

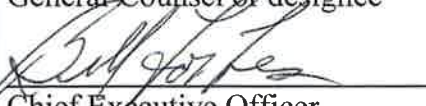


**SOUTH GEORGIA HEALTH SYSTEM
SYSTEM POLICIES AND PROCEDURES**

<p>TITLE: Financial Assistance Policy</p> <p>APPROVALS:</p> <p>Function Approval:  Compliance Officer</p> <p>Legal:  General Counsel or designee</p> <p> Chief Executive Officer</p>	<p>FACILITIES:</p> <p><input checked="" type="checkbox"/> SGMC</p> <p><input checked="" type="checkbox"/> SGMC Berrien Campus</p> <p><input checked="" type="checkbox"/> SGMC Lanier Campus</p> <p><input checked="" type="checkbox"/> SGMC Lakeland Villa</p>	<p>SYSTEM POLICY NUMBER: 3.006</p> <p>FUNCTION:</p> <p><input type="checkbox"/> 1.000 Administrative/ Operations</p> <p><input type="checkbox"/> 2.000 Clinical Services</p> <p><input checked="" type="checkbox"/> 3.000 Compliance</p> <p><input type="checkbox"/> 4.000 Environment of Care</p> <p><input type="checkbox"/> 5.000 HIPAA</p> <p><input type="checkbox"/> 6.000 Finance</p> <p><input type="checkbox"/> 7.000 Human Resources</p>
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PURPOSE

The purpose of this Financial Assistance Policy (this “Policy”) is to set forth the eligibility criteria and process regarding financial assistance to qualifying patients for emergency and other medically necessary care. As further described below, this Policy:

1. Includes the eligibility criteria for financial assistance and sets forth the circumstances in which a patient will qualify for free or discounted care.
2. Describes the method by which SGHS determines the Amount Generally Billed to individuals who have insurance.
3. Describes the method by which patients may apply for financial assistance.
4. Describes the actions SGHS takes in the event of non-payment.
5. States the location of a list of all SGHS providers who deliver emergency or medically necessary care and who are subject to this Policy.
6. Describes how SGHS will widely publicize this Policy within the community it serves.

APPLICATION

This Policy is applicable to SGHS, as defined herein.

DEFINITIONS

Amount Generally Billed or *AGB* means the amount derived from applying a “look-back” method, namely, the amount determined for emergency or medically necessary care by multiplying the Gross Charges for that care by the AGB Percentage.

AGB Percentage means the amount that SGHS will calculate at least annually by dividing the sum of all claims that have been allowed for emergency or medically necessary care by Medicare Fee-For-Service and all private insurers during a prior twelve (12) month period by the sum of the associated Gross Charges for those claims. For these purposes, SGHS will include in the amount “allowed” the amount to be reimbursed by Medicare or the private insurer and the amount (if any) the Medicare beneficiary is personally responsible for paying (in the form of co-payments, coinsurance or deductibles) regardless of whether and when the full amount is actually paid and disregarding any discounts applied to the individual’s portion (under this Policy or otherwise). The AGB Percentage in effect at any particular time may be obtained by contacting Patient Financial Services at 229-333-1040 or 877-225-2071.

Extraordinary Collection Action means an action described in 26 C.F.R. § 1.501(r)-6(b)(1).

Federal Poverty Guidelines means guidelines set by the federal government which establish income levels for households living above or below defined poverty or subsistence annual incomes and is published from time to time by the U.S. Department of Health and Human Services.

Gross Charges means SGHS’ full, established rates for medical care that it consistently and uniformly charges patients before applying any contractual allowances, discounts or deductions.

Household Income means the gross income of all persons included in the household.

Plain Language Summary means the plain language summary document SGHS has created in compliance with 26 C.F.R. § 1.501(r)-1(b)(24).

SGHS means South Georgia Health System, a trade name used by the Hospital Authority of Valdosta and Lowndes County, Georgia for the hospitals, nursing home, clinics and health care facilities and services owned and operated by the Hospital Authority of Valdosta and Lowndes County, Georgia.

SGHS Facility means, for purposes of this Policy, SGMC, SGMC Berrien Campus, SGMC Lanier Campus and SGMC Lakeland Villa.

POLICY

SGHS is committed to providing free or discounted emergency and other medically necessary care to qualifying patients in accordance with the eligibility criteria and determination processes set forth in this policy.

Further, SGHS adheres to all applicable federal, state and local laws and contractual obligations which may be associated with the subject matter contained in this Policy.

It is the policy of SGHS to provide without discrimination, Indigent Care or Charity Care Financial Assistance - for emergency and/or other medically necessary care to US Citizens who are residents of the State of Georgia and who qualify for such assistance as outlined in this policy.

Self-Pay Discounts - to certain uninsured individuals who do not have healthcare insurance. Patients who qualify for self-pay discounts are not treated as qualifying for financial assistance and therefore are not subject to the Amounts Generally Billed limitations or other requirements applicable to patients who qualify for Financial Assistance programs.

Financial Assistance Qualifications

Eligibility at SGHS for financial assistance relating to emergency or medically necessary care is based on Federal Poverty Guidelines (FPG) and percentages thereof. Patients whose Household Income is less than or equal to 125% of the Federal Poverty Guidelines will not be responsible for any charges on their account. Total charges for these accounts will be written off to Indigent Care.

Patients whose Household Income is between 125%-300% of the Federal Poverty Guidelines, will not be responsible for any charges on their account. Total charges for these accounts will be written off to Charity Care.

Patients whose household income is between 301%-400% of the Federal Poverty Guidelines may be eligible for financial assistance. If these patients apply and meet the qualifications for financial assistance they will only be charged the current AGB percentage in effect for their account(s).

Patient Cooperation

In addition to meeting the Household Income requirements, in order to be eligible for financial assistance under this Policy a patient must also:

- Complete the SGHS Financial Assistance Application Form;
- Supply all documentation requested by SGHS in accordance with this Policy and the Financial Assistance Application Form;
- Apply for all public assistance programs requested by SGHS including, for example, Medicaid, Social Security, Disability, Victims of Crime, etc.;
- Cooperate with SGHS in determining whether or not the patient is eligible for financial assistance under this Policy; and
- The patient must have no access to third-party funds to pay for the service.

Applicants must conduct themselves in a courteous, cooperative manner. Failure to do so can result in termination in the program.

Not Applicable to Insurance

Financial assistance under this Policy will never apply to the payment responsibility of an insurance company or benefit plan under a health benefits plan regardless of whether the insurance company or health plan has made payment to the patient or to SGHS.

Basis for Calculating Amount Charged To Patients

SGHS will not charge patients approved for financial assistance under this Policy for emergency or other medically necessary care, more than the Amount Generally Billed to individuals who have insurance covering such care and will use a “look-back” method to determine the AGB. This means that SGHS will not charge patients eligible for financial assistance under this Policy for emergency or medically necessary care more than the Gross Charges for such care multiplied by the AGB Percentage. Individuals may request the AGB Percentage in effect at any particular time by contacting Patient Financial Services at 229-333-1040 or 877-225-2071.

PROCEDURE

Who is eligible to apply:

Georgia residents and residents in Florida counties that are contiguous to the Georgia state border are eligible to apply, if for at least six (6) months, have a total household income that is less than 400% of the Federal Poverty Level (FPL).

Automated Financial Assistance

At the time of registration, every patient is electronically assessed for a Federal Poverty Level ranking through presumptive automated third-party software. Any patient qualifying for Indigent or Charity Care will be automatically written off and will not need to apply for Financial Assistance. If the system is unable to determine an (FPL) the patient may apply through the manual application process.

Method by Which Patients May Apply For Financial Assistance

Patients or their guarantors may apply for financial assistance within 240 days from date of service by completing the SGHS Financial Assistance Application Form and providing all documentation requested by SGHS in accordance with this Policy or the Financial Assistance Application Form.

SGHS may require the patient to provide various types of information relating the patient's Household Income, including, without limitation, any of the following as applicable:

- Proof of Identity – Provide the original or certified copy of either:
 - GA or FL Driver's License, State ID Card, Credit Card with a picture ID or School Picture ID
- Proof of Residency – Three of the following items showing your current street address are required to prove residency for at least 6 months prior to the application date. Note: a PO Box address is not acceptable.
 - Utility bills such as power bill, gas bill, water bill, telephone bill, phone bill, etc.
 - Lease Contract
 - Rent receipt showing current address
 - Food stamps letter
 - Voter's registration card

- Other documents that prove your place of residency, i.e.; credit card statements, IRS documentation, Medicaid letters, student letters from school, bank statement, mortgage statement, etc.
- Proof of Income – Provide all documents that apply for all household members:
 - Three (3) months of the most recent paycheck stubs or employer statement verifying gross wages
 - IRS W-2 issued during the past year
 - Most recent IRS Form 1040 document
 - Three (3) months of the most recent bank statements for each checking, savings, money market or other bank or investment account
 - Written statements for the most recent three (3) months for all other income (e.g., unemployment compensation, disability, retirement, student loans, award letter from Social Security Office, current profit and loss report for all self-employed applicants, alimony documentation, child support documentation, worker's compensation etc.)
 - Unemployment compensation denial letter
 - Food stamps letter
 - Verification of homelessness or a letter from a shelter on company letterhead
 - Other documents showing how the patient is being supported
- Proof of number of dependents (household members) – the following is required as proof of number of dependents in the household:
 - Most recent Income Tax Return
 - Notarized letter indicating the parent has legal responsibility for the child/children
 - Birth certificates for each child age eighteen (18) years and younger

Assets

An individual's assets will be assessed to realistically determine the extent to which personal/business resources can help pay a hospital bill. While it is not our intent to strip a person of his/her resources to pay hospital bills, resources will be used as far as is reasonable to determine financial assistance qualification.

Applicant's assets will be determined as follows: Applicants must list all assets, including but not limited to all vehicles (trucks/cars/motorcycles) using the Kelly Blue Book for value determination, all checking and savings accounts, all homes, properties, boats, ATVs, planes, livestock, IRAs, trust funds, retirement accounts, estates in probate, investments, business assets, etc. Failure to disclose all assets may result in a denial of the application and applicant can be held responsible for any service dates previously approved. Applicant must include any assets transferred to another person if the transfer occurred less than three (3) years prior to the application.

The asset calculation will not include the first \$175,000 of value on their primary place of residence. Only the value that may exceed the amount of \$175,000 will be included in the asset calculation.

Financial Assistance Eligibility

To be eligible, the uninsured/underinsured patient must meet residency requirements, their total family income must fall between 301%-400% of the Federal Poverty Guidelines, they must have applied for any other potential coverage, have personal/business assets totaling less than \$175,000, and must agree to comply with SGHS payment plan requirements for balances after the AGB adjustment is applied.

Patients must apply for any and all Federal or State Assistance programs they may qualify for, i.e.: Medicaid, Medicare, Cancer State Aid, Georgia Crime Victims Compensation, etc. prior to using SGHS's Financial Assistance program.

Financial Assistance does not apply to the following:

- Cosmetic/plastic surgery
- Elective services
- Accounts where the patient has requested that their insurance is not billed
- Non covered services
- Patients who have refused to apply for an individual or group market health plan when legally entitled to do so
- Charges covered by third-party liability (i.e.: automobile insurance, workers compensation, liability insurance) unless proof of denial of coverage is provided.

Financial Assistance Eligibility Determinations

The SGHS Patient Financial Services Department will render a decision regarding whether an individual qualifies for financial assistance within ten (10) business days, after its receipt of a complete financial assistance application.

Applicants with incomplete applications, and those lacking supporting data, will be notified in writing of the additional information and/or documentation required, and be given thirty (30) days to resubmit their application. Failure to provide the required information within thirty (30) days will result in denial of the application.

Approved Financial Assistance will be effective for twelve (12) months from the date of approval and retroactively for all patient balances incurred prior to the approval.

Management reserves the right to evaluate special circumstances and extend financial assistance outside of the above listed criteria.

Financial Assistance Reconsiderations

In the event any patient believes his or her application for Financial Assistance was not properly considered in accordance with this Policy, or he or she otherwise disagrees with the application of this Policy in his or her case, a patient may submit one written request for reconsideration. Applications will only be reconsidered if new or additional information is provided.

If any patient information provided is found to be inaccurate, false or misleading, any financial assistance that may have been approved will be rescinded, and the patient will be responsible for all charges incurred, and may risk discontinuation of services, legal action, and the requirement to pay in advance for any future services.

SGHS will make reasonably available financial counselors to provide assistance with the financial assistance application process at Patient Financial Services located at 402 Woodrow Wilson Drive, Valdosta, GA, 229-333-1040. The Financial Assistance Application Form is also available at www.sgmc.org/patients-visitors/financial-assistance.

Actions SGHS May Take In The Event Of Non-Payment

It is SGHS policy to pursue collection of patient balances from patients who have the ability to pay for services.

Collection efforts will be applied consistently and fairly for all patients. All collection efforts will comply with applicable laws and with the SGHS mission and values. For those patients unable to pay all or a portion of their bill, this Financial Assistance program will be followed. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their outstanding bills, SGHS may offer payment plans and will not refer those unpaid bills to outside collection agencies.

At all times, the confidentiality and individual dignity of each patient shall be upheld, and actions shall only be taken in compliance with all applicable laws for handling protected health information.

Collection Agencies

SGHS may engage third-party debt collection agencies only after all reasonable collection and payment options have been exhausted. Third party debt collection agencies may be used, for example, in situations in which patients have not made proper payments, have been unwilling to provide reasonably requested financial and other information to support a request for financial assistance or are otherwise uncooperative in making payments.

Provider List

A complete list of SGHS physicians providing emergency or medically necessary care at SGHS and whether or not they are covered by this Policy can be found at: www.sgmc.org/patients-visitors/financial-assistance. For providers not covered by this policy, patients should contact the providers' office to determine their policies regarding financial assistance.

Actions SGHS Takes To Widely Publicize Its Financial Assistance

SGHS makes this Policy, the Financial Assistance Application form and a Plain Language Summary of this Policy widely available to the public on its website in both English and Spanish at: www.sgmc.org/patients-visitors/financial-assistance.

In addition, SGHS makes paper copies of this Policy, the Financial Assistance Application Form and a Plain Language Summary of this Policy available upon request and without charge in SGHS admissions and registration areas and in the SGHS Emergency Room. Individuals may also receive a copy of these documents through the mail by contacting Patient Financial Services at 229-333-1040 or 877-225-2071. A paper copy of the Plain Language Summary of this Policy will be offered to patients as part of the intake or discharge process.

All billing statements will include information on how to obtain a copy of this Policy (including the direct website addresses where this Policy, the Financial Assistance Application Form and the Plain Language Summary can be found) and the contact information (including telephone number) for the SGHS Department that can provide more information about this Policy and aid with the application process.

Finally, SGHS will set up conspicuous public displays in the SGHS Emergency Room and admissions areas that notify and inform patients about this Policy.

RESPONSIBILITY

The individual(s) and department(s) primarily responsible for the content of this Policy:
Compliance and Revenue Cycle Department.

POLICY HISTORY

Original Adoption Date: May 16, 2018

Review/Revision History:

Revised: May 7, 2019

Revised October 16, 2019