



Policy and Procedure No: BUS – 03	Revised Date: 10/01/2018
Title: Financial Assistance / Indigent and Charity Policy	Effective Date: 10/01/2018
Department: Business Office / Registration	
Approved by: Department Manager	References:

**LPURPOSE:**

The Financial Assistance Policy of Jefferson Hospital serves to provide financial assistance to uninsured or underinsured patients based on the Federal Poverty Guidelines. This policy also administers the distribution of ICTF (Indigent Care Trust Fund) per state regulations. Jefferson Hospital is committed to providing quality health care services to the community. In order to provide necessary medical services, the Health System must maintain a viable financial foundation by seeking reasonable reimbursement for its services to the extent available while at the same time recognizing its obligations to provide discounted services to uninsured and underinsured patients who are eligible for financial assistance under this Policy. Jefferson Hospital is committed to providing emergency and medically necessary services to all patients without discrimination, regardless of their ability to pay.

Each request for financial assistance will be reviewed independently and allowances may be made for extenuating circumstances on a case by case basis.

As described below, this written financial assistance policy:

- Includes eligibility criteria for financial assistance for discounted care;
- Describes the basis for calculating the amounts charged to patients;
- Describes the method used to apply for financial assistance and the process used for making determinations of financial assistance;
- Describes how Jefferson Hospital will widely publicize the policy within the community served by the hospital.

**Definitions:**

*Amounts Generally Billed (AGB):* the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. AGB is determined by dividing the sum of claims paid the previous year by Medicare fee-for-service and all private health insurance, including payments received from beneficiaries and insured patients, by the sum of the associated gross charges for those claims.

*Emergency services:* Immediate care that is needed to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

*Medically necessary, medical necessity or medically necessary and appropriate :* means medical services or equipment based upon generally accepted medical practices in light of conditions at the time of treatment which is (a) appropriate and consistent with the diagnosis of the treating physician and the omission of which could adversely affect the eligible patient’s medical condition, (b) compatible with the standards of acceptable medical practice in the United States, (c) provided in a safe, appropriate and cost-effective setting given the nature of the diagnosis and the severity of the symptoms, (d) not provided solely for the convenience of the patient or the convenience of the health care provider or hospital, ( e) not primarily custodial care unless there must be no other effective and more conservative or substantially less costly treatment, service and setting available. Elective procedures such as cosmetic surgery are not considered medically necessary.

*Affiliated Providers:* the affiliated providers that are covered by this Financial Assistance Policy include all Providers employed by Jefferson Hospital and Physicians’ Health Group network, and independent contractors through the Emergency Room, Surgery Department and Prenatal Center.

**II. ELIGIBILITY:**

**A. Eligibility Criteria**

Jefferson Hospital uses the Federal Poverty Guidelines (FPG) in effect at the time an application is completed and submitted to determine eligibility for financial assistance. If the family's income falls below the 250% of the guidelines, the patient is eligible for some level of financial assistance. The Federal Poverty Guidelines can be found on the government website, [www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty). Criteria are set as follows:

- Household incomes that are at or below 150% of the FPG are eligible to receive discounted care. This is classified as indigent care.
- Household incomes that exceed 151% of the FPG, but are at or below 250% of the FPG qualify for a discounted payment based on a sliding scale as shown below. This is classified as charity care. The patient may also be approved for a payment plan.

DISCOUNT	100%	100%	90%	85%	80%	75%
FAMILY SIZE	100%	150%	175%	200%	225%	250%
1	\$12,880	\$19,320	\$22,540	\$25,760	\$28,980	\$32,200
2	\$17,420	\$26,130	\$30,485	\$34,840	\$39,195	\$43,550
3	\$21,960	\$32,940	\$38,430	\$43,920	\$49,410	\$54,900
4	\$26,500	\$39,750	\$46,375	\$53,000	\$59,625	\$66,250
5	\$31,040	\$46,560	\$54,320	\$62,080	\$69,840	\$77,600
6	\$35,580	\$53,370	\$62,265	\$71,160	\$80,055	\$88,950
7	\$40,120	\$60,180	\$70,210	\$80,240	\$90,270	\$100,300
8	\$44,600	\$66,900	\$78,050	\$89,200	\$100,350	\$111,500
*	\$4,540	\$6,810	\$7,945	\$9,080	\$10,215	\$11,350

\*For family units over 8, add the amount shown for each additional member.

- Household incomes that exceed 250% of the FPG, where the patient is medically indigent, or has unusual financial circumstances, such as catastrophic illness or accident, are evaluated based on their financial situation. Some examples include: (1) The size of the patient's medical bills based on a catastrophic illness or otherwise have resulted in patient liabilities for which payment is impossible based on current financial status of a household; or (2) The patient's subsistence is threatened resulting in an ability to meet patient liabilities. This is classified as medically indigent or charity hardship care. Private Pay patients are eligible for a prompt pay discount of up to 50%. The patient may be approved for a payment plan.
- For emergency and medically necessary services, the charges to the individuals eligible under this Financial Assistance Policy are limited to no greater than the Amounts Generally Billed (AGB) for such services. Amounts Generally Billed will be calculated pursuant to the Look Back Method described in section 501(r)-5(b)(4) of the internal revenue code meaning that Jefferson Hospital will look at actual past claims paid to the hospital facility by either Medicare fee-for-service alone or Medicare fee-for-service together with all private health insurers paying claims to the hospital facility (including, in each case, any associated portions of these claims paid by Medicare beneficiaries or insured individuals) for the last twelve (12) months. The AGB percentage for Jefferson Hospital is 75%.

## **B. Income Verification**

1. Income verification for **all adults** in the household is to include their IRS tax return for the most recent calendar year and the following:

- Most recent calendar year IRS tax return
- One month's current pay stubs
- Copies of pension check or Social Security check
- Child support
- Social Security Statement/Verification
- VA statement
- Unemployment earnings
- Self-employment earnings

**Food stamps do not count as income.**

2. Additional Documentation Required:

- Proof of residency (light or water bill or rent receipt, must be in applicant or spouses name)
- Driver's license or State issued ID
- Social Security Cards
- Medicaid Denial Letter
- W2/1099 or last paycheck stub
- Bank statements
- Bill from Clinic or Hospital
- Additional documentation could be requested

3. If patient/guarantor is unable to provide the documentation to verify income, an original letter from his/her employer on company letterhead should be sent showing part-time or full-time status, length of employment and monthly income. Should the patient not be able to provide any documentation of income verification, the patient must supply a letter from person providing support containing all facts supporting the need for financial assistance. Approval with this documentation will be on a case by case basis.
4. Total family income, based on income verification for all working adults in the household who are responsible for the patient, is compared to current federal poverty guidelines. However, do not count income from any person who is not financially responsible for the patient. For example, do not count income from one sibling as available to another sibling for purposes of paying medical bills. Likewise, do not count income from any child (minor or adult) in considering eligibility under the ICTF for the child's parent.
5. The family unit consists of individuals living alone; and any spouses, parents and their children under age 18 who are still in high school living in the same household.

### **C. PRESUMPTIVE ELIGIBILITY:**

The patient may also qualify for Financial Assistance based on Presumptive Eligibility as discussed below:

1. Presumptive Eligibility- If there is adequate information provided by the patient or through other sources, the patient may be deemed presumptively eligible for financial assistance without a formal application. In the event there is little or no evidence to support a patient's eligibility for financial assistance Jefferson Hospital may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility or potential discount amounts. Presumptive financial assistance will be determined prior to any outside collection activity. The following types of accounts may be considered eligible for financial assistance without documentation under the presumptive eligibility financial assistance program (1) Referrals from approved community agencies; (2) No estate (deceased and death certificate is presented); (3) Eligibility for Medicaid in states other than Georgia; (4) Eligibility for State/Federal Programs where program funding has been exhausted; (5) Food Stamp eligibility; (6) Low income or subsidized housing; (7) Participation in the Women, Infants and Children programs (WIC); (8) State funded prescription programs; or (9) Unemployed persons with no Third Party insurance coverage.

### **D. MEDICAID APPLICATION**

The patient/guarantor is to apply for Medicaid and comply with Medicaid requirements, as applicable.

## E. NON-ALLOWABLE

The following are **NOT** covered by this policy:

- Patients who reside outside Jefferson County
- Amounts due to the hospital and collectable from third parties such as insurance, workers compensation medical benefits, etc.
- Patients who are Medicaid eligible and who have not applied for Medicaid
- Amounts due to independent contractors, such as, radiologist fees, outside labs, and ambulance services
- Amounts due that are covered under liability, auto accident, or worker's compensation with no proof of denial of coverage
- Elective or cosmetic procedures
- Physicals
- Preventive medicine or wellness visits
- Private rooms differences
- All services related to self-inflicted injuries
- Services required as a result from a criminal act, while incarcerated, or in the custody of law enforcement
- Non-emergent ER visits
- Drug Screens
- Jefferson Hospital employees who waive insurance coverage

## F. PATIENTS RESPONSIBILITY\*

\* Patient Responsibility cannot be more than 25% of total charges.

### Payment Plan Schedule:

<u>Amount Owed:</u>	<u>Minimum Payment:</u>	<u>Maximum Months:</u>
< \$26	Payment in Full	N/A
\$26-\$100	1/3rd of the total	3
\$101-\$300	1/6 <sup>th</sup> of the total	6
\$301 - \$600	1/12th of the total	12
\$601 - \$1,000	1/18th of the total	18
\$1,000 - \$1,500	1/24th of the total	24
\$1,501 - \$3,000	1/30th of the total	30
\$3,001 - \$5,000	1/36th of the total	36
\$5,001 - \$7,500	1/42nd of the total	42
Over \$7,501	To be determined	N/A

## G. PROCEDURE TO IDENTIFY ELIGIBLE PATIENTS:

Individual notification of this policy will be given at registration to self-pay patients (or their representative) seeking services or having services Jefferson Hospital. A plain language summary of this policy, a copy of this policy, and application shall also be posted on the Jefferson Hospital website.

PRINTED COPIES ARE FOR REFERENCE ONLY. PLEASE REFER TO THE ELECTRONIC COPY FOR THE LATEST VERSION.

### **III. APPLICATION PROCESS**

- A. Jefferson Hospital does not accept or process applications for patients who have not received nor are scheduled to receive services through Jefferson Hospital affiliated providers. Applications for this program are only to be taken when a patient accesses Jefferson Hospital services. Jefferson Hospital Indigent & Charity Program is not an insurance card that is applied for in the event that services are needed.
- B. All patients applying for financial assistance must complete a Financial Assistance Application Form. The application must be signed by the patient/guarantor. Applications must be submitted by the 240<sup>th</sup> day from receipt of the first Jefferson Hospital statement for the care provided.
- C. Applications will be held until the account has final billed and necessary information has been obtained, and the service has been provided. If applicant is denied for one date of service and on another date of service financial circumstances have changed the applicant may re-apply but must provide require new proof of income. The Poverty Income Guidelines in effect the day of the application will be used. The guidelines are revised annually.
- D. If the income is more than the guidelines or the documentation required by this policy has not been submitted within 30 days of notification of an incomplete application, the application will be denied and referred to the appropriate department to set up payment arrangements. Each applicant will be given a copy of the Applicant's Financial Assistance Application Form and informed that a determination will be made based on policy guidelines. When a determination has been made, a letter indicating denial and/or amount approved for write off and patient balance, if any, will be forwarded to address on record.
- E. Each application is on a case by case basis. The application will be approved for 6 months retroactively and 6 months prospectively from the date of approval.
- F. Patients have the right to appeal if the decision is a denial. An appeal must be submitted in writing or in person to the financial counseling department within thirty (30) days after the determination date.

### **IV. COLLECTIONS POLICY AND PROCEDURE:**

Jefferson Hospital does not engage in extraordinary collection actions (ECAs) against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is FAP-eligible for the care. ECAs are those actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's FAP that require a legal or judicial process, involve selling an individual's debt to another party, or involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus. 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 (see Billing and Collection Policy and Procedure).

**V. ADDITIONAL INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAM:**

Jefferson Hospital makes information readily available to patients about its financial assistance program by posting and distributing information in patient registration areas and on its website. Additionally, anyone needing copies of the information may ask at the Registration Office or by calling (478) 625-7000 Ext. 1238. A plain language summary and the financial assistance application are also available.

A Spanish translation of the Financial Assistance Policy, plain language summary and financial assistance application can be made available upon request. Please request this information to (478) 625-7000 Ext. 1238.

**VI. USE OF INDIGENT PATIENT DATA:**

- A. The Financial Assistant/Patient Accounting Staff may/will keep a record of all amounts written off to Indigent Care.
- B. Reports may be produced on request to identify patients receiving indigent care. Reports will identify patient name, account number, date of service, type of service received, total charges, co-payments, third party payments, amount of indigent care write off, patient’s county of residence, and employer (if any) or any additional information the Hospital is required to provide to State or Federal agencies.
- C. Once patient has received Indigent Status and taken advantage of Jefferson Hospital’s Indigent policy, patient cannot refuse consent for use of Health Information for reporting to state Jefferson Hospital's Indigent Care. If patient refuses consent or withdraws consent, then account will be reactivated, and full collection efforts will begin.

Reviewed/ Revised	Reviewed	Revised	Revised	Revised	Revised	Revised	Revised			
Date/ Initial	1/17/18 CSD	10/1/18 CSD	9/2019 Jim H	7/2020 JH	8/2020 JH	11/2020 JH	01/2021 JH			
Administrative Approval/ Date				7/2020 JH	8/2020 JH	11/2020 JH	01/2021 JH			