

ARCHBOLD MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL

POLICY NUMBER: 102.44

SUBJECT: Financial Assistance Program - Indigent Care
Trust Fund (ICTF)

EFFECTIVE: June 2015

EXPIRES: When Superseded

APPROVED: _____
President

REVIEWED: July 2019

REVISED: July 2019

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 Programs, 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. EMTALA – Emergency Medical Treatment and Labor Act (42 U.S.C. §1395dd)
- F. FAP-Eligible Patient – a patient eligible for financial assistance under this policy.
- G. 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).

- H. AMS – Account Management Services, which is responsible for billing and collecting accounts for hospital services.
- I. Relevant Period – the 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.
- J. Medicaid – Georgia Medicaid and any and all other State or Federal programs to provide medical insurance to low-income individuals.
- K. 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.

- 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. 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.
- N. Usual and Customary Charges – the rates for Covered Services as set forth in the charge master for the hospital at the time the Covered Services are rendered.

III. PURPOSE

A. Adoption and Purpose

The purpose of this policy and the Financial Assistance Program established and governed by it is to provide access to care to those without the ability to pay and to provide consistent and appropriate discounts from billed charges to uninsured and medically indigent patients who qualify for assistance under the Georgia Indigent Care Trust Fund (“ICTF”). This policy sets forth the basic framework for the ICTF Financial Assistance Program that applies to emergency and other medically necessary care received by uninsured and medically indigent patients at all hospital facilities operated by John D. Archbold Memorial Hospital, Inc. (“Archbold”).

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. ICTF FINANCIAL ASSISTANCE PROGRAM

A. Overview, Limitation on Charges

Under the ICTF Financial Assistance Program, eligible Uninsured or Medically Indigent Patients who are residents of the State of Georgia having household incomes at or below 200% of the Federal Poverty Guideline will qualify for financial

assistance in the form of a complete write-off of all fees for Covered Services. This policy is intended to comply with Georgia regulations governing the Georgia Indigent Care Trust Fund, specifically including Appendix Q, and shall be interpreted in accordance with those regulations.

B. Exclusions

1. This policy and the Financial Assistance Program established and detailed herein apply solely to Uninsured and Medically Indigent Patients whose household income falls at or below 200% of the Federal Poverty Guideline.
2. This policy and the Financial Assistance Program established and detailed hereunder DOES NOT apply to the portion of charges an insured patient is personally responsible for paying, i.e., co-pays, co-insurance, and deductibles, unless the insured person is Medically Indigent, and 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 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, or other physicians.
4. This policy also 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 or Medically Indigent 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, <https://archbold.org/uploads/groups/3/documents/APPLICATION-FOR-ICTF.pdf> 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 or Medically Indigent Patient has a household income that falls below 200% of the Federal Poverty Guideline, subject to the exclusions listed in Section IV(B) and IV(C) of this policy, the Uninsured or Medically Indigent Patient will ordinarily be qualified for ICTF Financial Assistance.
2. To be eligible, the Uninsured or Medically Indigent Patient must (1) be a resident of the State of Georgia; (2) complete and submit an Application for Financial Assistance (see form attached); and (3) if Archbold or AMS determines it appropriate under the circumstances, complete and submit an application for Medicaid, Medicare or Medicare Disability.
3. In evaluating an Uninsured or Medically Indigent Patient's income for purposes of determining eligibility for the ICTF 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 a 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. If a Medically Indigent Patient is enrolled in Medicare, pursuant to requirements of federal law, Archbold will require said Medicare enrollee to complete a verification of resources (assets other than an individual's personal residence) in addition to income prior to making

a determination of eligibility for the ICTF Financial Assistance Program.

- g. Archbold will make an eligibility determination with 5 working days of receiving an application for financial assistance with completed income verification information.
- h. Archbold will issue written notices to applicants informing them of the results of the determinations, including the reason for denial.
- i. If the patient disagrees with the initial decision, the patient may call 229-228-8870 or write to AMS asking for an appeal or reconsideration. A different employee will be appointed to review the original paperwork submitted and issue a final determination based on the review.
- j. If the applicant still disagrees with the determination made, they may call the Department of Community Health toll free 1-877-261-3117 or 404-463-5827.

F. Amounts Payable under the ICTF Financial Assistance Program

- 1. Uninsured and Medically Indigent Patients who qualify for assistance under the ICTF Financial Assistance Program will receive a complete write-off of all AGB charges for Covered Services.
- 2. Archbold will ordinarily require an Uninsured Patient or Medically Indigent Patient, if appropriate, to apply for Medicaid, Medicare or Medicare Disability. 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(F) will be offered to the Uninsured or Medically Indigent 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.

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. A public notice advising patients of the existence of the Financial Assistance Program for Uninsured Patients will be published in the newspaper for the following counties: Brooks, Grady, Mitchell and Thomas.
3. Patients can call Accounts Management 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.
4. 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.

5. Billing statements contain a conspicuous written notice informing the recipients that financial assistance is available, providing the telephone number for Accounts Management 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.
6. 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>.

7. Archbold will periodically publicize a summary of the financial assistance policy in community 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 and Medically Indigent Patients under the ICTF 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 ICTF Financial Assistance Program;
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 ICTF Financial Assistance Program;
3. The contact information, including the telephone number and physical location, of hospital staff who can provide information regarding the ICTF Financial Assistance Program, the application process, and assistance completing the application process;
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, and covered by this financial assistance policy, is

available at this link to our website. 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