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Effective	03/2022		
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Next Review	03/2022		

Financial Assistance Policy

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POLICY: FINANCIAL ASSISTANCE, BILLING AND COLLECTIONS

POLICY STATEMENT:

Crisp Regional Hospital (CRH) is committed to providing health care services to patients regardless of the patient's ability to meet the financial requirements of the hospital and to grant financial assistance (when and if funds are available) to persons who have healthcare needs and qualify. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CRH procedures for obtaining financial assistance, and to contribute to the cost of their care. No patient shall be denied emergency or other medically necessary care based upon their ability to pay, race, color, religion, creed, sex, national origin, age or disability.

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PURPOSE:

To provide guidelines and criteria for use in determining a patient's financial status, with a distinction made between a patient's unwillingness to pay (bad debt) and a patients inability to pay (Indigent Care). Indigent care is defined as a total or partial write off of a patient's account balances for a patient who is determined to be medically indigent. Crisp Regional Hospital will develop and communicate the policies and procedures for internal and external billing and collection practices (including what Crisp Regional Hospital may do in the event of non-payment, including collection action and reporting to credit agencies) that take into account the extent to which the patient may qualify for the two assistance programs that are provided by Crisp Regional.

I. **Guidelines for the Financial Assistance Programs:**
   The intent of these guidelines is to provide all affected parties with definitions, interpretations, and standards for the uniform administration of Crisp Regional Hospital's Financial Assistance Programs (FAP).

   1. **Definitions:**
      Amounts Generally Billed (AGB): The amount by which charges for uninsured patients are measured. Uninsured patients will not be charged more for emergency or other medically necessary care than the AGB for patients who have insurance coverage. To calculate AGB, CRH uses the Look- Back Method. The Look-Back Method utilizes data from Medicare and private health insurers based on a prior 12-month fiscal year to determine the AGB percentage applied.
      Amounts Generally Billed Discount (AGB Discount): A discount between gross charges and amounts generally billed (AGB). This discount is reviewed annually and uses the Look-Back Method to determine the percentage.
      Co-Payments and Deductibles: The amount determined by the patient's insurance policy as being due from the patient and/or any Guarantor. This amount is normally a required payment due from the patient or Guarantor by contract.
      Emergency Medical Condition: As defined in Section 1867 of the Social Security Act (42 U.S.C 1395dd).
      Extraordinary Collection Efforts (ECA): Any actions taken by CRH (or any agent of CRH, including a collection agency) against an individual related to obtaining payment of a bill covered under this policy that requires a legal or judicial process, involves reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Placing an account with a third party for collection is not an ECA.
      Family Income: Family income is determined using the Census Bureau definition, which using the following income when computing federal poverty guidelines:

      - Includes, but not limited to the following: earnings, unemployment compensation, workers' compensation, Social Security, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, assistance from outside the household and other miscellaneous sources
      - Noncash benefits (such as food stamps and housing subsidies) do **NOT** count

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- Determined on a before-tax basis which is the federal adjusted gross income as shown on the most recent federal or state income tax return **and** the patients last 3 months pay stubs
- Excludes capital gains or losses
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

  Federal Poverty Guidelines (FPG): Determined by the government of the United States and published annually in the Federal Register. FPG are based on the size of a family and family's income. FPG are used in determining a patient's eligibility for financial assistance under Medicaid and CRH's financial assistance policy. Current FPL guidelines can be referenced at http://aspe.hhs.gov/POVERTY.

  Financial Assistance: Assistance provided to patients for whom it would be a financial hardship to pay for the full cost of medically necessary services provided by Crisp Regional Hospital who meet the eligibility criteria for such assistance.

  Household: The family unit consists of individuals living alone; and spouses, parents, and their children under age 21 living in the same household. A family unit may include minor children living with a legal guardian. The child, legal guardian, and the legal guardian's family unit living in the same household may comprise a family unit.

  Indigent/Charity Patient: A patient who is a resident of Georgia, whose family income does not exceed 200% of the Federal Poverty Levels as established by the United States Department of Health and Human Services for the current year.

  Medically Indigent: For the purpose of this policy, a person with an income no greater than 125% of the federal poverty level guidelines as published by the United States Department of Health and Human Services.

  Medically Necessary: As defined by Medicare as service or items reasonable and necessary for the diagnosis or treatment of illness or injury.

  Uninsured: The patient has no level of insurance or third-party coverage who does not qualify for Medicaid or other state assistance to assist with meeting his/her payment obligations.

  Underinsured: A patient may be classified as underinsured if the patient is insured, but the third party refuses to pay for medical services rendered.

  Residency Requirements: A patient must be a resident of the state of Georgia for six months to meet residency requirements. Evidence of residency, such as a light bill, must be provided (physical address, no Post Office Boxes allowed).

2. **Community Health Assessment:**

   The Hospital conducts a community health needs assessment (CHNA) at least once every three years and will revise this FAP to ensure the Hospital is meeting the community health needs identified through the CHNA.

   The CHNA will take into account input from persons who represent the broad interests of the community served by the Hospital including those with special

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knowledge of expertise in public health.
The CHNA will be made available to the public upon request and accessible on the CRH website, www.crispregional.org.

3. **Procedures:**

Eligibility for Financial Assistance:

CRH provides financial assistance to uninsured patients who need emergency or other medically necessary care, but can demonstrate an inability to pay for all or a portion of the amount charged for medical services.

Patients without the financial ability to pay are evaluated for eligibility under Medicaid or State Assistance Programs. The patient's cooperation in accessing applicable and identifiable funding sources is required. Patients ineligible for Medicaid or other State Assistance Programs are then evaluated for financial assistance under CRH's Financial Assistance Policy. If the patient ends up qualifying for any programs such as Medicaid, Medicare, Federal Social Security or any other programs available, any FAP discounts will be reversed.

In accordance with EMTALA regulations, no patients will be screened for financial assistance or payment information prior to the rendering of services in emergency situations.

Amounts billed to patients approved for Financial Assistance pursuant to this Policy shall be based on Amounts Generally Billed, as defined in this Policy. Patients shall not be expected to pay Gross Charges, once a patient has been determined by CRH to be eligible for Financial Assistance, the patient shall not receive any future billed based on the undiscounted Gross Charges for the episode of care in which the patient has provided the necessary information as noted in this Policy.

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Patients who have met all requirements set forth, will receive an AGB Discount and have their accounts written down to AGB and 100% for the accounts at 125% of the Federal Poverty Scale – up to a maximum allowed amounts per patient, per year as defined in this Policy.

Methods for Applying for Financial Assistance:

a. To apply for financial assistance, patients must complete an application and provide proof of income with specific documented data requested. Applications are available from Crisp Regional Hospital's Registrar areas, the Financial Counselor, the Business Office and online at: www.crispregional.org.
b. Uninsured patients may be interviewed by the Business Office and/or CRH's Financial Counselor to explore the patient's eligibility for alternative payments sources, i.e. Medicaid, Vocational Rehabilitation, etc.
c. The Crisp Regional Hospital Business Office may refer potentially eligible Medicaid and SSI patients to an outside agency for assistance in applying for these alternative payments sources. Any fee associated with application assistance is paid by the hospital.
d. Financial Assistance applications may be mailed to the uninsured patient/guarantor simply by requesting the application or by accessing the application through the Crisp Regional Hospital website, www.crispregional.com.

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1. **Levels of Assistance:**

Two levels of assistance are offered and are defined below:

a. **Indigent Financial Assistance**: Patients whose income is below 125% of the Federal Poverty Levels are classified as Medically Indigent.
b. **Financial Assistance**: Patients whose income level is between 126% -

200% of the Federal Poverty Levels will be classified as Charitable Cases. These

patients will be responsible for a percentage of hospital charges and are required to sign, (and maintain current payments on) a repayment contract with the Business Office.

1. **Guidelines for Indigent Financial Assistance:**

All patients must complete a determination of Indigent Care application prior to being considered for financial assistance. Disclosure of all circumstances concerning insurance, third party liability, assets, liabilities, and any other factors are required. Proof of household income is required. Refusal to disclose all required information will result in automatic ineligibility. Patients are required to apply for state and federal programs (e.g. Medicaid) in conjunction with the application for financial assistance. Refusal to apply will render a patient ineligible. Proof of approval or denial from state and/or federal programs must be provided to determine final eligibility for financial assistance. Additionally, proof of physical address and copies of the applicant's driver's license and Social Security Card are required.

If one qualifies for Indigent Financial Assistance, then they will have a 100% discount, up to a maximum amount allowed per patient, per year as long as funds are available.

A. **Category of Patients:**
   Indigent Care Trust Funds have seen a significant decrease in the recent past. In an effort to provide as much assistance to as many patients as possible, two categories of assistance have been developed. Each category has monetary limitations.
   1. Category 1: Patients who are chronically ill or whose condition is life threatening.
   2. Category 2: Patients who have short term illnesses or whose conditions are not life threatening.

B. **Levels based on residency status:**
   Level 1: Patients who are residents of Crisp, Dooly, Wilcox and Turner counties and the City of Warwick.
   Level 2: All other patients, who meet the Indigent Care Trust Fund residency requirements.
   Level 1 patients will be considered first for the use of ICTF funds. Level 2 patients will be considered **after** all Level 1 patients have been processed and if ICTF funds are available.

C. **Ineligible Patients / Non-covered Charges:**
   Certain types of charges and/or conditions are not covered. Those are outlined below.
   1. Pregnant women are not eligible for Indigent Trust Care Financial Assistance.
   2. Accounts covered under liability or worker's compensation.
   3. Victims of crime, unless the patient has pursued assistance from the state and/or Federal victims assistance program and been denied.

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4. Patients who have insurance coverage including COBRA.
5. Undocumented immigrants are not eligible.
6. Charges not covered are as follows: Private room differences; elective surgery, plastic surgery, fees charged by your physician, radiologist, and pathologist. Sleep Studies, physical therapy, speech therapy, occupational therapy, and wound care services are also not covered.

D. **Caps On Indigent Care Trust Fund Assistance**
Limitations of assistance are for one calendar year. Once a patient reaches their category cap, no further assistance will be provided until the new calendar year begins. These ICTF assistance funds are available only as long as there are annual funds to expense for our Crisp Regional qualified patient community.

1. Category 1 patient's assistance is capped at $ 15,000.00 per calendar year.
2. Category 2 patient's assistance is capped at $7,000.00 per calendar year.

1. **Guidelines for AGB:**

All patients must complete a determination of Indigent Care application prior to being considered for financial assistance. Disclosure of all circumstances concerning insurance, third party liability, assets, liabilities, and any other factors are required. Proof of household income is required. Refusal to disclose all required information will result in automatic ineligibility. Patients are required to apply for state and federal programs (e.g. Medicaid) in conjunction with the application for financial assistance. Refusal to apply will render a patient ineligible. Proof of approval or denial from state and/or federal programs must be provided to determine final eligibility for financial assistance. Additionally, proof of physical address and copies of the applicant's driver's license and Social Security Card are required.

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2. Victims of crime, unless the patient has pursued assistance from the state and/or Federal victims assistance program and been denied
3. Patients who have insurance coverage including COBRA
4. Undocumented immigrants are not eligible.
5. Charges not covered are as follows: elective surgery, plastic surgery, fees charged by your physician, radiologist, and pathologist.
6. Charges that are covered with documentation of medically urgent/necessity: Ambulance, Anesthesia services, ER Physician Services, Laboratory, Imaging, Hospitalists, private room differences, sleep study, physical therapy, occupational therapy, and wound care services.

7. Financial Assistance Policy Communication

The Crisp Regional Hospital's Financial Assistance Policy (FAP) application and plain language summary are widely available on the Crisp Regional Hospital's website, www.crispregional.com. Crisp Regional Hospital will make every effort to have this information readily available to patients/guarantors with the

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FAP application, and plain language summary being available by request, free of charge, by mail or at the registration areas of the hospital. Notably, other than the application being available on the hospital's website, the accessibility of financial assistance is advertised, but not limited to, the conspicuous displays in the main registration and other public places throughout the hospital, as well as a publication of notices via the monthly patient statements.

It will be the responsibility of CRH employees to refer any patient who requests financial assistance or who indicates he/she is unable to pay the entire amount of his/her balance to the Financial Counselor, 229-276-3166; or Patient Accounts Dept., 229-271-9686. Again, the Financial Counselor is available Monday through Friday 7:00 am to 4:00 pm on a scheduled or walk-in basis to interview applicants and accept financial assistance applications. CRH employees, other than persons working in the Patient Accounts Department, shall not make

specific representations or promises to patients concerning whether a patient may qualify for any type or amount of financial assistance.

Not withstanding the foregoing, CRH employees in the Emergency Department shall follow EMTALA policies and procedures in responding to inquiries from Emergency Department patients regarding charges and related financial matters.

I. **Patient Billing and Collections**

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Crisp Regional Hospital's billing policy will help you understand how accounts are handled and what your responsibilities are as a patient. We also understand that health care billing can be confusing, and that healthcare expenses may cause financial difficulty for some patients. We hope this policy clarifies some of these issues.

As a patient you are responsible for:

- Providing to the best of your knowledge, accurate, honest and complete information regarding billing and insurance.
- Contacting your insurance company prior to receiving services when pre-certification or prior authorization is required by your insurance plan.
- Contacting your insurance company when notification of urgent care services, emergency room visits or hospitalization is required by your insurance plan.
- Paying deductibles and co-pays at the time of service.
- Assisting us in collecting from your insurance carrier by providing all requested information and calling your insurance company if the claim remains unpaid after **60** days. Should they delay payment beyond **90** days, you may be billed and expected to pay the charges.
- Paying your account promptly or contacting us if payment is a concern.
- Making sure the hospital bill is paid promptly, regardless of any pending litigation resulting from an injury caused by a third party.
  Please remember that patients/guarantors are responsible for the charges for services received. Any unpaid balances, including co-payments, deductibles and non-covered services are the patient's responsibility and must be paid within the timeframes outlined on our statements**. Please also remember that your individual physician bill, anesthesiologist,**

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pathologist, radiologist and ER physician bill will be billed separately from your hospital account billing statement.

Crisp Regional will assist patients in meeting their financial obligations by:

- Filing insurance claims as long as a valid ID card and/or complete insurance information is provided at the time of registration.Crisp Regional will bill non-contract insurance plans as a courtesy to its patients IF the patient provides the required insurance information and signs an assignment of benefits statement.
- Allowing your insurance carrier a reasonable time to make payment. However, if your account remains unpaid after 60 days, we may ask that you contact your insurance carrier for payment status. Should they delay payment beyond 90 days, you may be billed and expected to pay the charges.
- Periodic statements will be sent to the patient or responsible party to keep them updated on the status of the open account. Billing functions for self-pay balances begins with the production of a final bill (in the case of an uninsured patient) or with payment or denial by the insurer (in the case of an insured patient). The billing cycle is in 28 day increments, or the next Friday after the 28th day:
    - Day 1 - 1st statement
    - Day 28 - 2nd statement
    - Day 56 - 3rd statement (seriously past due)
    - Day 84 - 4th statement (Final Notice, with 30 days to respond)

oDay 112 - if no agreed upon payment arrangement, the account may be placed with an outside Collections Agency

- Providing patients with a billing statement for self pay patients and /or for balances after insurance has paid.
- Providing patients with itemized bills upon request, when appropriate.
- Crisp Regional Hospital (CRH) establishes guidelines for collecting accounts. The guidelines allow for delinquent accounts to be placed for recovery with a professional collection agency or attorney. When necessary, appropriate legal action may be taken to collect delinquent accounts.
- The following guidelines are to be used when a patient/customer requests to set up a payment plan; either self pay or self-pay balances after insurance. Payment plans shall not be less than the allowable maximum monthly schedule:

Amount Owed	Minimum Payment	Maximum Months
≤ $100	**Payment in full**	**N/A**
$101-$500	**1/12th of the total**	**12**
$501-$1000	**1/18th of the total**	**18**
$1001-$5000	**1/32nd of the total**	**32**
$5001-$7500	**1/42nd of the total**	**42**

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Over $7501	To be determined	N/A

Note: In the event that collection efforts are unsuccessful, a collection agency may be utilized to assist in the collection of any patient or guarantor responsible balance. It is not the policy nor practice of CRH to routinely and aggressively pursue collections through the legal system. Any collection agency under contract with CRH shall not institute litigation with respect to any account without written authorization of the hospital.
It is the intent of this policy to assist those patients who are uninsured and possibly underinsured, and may not qualify for Financial Assistance in paying for their health care needs while applying responsible good faith effort. While administrating this policy, Crisp Regional will ensure the dignity of the patient, encourage upfront financial counseling, be patient-centric and patient friendly, be culturally appropriate (assist with multi-language issues), and communicate collection procedures to the Crisp Regional health care community Exception to the above guidelines should be approved by the Director of Patient Financial Services or the Chief Financial Officer.

- Accepting a variety of payment methods including:
- Cash
- Check
- Money Order
- Charge and / or Debit Cards (Visa, MasterCard, Am Express, Discover)
- Pay ON-LINE: www.crispregional.org
- Appealing insurance denials whenever appropriate and possible.
- Assisting patients who are unable to make payment in full with monthly payment options through customer service.
- Pre-screening patients for Medicaid and other state or locally sponsored assistance programs.

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If a patient does not meet the Medicaid guidelines, the hospital has an Indigent Financial Assistance Program based on annual income, family size. Completion of a financial statement and supporting documents are required to determine eligibility. Please contact the Hospital's Financial Counselor for more information: 229-276-3166. This policy and indigent care application may be accessed via our website: www.crispregional.org

For inquiries regarding your bill, contact the Business Office:

Hospital Bills: 229-271-9686

Physician Bills: 229-271-9711

All applicable co-payments, deductibles and non-covered services are the patient's responsibility. These charges should be paid at the time of registration/admission. Unpaid balances will be billed to the patient. These must be paid within the timeframe outlined on our statement and/or payment contract arrangement should be established. Delinquent unpaid balances may be referred to a collection agency for further action. Again, payments may be made by:

Cash, check, or money order Am Express

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Discover MasterCard Visa

Payments may also be made via our ON-LINE Payment portal. This can be accessed by going to www.crispregional.org, click on the Patient Resources tab, and then toggle down until you may view the On-Line Bill Payment button. A patient/guarantor may also be able to view their own patient statements on-line as well.

Un-Insured Self-Pay Patients

Uninsured patients are screened for eligibility under Medicaid or other state programs as soon after registration as possible. Our Financial Counselor and/or our eligibility partnering vendor, Change Healthcare, will attempt to contact the patient to discuss possible program eligibility and/or financial assistance programs that the patient will need to apply for to possibly qualify. Patients who have no insurance (Medicare, Medicaid, Managed Care through an HMO or PPO Plan, Blue Cross, or other third-party insurance) or fail to provide Crisp Healthcare Services with adequate billing information, including proper authorization/referrals, are responsible for the total payment of their bills, less possible self-pay and/or the AGB(Emergent or Medically Necessary) discounts applied, when qualified.

If you are a self-pay customer and have any questions about resolving your account, please contact our Financial Counselor: 229-276-3166 or 229-271-9686. Payment arrangements, other than payment in full, must be approved in order to keep your account from being considered past due. Crisp Regional does provide self-pay discounts for qualified hospital accounts. Please discuss your self-pay balance with confidence with our hospital Financial Counselor as soon as possible, either before or after services; @ 229-276-3166. Again, if you think you may qualify for our Indigent/Charity Care program, please call our Financial Counselor @ 229-276-3166 as soon as possible, before or immediately after services are provided.

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Attachments

Financial Assistance Application

Approval Signatures

Step Description	Approver	Date
Admin		03/2022
Administration		03/2022
Adminstration		03/2022

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