**POLICY STATEMENT:**

The Financial Assistance Policy of Emanuel Medical Center 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 Fund) per state regulations.

**PURPOSE:**

Emanuel Medical Center 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. Emanuel Medical Center 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.

**ELIGIBILITY CRITERIA/INCOME VERIFICATION:**

A. Income is the family unit's gross income. Use either the average monthly income for the previous three months or for the previous year, whichever is more favorable to the applicant. (This is consistent with Hill-Burton uncompensated care regulations.)

B. For self-employed individuals, the amount of income to be counted is gross income minus work expenses directly related to producing the goods or services and without which the goods or services could not be produced.

C. Income verification for all working adults (if included in tax return) in the household is to include their IRS tax return for the most recent calendar year and/or the following that applies to the applicant:

1. Two current pay stubs

2. Copies of pension check or Social Security check or bank statement showing the amount of the payment.
3. Child support if patient is the child receiving the child support
4. Social Security Statement/Verification
5. VA statement
6. Unemployment earnings

D. 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. A letter from the bank can be used to verify the direct deposit and amount of the patient's retirement and/or social security deposits.

E. Food stamps do not count as income.

F. 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. 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 the 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.

1. The family unit consists of individuals living alone; and any spouses, parents and their children under age 18 who are still in high school living in the same household.

2. The patient may also qualify for Financial Assistance based on Medical Indigency.

3. The patient/guarantor is to apply for Medicaid and/or be screened by hospital staff for Medicaid eligibility and comply with Medicaid requirements. If the patient has qualified for Medicaid the month before the date of service or the month after the date of service, eligibility will be verified for consideration for Indigent.

4. The patient or patient guardian files Bankruptcy.

5. The patient's family presents a death certificate.

G. For self-employed individuals, the amount of income to be counted is gross income minus work expenses directly related to producing the goods or services and without which the goods or services could not be produced.

H. Must be a legal resident of Georgia unless a true emergent situation.

**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, etc. (if a patient balance remains after these payments have been collected, the patient may meet eligibility for Financial Assistance).

B. Patients who may be Medicaid eligible. (Medicaid Denial Required)

C. With the exception of emergency services, patients who are not considered to be a U.S. citizen

**PROCEDURE:**

A. Individual notification of this policy will be given at registration to all patients (or their representative) seeking services or having services at Emanuel Medical Center

B. Financial Counselor or hospital representative 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.

C. Application will be taken pending return of required documentation for the final approval.

D. All individuals seeking Indigent Care are required to complete an Indigent Care Application, apply by application for assistance through their county DFCS or hospital personel, provide proof of income for the past 3 months from all sources in their household and return all documents to the Financial Counseling offices within 90 days from date of discharge from the hospital.

E. The Financial Assistance Guidelines will be updated each year by the Revenue Cycle Director 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.

**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 the 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 require new 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 within 90 days from date of discharge, the application will be denied and referred to the appropriate department to set up payment arrangements. Each applicant will be give a copy of the Applicant's Financial Assistance Application Form and informed that a determination will be made based on policy guidelines. 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. Each application is on a case-by-case basis. The application can be for retro visits but will not be for future visits unless the following criteria is met:

1. Patient is being treated for an ongoing illness
2. Patient is having multiple treatments for same illness
3. Otherwise deemed by Administration

F. Patients have the right to appeal if the decision is a denial. An appeal must be submitted in writing or in person within thirty (30) days after the determination date.