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Author: Gwen Clark: Business Office
Coordinator
Policy Area: Business Office
References:

Charity And Indigent Policy

Purpose

Habersham Medical Center (HMC), a not-for-profit, county-owned health care provider, recognizes its role in the community to provide quality primary care services to all people regardless of ability to pay. HMC further recognizes its responsibility to meet federal, state and local regulations that mandate free or reduced-charged services by tax-free health care entities. However, HMC is also tasked with managing its resources in a fiscally sound manner and, therefore, sets forth the following financial assistance policy designed to help those with health care debt they cannot pay. HMC will adhere at all times to the Office of Civil Rights' provision of care without discrimination. HMC is a Disproportionate Share Hospital and HMC will abide by all regulations set forth through the Indigent Care Trust Fund of the State of Georgia.

Application

This policy governs those services provided by the hospital for inpatient, outpatient, or emergency care that is not purely elective in nature. It does not cover other entities such as Habersham Home, Total Fitness, or entities of the organization providing services under a different tax identification number from that of the hospital. This policy does not provide for financial assistance to non- US residents or known illegal aliens.

Procedure

Financial assistance, as administered by HMC, is a service provided as part of its community obligation and is designed to meet federal, state or local mandates.

For the purpose of this policy, the distinction between **indigent** and **charity** will be based on the State of Georgia Department of Community Health Division of having income at or below 150% of the prevailing Federal Poverty Guidelines (FPG) or adjusted per sliding scale up to 300%. Federal Poverty Guidelines are published by the United States Department of Health and Human Services the first quarter of each year.

1. HMC aggressively seeks candidates who may be eligible for financial assistance through the following processes:
 - Patients who contact the Business Office stating they are having financial difficulties.
 - Patients who are identified through telephone or statement collection procedures.
 - Reports listing patients with guarantor names and addresses from which mass mailings are done to invite those who think they may be eligible for the programs to apply.
 - Reminders, as part of dunning messages on monthly statements, that HMC has financial assistance programs for which they may qualify

- Referrals from the Registration Department identifying possible indigent or charity patients.
 - Inquiries from local charitable organizations who call on behalf of patients seeking financial assistance.
 - In-house social services who, while working with patient or patient's family, has identified a financial need.
 - All self-pay inpatients are referred to a service offered free to all patients to assist them with the Medicaid application process. If the patient does not qualify for Medicaid we will proceed with the Indigent/Charity process.
2. Approved financial assistance applications will be effective for 6 months from the first approved date of service, unless change of income noted.

Compensated Financial Assistance

- The Georgia Indigent Care Trust Fund is managed by the hospital under the direction of the State of Georgia Community Health (See Rules of the Department of Medical Assistance, Chapter 350-6, Indigent Care Trust Fund.)

Each patient who appears eligible for Indigent or Charity Care determination and who requests such determination must complete a "Georgia Indigent Care Trust Fund Application" and provide supporting documentation as requested and necessary to verify the patient's financial condition. The application and supporting documentation must be received by the Business Office within thirty (30) days from the date of request, unless extenuating circumstances exist. The prospective Indigent and/or Charity accounts must remain in a self-pay financial class and regular collection efforts will continue until the application and documentation is received. These accounts are not to be left on the active A/R indefinitely, but adjusted off to bad debt and referred to a collection agency if the appropriate information is not received in a timely fashion.

- The application must be accompanied by the following applicable documentation.

Required documents for all applications:

1. Proof of household income. Accepted documentation is listed below.
 - A copy of the last 4 consecutive weeks of pay stubs. If no pay stub available, please provide a notarized letter from employer.
 - Current year W-2 and/or recent tax return.
 - Social Security Award Letter
 - Proof of workers compensation, sick leave, disability compensation, welfare, or social security retirement
 - If you have no income at this time, you must provide a notarized letter of support from the person(s), group, or agencies that have been helping you financially within the last 3 months. The letter must include date, signature, and how they have helped you (example: food, housing, utilities, etc.). We must have a phone number and a copy of their picture I.D. for verification purposes.
2. Proof of residence (Must be one of the following)
 - Valid Georgia Driver's license
 - Georgia Identification card
 - Current utility bill
 - Lease or rent receipts showing evidence of county of residence
 - County property tax assessment
 - County food stamp letter

- Voter registration card

3. Additional documents, if applicable:

- Alimony and/or child support court order or divorce decree
- Verification of Pension, Retirement Income, or Trust
- Verification of student status which is defined as a copy of current class schedule, registration information and a copy of student photo ID
- Separation letter from your past employer and letter from Georgia department of labor specifying whether or not you are receiving unemployment benefits
- If you have listed any children on your application that are not biological children, you must provide legal documentation of custody.

The patient's application will be reviewed by the Business Office Manager or their designee, who will make the determination and classify the service as:

2019 FEDERAL POVERTY GUIDELINES (FPG)										
ANNUAL AND MONTHLY INCOME LEVELS										
FROM 100% to 300%										
Family Size	FPG (100%)		150% of FPG		200% of FPG		250% of FPG		300% of FPG	
	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH
1	\$12,490	\$1,041	\$18,735	\$1,561	\$24,980	\$2,082	\$31,225	\$2,602	\$37,470	\$3,123
2	\$16,910	\$1,409	\$25,365	\$2,114	\$33,820	\$2,818	\$42,275	\$3,523	\$50,730	\$4,228
3	\$21,330	\$1,778	\$31,995	\$2,666	\$42,660	\$3,555	\$53,325	\$4,444	\$63,990	\$5,333
4	\$25,750	\$2,146	\$38,625	\$3,219	\$51,500	\$4,292	\$64,375	\$5,365	\$77,250	\$6,438
5	\$30,170	\$2,514	\$45,255	\$3,771	\$60,340	\$5,028	\$75,425	\$6,285	\$90,510	\$7,543
6	\$34,590	\$2,883	\$51,885	\$4,324	\$69,180	\$5,765	\$86,475	\$7,206	\$103,770	\$8,648
7	\$39,010	\$3,251	\$58,515	\$4,876	\$78,020	\$6,602	\$97,525	\$8,127	\$117,030	\$9,753
8	\$43,430	\$3,619	\$65,145	\$5,429	\$84,860	\$7,238	\$108,575	\$9,048	\$130,290	\$10,858
Family income of 150% or less of the Federal Poverty Guidelines								= 100% adjustment of account(s)		
Family income between 151%-200% of the Federal Poverty Guidelines								= 75% adjustment of account(s)		
Family income between 201%-250% of the Federal Poverty Guidelines								= 50% adjustment of account(s)		
Family income between 251%-300% of the Federal Poverty Guidelines								= 25% adjustment of account(s)		

The remaining balance will be due and payable by the patient and normal collection efforts will continue.

Determination is made and notification is sent within one week to the patient advising them that they have qualified or they have not qualified for assistance.

Indigent/Charity approvals are:

<\$5,000 – Business Office Director

>\$5,000 – Chief Financial Officer

The Business Office Manager will enter an adjustment (transaction code "AGA IND CA" or AGA IND PA") into the Meditech B/AR system to relieve all or part of the outstanding balance based on the amount of assistance for which

the patient or guarantor qualified. Adjustments must be posted in the month the determination is made to the patient's account.

Out-of-state patients:

Financial Assistance applies to Georgia residents only.

Attachments

[Fin app March 2019.docx](#)

[Instructions for Completing Application for Financial Assistance 2019.docx](#)

Approval Signatures

Step Description	Approver	Date
Administration	Steve Ciampa: Interim CFO	06/2019
	Jessica Turner: Business Office Manager	06/2019

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