

## **I. POLICY:**

The Financial Assistance Policy of West Georgia Health System serves to provide financial assistance to uninsured or underinsured patients based on the Federal Poverty Guidelines. This policy also administers the distribution of ICTF (Indigent Care Trust Funds) per state regulations.

## **II. PURPOSE:**

West Georgia Health System is committed to providing quality Health Care Services to the community. In order to provide necessary medical services, the Health System must maintain a viable financial foundation that includes the timely collection of its Accounts Receivable. As a non-profit hospital, West Georgia Health System is committed to providing medically necessary services to all patients regardless of their ability to pay. Under this policy, patients whose income is below 125% of the Federal Poverty Guidelines may qualify to have all debt incurred forgiven. Those patients with income >125% but not exceeding 250% of the Federal Poverty Guidelines may qualify for a reduction of their debt based on a sliding scale.

## **III. ELIGIBILITY CRITERIA/INCOME VERIFICATION:**

- A. Financial Assistance will be available to patients residing in the following counties: Troup, Meriwether, Heard, Harris, and Chambers and Randolph Counties in Alabama. Hospice patients are covered in the above listed counties in addition to Coweta County. For Indigent Care Trust Fund, all Georgia counties are included. Proof of residency will need to be established by the applicant by providing a current copy of the phone, gas, water, electric or cable bill.
- B. Income verification for all working adults in the household is to include their IRS tax return for the most recent calendar year and at least one of the following
  - a. Current pay stub
  - b. W-2 form from prior year
  - c. Copies of pension check, or social security check
  - d. Child support
  - e. Social Security Statement/Verification
  - f. VA statement
  - g. DFACS statement for food stamp eligibility or Temporary Assistance for Needy Families
  - h. Work history reports from the Department of Labor
  - i. Unemployment earnings
  - j. Compensation earnings
  - k. Earnings statement if self-employed
  - l. Credit Report
- C. If patient/guarantor is unable to provide the above documentation to verify income, an original letter from his/her employer on company letterhead should be sent showing part-time or full time status, length of employment and monthly income,

should the patient not be able to provide any documentation of income verification, the patient must supply a letter containing all facts supporting the need for financial assistance. Approval with this documentation will be on a case by case basis.

- D. Food stamps do not count as income.
- E. Total family income, based on income verification for all working adults in the household who are responsible for the patient, is compared to current federal poverty guidelines. (See Exhibit A – Federal Poverty Guidelines) However, do not count income from any person who is not financially responsible for the patient. For example, do not count income from one sibling as available to another sibling for purposes of paying medical bills. Likewise, do not count income from any child (minor or adult) in considering eligibility under the ICTF for the child's parent. If the family's income falls below 250% of the guidelines, the patient is eligible for some level of financial assistance. The Federal Poverty Guidelines can be found on the government website, [www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty).
- F. The family unit consists of individuals living alone; and any spouses, parents and their children under age 21 living in the same household.
- G. The patient may also qualify for Financial Assistance based on Medical Indigency.
- H. Hospice qualifications for assistance, including asset verification are outlined in the Financial Assistance Guidelines.

#### **IV. NON-ALLOWABLE:**

The following are not covered by this policy:

- A. Amounts due to the hospital and collectable from third parties such as insurance, workers compensation medical benefits, tortfeasors, etc. (if a patient balance remains after these payments have been collected the patient may meet eligibility for Financial Assistance).
- B. Medicare deductibles, coinsurance, and cost sharing
- C. Elective Procedures
- D. Patients who may be Medicaid eligible. (Medicaid Denial Required)
- E. Patients living outside the following counties: Troup, Meriwether, Heard, Harris, Chambers, Randolph except for emergency services. (The county exclusion is not applicable to Hospice patients in Coweta County or the Indigent Care Trust Fund).
- F. Nursing Home Patients.
- G. With the exception of emergency services, patients who are not considered to be a U.S. citizen
- H. If the responsible father of an unborn child is known, WGHS must obtain his obligation to pay the bill, or the pregnant woman or family of the pregnant woman must seek and obtain, if possible, a court order for him to be responsible before any consideration can be given for uncompensated services.

- I. Victims of assault, who refuse to press charges or initiate legal action against their assailant, if known, will not be considered for assistance.

## **V. PROCEDURE:**

- A. Individual notification of this policy will be given at registration to all patients (or their representative) seeking services or having services at West Georgia Health System.
- B. Walk-ins requesting financial assistance will be seen by the appropriate departmental personnel depending upon the availability of time, or scheduled an appointment to be seen at a later time.
- C. Financial Counselors will review census activity reports Monday through Friday of uninsured or underinsured patients, and then a bedside interview will be conducted with patient or patient's representative. Patients remaining from weekend admissions will be seen if still inpatient on Monday.
- D. Application will be taken pending return of required documentation for the final approval.
- E. The Financial Assistance Guidelines will be updated each year by the PFS Manager using the annual revision of the Federal Poverty Guidelines as published yearly in the Federal Register by the Department of Health and Human Services.
- F. The amount of the discount calculated utilizing the sliding fee scale should be adjusted off using the appropriate adjustment transaction code.

## **VI. APPLICATION PROCESS:**

- A. All patients applying for financial assistance must complete a Financial Assistance Application Form. The application must be signed by the patient/guarantor.
- B. Applications will be held until the account has final billed and necessary information has been obtained, Medicaid approval and/or denial has been received and the service has been provided. If applicant is denied for one date of service and on another date of service financial circumstances have changed the applicant may re-apply but must provide required proof of income. The Poverty Income Guidelines in effect the day of the application will be used. The guidelines are revised annually.
- C. If the income is more than the guidelines or the required documentation has not been received, the application will be denied, and referred to the appropriate department to set up payment arrangements. Each applicant will be given a copy of the Applicant's Financial Assistance Application Form and informed that a determination will be made based on policy guidelines and, in the case of ICTF, the availability of funds. When a determination has been made, a letter indicating denial and/or amount

approved for write off and patient balance, if any, will be forwarded to address on record.

- D. Amounts due to the hospital and collectable from third party payers must be received in full, denied or applied to the balance before application is approved. It is the responsibility of the applicant to follow-up on any of these sources of payment.
- E. All applications for assistance will be completed by the department contacts listed below and signed by the patient.