POLICY STATEMENT
To establish a systematic process for the provision and determination of indigent and charity care services commensurate with resources and the mission of GRHealth. This policy covers the financial screening process for uninsured patients seeing medically necessary services provided by GRHealth. This program is established for all persons requesting free and reduced-charge care enabling the health system to:
(a) Provide services for no charge to persons with incomes below 125 percent of the federal poverty level; and
(b) Provide services for no charge or adopt a sliding fee scale (reduced-charge services) for persons with income between 125 and 100 percent of the federal poverty level.

AFFECTED STAKEHOLDERS
Indicate all entities and persons within the Enterprise that are affected by this policy:
☐ Administrative Services
☐ Hired Staff
☒ Housestaff/Residents & Clinical Fellows
☒ Leased staff
☒ Medical Staff (includes Physicians, PAs, APNs)
☐ Patient Care Services (Nursing, PCT's, Unit Clerks)
☐ Professional Services (Laboratory, Radiology, Respiratory, Pharmacy; etc.)
☐ Vendors/Contractors
☒ Other: Patients

DEFINITIONS
Medically Necessary - 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 member’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 member or the convenience of the health care provider or hospital, (e) not primarily custodial care and (f) there must be no other effective and more conservative or substantially less costly treatment, service and setting available
Financial Assistance Policy (FAP) - Georgia Regents Medical Centers Program for uninsured patient’s policy, which includes eligibility criteria, the basis for calculating charges, the method for applying for financial assistance, and how to obtain the policy.

Plain Language Summary - a written statement that notifies an individual(s) that Georgia Regents Medical Center offers financial assistance under the FAP for all medically necessary services and contains the information required to qualify for the financial assistance program. Patient Liability means the dollar amount the patient/guarantor is legally obligated to pay for services rendered by a provider. For insurance patients this may include co-payment, deductibles and payments for non-covered services.

Non-Urgent/Elective Care - elective visit is one that is chosen (elected) by the patient or physician that is advantageous to the patient but is not urgent.

Family Unit – consists of individuals living alone, and spouses, parents and their children under the age of 21 living in the same household. A family unit may include minor children living with their legal guardian.

DFCS - Division of Children and Family Services
SSI - Supplemental Security Income

PROCESS & PROCEDURES

Emergency Care:
Patients who present to a GR Health facility requesting evaluation and treatment for an emergency medical condition will receive evaluation and stabilization for that condition regardless of their ability to pay. This policy addresses financial screening for medically necessary elective, non-emergent care services prior to service or screening after emergency service has been provided where the patient is applying for financial assistance.

Non-Urgent / Elective Care:
Non-urgent uninsured patients may undergo financial screening prior to receiving care via the scheduling or pre-admit process and after care via the Business Office for the Health System.

Charge Information:
- Individuals eligible for financial assistance will not be charged more than the amounts generally billed (AGB) for emergency service or other medically necessary care
- This amount is derived by using the look-back method, using the average of insurance contract rates and is reviewed annually to adjust as needed.

Discounting Policy:
Discounts on top of the automated AGB discount of uninsured patients are done so based on the following guidelines for medically necessary services.
- Residency requirement:
  - Georgia resident
  - South Carolina resident
- All efforts will be made by the Health System to ensure that the patient / guarantor has applied and been denied coverage under the state’s Medicaid programs:
  - GR Health employs an on-site Georgia DFCS worker to assist with Medicaid eligibility screening
GR Health contracts with Chamberlin Edmonds to assist with Medicaid eligibility screening for all Medicaid programs to include SSI Disability Medicaid

- Georgia and South Carolina residents with incomes below 125 percent of the Federal Poverty Level will not be responsible for any patient liability portion of their bills (Indigent Care)
- Georgia and South Carolina residents with incomes between 125 to 200 percent of the Federal Poverty Level will be eligible for a discount on the patient liability portion of their bills based upon a sliding fee scale which is available upon request and reviewed annually to coincide with the Federal Poverty Guidelines. (Charity Care).
- Discount may be applied to open active and bad debt patient liability account balances
- Completed applications will be valid for six months after completion date
  - Start of the financial assistance will be effective the date the application was processed to completion by hospital staff
- After the six month approval date all patients must reapply for financial assistance if additional medically necessary care is required past the six month approval date.
- It is a requirement that the patient cooperates to completion of the Financial Assistance Application and supporting Income Verification in order to be considered for financial assistance.
- Non-emergency or non-medically necessary care will not be covered under financial assistance

**Information Required to Complete Eligibility Determination:**

- Completed Application for Financial Assistance
- Proof of Residency in Georgia or South Carolina
- Verification of Income for family units gross income
  - List of acceptable verification of income documents can be provided and is available on the web

**HOW TO APPLY:**

- Applications for financial assistance can be obtained in:
  - Patient Access
  - Emergency Room
  - Business Office, Customer Service
  - Online at [www.grhealth.org](http://www.grhealth.org) – Under Patient and Family Information
- Step by step instructions for completion are located on the web at [www.grhealth.org](http://www.grhealth.org)
- Questions about financial assistance can be addressed by calling the GRHealth Business Office, Customer Service at 706-721-2961
BILLING AND COLLECTIONS:
- Information regarding actions taken for non-payment can be found in the Billing and Collections Policy
  - Policy can be found at www.grhealth.org – Under Patient and Family Information
  - Hard Copy of the policy can be requested through the GRHealth Business Office, Customer Service

LOG OF PATIENT ACCOUNTS:
- The Health Systems electronic billing systems are used to maintain the log of patient accounts and are driven by the family size, income, patient class and ultimately the transaction codes which indicate how the debt was adjudicated.

PHYSICIANS:
- Georgia Regents Medical Associates physicians provide emergency and other medically necessary care at GR Health. These physicians are not required to follow the Medical Center’s Financial Assistance Policy.

Appendix:
- A-AGB Discount
- B-Income Verification
- C-Physician Listing
- D-Transaction Codes

REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS

Financial Assistance Application
Application for Financial Assistance

RELATED POLICIES

Billing and Collections Policy Billing and Collections Policy

APPROVED BY
Chief Executive Officer, Georgia Regents Medical Center Date: 10/09/2015