GWINNETT HOSPITAL SYSTEM

Financial Assistance Program
100-18

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POLICY

Gwinnett Hospital System (GHS) is committed to providing financial assistance to persons who have healthcare needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situation. Emergency care will be provided to all patients regardless of their ability to pay. Financial Assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with GHS’ procedures for obtaining financial assistance, and to contribute to the cost of their care based on their individual ability to pay.

GOVERNANCE

The Financial Assistance Policy is administered by the Revenue Management Division of GHS with authority and approval from the Gwinnett Hospital System, Inc., Board of Directors.

DEFINITIONS

**FPG is Federal Poverty Guidelines** – 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 Services website at hhs.gov.

**Family Unit size** is defined as the applicant, spouse, and all legal dependents as allowed by the Federal Government. If the applicant is a minor, the family unit will include parent(s), legal guardian(s), and all household dependents as allowed by the Federal Government.

**Family Unit income** is defined as gross income for all members of the family unit for the last three months or the last calendar year, whichever is the lesser. Examples of income are: benefits from social security, retirement, veteran’s administration, welfare, workers compensation, sick leave, disability compensation, alimony, child support, stock/certificate dividends, interest, or income from property.
Disposable income is defined as available income determined by subtracting the family unit income from the Charity Federal Poverty Guidelines.

Self-Employed Income is defined as the amount remaining after business operating expenses. A personal monthly Income and Expense form and a previous quarterly income statement is needed to assist with the determination of eligibility.

Uninsured patients are defined as patients without third party insurance coverage for health services.

ELIGIBILITY FOR FINANCIAL ASSISTANCE CONSIDERATION

A. To begin the process for financial assistance, the patient or responsible party must complete a “Financial Assessment Application” and provide the necessary documentation to support their financial situation.

B. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation, or religious affiliation.

C. Applicants must fully cooperate and comply with all verification of income and assets to be considered.

D. The applicant’s medical care must be medically necessary to be considered. Medical services solely for cosmetic purposes, and services or procedures that are elective will not be considered.

E. An applicant’s accounts that have progressed to legal collection action will not be considered. However, prior to legal collection action, external collection agencies will notify the hospital of any accounts that may qualify for financial assistance or accounts where the patient/guarantor has requested financial assistance.

F. Financial assistance adjustments of account balances will be applied prior to the referral of an unpaid account to an external collection agency for more aggressive collection. Assistance may take the form of “free care” or discounted care.

G. Because the hospital makes many efforts to communicate to patients about the financial assistance program during the registration and billing processes, extraordinary collections actions will not occur on an account where the patient was not aware of the process for applying for financial assistance.

H. Requests for financial assistance from other than Gwinnett County residents will be considered on a case-by-case basis.

I. The following types of accounts may be considered charity care eligible without additional documentation: (1) Accounts referred to collection agencies that are
DETERMINATION OF FINANCIAL NEED

A. Financial need will be determined through an individual assessment that may include:
   1. A completed financial assessment application in which the applicant is required to cooperate and provide documentation necessary to make a financial determination of need.
   2. The use of external sources to help determine an applicant’s ability to pay, and the value of assets. Non-physical assets such as bank accounts, bonds, etc., will be used to help determine ability to pay, while the physical assets such as real estate, automobiles, etc., will be used to help determine debt ratios.
   3. A reasonable effort by the GHS facility to explore and assist patients in applying for alternative sources of payment and coverage from public and private payment programs.
   4. Use of a data analytics model to identify patients who may be used to qualify for financial assistance but have not requested this assistance.

B. Financial assistance determinations will be made timely, no longer than 15 business days after receipt of all required documentation. If all necessary documentation is provided during an interview with a financial counselor, then an applicant is informed of the determination during the interview, with a written approval to follow within 15 days.

C. Non-emergent surgical services and other non-emergent scheduled procedures require that financial assistance determinations are conducted prior to rendering care.

D. Financial assistance will be re-evaluated every 90 days for visits after the initial approval. However, the need for financial assistance may be re-evaluated at any time additional information relevant to the eligibility of the patient becomes known.

E. Financial assistance account adjustments posted before payments are received from insurance companies, Medicare, Medicaid, third party liability carriers, or court settlements will be reversed. This situation would occur when the hospital is not aware of other payers or when coverage is retroactively applied.
F. A credit check may be processed for applicants and household members to assist in determining the overall financial status and value of the assets. A credit report may be used solely in the determination of charity when a financial application cannot be obtained. If the applicant’s credit report indicates the family unit income provided by the applicant is unrealistic, financial assistance may be denied.

FINANCIAL ASSISTANCE GUIDELINES

GHS uses the Federal Poverty Guidelines (FPG) in effect at the time an application is completed and submitted to determine eligibility for financial assistance. Criteria are set as follows:

- Household incomes that are at or below 125% of the FPG are eligible to receive free care. This is classified as “free care” or indigent care.
- Household incomes that exceed 125% of the FPG, but are at or below 300% of the FPG qualify for a discounted payment based on ability to pay. This is classified as charity care. The patient may be approved for a payment plan.
- In addition to the discounted rate using Medicare reimbursement rates, household incomes that exceed 125% of the FPG, but are at or below 300% of the FPG, may receive a larger discounted payment based on an ability to pay. This is determined using a calculated methodology including income, debt, and an ability to pay.
- Household incomes that exceed 300% of the FPG, where the patient is medically indigent or has unusual financial circumstances, such as catastrophic illness or accident, are evaluated based on their financial situation. This is classified as medically indigent or charity hardship care. The patient may be approved for a payment plan. Some examples include: (1) The size of the patient’s medical bills based on a catastrophic illness or otherwise have resulted in patient liabilities for which payment is impossible based on current financial status of a household; or (2) The patient’s subsistence is threatened resulting in an ability to meet patient liabilities.

CHARGES BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

Patients approved for financial assistance will not be billed gross charges after the financial assistance approval letter has been sent out. The charges billed will be discounted by the actual Medicare payment rate according to the Provider Statistical and Reimbursement Report (PS&R) issued by Medicare. For fiscal year 2012, beginning July 1, 2011, the discount percentage is 72.4%.

NON-PAYMENT PROCESS (related to a partial account adjustment)

In the event of non-payment by a patient for their portion of their account, the hospital or its representative will send two collection letters before sending the account to a
collection agency. The collection agency will continue collection activities which may include reporting to the credit bureau and the use of collection attorneys when appropriate. As allowed by the State of Georgia, when a patient presents for services following an accident or injury, GHS may place a hospital lien against the third party settlement.

**APPEAL PROCESS FOR FINANCIAL ASSISTANCE DENIALS**

An applicant may appeal a financial assistance determination within 30 days of a denial notice. An appeal must be submitted in writing, either by letter or email, and sent to the Pre-Authorization Manager. The Pre-Authorization Manager will respond to the appeal within 10 business days. Written appeals should be sent to:

- Gwinnett Medical Center
- Attention: Pre-Authorization Manager
- P. O. Box 1190
- Lawrenceville, GA 30046

Email appeals should be sent to: financialcounselor@gwinnettmedicalcenter.org

**COMMUNICATION OF THE FINANCIAL ASSISTANCE PROGRAM**

GHS makes information readily available to patients about its financial assistance program by posting and distributing information in the patient registration areas, other public places throughout the hospitals, on patient bills, and on its website. The postings are provided in English, Spanish, Vietnamese, and Korean. Financial Assessment forms are available on the website or upon request as follows:

- By email at financialcounselor@gwinnettmedicalcenter.org
- By email at ghsbilling@gwinnettmedicalcenter.org
- By asking at a hospital admission area or financial counselor office
- By telephone at 678-312-5600

Senior Financial Counselors are available Monday through Friday from 8:30 am to 4:30 pm on a scheduled or walk-in basis to interview applicants and accept financial assistance applications. Non-emergency medical services will be postponed until this process is complete.

**ATTACHMENTS**

Financial Assessment Application (English)

**FOR MORE INFORMATION CONTACT**

Assistant Vice-President, Revenue Management
Director, Patient Financial Services
Pre-Authorization Manager

**APPROVAL BODIES**
Billing & Coding Compliance Committee
Leadership Policy Review Group
Gwinnett Hospital System Board of Directors