

**ARCHBOLD MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**POLICY NUMBER:** 102.45

**SUBJECT:** Financial Assistance Program - Uninsured  
Patients - IRS 501(r)

**EFFECTIVE:** June 2015

**EXPIRES:** When Superseded

**APPROVED:**   
President

**REVIEWED:** April 2022

**REVISED:** April 2022

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**I. POLICY**

Archbold Medical Center (AMC) is committed to providing financial assistance to persons who have healthcare needs and are uninsured or under-insured, ineligible for a government program and otherwise unable to pay for medically necessary care based on their individual financial situation. Emergency care will be provided to all patients regardless of their ability to pay. Financial Assistance is not considered to be a substitute for personal responsibility and patients are expected to cooperate with AMC's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay.

**II. DEFINITIONS**

- A. Amounts Generally Billed ("AGB") – the Usual and Customary Charges for Covered Services by each hospital facility provided to individuals under the Financial Assistance Program for Uninsured Non-Medically Indigent Patients, multiplied by the AGB Percentage applicable to such services.
- B. AGB Percentage – a percentage derived by dividing (1) the sum of all allowed amounts on claims for Medically Necessary services provided paid during the Relevant Period by Medicare fee-for-service and all private health insurers as primary payors, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the forms of co-payments, co-insurance or deductibles to each separate hospital facility operated by Archbold (John D. Archbold Memorial Hospital, Grady General Hospital, Mitchell County Hospital, and Brooks County Hospital), by (2) the Usual and Customary Charges for such Medically Necessary Services. The AGB Percentage shall be calculated separately for each hospital facility operated by Archbold, and shall be calculated no later than October 1 of each year, for the most recent Relevant Period. The calculation of the AGB Percentage shall comply with the "look-back method" detailed in Treasury Regulation § 1-501(r)-5(b)(1)(B).
- C. Billing and Collections Policy – the Archbold Medical Center policy titled "Billing and Collections Policy for Self-Pay Accounts."
- D. Covered Services – Medically Necessary inpatient and outpatient services.
- E. Emergency Medical Services – the services necessary and appropriate to treat a medical condition of an FAP-Eligible Patient that has resulted from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place the FAP-Eligible Patient's life in

serious jeopardy, result in serious impairment to bodily functions or result in serious dysfunction of any bodily organ or part.

- F. EMTALA – Emergency Medical Treatment and Labor Act (42 U.S.C. §1395dd)
- G. FAP-Eligible Patient – a patient eligible for financial assistance under this policy.
- H. Medicaid – Georgia Medicaid and any and all other State or Federal programs to provide medical insurance to low-income individuals.
- I. Medically Necessary – those services required to identify or treat an illness or injury that is either diagnosed or reasonably expected to be Medically Necessary taking into account the most appropriate level of care. Depending on a patient's medical condition, the most appropriate setting for the provision of care may be a home, physician's office, an outpatient facility, or a long-term care, rehabilitation or hospital bed. In order to be Medically Necessary, a service must:
  - 1. Be required to treat an illness or injury;
  - 2. Be consistent with the diagnosis and treatment of the patient's condition;
  - 3. Be in accordance with the standards of good medical practice;
  - 4. Not be for the convenience of the patient or the patient's physician; and
  - 5. Be that level of care most appropriate for the patient as determined by the patient's medical condition and not the patient's financial or family situation.

Emergency Medical Services are deemed to be Medically Necessary.

- J. Medically Indigent Patient – a patient whose household income falls below 200% of the Federal Poverty Guideline, regardless of whether that individual has the benefit of health insurance or government programs that may be billed for Covered Services.
- K. Relevant Period – The AGB Percentage is calculated based on claims allowed during the 12 month period immediately preceding the beginning of the next Fiscal Year, beginning October 1 each year.
- L. Uninsured Patient – a patient without the benefit of health insurance or government programs that may be billed for Covered Services provided to them or for physician services and who is not otherwise excluded from this policy under Section II below. If a patient with the benefit of health insurance or government programs that may be billed for Covered Services has a claim denied for pre-existing conditions, benefit maximums reached or non-covered services, the patient will be deemed to be an Uninsured Patient.
- M. Usual and Customary Charges – the rates for Covered Services as set forth in the chargemaster for the hospital at the time the Covered Services are rendered.

- N. Presumptive Charity Eligibility – is a review of unpaid balances for patients who are medical indigent or uninsured prior to any extraordinary collections actions are initiated
- O. PFS – Patient Financial Services, which is responsible for billing and collecting accounts for hospital services.

### III. PURPOSE

#### A. Adoption and Purpose

The purpose of this policy and the Financial Assistance Program for Uninsured Patients established and governed by it, is to offer a discount from billed charges for those who are able to pay a portion, but not all, of the costs of their care. This policy constitutes the official financial assistance policy of all hospital facilities operated by John D. Archbold Memorial Hospital, Inc. ("Archbold") for purposes of Section 501(r) of the Internal Revenue Code. This policy applies to all Emergency Medical Services and Medically Necessary care provided by Archbold, including all such care provided in a hospital's facility by substantially-related entity as defined in §1.501(r)-1(b)(28) of the Treasury Regulations promulgated under the Internal Revenue Code of 1986, as amended.

#### B. Policy to Provide Care on a Nondiscriminatory Basis

Archbold's policy is to provide Emergency Medical Services and Medically Necessary care on a non-profit basis to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth below, uninsured patients who do not have the means to pay for services provided at Archbold's hospital facilities may request to be considered for awards of financial assistance under this policy. The eligibility criteria for financial assistance and the procedures for receiving financial assistance set out in this policy are intended to ensure that Archbold will have the financial resources necessary to meet its commitment to providing care to patients who are in the greatest financial need.

#### C. Policy Relating to Emergency Medical Services

When required by EMTALA and in accordance with the definition provided by the law, Archbold will provide an appropriate medical screening examination to individuals, requesting treatment in our Emergency Department for an emergency medical condition, regardless of ability to pay. If, following an appropriate medical screening examination, Archbold qualified medical personnel determine that the individual has an emergency medical condition that has not been stabilized, Archbold will provide services in accordance with EMTALA

### IV. FINANCIAL ASSISTANCE PROGRAM FOR UNINSURED PATIENTS

#### A. Overview, Limitation on Charges

Under the Financial Assistance Program for Uninsured Patients, patients who are residents of Grady, Mitchell, Brooks or Thomas County, Georgia, or reside in a county in Georgia which does not include a hospital offering the required Covered Services, and whose household income is between 200% and 325% of the Federal Poverty Guideline, will only be charged AGB for Covered Services. This policy and the Financial Assistance Program for Uninsured Patients set forth herein are intended to comply with Section 501(r) of the Internal Revenue Code and the Treasury Regulations promulgated thereunder and shall be interpreted in accordance with those regulations.

This policy and the Financial Assistance Program for Uninsured Patients established and detailed herein apply solely to Uninsured Patients whose household income falls between 200% and 325% of the Federal Poverty Guideline. For the fiscal year ending 09/30/2019 the discounts will be as follows:

- John D. Archbold Memorial Hospital up to 66%
- Brooks County Hospital up to 62%
- Grady General Hospital up to 63%
- Mitchell County Hospital up to 66%

**B. Exclusions**

1. Georgia residents whose household income falls equal to or below 200% of the Federal Poverty Guideline may be eligible for a substantial discount of charges for their care under Archbold's separate Indigent Care Trust Fund Financial Assistance Program
2. This Financial Assistance Program for Uninsured Patients established and detailed hereunder DOES NOT apply to non-Covered Services.
3. This policy is not available to persons who have any contractual claim or right for reimbursement or indemnification from an insurer or other third party liability payor. Furthermore, this policy does not apply to charges for services from other providers who services are coincident to those provided by Archbold, e.g., surgeons, anesthesiologists, radiologists, pathologists, or other physicians.
4. This policy does not apply to elective or cosmetic procedures except as may be determined in the sole discretion of Archbold on a case-by-case basis.

**C. Reservation of Rights to Seek Reimbursement of Charges from Third Parties**

In the event that any payer is liable for any portion of an eligible Uninsured Patient's bill, Archbold or PFS will seek full reimbursement of all charges incurred by the patient at the hospital's Usual and Customary Charges from such payers, subject to any limitations imposed by federal and state laws governing Medicaid or Medicare, including subrogation claims, despite any financial assistance granted pursuant to this policy.

D. Methods of Applying for Financial Assistance

Patients may apply for financial assistance by any of the following means:

1. Downloading the Application Form from the Archbold Medical Center website, <https://archbold.org/uploads/groups/3/documents/APPLICATION-FOR-ICTF.pdf> and mailing or delivering it to:

Patient Financial Services  
920 Cairo Road  
Thomasville, Georgia 31792

2. Obtaining an Application Form from any Archbold hospital facility admissions desk or business office and mailing or delivering it to:

Patient Financial Services  
920 Cairo Road  
Thomasville, Georgia 31792

3. Any of the methods specified in the Archbold Billing and Collections Policy.

E. Eligibility Criteria and Determinations

1. If an uninsured patient's household income is between 200% and 325% of the Federal Poverty Guideline, subject to the exclusions listed in Section IV(B) and IV(C) of this policy, a case-by-case evaluation of the patient's ability to pay will be made.
2. To be eligible, the Uninsured Patient must (a) reside in Grady, Mitchell, Brooks or Thomas County, Georgia, or reside in a county in Georgia which does not include a hospital offering the required Covered Services; (b) submit an application for assistance within 240 days from the date the patient account is first billed; (c) comply with any hospital request to apply for third-party insurance coverage, including but not limited to federal or state medical benefit programs (i.e., Medicare, Medicaid, Affordable Care Act exchange insurance plans, etc.); (d) have personal and business assets, excluding the patient's personal residence, totaling less than \$50,000.00; and (e) comply with the interest-free payment plan established following a determination of qualification for assistance.
3. In evaluating an Uninsured Patient's income and assets for purposes of determining eligibility for the Financial Assistance Program, Archbold will evaluate and verify an applicant's income in the following manner:
  - a. The patient's income considered is the lesser of the average of the family unit's previous three months gross income or the previous year's gross income;

- b. For self-employed individuals, the amount of income considered is the gross income minus work expenses directly related to producing the goods or services and without which the goods or services could not be produced;
- c. Non-recurring lump sums of money received (insurance settlements, accumulated back RSDI payments, etc.) are considered as gross income in the month received;
- d. Temporary Assistance Needy Families (TANF) or Social Security Insurance (SSI) income received by any member of the family unit is excluded from consideration;
- e. Verification of income will be required in the form of pay stubs, award letters, employer statements, income tax returns, W-2's, etc.; and
- f. Archbold will require verification of resources (assets other than an individual's personal residence) in addition to income prior to making a determination of eligibility for financial assistance.

F. Amounts Payable under the Financial Assistance Program for Uninsured Patients

If determined to be eligible for assistance under the Financial Assistance Program for Uninsured Patients, an Uninsured Patient whose resources fall between 200% and 325% of the Federal Poverty Guideline will be charged no more than AGB of Usual and Customary Charges for Covered Services. The remaining balance may then be set up on a monthly payment plan. If a payment plan exceeding four (4) months is needed, the balance may be sent to an appropriately contracted vendor with an option for patient financing.

Notwithstanding the foregoing, if the Covered Services are Emergency Services or services that the hospital facility is otherwise required to provide under EMTALA, then those services will be provided without requiring any advance deposit, prepayment or payment arrangements, and the discounts referenced in this Section IV(A)(2) will be offered to the Uninsured Patient after stabilization or upon receipt of first bill following discharge from the hospital.

G. Monitoring and Administration of Programs

AMS has the responsibility for monitoring and ensuring that a reasonable effort is made to determine whether an individual is FAP-Eligible and for determining whether and when extraordinary collection actions may be taken in accordance with this policy and the Billing and Collections Policy.

H. Actions under Billing and Collection Policy in the Event of Non-Payment

The actions Archbold may take with regard to non-payment by a patient who is able to pay for services, including collections action and reporting to credit agencies, are

set forth in Archbold's Billing and Collections Policy effective November, 2017, which may be found at

<http://archweb2.archnet.local/archpolicy/download/administration/controller/102.47-Billing-and-Collections-for-Self-Pay-Accounts>

I. Reasonable Efforts to Determine Eligibility for Financial Assistance Prior to Extraordinary Collection Actions

Notwithstanding any other provision of any other policy at Archbold regarding billing and collection matters, including the Billing and Collections Policy, Archbold will not engage in extraordinary collection actions before it makes reasonable efforts to determine whether an individual who has an unpaid invoice amount from Archbold is eligible for financial assistance under this policy.

As used herein, "extraordinary collection actions" shall have the meaning set forth in the Treasury Regulations issued under Internal Revenue Code §501(r) and include: selling the patient's debt to another party (with limited exceptions); reporting adverse information to consumer reporting agencies or credit bureaus; deferring, denying or requiring payment before Medically Necessary care is provided based on previous non-payment; and legal actions, such as placing a lien on property, attaching or seizing bank accounts, civil actions, arrest, writ of body attachments or garnishing wages.

As used herein, "reasonable efforts" shall have the meaning set forth in the Treasury Regulations issued under Internal Revenue Code §501(r). In order to comply with this obligation Archbold will:

1. Ensure that this policy has been "widely publicized" (within the meaning of the regulations);
2. Refrain from initiating any extraordinary collection actions for at least 120 days from the date of the first post-discharge billing statement for the care;
3. Provide a written notice about this policy (including a copy of the Plain Language Summary, a statement regarding any extraordinary collection actions the hospital or an authorized third party intends to initiate, and reasonable efforts to notify the individual orally about this policy) 30 days prior to initiating any extraordinary collection actions;
4. Accept financial assistance applications for at least 240 days from the date of the first post-discharge billing statement;
5. Notify individuals who submit an incomplete application during the application period about how to complete the application (and provide contact information for assistance), and suspend any extraordinary collection actions for these individuals until eligibility is determined; and

6. Determine whether individuals are eligible when completed applications are submitted during the 240-day application period.

Then, if a completed application is submitted during the 240-day application period, Archbold, acting in a timely manner, will:

1. Suspend any extraordinary collection actions to obtain payment for the care;
2. Make a determination as to eligibility and notify the individual in writing of this determination (including the assistance for which the individual is eligible);
3. Provide a billing statement indicating the amount owed and how it was determined, in the event the individual is not eligible for free care;
4. Refund any amounts paid above the amount required by this policy; and
5. Reverse any extraordinary collection actions (e.g., removing adverse information from the credit report).

## V. PUBLICATION OF POLICY

### A. Measures to Widely Publicize Archbold's Financial Assistance Policy within the Community

Archbold communicates this policy to patients in the following ways:

1. This policy, and application form and a plain-language summary of this policy advising patients of financial assistance are made available at all points of registration and in the emergency room. All admissions staff shall advise individuals who may be FAP-Eligible of the existence of the Financial Assistance Program for Uninsured Patients at the time of registration and provide a copy of the plain language summary to those individuals.
2. Patients can call Patient Financial Services and speak with a Financial Assistance Coordinator at 229-228-8840 or 1-877-269-8181, ext. 8840 to inquire about financial assistance after discharge and request a copy of this policy, a plain-language summary of this policy and the application form to be mailed to their home address without charge.
3. All patients are offered a copy of the plain-language summary of this policy as part of the registration or admissions process. Patients who are potentially FAP-Eligible under this Financial Assistance Program will be given a copy of this policy, the plain language summary, and application forms for the Financial Assistance Program for Uninsured Patients before discharge from a hospital facility. Further Notifications concerning the Financial Assistance Program will be made in accordance with the Billing and Collections Policy.



4. Billing statements contain a conspicuous written notice informing the recipients that financial assistance is available, providing the telephone number for Patient Financial Services so recipients may inquire about financial assistance and directing recipients to the direct website address where this policy, a plain-language summary of this policy and the application form can be found.
5. This policy, a plain-language summary of this policy and the application form can be found online by accessing the following link:  
  
<https://archbold.org/billing-and-insurance/financial-assistance>.
6. Archbold will periodically publicize a summary of the financial assistance policy in news articles or announcements along with a description of how to obtain a copy of this policy.

**B. Plain Language Summary**

A plain language summary notifying individuals that Archbold Medical Center offers financial assistance to Uninsured Patients Financial Assistance Program detailed herein will be prepared and updated as required to reflect modifications or amendments to the programs. The plain language summary will provide the following information in clear, concise, and easy-to-understand language:

1. A brief description of the eligibility requirements and assistance offered under the Financial Assistance Program for Uninsured Patients;
2. The direct website address and physical locations at each hospital facility where any individual may obtain a free copy of this policy, the Billing and Collections Policy, and application forms for the Financial Assistance Program for Uninsured Patients;
3. The contact information, including the telephone number and physical location, of hospital staff who can provide information regarding the Financial Assistance Program for Uninsured Patients, the application process, and assistance completing the application process; and
4. A statement that no FAP-Eligible Individual will be charged more than AGB for Covered Services.

**VI. LIST OF PROVIDERS**

A list of providers, that may be providing services in any Archbold Medical Center hospital or hospital-based outpatient location, are covered by this financial assistance policy and is available at this link below. This list may be obtained, free of charge, by calling Accounts Management Services at 229-228-8840 or 1-877-269-8181 ext. 8840 to request such list be mailed to any individual at a designated address or may be found online at: <https://archbold.org/providers>

**VII. This financial assistance policy is available in the following languages:**

- English
- Spanish

**VIII. The following Archbold hospital facilities are covered by this policy:** JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC. (INCLUDING OPERATIONS D/B/A BROOKS COUNTY HOSPITAL, GRADY GENERAL HOSPITAL, MITCHELL COUNTY HOSPITAL, GLENN-MOR NURSING HOME, MITCHELL CONVALESCENT CENTER, PELHAM PARKWAY NURSING HOME)/ARCHBOLD HEALTH SERVICES, INC.

A. As applicable.

**IX. ARCHBOLD MEDICAL GROUP, INC.**

A. Refer to Departmental Policy, AMG 400.1