



Policy & Procedure

Department: Collection Department
Title: Financial Assistance Policy
Policy #: FI 215
Supersedes: FI 215
JCAHO Std.:

Revision Date: 08/2011
Effective Date: 08/2009

Purpose: To provide free services to patients with an income no greater than 125 percent of the federal poverty level guidelines as published by the United States Department of Health and Human Services.

To provide reduced charge services (30 percent reduction of total charge) to patients with an income level between 125 percent and 200 percent of the federal poverty level guidelines as published by the United States Department of Health and Human Services.

Policy: It is the policy of Dorminy Medical Center to provide free services to patients with an income no greater than 125 percent of the federal poverty level guidelines as published by the United States Department of Health and Human Services.

It is the policy of Dorminy Medical Center to provide reduced charge services to patients with an income level between 125 and 200 percent of the federal poverty guidelines as published by the United States Department of Health and Human Services. Dorminy Medical Center limits amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under the Indigent Program to not more than the amounts generally billed to individuals who have insurance covering such care. The discount provided to those patients who qualify for charity care will receive discounts at no less than the best discount offered to our commercial payers.

It is the policy of Dorminy Medical Center to provide free and reduced services for all eligible hospital-based or sponsored services. Contractual allowances, and amounts payable from third parties are not covered. Patients leaving AMA (against medical advice), elective procedures, clinic or rural health visits, pain management visits and professional fees will not be written off under the indigent program. Patients who do not cooperate with Dorminy Medical Center or any third party vendors contracted by Dorminy Medical Center for the purpose of obtaining medical coverage for the patient will not have their accounts written off to indigent. If accounts have already been written off, their accounts will be reversed and a letter will be sent to the patient notifying them that until such cooperation is received, they will be responsible for the balances in full.

Procedure: Patients will have 30 days from the date of their first statement to apply for the indigent program. The 30 day requirement can be waived on a case to case basis in circumstances upon approval from the Collections Director, Chief Financial Office or Chief Executive Officer. Accounts only going back six (6) months for the date the patient applies will be eligible to be written off to the indigent program.

A. Service Areas

A patient applying for financial assistance must be a resident of the primary or secondary service area.

1. Primary – Ben Hill
2. Secondary – Wilcox, Irwin, Turner and Coffee

A patient residing outside the primary or secondary service areas, but in the state of Georgia, could be eligible for financial assistance if the service is not offered in their county of residence or a nearby county.

Patients residing outside the state of Georgia and outside the United States will not qualify for the financial assistance program.

Under special circumstances, cases can be reviewed by the Collections Manager, CFO and CEO.

Non-Emergency Out Patient Services

Upon arrival in Admissions and/or Registration, a non-emergency out patient requesting services will be given a copy of the current Federal Poverty Guidelines. The patient or responsible party will be asked if they would like to apply. If so, the patient or responsible party will be asked to complete the application for free or reduced services. Persons seeking assistance will be required to provide financial information for eligibility determination before an application will be accepted. Indigent applicants with minor children listed on the application will be required to complete a questionnaire on current medical coverage for their children. If the applicant does not have current medical coverage for the children, they will be required to apply for Peachcare and/or Medicaid. All applications are to be turned into the Collections Department.

Outpatient Surgery

All self-pay patients and/or responsible parties not wishing to apply for free or reduced charges will be required to pay a \$1,000.00 deposit for outpatient surgery.

Inpatients

All self-pay inpatients are seen by Dorminy Medical Center's case management department and are given an indigent application. Case Management explains to the patient how the indigent program works and what information is need to process the application and they are asked to return the completed application to the Collections Department. All self-pay inpatient accounts are referred to any contracted third party vendor for the purpose of obtaining medical coverage.

Emergency Patients

For emergency patients, service will be rendered without regard to their ability to pay. Emergency patients will be given a written notice and indigent application for free and reduced charges. The admission clerk will inform the patient and/or responsible party wishing to apply to turn the completed application along with their verification of income into the Collections Department within 30 days of their first statement.

Non-Emergency ER Services

If a service in the emergency room is deemed to be non-emergent by the emergency room physician, the patient will be informed up front that they will be required to pay a \$150.00 deposit before they will be given any medical care. The patient will be informed that any additional services (lab, radiology, etc.) will be their responsibility and will not be covered under the indigent program. The patient can choose to be seen in the Dorminy Care Clinic.

Screening of Financial Data and Approval Process

Admissions, Collections and Social Service personnel may accept a completed application only if the necessary documents are attached to determine eligibility. Applications which do not have verification of income will not be accepted. When the application is accepted, the clerk will make a manila folder for the applicant's information and put the patient's name on the outside of the folder. The folder is then given to the Collections Department. All applicable patient stays are documented on an indigent care worksheet and the application is logged in the collection notes. The worksheet is put in the applicant's folder. The Indigent Clerk, appointed by the CFO, will make the determination of eligibility.

If the income exceeds the limits, a denial letter will be mailed to the applicant. If they have had a change of income or disagree with the decision, they may request a reconsideration.

If the patient qualifies for charity or indigent care, the folder will be sent to Collections for the financial folders to be pulled. Once all folders are pulled, they are given to the Indigent Clerk. A letter is sent to the applicant stating what portion of their bill is being written off.

After the write-offs have been approved, the financial folders are then forwarded to the posting clerk. The Indigent Clerk will balance their report to posting's adjustment report. The log will also be reconciled to the general ledger on a monthly basis.

After the approval process and write-offs are complete, the Indigent Clerk will return all financial folders to the Collection Department. Charity and Indigent folders have a designated area in which they are kept. Billing will continue on patients with a balance remaining. The manila folders are filed by alphabet. This file is located in the accounts receivable office. Definitions of Indigent and Charity Care

Indigent Care financial status will be accounts approved for free services.

Informing Patients of Availability of Program

Published notices will be placed in the local newspaper by the Indigent Clerk on an annual basis. The notices will address the new federal poverty guidelines that have been issued.

Individual written notices will be given to each patient upon admissions to inpatient or outpatient services of the hospital and to any person seeking services of the facility and notices will be mailed with collection notices. In addition, the financial assistance policy will be discussed with patients during collection phone calls.

Dorminy Medical Center will make available notices in English and Spanish.

Dorminy Medical Center will place legible signs in the emergency room, the business office and the admissions area which include the same information as the notices.

Forms

- *Individual written notice to all patients
- *Spanish individual written notice to all patients
- *Free and Reduced Charge Services Program Application
- *Indigent Questionnaire for minor children
- *Letter to applicant to provide income verification or Statement of No Income
- *Statement of No Income
- *Letter to applicant determined ineligible for free or reduced services
- *Letter to applicant with income below 125% of poverty who qualifies for free service
- *Letter to applicant with income between 125% and 200% of poverty who qualifies for reduced charge services
- *Letter to applicant after reconsideration – no change in decision
- *Letter to applicant after reconsideration – change in determination for free care eligibility
- *Indigent/Charity Care Sheet
- *Indigent/Charity Care Log