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Owner **Megan Ford:**
Patient Access
Policy Area Patient Access

Financial Assistance Policy, 340.06

Dept: Patient Access

Subject: Financial Assistance Policy No. 340.06

I. PURPOSE:

To document the method by which medically indigent persons can qualify for medical indigent services under the Indigent Care Trust Fund Program administered by Colquitt Regional Medical Center. Medical indigent services are healthcare services provided to patients at no charge or on a sliding scale. Applicants must meet certain financial criteria of incomes below 200% of the Federal Poverty Level to qualify for free care. Applicants with incomes between 201% - 380% of the Federal Poverty Level will qualify for reduced charges based on a sliding scale.

II. DEFINITIONS:

- A. **Amounts Generally Billed (AGB):** Means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with §1.501(r)-5(b).
- B. **Federal Poverty Guidelines (FPG):** At the beginning of each year the federal government issues guidelines that will be used to determine eligibility for Colquitt Regional's Indigent Care Program. The federal guidelines can be found on the US Department of Health and Human Services website at <https://aspe.hhs.gov/poverty-guidelines>.
- C. **Gross Charges** Means the hospitals full, established price for medical care that the hospital facility uniformly charges patients before applying any contractual allowances, discounts, or deductions.
- D. **Gross Income:** Income as defined by the Internal Revenue Service (IRS), which includes but is not limited to: income from wages, salaries, tips; interest and dividend income; unemployment compensation, individual income policy, alimony, all social security income, disability income, self-employment income, rental income, and other taxable income. Examples of other sources of income that are not

included in the definition of Gross Income are food stamps, student loan, and foster care disbursement.

- E. **Medical Necessity:** Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

III. PROCEDURE:

- A. The Financial Assistance Policy covers all emergency and other medically necessary care provided by Colquitt Regional Medical Center. In addition to care delivered by Colquitt Regional Medical Center emergent and medically necessary care delivered. Physician's covered by Colquitt Regional Medical Center's FAP include Emergency Room Physicians, Anesthesiologists, Radiologists, Hospitalists, Critical Care Physicians, Oncologists, and all Sterling Physician Group specialists who provide emergent and medically-necessary care at the hospital listed at <https://colquittregional.com/sterling-physician-group> on our website. Physicians not subject to Colquitt's FAP are community physicians and independent specialists who are not Colquitt Regional Medical Center physicians. Procedures exempt from the Indigent Care Program include:
 - 1. Accounts involving services cosmetic in nature.
 - 2. Procedures already discounted or offered at a promotional rate.
- B. Colquitt Regional Medical Center will make available to all patients notification of the Financial Assistance Policy adopted by Colquitt Regional Medical Center. Notification will include placing downloadable electronic copies of the Financial Assistance Policy, the Financial Assistance Policy application form, and a plain language summary of the Financial Assistance Policy on the Colquitt Regional Medical Center website and paper copies of the Financial Assistance Policy, the Financial Assistance Policy application form, and a plain language summary of the Financial Assistance Policy in public locations in the hospital facility, including in the emergency room and all admissions areas. The Financial Assistance Policy, the Financial Assistance Policy application form, and a plain language summary of the Financial Assistance Policy will also be made available by mail without charge, if requested. A paper copy of the plain language summary of the Financial Assistance Policy will be offered to patients as part of the intake or discharge process. Conspicuous written notice of the availability of financial assistance under the Financial Assistance Policy, including the telephone number of the hospital facility office or department that can provide information about the Financial Assistance Policy application process and the direct website address where copies of the Financial Assistance Policy, the Financial Assistance Policy application form, and a plain language summary of the Financial Assistance Policy may be obtained, will be included on billing statements. Colquitt Regional Medical Center will also set up conspicuous public displays that notify and inform patients about the Financial Assistance Policy in the emergency room and admissions areas.
- C. Patients wishing to apply for financial assistance may pick up a Financial Assistance application from the emergency room or at any admission area at the hospital, request one to be mailed, or download the application from the hospital website. Applications will be available in English and Spanish. The individual will be provided a plain language summary of this

Financial Assistance Policy.

- D. Completed applications and required documentation should be turned in to the Financial Counselor's Office located at the Main Entrance of the Hospital. The time limit to apply for financial assistance is 250 days after the first post discharge bill.
- E. The Financial Counselors will interview the patient and verify the data included on the application. Verification of gross income will be required and may take the form of, but not limited to, check stubs, income tax return, or written verification from employer. Applications will not be denied based solely upon an incomplete application. When an incomplete application is received, Financial Counselors will contact the patient/guarantor via mail to notify of additional information that is needed. The patient/guarantor will have six months from the date of the letter to return the requested information.
- F. The Financial Counselors will then make an initial determination as to whether the individual is eligible for free services, discounted services, or ineligible for either free or discounted services. Determination will be made according to the Federal Poverty Guidelines regardless of race, color, creed, social status, national origin, gender, or religious affiliation. Final approval lies with the Director of Patient Access. Appropriate adjustments will be made at this time to the account(s) to reflect the outcome of the application. All applicants will be notified by mail with the determination of their application. As well, it is the patients' responsibility to reapply monthly for each account to be eligible for the Medical Indigent Care Program to continue.
- G. Individuals may not be eligible for assistance if their plan of care is covered under liability or worker's compensation with no proof of denial of coverage or if the claim is still in litigation or where the payment went to the subscriber.
- H. The Financial Counselors will maintain a file of recipients. A system generated report will be used for reporting purposes.
- I. In the event that the individual disagrees with the original decision, the patient has the right to request reconsideration. All reconsiderations shall be made in writing. The Director of Patient Access will review the application and make a determination. The patient will be notified by mail of the reconsideration decision.
- J. For financial purposes, Colquitt Regional Medical Center will utilize a cost to charges ratio of 65%. Over a twelve-month period beginning on July 1, and ending on June 30, Colquitt Regional Medical Center will expend an amount equal to no less than 90% of the hospital's total Trust Fund payment adjustments minus the amount transferred or deposited to the Trust Fund by or on behalf of the hospital.
- K. Amounts Generally Billed (AGB) is determined by using the "look-back" method as defined in section 4(b)(2) of the IRS and Treasury's 501(r) final rule. In the method the medical center will divide the sum of claims paid the previous fiscal year by Medicare fee-for-service claims by the sum of the associated gross charges for those claims. Colquitt Regional Medical Center will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than amounts generally billed to insured patients. The current AGB percentage is 76%.
- L. Any patient seeking urgent or emergent care shall be treated without discrimination and ability to pay for care. Colquitt Regional Medical Center will operate in accordance with all federal and state requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). Colquitt Regional Medical Center will provide emergency services in accordance

with 24 CFR 482.55 (or any successor regulation). Colquitt Regional Medical Center prohibits any actions that would discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

- M. The collection actions that Colquitt Regional Medical Center may take are defined in a separate policy (No. 340.23 Collection/Bad Debt Policy). Members of the public may obtain a free copy of the Collection/Bad Debt Policy in the emergency room, in any admissions area, online at <https://colquittregional.com/patients-visitors/financial-assistance>, or, if requested, via mail.

Approval Signatures

Step Description	Approver	Date
CFO	Julie Bhavnani: Director of Accounting	07/2023
AVP	Samantha Allen: AVP of Revenue Cycle	07/2023
Director	Megan Ford: Patient Access	07/2023
		
		
		