

Financial Assistance Policy

Policy Owner: Patient Accounts

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 AU Health. This policy covers the financial screening process for uninsured patients seeking medically necessary services provided by AU Health. 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 200 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

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy No.: 723

Version: 3

Policy Sponsor: Type the title of the Executive Lead of the department.

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Financial Assistance Policy (FAP): AU 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 AU 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 patient s 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

A. Emergency Care

Patients who present to an AU 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.

B. 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.

C. 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.

D. Discounting Policy

Discounts, on top of the automated AGB discount automatically taken off of uninsured patients accounts, are done so based on the following guidelines for medically necessary services.

- Residency requirement:
 - Georgia resident
 - South Carolina resident

- Discounts will not be given if the patient has any other third party coverage such as medical insurance, liability or Medpay accident policies.
 - Efforts to obtain active insurance eligibility will be completed prior to financial screening as uninsured
 - Discussion with patient of active coverage and/or accident liability information
 - Copies of Insurance Cards obtained and scanned into electronic financial record
 - Eligibility verification through online third party eligibility vendor, insurance websites, phone all VRU
- 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:
 - AU Health contracts with a Medicaid eligibility vendor who is onsite to assist with Medicaid 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

E. 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

F. How To Apply

- Applications for financial assistance can be obtained in:
 - Patient Access
 - Emergency Room
 - Business Office, Customer Service
 - Online at www.augustahealth.org – Under Patient and Family Information – Financial Assistance
 - To obtain an application via mail contact 706-721-2961
- Step by step instructions for completion are located on the web at www.augustahealth.org

- Questions about financial assistance can be addressed by calling the AU Health Business Office, Customer Service at 706-721-2961

G. 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.augustahealth.org – Under Patient and Family Information
 - Hard Copy of the policy can be requested through the AU Health Business Office, Customer Service

H. 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.

I. Physicians

- AU Medical Associates physicians provide emergency and other medically necessary care at AU Health. These physicians are not required to follow the Medical Center's Financial Assistance Policy.

J. Appendix

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

REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS

Financial Assistance Application

RELATED POLICIES

[Billing and Collections Policy](#)

APPROVED BY

Chief Executive Officer, AU Medical Center

Date: 10/29/2018

Appendix A

AGB Discount – Charge Information

- Uninsured individuals will not be charged more than the amounts generally billed (AGB) for emergency services or other medically necessary care
- This amount is derived by using the Look Back Method, taking the average of our insurance contract rates, this is reviewed annually and adjusted as needed
- Current AGB discount 61% off of total charges
- Automated Transaction Code used to adjust AGB is 99991227

Appendix B - Income Verification

Patients who would like to request financial assistance with their medical bills:

- **Must** provide a copy of their most recent completed, signed Federal Income Tax 1040A, 1040EZ or 1040 with tax schedules

If the patient (or responsible party) did not file taxes the last year or if the income situation has changed, the patient should provide photocopies of **at least one** of the following documents to verify **total** family **gross** (before deductions) income:

- Pay stubs for the most recent past three (3) months for all members of the family working
- Notarized statement showing alimony, child support, rental income, interest, dividends, regular support payments, income from estates or trusts
- A dated and signed letter from employer on company letterhead stationary stating the amount of gross income per day period and total number of hours worked per pay period
- Copy of checks or statement showing pensions, Social Security, Veterans Benefits, Public Assistance. *Temporary Assistance Needy Families (TANF) or Social Security Insurance (SSI) income received by any family members are excluded and will not be included in the calculation of total family gross income.
- Copy of bank statement showing an “electronic deposit” from the federal government of Social Security, Veterans Benefits
- Statement showing Worker’s Compensation or Unemployment
- Copy of Food Stamps Summary
- Letter from Department of Family and Children Services or Social Security Office verifying income
- **Notarized** statement from someone in the community, i.e. attorney, sheriff, minister, mayor, city council member, who can certify the patient’s financial situation
- In absence of the above documentation, a statement of zero income from the patient/ applicant will be accepted for review

NOTE:

- Income must be re-verified any time there is a change in income
- Social Security income must be re-verified the first of every calendar year

Appendix C

Physician Listing

- AUMA Physicians

Appendix D

Transaction Codes

- Self-Pay Discount
 - Automated Adjustment- 99991227
 - Manual Adjustment – 99990227
 - Bad Debt Adjustment - 99992227
- Georgia Indigent (ICTF)
 - Automated Adjustment - 99990185
 - Manual Adjustment - 99990180
- Georgia Charity Care
 - Automated Adjustment - 99990160
 - Manual Adjustment - 99990032
- SC Indigent and Charity Care
 - Automated Adjustment - 99993332
 - Manual Adjustment - 99993232
- Underinsured Discount
 - Manual Discount – 99990232