

POLICIES/PROCEDURES	DEPARTMENT OF PATIENT FINANCIAL SVCS.
CANDLER COUNTY HOSPITAL	EFFECTIVE: 12/01/2017 REVISED: 01/02/2019
METTER, GA	REVIEWED:
	APPROVED BY:

PURPOSE:

Patients may qualify for discounted care at Candler County Hospital (CCH) and its clinics based on their ability to pay for services received. To qualify, the patient must be determined to be financially or medically indigent as defined below. Only services provided directly by Candler County Hospital and its clinics are covered by this policy.

POLICY:

Discounted care is provided to income eligible patients or guarantors who meet the poverty guidelines issued by the U.S. Department of Health and Human Services. Financial Assistance is for services performed by Candler County Hospital and its clinics only and does not apply to services provided by Independent physicians or other independent service providers.

Financial Assistance will be provided to all patients who present themselves for care at Candler County Hospital without regard to race, creed, color, or national origin and who are classified as financially indigent or medically indigent according to the hospital's eligibility system.

DEFINITIONS:

Financially indigent patient: An uninsured or underinsured person who is accepted for care with no obligation or discounted obligation to pay for the services rendered based on the hospital's eligibility system. A person whose income is above 200% of the federal poverty guidelines may not be designated as financially indigent.

Medically Indigent Patient: A person who's medical or hospital bills exceed a specified percentage of the patient's annual gross income determined in accordance with the hospital's eligibility system and the person is financially unable to pay the remaining bill.

Medically Indigent Insured Patient: A person whose medical expenses, after payment by all third-party insurance exceeds forty percent (40%) of their annual income as evidenced by a completed Financial Assistance application. This percentage may be adjusted periodically.

Special Provision for Medicaid Beneficiaries: All current Medicaid beneficiaries are deemed medically indigent for purposes of this policy. This provision may apply, at the discretion of senior leadership, to services not covered by Georgia Medicaid.

PROCEDURE:

1. To be considered for participation in CCH's Financial Assistance program, a patient must meet at least one of the following criteria:
 - A. The patient has no third-party insurance or has a balance after insurance payment equal to or greater than 40% of their annual income.
 - B. The patient does not meet the eligibility requirements for Georgia Medicaid.
 - C. The patient is not eligible for insurance coverage under an employer-provided group health program and has not obtained coverage through an insurance exchange.

2. The applicant must provide **all** the following to initiate the process.
 - A. Completed application
 - B. Proof of household income
 - C. Copy of the most recent tax return if self-employed
 - D. Verification of family size
 - E. Medicaid denial letter if applicable
 - F. Medicaid spend down verification if applicable

3. The U.S. Department of Health and Human Services Federal Poverty Guidelines (FPG) are utilized in determining eligibility.

Current levels of discount and patient liability (subject to copayment requirements) are:

<u>Family Income as a % of FPG</u>	<u>Discount</u>
Up to 100% of FPG	100% off billed charges
Over 100% but less than 125% of FPG	83% off billed charges
Over 125% but less than 150% of FPG	66% off billed charges
Over 150% but less than 200% of FPG	50% off billed charges
Over 200% of FPG	Not eligible for Financial Assistance

Patients whose income exceeds 200% of the Federal Poverty Guidelines are not eligible for Financial Assistance under this policy unless qualified under the medically indigent guideline.

The hospital sliding scale will be reviewed annually at the time the Federal Poverty Guidelines are released.

4. Applications must contain all the documentation necessary to verify family size and income. Falsification of data by the patient will be grounds for the rejection of the application and immediate collection activity on all unpaid balances will be initiated.

5. Applications are approved for a six (6) month period. Subsequent hospital dates of service and accounts will require a new application.

6. The approval period begins on the first of the month prior to application's approval unless a longer period is approved by the hospital's Senior Leadership. At the discretion of Senior Leadership patients who request Financial Assistance after being placed in collections will have their approval period approved retroactively to the first day of the month preceding the hospital services that generated the collection call.
7. BMC staff may screen patients for other appropriate financial health care resources prior to the financial application process.
8. Hospital personnel will review newly-qualified Medicaid patients for previous indigent discounts and reverse any that fall within the eligibility period. These will be billed to Medicaid and any funds collected from the patient will be applied to any other outstanding debt. If no debt exists, the funds collected from the patient will be refunded to the patient.

Candler County Hospital shall always be the payor of last resort and is secondary to all other financial resources available to the patient, including group or individual medical plans, workers' compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.