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Patient Information for Financial Assistance

The Financial Assistance Policy (FAP) of the Monroe County Hospital (Monroe) illustrates our commitment to our patients and the community we serve in providing world class care before, during and after treatment is received regardless of their ability to pay. Our mission is to provide timely and appropriate financial assistance when patients meet the guidelines provided. The Monroe County Hospital offers financial assistance to eligible individuals and families who are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care. Based on your financial need, either reduced payments or free care may be available. Patients, or the person legally responsible for their bill, may request financial assistance in regard to their obligation at any time before or during the billing process. Patients, or the person legally responsible for their bill, may meet guidelines for full or partial assistance. Once the application and evaluation process has been completed, patients, or the person legally responsible for their bill will be advised of the assistance determination. Those patients who do not qualify for financial assistance will be billed in accordance with Monroe County Hospital policy as a means of making arrangements for payments or obtaining payment in full. Collection activity is conducted within the applicable rules and laws governing patient collections.

Patients requiring emergency or urgent medical care and pregnant women in active labor shall be treated without regard to their ability to pay in accordance with all applicable Federal regulations (Emergency Medical Screening, Stabilization, Treatment, and transfer).

As further described below, this Financial Assistance Policy:

- Includes eligibility criteria for Financial Assistance.
- Describes the basis for calculating amounts charged to patients eligible for Financial Assistance under this Policy.
- Limits the amount that Monroe will charge for emergency or other Medically Necessary care provided to individuals for Financial Assistance to no more than the amount generally billed to insured patients by Monroe as defined in this policy. •Describes the method by which patients may apply for Financial Assistance. •Describes the Monroe Collection Policy.

Definitions: As used in this Policy, the following terms have the meanings as set forth below:

1 . **Financial Assistance** - Free or discounted health services provided to individuals who meet Monroe's criteria for Financial Assistance and are unable to pay for all or a portion of the Medically Necessary services provided by the facility.
2. Financial Assistance includes:

a. **Free Care** is considered if the applicant's total gross income for the previous 12 months and/or calculations using the previous 3 months is at or below 125% of the poverty levels.

b. **Discounted Financial Assistance** — Any applicant over 125% and up to 200% of the FPL will be eligible for financial assistance based on an income sliding fee scale

3. **Emergency Medical Conditions** — Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd). An emergency medical condition is defined as "a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs."
4. **Medically Necessary** — Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:
    a. in accordance with the generally accepted standards of medical practice;
    b. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease

    For these purposes, "generally accepted standards of medical practice" means:
    a. standards that are based on credible scientific evidence published in peer reviewed, medical literature generally recognized by the relevant medical community.
    b. Physician Specialty Society recommendations.
    c. the views of Physicians practicing in the relevant clinical area; and
    d. any other relevant factors.
5. **Eligible Services** — Services eligible under this Policy include: (1) Emergency medical services provided in an emergency room setting, (2) non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and (3) other Medically Necessary services. Eligible Services does not include elective, cosmetic or non-Medically Necessary services.
6. **Amounts Generally Billed** — The amount charged to all patients meeting the eligibility criteria under this Policy before any discounts are applied.

Financial Assistance Application Guidelines:

All requests for Financial Assistance must be submitted using Monroe's Financial Assistance Application. The Application must be completed in its entirety and all supporting documentation attached to the Application.

1. This Policy describes the manner in which patients will be notified about the

Financial Assistance available and this Policy. The notification period ends on the 120th day after Monroe issues the first post-discharge billing statement to the patient. If, by the end of this 120-day period the patient has not submitted a Financial Assistance Application, Monroe may begin collection actions against the patient. The

application period during which Monroe will accept and process a Financial Assistance Application ends on the 240th day after Monroe issues the first post discharge billing statement to the patient.

2. Falsifying information on the Application will be grounds for denying or revoking Financial Assistance. Falsifying an Application includes, but is not limited to, failure to disclose assets,
3. Applicant shall identify all known third party payment sources, including automobile, worker's compensation, and other liable payers, for services rendered. Applicant shall cooperate with Monroe in filing of claims and collection of reimbursement from all third-party payment sources. Failure to cooperate will be grounds for denying Financial Assistance.
4. Applicant shall cooperate in applying for assistance from other sources for which they may be eligible, such as Medicaid, State Cancer Aid, Victims of Crime and other programs. Failure to cooperate will be grounds for denying Financial Assistance.

Financial Assistance Information

To request an application for financial assistance and a copy of the detailed financial assistance policy, please contact the Monroe financial assistance team at 478-394-6295. A copy of the financial assistance policy, plain language summary and the application forms are available in English and Spanish or through the Monroe website www.monroehospital.org

If you want more information or have questions about the process, please call the financial assistance team at 478-394-6295. A member of the financial assistance team will be happy to assist you.

You may also visit the Business Office located at:

134 MLK Jr. Dr, Forsyth, GA 31029 .

Patients are informed in the following ways:

- Signs posted in the Emergency Room and Patient Access registration area.

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- Handout given to patient at time of service.
- Statement/letters sent after services.
- Financial Counseling.

Eligibility Criteria for Financial Assistance

You may be eligible for financial assistance if you:

- Have limited or no health insurance
- Are not eligible for government assistance (for example, Medicare or Medicaid)
- Have no access to other funds to cover the date of service at issue
- Can show you have financial need
- Provide Monroe with necessary information about your household finances

If the applicant's average total gross income for the previous 12 months, and/or average calculations using the previous 3 months (whichever is more favorable to the applicant), is at or below 125% of the poverty levels, the applicable medically necessary care, will be provided at no cost.

In determining FPL, temporary assistance for needy families and SSI are excluded Family unit is defined as individuals living alone, and spouses, parents, and their children under the age of 21 living in the same household. It does not include income from anyone not financially responsible for the bill.

In reviewing total resources, the Georgia State eligibility criteria for resource limits to qualify for Medicaid will be used. Therefore, financial assistance will not be available to anyone with liquid assets over $2,000.00.

Uninsured patients may request financial assistance at any time during pre-registration, registration, inpatient stay, or throughout the course of the billing and collections cycle by requesting and completing an application for financial assistance. All uninsured patients with income less than Federal Poverty Guidelines for their family size may qualify for financial assistance.

Information Required to Complete an Application for Financial Assistance:

- Completed Application for Financial Assistance including information regarding liquid assets and family income
- Copy of previous year's W-2 form or Income Tax Return.

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- Copy of three (3) consecutive, current check stubs from an employer showing year-to-date salary.
- Check stubs for three (3) months or a statement from your employer if checks are not issued.
- Copy of statement of benefits from FS, AFDC, SSI, Social Security or other monthly benefits.
- Additional documentation based on information provided during the screening process

Once a completed application is reviewed, a decision will be made and the patient/applicant will be notified in writing of the decision within 5 days.

The financial assistance department at Monroe is responsible for making eligibility determinations based on the documentation provided through the application process. Patients may contact the Financial Assistance department with questions on eligibility determinations by calling 478-394-6295.

- If approved for Financial Assistance, the patient will receive discounted or total write-off.
- If denied Financial Assistance, the patient may receive a discount in accordance with self-pay fee schedule for the services provided.

Returning your application

Your application can be given directly to a Patient Account Advisor, They are located in the Financial Counselor's office in Outpatient Registration next to the Emergency Room. You can also mail your completed application form and copies of your proof of income materials to: 88 MLK Jr. Dr. Forsyth, GA 31029.

Your application must include copies of any documents that apply to you (see above). Please attach copies, not originals, as Monroe will not be liable for the return any document sent with the application. If any of the documents are missing, it will delay processing of your application and could result in your account being sent to a collection agency.

Notification of Request for Additional Information or Denial

Financial Assistance will not be denied based solely upon an incomplete application initially submitted. Most common types of documentation needed are referenced above. Monroe will contact patients or financial guarantors via mail to notify of additional documentation requirements. Patients will have 14 business days to return additional information.

- If patient fails to provide all requested documentation or fails to assist Monroe vendors in obtaining appropriate available coverage, application for financial assistance may be denied and the patient would receive the self-pay discount as appropriate.
- In addition, collection actions may be taken in the event the patient fails to respond or provide the additional information as requested.

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Notification of Approval

Monroe will contact the patient via mail to notify of approval for the financial assistance program

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This notice will include the steps a patient may take to obtain information about how their co-pay (if applicable) was determined as well as information confirming that the co-pay is not more than the Amounts Generally Billed described below. If a patient has already established a payment plan or made payments on their account, and was subsequently approved for financial assistance, any payments over the co-pay amount will either be applied to other outstanding accounts or refunded to the patient if no other outstanding accounts exist. If an approved patient has had extraordinary collection actions, Monroe will take all reasonably available steps to reverse the actions taken upon eligibility approval.

Calculation of Amounts Charged to Patients

Monroe does not bill uninsured patients for patient liability amounts more than the amounts generally billed to other insurance providers. Amounts Generally Billed (AGB) will be calculated using the prospective Medicare method. This amount will be the amount Medicare would allow for care (including any amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, coinsurance, and deductibles) MONROE will not bill a financial assistance eligible person more than the AGB rate.

- Uninsured patients will receive a discount.
    - Patients requiring urgent or emergent services shall not be denied those services on their inability to pay. Monroe County Hospital will provide a 50% discount to all uninsured patients with no health insurance from either a private or public source. This charity discount is provided to all patients at all income levels. No application or proof income is required.
- MONROE does not bill or expect payment of gross/total charges from individuals for

Publication of policy

MONROE will take the following measures to make its Financial Assistance Policy available to the public, free of charge.

- Provide free copies of the FAP policy at access points in the facility.
- Post the policy and a financial assistance application on the MONROE internet page www.monroehospital.orq .
- Include in the annual Community Benefit Report,
- Provide/mail copies, when a request is made by phone to Financial Advisors, Billing, Collections, or Customer Service teams.

The Financial Assistance summary document and application will also be provided in Spanish, free of charge, when requested. Spanish versions will also be posted on the MONROE internet site.

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Patient Collections

Monroe makes reasonable efforts to ensure that patients are billed for their services accurately and timely. Monroe will attempt to work with all patients to establish suitable payment arrangements, if full payment cannot be made at the time of service or upon delivery of the first patient statement.

Patients/Guarantors will receive three statements. All statements will inform patents/guarantors of their ability to apply for Financial Assistance. Uninsured patients have 120 days from the date of the first statement to respond before referred to external collections. Patients will be allowed to request financial assistance up to 240 days from the date of first statement, or at any time during the collection process.

Phone Calls

Patient/Guarantors will/may receive multiple phone calls requesting payment in full or payment arrangements be made. These calls will generally start 10 days after the first statement. The calls will comply with all Federal Regulations and are an attempt to collect a debt.

Extraordinary Collections Actions

Monroe contracts with Revenue Cycle Associates for its bad debt patient and/or guarantor collection processes. Accounts are subject to the following extraordinary collection actions, but only after 120 days from the first post discharge billing:

- Monroe nor its assigned vendors will conduct any extraordinary collection actions as defined under 501 (r).
- If, during the course of collections follow up, a patient or guarantor requests financial assistance or indicates that they are uninsured and cannot pay for their care, they will be referred to the MONROE Financial Assistance team to be screened for potential program eligibility, If the Financial Assistance team determines a patient may be eligible for assistance, collection activity will continue until the patient returns the appropriate application. Once the application is received, regardless of completeness, all further collection activity will be stopped pending a decision from the financial assistance team on program eligibility.

Providers

This policy is only applicable to services provided by the hospital. A list of the medical staff delivering emergency and/or other medically necessary care in the hospital is included on the

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Monroe County Hospital website. These providers bill and collect for the service that they provide and are not covered by the hospital's Financial Assistance Policy described above.

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(478) 994-2521 www.monroehospital.org