon request, at the locations below or at <https://www.millercountyhospital.org> and/or <https://www.millercountyhospital.com>

Mailing Address	Hours of Operation
Miller County Hospital 209 N Cuthbert St Colquitt, GA 39837 229-758-3554	8:30AM – 4:30PM, Monday – Friday Walk-in hours from 8:00AM – 4:30 PM, Monday – Friday Scheduled appointments upon request Floor visits are available upon request from a patient or responsible party, or any staff member within the organization
Miller County Medical Center 208 N Cuthbert St. Colquitt, GA 39837 229-758-3304	8:00AM – 5:00PM, Monday – Friday
Robert E. Jennings Medical Clinic 103 RE Jennings Ave., SE Arlington, GA 39813 229-725-4251	8:00AM – 4:30PM, Monday – Friday

Exhibit “F”

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HAMC Facilities Included in Financial Assistance Policy			
Miller County Hospital	Miller County Medical Center	Miller Specialty Clinic	Jennings Medical Center

Exhibit “G”

<p>For Emergent, Medically Necessary Services Including:</p> <ul style="list-style-type: none"> ▪ Emergency Room ▪ Inpatient Care ▪ Inpatient and Outpatient Surgery ▪ Anesthesia Services ▪ Laboratory ▪ Cardiovascular Pulmonary Services ▪ Dialysis ▪ Endoscopy, Colonoscopy, Bronchoscopy, and Laparoscopy ▪ Podiatry ▪ Radiology: X-Ray, Mammography, CT SCAN (16 slice), MRI, Ultrasound, Echocardiography, Vascular Ultrasound, Ultrasound (Regular), Bone Density Studies ▪ Rehabilitation Services: Physical, Occupational, and Speech Therapy ▪ Respiratory Therapy ▪ Miller County Wound Care Clinic

Exhibit “H”

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Physicians Included In Financial Assistance Plan
Dr. William Franklin Swofford, Jr., MD
Dr. Roy Richard Reardon, MD
Dr. Garrett Nathaniel Bennett, MD
Dr. Michael Clifford, MD
Dr. Viet Anh Vu, DPM

Exhibit "I"