| DEPARTMENT:<br>Business Office | POLICY AND PROCEDURE NO: |
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| EFFECTIVE DATE:<br>07/01/2017 | APPROVED BY:<br>James Moody, CFO |

| **Financial Assistance Policy** |
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## Principles/Guidelines

Donalsonville Hospital seeks to treat all patients equitably, with dignity, respect and compassion. To this end, and in understanding that not all patients are able to pay their hospital bills due to financial considerations including financial hardship due to medical misfortune, Donalsonville Hospital will assist those who cannot pay for all or part of their care by extending Financial Assistance to qualifying patients. Donalsonville Hospital will provide free care and discounted Financial Assistance in keeping with the Policy described below. In order for Donalsonville Hospital to apply this Policy fairly and consistently, patients and their families have a duty to provide appropriate and timely information that will help Donalsonville Hospital qualify them for the appropriate level or type of Financial Assistance given their specific circumstances.

As further described below, this Financial Assistance Policy:

- Includes eligibility criteria for Financial Assistance.
- Describes the basis for calculating amounts charged to patients eligible for Financial Assistance under this Policy.
- Limits the amount that Donalsonville Hospital will charge for emergency or other Medically Necessary care provided to individuals eligible for Financial Assistance to no more than the amount generally billed to insured patients by Donalsonville Hospital as defined in this Policy.
- Describes the method by which patients may apply for Financial Assistance.
- Describes the Donalsonville Hospital collection Policy.

Donalsonville Hospital remains committed to serving the emergency needs of all patients, regardless of ability to pay.

**Definitions: As used in this Policy, the following terms have the meanings as set forth below:**

1. **Donalsonville Hospital** – includes the hospital acute care services and the adolescent and geriatric behavioral health units.

2. **Financial Assistance**: Free or discounted health services provided to individuals who meet Donalsonville Hospital's criteria for Financial Assistance and are unable to pay for all or a portion of the Medically Necessary services provided by the facility. Financial Assistance includes:

    - **Indigent and Charity Care –** Indigent Care is available to those whose household income is at 150 percent of the Federal Poverty Guidelines or less. Charity Care is

available to those whose household income falls between 150 percent and 200 percent of the Federal Poverty Guidelines. These patients will receive a 100% discount from Total Charges.

- **Discounted Financial Assistance** – Financial Assistance discounts are available when the household income of a patient and/or Guarantor is in excess of 200 percent. These patients are offered a 50 percent discount from Total Charges, if the account is paid in full within one year of the date of service.

3. **Total Charges** – The total charges at the organization's established rates for the provision of patient care services before deductions from revenue are applied.

4. **Emergency Medical Conditions** – Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

5. **Medically Necessary** – Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:
    a. in accordance with the generally accepted standards of medical practice;
    b. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease

    For these purposes, "generally accepted standards of medical practice" means:
    a. standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
    b. Physician Specialty Society recommendations;
    c. the views of Physicians practicing in the relevant clinical area; and
    d. any other relevant factors.

6. **Eligible Services** – Services eligible under this Policy include: (1) Emergency medical services provided in an emergency room setting, (2) non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and, (3) other Medically Necessary services. Eligible Services does not include elective, cosmetic or non-Medically Necessary services.

7. **Household** – The household consists of the applicant, spouse and all legal dependents as allowed by the Internal Revenue Service. If the applicant is a minor or legal dependent for income tax purposes, the household will include parent(s), legal guardian(s) and/or the taxpayer claiming the patient as a dependent for income tax purposes.

8. **Household Income** – The combined annual income of all members within the Household, as previously defined which includes the patient or Guarantor. Combined annual income will be calculated by utilizing the most recent tax return and two of the most recent pay stubs, if applicable. For the purposes of determining financial eligibility for Financial Assistance, income includes all monies received before taxes from all sources, including, but not limited to, estate payments, net rental income, alimony, military family allotments, employee pensions or retirement plans, military retirement

pay, veteran's payments, self- employment income, royalties, Social Security payments, railroad retirements, unemployment compensation, regular insurance or annuity payments, interest income, private pensions, workers compensation benefits and employment wages. Donalsonville Hospital will require supporting documentation to be submitted with the paper Application. Income does not include Medicare, Medicaid, food stamps, heat assistance funds, school lunches or housing assistance, employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, gifts, loans, need-based assistance from non-profit organizations, child support or foster care payments, or disaster relief assistance.

9. **Allowable Medical Expenses** – The total Household medical bills that would qualify as deductible medical expenses for Federal income tax purposes without regard to whether the expenses exceed the IRS required threshold for taking the deduction that have been incurred within ninety (90) days prior to date of service at Donalsonville Hospital. Paid and unpaid bills may be included.

10. **Co-Payments, Coinsurance and Deductibles** – The amount determined by the patient's insurance policy as being due from the patient and/or any Guarantor. This amount is normally a required payment due from the patient or Guarantor by contract.

11. **Guarantor** – Individual other than the patient who is responsible for payment of the patient's bill.

12. **Patient Liability** – Patient Liability is the amount owed by the patient and /or Guarantor after application of all insurance benefits and Financial Assistance discounts. If the person is a 100% self-pay patient and does not qualify for Financial Assistance, then it is the entire balance.

13. **Amounts Generally Billed Percentage** – The percentage of Medicare gross reimbursement divided by total allowable charges according to the Provider Statistical and Reimbursement Report (PS&R) issued by Medicare. A separate AGB percentage will be calculated for inpatient services and outpatient services as of January 1 each year using the paid claims from the preceding twelve (12) month period. The AGB percentages calculated will be updated February 1 each year and remain in effect until January 31 of the following calendar year.

14. **Amounts Generally Billed** – The amount charged to all patients meeting the eligibility criteria under this Policy before any discounts are applied. Amounts Generally Billed (AGB) will be calculated by multiplying gross charges for any eligible service by the appropriate AGB percentage as defined above.

15. **Extraordinary Collections Actions (ECAs)** – Actions that may be taken related to obtaining payment for services rendered include the following:

    a. Selling an individual's debt to another party unless the purchaser is prohibited from engaging in any ECAs to obtain payment, prohibited from charging interest in excess under section 6621(a)(2) at the time the debt is sold, the debt is recallable upon determination the individual is eligible for financial assistance,

and the individual does not pay or has no obligation to pay the purchaser and Donalsonville Hospital together more than they are personally responsible for paying under this financial assistance policy.

b. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
c. Deferring or denying, or requiring payment before providing Medically Necessary Care because of nonpayment of one or more bills for previously provided care.
d. Actions that require a legal or judicial process, including but not limited to:
    i. Placing a lien on an individual's property except for any lien Donalsonville Hospital is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual as a result of personal injuries for which care was provided;
    ii. Foreclosing on an individual's real property;
    iii. Attaching or seizing an individual's bank account or any other personal property;
    iv. Commencing a civil action against an individual; and
    v. Garnishing an individual's wages.

**Eligibility Criteria for Financial Assistance**

Free care and discounted Financial Assistance applies only to Eligible Services as defined in this Policy. A patient that qualifies for financial assistance under this policy is eligible for discounts to co-payments, coinsurance and deductibles. Financial assistance discounts do not apply to any amounts received or receivable from an insurance company for Eligible Services. The maximum amount a patient will pay is the AGB as defined in this Policy.

Approved Financial Assistance will be applicable only to the charges of Donalsonville Hospital. Donalsonville Hospital cannot make any financial arrangements for the charges of any private physician practice, including the following related entities offering services at Donalsonville Hospital:

1. Wiregrass Medical & Surgical Group
2. Southwest Georgia Health Care Clinics, Inc.
3. Seminole Manor Nursing Home

Patients will need to make payment arrangements directly with these related entities.

Donalsonville Hospital will assist the patient in qualifying for any State of Georgia Medicaid or Social Security (SSI) benefits. Patients qualifying for the State of Georgia Medicaid coverage are referred to the local Department of Family and Children's Services office for further assistance.

**Amounts Charged or Billed to FAP-Eligible Patients**

Amounts billed to patients approved for Financial Assistance pursuant to this Policy shall be based on AGB, as defined in this Policy. Patients shall not be expected to pay Gross Charges. Once a patient has been determined by Donalsonville Hospital to be eligible for Financial Assistance, the patient shall not receive any future bills based on undiscounted Gross Charges for the episode of care in which an Application for Financial Assistance was submitted and any excess collections will be refunded to the patient and/or Guarantor. The patient will be notified

of correct amounts due.

A patient may qualify for Financial Assistance under this Policy if he or she meets one of the following criteria:

- Income –

  If the Income criterion is met, all discounts will be applied to the AGB for approved patients based on household income using the following schedule:

| Household Income | Maximum Amount Individual is Responsible for Paying |
|---|---|
| Less than or equal to 125% of Federal Poverty Guidelines | 0% of AGB |
| In excess of 125% but less than or equal to 200% of Federal Poverty Guidelines | 0% of AGB |
| In excess of 200% of Federal Poverty Guidelines | 50% of AGB |

  Qualification for Financial Assistance based on income will be determined using the following methods:

  1. Completion of Donalsonville Hospital's Financial Assistance Application as described below; or

  2. Approved for financial assistance using method number 1 as described above within 180 days prior to the date of Eligible Services being rendered.

  If a patient/guarantor qualifies for Discounted Financial Assistance or does not qualify for financial assistance using the Presumptive Eligibility method, the patient/guarantor retains the ability to apply for financial assistance by completing Donalsonville Hospital's Financial Assistance Application.

**Financial Assistance Application Methodology:**

All requests for Financial Assistance must be submitted using Donalsonville Hospital's Financial Assistance Application. The Application must be completed in its entirety and all supporting documentation attached to the Application.

1. This Policy describes the manner in which patients will be notified about the Financial Assistance available and this Policy. The notification period ends on the 120th day after Donalsonville Hospital issues the first post-discharge billing statement to the patient. If, by the end of this 120 day period the patient has not submitted a Financial Assistance Application, Donalsonville Hospital may begin collection actions against the patient. The application period during which Donalsonville Hospital will accept and process a

Financial Assistance Application ends on the 180th day after Eligible Services have been rendered.

2. Applicant shall submit the following supporting documentation, if applicable, with a completed Application:
    i. Proof of income – IRS Form W-2, the most recent federal income tax return, pay stubs covering the last 90 consecutive days as of the date of application, proof of Social Security, unemployment receipts, investment income, alimony, worker's compensation, rental/royalty income, retirement income and any other documentation that supports household income as defined in the financial assistance policy.
    ii. Two of the most recent pay stubs received
    iii. Any additional documentation the applicant deems necessary to support their application for Financial Assistance.
3. Falsifying information on the Application will be grounds for denying or revoking Financial Assistance. Falsifying an Application includes, but is not limited to, failure to disclose assets.
4. Applicant shall identify all known third party payment sources for services rendered. Applicant shall cooperate with Donalsonville Hospital in filing of claims and collection of reimbursement from all third party payment sources. Failure to cooperate will be grounds for denying Financial Assistance.
5. Applicant shall cooperate in the application for Financial Assistance from other sources, such as Medicaid and other programs. Failure to cooperate will be grounds for denying Financial Assistance.

**Financial Assistance Procedures:**

1. At the time of registration, each patient will be offered a free written copy of the plain language summary of the Policy.
2. A Financial Counselor is available to discuss the Financial Assistance program offered by Donalsonville Hospital with the patient or the patient's designated representative. A free written copy of the Financial Assistance Policy and Financial Assistance Application may be obtained from the Financial Counselor. At the request of the patient or the patient's designated representative, the Financial Counselor will assist the patient with initiation of the Financial Assistance Application.
3. Financial Counselor may be reached via email at beverly.ray@donalsonvillehospital.org.
4. Donalsonville Hospital will assist, as requested, patients in becoming covered under available state, local, federal or community based assistance programs.
5. When an Application is received, the Financial Counselor will review the Application for completeness, which shall include all supporting documentation. If it is determined that the Application is incomplete, Donalsonville Hospital will take the following actions:
    a. Suspend any collection actions against the patient/Guarantor.

b. Provide the patient with a written notice that describes the additional information or documentation the patient must submit to complete his or her Application.
c. Provide the patient with at least one written notice that informs the patient/Guarantor about the collection actions including any extraordinary collection actions that may be initiated or resumed if the Application is not completed or if the amount due is not paid within 30 days from the date of the notice.
d. If all supporting documentation is not submitted or the amount due is not paid within 30 days of the written notice as described in the preceding paragraph, the request for Financial Assistance will be denied and the account will remain in the billing cycle. A new Application may be submitted if the date of the Application is within 240 days after Donalsonville Hospital issues the first post discharge billing statement to the patient.

6. Once a completed Application has been received and reviewed, the Financial Counselor will make a recommendation for approval or denial on the Application. The Application is given to the appropriate individuals based on the account balance and amount of the Financial Assistance discount requested for approval. Donalsonville Hospital will render a decision in no more than five (5) working days from the receipt of a completed Financial Assistance Application.

7. All Financial Assistance will be approved with the Financial Counselor.

8. The patient will be notified in writing of Donalsonville Hospital's decision to provide Financial Assistance.

**Collection Practices and Policies**

Patients will receive three statements, two collection letters and multiple phone calls requesting payment in full or payment arrangements be made.

Statements –

1. Initial –
    a. Patients will normally receive a statement for services rendered within thirty (30) days of discharge as an inpatient or treatment as an outpatient (excluding recurring visits).
    b. Recurring visit patients will normally receive a bill for services rendered for the prior month within one month.

2. Subsequent Statements –
    a. The second statement will be issued thirty (30) days after the initial statement.
    b. The third statement will be issued sixty (60) days after the initial statement requesting payment in full upon receipt.
    c. The fourth statement will be issued (90) days after the initial statement requesting

payment in full upon receipt. This statement will notify the patient their account will be reflected as a bad debt and referred to an outside collection agency if payment in full is not received within ninety (90) calendar days of the statement date.

d. One hundred eighty (180) days after no activity has been made on these accounts will be written off as a bad debt adjustment and sent to an outside collection agency or worked internally through garnishments or suits.

3. All statements will include language that informs the recipient about the availability of financial assistance and includes a telephone number and the website address to obtain additional information.

Letters – Two letters will be sent out prior to the account being turned over to an outside collection agency.

Use of Outside Collection Agency – When a patient and/or Guarantor fail to pay the patient liability, the account may be referred to an outside collection agency. The Financial Counselor will be responsible for ensuring that Donalsonville Hospital has made reasonable efforts to determine whether a patient is eligible for Financial Assistance prior to being sent to a collection agency.

Extraordinary Collection Actions (ECAs) - The patient and/or Guarantor shall be provided at least thirty (30) days written notice prior to any ECAs being taken. The written notice will include a plain language summary of the financial assistance policy, notification of any ECAs that maybe initiated against the patient and /or Guarantor, and the date after which any ECAs will be initiated. Oral notification to the patient and/or Guarantor will be attempted via a phone call prior to any ECAs being initiated. The oral notification will inform the patient and/or Guarantor about the Financial Assistance Policy and how to obtain help with the financial assistance application process.

Legal Actions – Legal actions may be initiated against the patient and/or Guarantor who default on payment to Donalsonville Hospital. These legal actions may include:

- Placing a lien on an individual's property except for any lien Donalsonville Hospital is entitled to assert under state law on the proceeds of a judgment, settlement, ore compromise owed to an individual as a result of personal injuries for which care was provided;
- Foreclosing on an individual's real property;
- Attaching or seizing an individual's bank account or any other personal property;
- Commencing a civil action against an individual; and
- Garnishing an individual's wages.

All legal actions taken by any collection agency on behalf of Donalsonville Hospital shall have had prior review and approval from Donalsonville Hospital.

Donalsonville Hospital or any collections agency working on behalf of Donalsonville Hospital shall not pursue enforcement of a judgment lien, whether by Sheriff's levy and sale or otherwise, on a primary residence, pursue an involuntary bankruptcy proceeding against a patient and / or

Guarantor, or take any action that would cause a bench warrant (an order issued by a judge or court for the arrest of a person) to be issued. However, Donalsonville Hospital may pursue appropriate court orders, including contempt of court, for a patient/judgment debtor failing to respond to post-judgment discovery as required by law. See Official Code of Georgia Annotated Sect. 9-11-69 and Official Code of Georgia Annotated Sect. 9-11-37.

## Payment Options

Patients will be encouraged to pay their accounts in full by selecting from one of the following options.

1. Payment in full using Check, Money Order, Credit Card (including HSA or FSA cards)
2. Long-term Payment Plan – Patients with a balance equal to or in excess of $200.00 may establish an extended payment plan. The patient must request an extended payment plan.

## Process of Appeal

Patients who were denied Financial Assistance are able to appeal that determination by contacting the Business Office via mail:

Donalsonville Hospital
102 Hospital Circle
Donalsonville, Georgia 39845

All appeals will be reviewed and approved by the Financial Counselor.

| Revised/ Reviewed | Reviewed | Reviewed | Reviewed | | | | | |
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| Date | 9/24/19 | | | | | | | |