

SUBJECT: Financial Assistance Program - Uninsured
Patients

EFFECTIVE: June 2015

EXPIRES: When Superseded

APPROVED: 
President

REVIEWED:

REVISED:

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. 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.

III. 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. Billing and Collections Policy – the Archbold Medical Center policy titled "Billing and Collections Policy for Self-Pay Accounts."
- C. Covered Services – Medically Necessary inpatient and outpatient services.
- D. 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.
- E. FAP-Eligible Patient – a patient eligible for financial assistance under this policy.
- F. 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).

- G. AMS – Account Management Services, which is responsible for billing and collecting accounts for hospital services.
- H. Relevant Period – 12-month period ending on September 30, 2014, for financial assistance provided from October 1, 2014 until the AGB Percentage is calculated based on claims allowed during the 12-month period ending on September 30, 2015. Thereafter, the Relevant Period means each 12-month period ending on September 30.
- I. Medicaid – Georgia Medicaid and any and all other State or Federal programs to provide medical insurance to low-income individuals.
- J. 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.

- K. 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.

- L. Medically Indigent Patient – a patient whose household income falls below 200% of the Federal Poverty Line, regardless of whether that individual has the benefit of health insurance or government programs that may be billed for Covered Services.
- 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.

IV. FINANCIAL ASSISTANCE PROGRAM FOR UNINSURED PATIENTS

A. Overview

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 Line, 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.

B. Exclusions

1. 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 Line. (Georgia residents whose household income falls below 200% of the Federal Poverty Line may be eligible for a complete write-off 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 AMS 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, www.archbold.org, and mailing or delivering it to:

Account Management 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:

Account Management 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 Line, subject to the exclusions listed in Section II. B. and II.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 (1) 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; (2) submit an application for assistance within 240 days from the date the patient account is first billed; (3) 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.); (4) have personal and business assets, excluding the patient's personal residence, totaling less than \$50,000.00; and (5) 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 Line will be charged no more than AGB of Usual and Customary Charges for Covered Services. An interest-free payment plan will then be set for the remaining balance based on the current hospital payment-plan schedule.

The current hospital payment plan schedule is as follows:

Patient Balance	Maximum Payment Terms
Less than or equal to \$50.99	Payment in Full
\$51 to \$99.99	2 months
\$100 to \$299.99	4 months
\$300 to \$499.99	6 months
\$500 to \$749.99	8 months
\$750 to \$999.99	12 months
\$1,000 to \$2,499.99	18 months
\$2,500 to \$4,999.99	24 months
\$5,000+	36 months

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 II.E.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.

V. PUBLICATION OF POLICY

A. 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.

B. Dissemination of Plain Language Summary

1. The website for Archbold Medical Center shall conspicuously post the plain language summary.
2. Prior to initiating extraordinary collections actions against uninsured patients, Archbold shall include an insert of the plain language summary with the final bill prior to initiation of such actions, and AMS representatives shall include

information concerning the Financial Assistance Program for Uninsured Patients in collection calls to such accounts.

3. 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.

C. Notification of Potential FAP-Eligible Patients

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.

VI. 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.

VII. ARCHBOLD MEDICAL GROUP, INC.

- A. See departmental policy, AMG 400.1