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| <p style="text-align: center;">EMANUEL MEDICAL  CENTER</p> | <p style="text-align: center;">ADMINISTRATIVE POLICY</p> <p style="text-align: center;">Indigent/Charity Care Policy</p> | <p style="text-align: center;">Policy Number: 230.01 Origination Date: 8/94 Revised Date: 3/16/16</p> <p style="text-align: center;">Page 1 of 4</p> |
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SCOPE: Emanuel Medical Center

DEFINITIONS

Financial Assistance Program (FAP): Emanuel Medical Center program that provides financial assistance to persons who have urgent healthcare needs and are uninsured or under-insured, ineligible for a government program, or otherwise unable to pay for urgent care based on their individual financial situation, and who meet the requirements contained within this policy.

Federal Poverty Guidelines (FPG): Poverty guidelines issued by the federal government at the beginning of each calendar year that are used to determine eligibility for poverty programs. The current FPG can be found on the U.S. Department of Health and Human Resources website at www.hhs.gov.

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 divided income; unemployment compensation; individual income policy, alimony, all social security income, disability income, self-employment income, rental income, k-1 income, and other taxable income. For applicants who are financially dependent on another individual, that individual's income will become part of the gross income of the applicant. 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.

Household: Number of people claimed on income tax filing, or individuals the Applicant is legally responsible for, and any person whose income is included in applicant's gross income.

Applicant: Applicant may include the patient, the guarantor of a patient's financial account, or a designated patient's representative such as a legal guardian.

PURPOSE:

To provide guidelines and consistent criteria for use in determining the appropriate application of Emanuel Medical Center Financial Assistance Program to individual patients based on patients financial status. All patients will be given the opportunity to apply for financial assistance for their eligible hospital charges. The Financial Assistance Program (FAP) is administered by the Patient Financial Services (PFS) department of Emanuel Medical Center with authority and approval from the Emanuel Medical Center Board of Directors.

POLICY:

Emanuel Medical Center, is committed to providing high quality medical care to all patients, regardless of their financial situation. Emanuel Medical Center shall provide financial assistance according to it FAP for persons who have urgent healthcare needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for urgent care based on their individual financial situation. Emergency care will be provided to all patients regardless of their ability to pay. The attending physicians solely in their medical judgment shall determine the extent of medical treatment required for each patient. The FAP applies to services which are urgent and emergent in nature.

PROCEDURE:

A. Guidelines for the Financial Assistance Program

To apply for the Emanuel Medical Center FAP, the patient or other Applicant must complete a Financial Assistance Application and provide necessary documents to support their financial situation and residency status.

- a. Income Status- Patients are required to provide the following documents to verify the household gross income:
 - W-2 withholding forms
 - Two current pay stubs
 - Child Support
 - Copies of pension check or Social Security Check
 - VA statement
 - Unemployment earnings
 - A death certificate
 - Proof of Bankruptcy

If patient/guarantor is unable to provide the 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.

- b. Additionally, the following will also be required to be submitted by individuals who either individually or jointly own a business:
 - Bank statements for previous twelve (12) months
 - Financial statements (profit loss, balance sheet)
 - A complete tax return, personal and business, for prior year to identify profit or loss from business
 - 1099's (1099's must include money paid to Business Owner in addition to the 1099's distributed to other individuals for labor costs)
- c. Residency Status- Patients are required to provide any of the following documents as proof of residency in the United States:
 - Telephone, gas, water, and light bill indication current address in eligible county
 - Copy of Social Security check, or evidence of change of address
 - Other appropriate evidence of residency may be considered in addition to or in lieu of what is specifically listed above
- d. Time Limit- The time limit to apply for the Financial Assistance Program is three (3) months from the time the patient became responsible for the account balance, if the patient did not attempt to initiate a payment plan. All accounts from one year previous from date of application will be considered.
- e. Patients that apply for presumptive eligibility who qualify for Medicaid will be eligible for Indigent for one year prior to date of application will be considered.

B. Determination of Financial Need

The Patient Financial Services Department (PFS) will review all FAP Applications in a timely fashion. Once a FAP Application is complete, a financial assistance determination will be made within five (5) business days.

PFS employees may require an interview with the Applicant. If an interview is required, the FAP Application may be completed at that time if all required documents have been provided. All applicants will be provided with a letter of approval or denial of the FAP Application. For non-emergent services, patients must apply for a financial assistance determination prior to obtaining care.

C. Financial Assistance Categories

Emanuel Medical Center uses the Federal Poverty Guidelines (FPG) in effect at the time of application is completed and submitted to determine eligibility for financial assistance.

- a. Household incomes at or below 125% of the FPG are eligible for Indigent Status which provides for free care as provided in the FAP.
- b. Household incomes between 126% and 200% of FPG qualify for Charity Status which provides for discounted charges for care.
- c. Household incomes over 200% of FPG where the patient has a catastrophic illness are eligible for Catastrophic Status which provides for discounted charges for care.

D. Exclusions from the Financial Assistance Program

- Services covered by State or Federal agencies such as, but not limited to, Cancer State Aid, Disability Adjudication.
- Accounts that are covered under liability still in litigation or where payment went to subscriber.
- Accounts that are covered under liability or worker's compensation with no proof of denial of coverage
- Patients' residing outside the United States

E. Appeal Process for Financial Assistance Denials

Applicants who receive a letter of denial may appeal the denial. The appeal must be made within thirty (30) days of the date of the letter of denial. Appeals will be reviewed by PFS management. Appeals will only be accepted for reconsideration of the denial determination based on the information and documents previously submitted. The appeal process may not be used to introduce additional documentation or information that was previously supplied as required by the FAP.

Applicants who file a timely appeal will receive a written determination of appeal within ten (10) days. The written determination of appeal is a final determination.

BILLING AND COLLECTION

In the event of non-payment by a patient for their account, Emanuel Medical Center or its designee will send three (3) collection letters to the patient over a period of one hundred and twenty (120) days before any further actions are taken.

At any time during the 120-day period following the delivery of care a patient either requests documentation to apply for financial assistance or completes the application, the collection activity will cease and the account will be referred to the financial counselor. The financial counselor will then determine FAP-eligibility in accordance with this policy. In the event the patient is FAP-approved, the account is closed with the collection agency and returned to Emanuel Medical Center for processing in accordance with this policy. In the event the patient FAP-denied, collection activities will resume in accordance with Emanuel Medical Center policies and procedures. Emanuel Medical Center maintains a separate billing and collections policy which describes in further detail the actions Emanuel Medical Center may take in the event of non-payment.

COMMUNICATION OF THE FINANCIAL ASSISTANCE PROGRAM

Emanuel Medical Center shall take the following measures to widely publicize its FAP:

- A. *Notice of the Emanuel Medical Center Financial Assistance Program is posted in all areas where patients may present for registration prior to receiving medical services at Emanuel Medical Center, or any area*

where patients/patient representatives may make inquiries regarding their hospital bills. Information is available in English and Spanish.

- B. All patients of Emanuel Medical Center will be offered a FAP Application prior to being discharged from Emanuel Medical Center.
- C. The FAP Policy, FAP Application, and plain language summary are available without charge upon request and by mail. In-person requests may be made to any department and location in each hospital. Please submit written requests by mail to the following address:

Emanuel Medical Center
P.O Box 879
Swainsboro, GA 30401

REFERENCES:

Federal Poverty Guidelines

Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

Internal Revenue Service Regulations s. 1.501 ©- 1 through s.1501©-