



<b>Title</b>	Financial Assistance, NGMC Gainesville/Braselton, NGMC Barrow, NGMC Lumpkin, NGMC Habersham
<b>Primary Reviewer</b>	System Director, Patient Receivables
<b>Reviewer(s)</b>	Chief of Revenue Cycle and Chief Financial Officer

1. Select ALL ENTITIES that the document applies by placing an 'x' to the left of the entity.									
X	NGMC Gainesville-Braselton	X	NGMC Barrow	X	NGMC Lumpkin	X	NGMC Habersham	Braselton Ambulatory Surgery Center (ASC), LLC	
	NGMC Gainesville Campus Only		NGMC Braselton Campus Only		Northeast Georgia Physicians Group		Georgia Heart Institute	NGHS Foundation	
	NGHS Auxiliary		Northeast Georgia Health Partners		Hospice of NGMC		New Horizons -- LTC	HealthConnection	
	NGHS Corporate Department		NGHS Unified Medical Staff		Other: (specify)				
2. If Department Specific Only, list Department Name and Campus, if applicable to only one campus.									
3. Select ALL BOARDS that the document applies by placing an 'x' to the left of the entity.									
X	NGHS Board	X	NGMC Gainesville-Braselton Board	X	NGMC Barrow Board	X	NGMC Lumpkin Board	X	NGMC Habersham Board
	Georgia Heart Institute Board		Northeast Georgia Health Partners Network Board (CIN)		NGHS Foundation Board		NGPG Board		Braselton ASC Board

## I. Purpose

Provides guidelines to ensure consistent processing for Financial Assistance.

## II. Definitions

Financial Assistance is defined as the reduction in patient responsible balances for indigent, uninsured, or underinsured patients as determined by the eligibility criteria outlined below. Financial Assistance is secondary to all other financial resources available to the patient.

Family Unit Size is defined as the applicant (patient, if applicable), spouse, and all legal dependents as allowed by the Internal Revenue Service. If patient/applicant is a minor, the family unit will include parent(s)/legal guardian(s) and any other taxpayer that can claim the patient/applicant as a dependent for income tax paying purposes.

Family Unit Income is defined as gross income for all members of the family unit for the last four months (annualized) or the last calendar year, whichever is the lesser amount. Examples of income are retirement, veteran's administration, workers compensation, sick leave, disability compensation, welfare, social security retirement, alimony, child support, stock/certificate dividends, interest, or income from property.

Medically Indigent is defined as an uninsured person who is not eligible for other health insurance coverage such as Medicare, Medicaid, or other private insurance. Those that are "medically indigent" make too much to qualify for

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Medicaid but too little to purchase health insurance or health care.

Presumptive Eligibility is defined as approved financial assistance based upon a patient's indigent status, determined using criteria-based methods, such as propensity to pay scoring, evidence of participation in low income government assistance programs, such as state funded prescription programs, Women, Infants and Children program (WIC), Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), free school lunch program or other state or local assistance programs.

Deceased Eligibility is considered when a patient's status is changed from "Alive" to "Deceased". A claim will be filed against the patient's estate if applicable. If uncollectable, the balance will be written off to Deceased Charity.

Emergency Care is defined as care provided for an emergency medical condition.

Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:

- a. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
- b. serious impairment to bodily functions; or
- c. serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions:

- a. that there is inadequate time to effect a safe transfer to another hospital before delivery; or
- b. that transfer may pose a threat to the health or safety of the woman or her unborn child.

Medically Necessary Care is defined as care based upon generally accepted medical practices in light of conditions at the time of treatment which is appropriate and consistent with the diagnosis and the omission of which could adversely affect or fail to improve the patient's condition. It is care that is not cosmetic, experimental or deemed to be non-reimbursable by traditional insurance carriers and governmental payers. It is care that is deemed medically necessary by an examining physician's determination.

Extraordinary Collection Actions (ECAs) are defined as actions that require a legal or judicial process or involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, "credit agencies").

Application Period is defined as the later of 240 days from the first post-discharge billing statement (for the most recent episode of care) or 30 days from written notification of intended ECAs.

### **III. Policy**

#### **Policy Statement**

It is the policy of all Northeast Georgia Medical Center hospital campuses to provide emergency care to all patients regardless of ability to pay. The hospitals shall allocate resources to identify financial assistance cases and provide

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uncompensated care based upon the information submitted at the time of application by the patient or their representative or through the use of other criteria-based methods to determine eligibility. Financial assistance applications will be accepted for all emergency care and all other medically necessary care. Financial Assistance adjustments may be applied to approved accounts based on the patient's total gross family income and the patient's willful cooperation in applying for Medicaid or other available coverage. In order to ensure the funds for uncompensated care are not abused and will be available for those in need within the NGHS service area. Northeast Georgia Medical Center will make reasonable attempts to assist eligible candidates to become covered under any available assistance programs in the community.

## **Procedure / Guidelines**

### **GOVERNANCE**

The Financial Assistance Policy is administrated by the Revenue Cycle Division with authority and approval from the Northeast Georgia Medical Center Board.

### **PUBLIC RELATIONS**

Northeast Georgia Medical Center will make concerted efforts to promote the Financial Assistance Program. The program is promoted through a plain language summary offered directly to all patients upon registration, on the hospital web site, and through the conspicuous display of signs at principal entry points. In addition information regarding the plain language summary is provided on a periodic basis to physician offices, human service agencies, and other community organizations. The plain language summary includes a brief description of eligibility requirements, brief summary of how to apply, website and physical location where an application and copy of the Financial Assistance Policy may be obtained, how to get an application by mail and contact and assistance information. NGMC shall make the Financial Assistance Policy, the plain language summary and the financial assistance application available in English and in the primary language of any populations with limited proficiency in English that constitute a minimum of 5% or 1000 persons, whichever is less, of the residents of the community served.

### **EMERGENCY MEDICAL CARE**

NGHS 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 Northeast Georgia Medical Center 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, a phone screen or Presumptive eligibility. The patient will authorize the hospital to make** inquiries of employers, banks, credit bureaus, and other institutions for the purpose of 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.nghs.com](http://www.nghs.com).

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

- a. A. Proof of household income must be at least one of the following:

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- 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
- d. 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 due to medical indigency 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.

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3. All applications, supporting documentation, and communications will be treated with proper regard for patient confidentiality. NGMC 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**

6. 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.
7. 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).
8. 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.
9. For medically necessary care other than emergency care, patient should be a resident within the NGHS service area. Examples of acceptable proof of residency may be found in section 2b of Application Process, above.
6. 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. NGMC 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

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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 six (6) 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, NGMC reserves the right to terminate future charity at the discretion of the Manager of Financial Counseling in accordance with the Revenue Cycle Vice President. Examples include but are not limited to a payout from court settlement, lottery, etc.

## **CALCULATION**

The calculation of the discount for patients qualified for a partial charity care adjustment will be based on our Medicare reimbursement rate. This discount will be updated annually when new Medicare 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 based on the Medicare reimbursement rate plus an additional 40%.
- A family income between 186%-235% of the Federal Poverty Guidelines qualifies for an adjustment equivalent to the hospital's Medicare reimbursement rate plus an additional 20%.
- A family income between 236%-300% of the Federal Poverty Guidelines qualifies for an adjustment equivalent to the hospital's Medicare reimbursement rate.

Example of the calculation: if a patient's gross charges for services are \$1,000, the charges will be discounted to the Medicare reimbursement ( $\$1,000 * 26.22\% = \$262.20$ ). The patient with an income of 236%-300% of the Federal Poverty Guidelines would be responsible for \$262.20.

## **NOTIFICATION**

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 PROCESS**

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.

## **Final Determination Authorized Party**

Director of Patient Receivables

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**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).

**FINAL AUTHORITY TO ENSURE REASONABLE EFFORTS WERE MADE TO DETERMINE ELIGIBILITY PRIOR TO INITIATING ECAs**

Accounts Receivables Manager

**PROVIDERS COVERED BY NGMC FINANCIAL ASSISTANCE POLICY**

Northeast Georgia Physicians Group  
The Heart Center of Northeast Georgia Medical Center  
Gainesville Emergency Department Services, PC  
Gainesville Radiology Group, PC

**PROVIDERS NOT COVERED BY NGMC FINANCIAL ASSISTANCE POLICY**

Any provider not listed above

**NGHS Service Area by Zip Code**

30011,30019,30028,30040,30041,30501,30502,30503,30504,30506,30507,30510,30511,30512,30514,  
30515,30517,30518,30519,30520,30521,30523,30525,30527,30528,30529,30530,30531,30533,30534,30535,30537,  
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30565,30566,30567,30568,30571,30572,30573,30575,30576,30577,30580,30581,30582,30597,30598,  
30599,30620,30639,30662,30666,30680

30011, 30017, 30019, 30024, 30028, 30040, 30041, 30043, 30045, 30046, 30052, 30501, 30502, 30503, 30504, 30506,  
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