

## System Policy and Procedures

<p><b>TITLE: Financial Assistance</b></p> <p><b>Effective Date:</b> <b>February 10, 2020</b></p> <p><u>Christopher K. Dorman</u> President/CEO</p>	<p><b>FACILITIES:</b></p> <p><input checked="" type="checkbox"/> Tift Regional Medical Center</p> <p><input checked="" type="checkbox"/> Southwell Medical</p> <p><input checked="" type="checkbox"/> Southwell Ambulatory Facilities</p> <p><input type="checkbox"/> Southwell Health and Rehabilitation</p> <p><input checked="" type="checkbox"/> Southwell Medical Rural Health Clinics</p>	<p><b>FUNCTION:</b> Finance</p> <p><u>Kim Wills</u> SVP, Chief Financial Officer</p>
--	---	---

**Application:**

This Policy applies to the selected facilities above. Such facilities are referred to as a "Facility" in the singular and collectively as "Facilities".

**Definitions:**

“Amounts Generally Billed (AGB)” means gross charges multiplied by the AGB percentage. The AGB percentage is calculated using the look-back method and includes amounts received (paid to the hospital) by Medicare fee for service and all private health insurances.

“Charity Care” results from a provider's policy to provide healthcare services free or at a discount to individuals with family income greater than 125% but less than or equal to 225% of the U.S. Federal Poverty Guidelines.

“Emergency medical conditions” is defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

“Family” Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance. A dependent attestation form may be completed if the income tax returns are not available.

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

“Family Income” is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

“Gross charges” means the total charges at the organization’s full established rates for the provision of patient care services before deductions from revenue are applied.

“Indigent Care” results from a provider’s policy to provide healthcare services free to individuals with family income less than or equal to 125% of the U.S. Federal Poverty Guidelines.

“Medically necessary” is defined by Medicaid (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

“SHR” means Southwell Health and Rehabilitation.

“SM” means Southwell Medical, a campus of Tift Regional Medical Center, and all departments thereof.

“Southwell Ambulatory Facilities” or “SWA Facilities” means the physician practices and health care facilities owned and operated by Southwell Ambulatory, Inc.

“Southwell Medical Rural Health Clinics” means the rural health clinics owned and operated by Tift Regional Health System, Inc. d/b/a Southwell Medical as defined in System Policy, *Rural Health Clinic Introductory Policy*.

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

“Southwell Facilities (“Southwell”): This includes hospital campuses, Tift Regional Medical Center and Southwell Medical, a campus of Tift Regional Medical Center and hospital based physician services to include Anesthesiologists, Cardiovascular Surgery Critical Care Physicians, Emergency Room Physicians, Hospitalists and Oncology and other physician clinics that fall under the scope of this policy. Community physicians and independent specialists who are not employed by Southwell or its subsidiaries will not subject to this Policy. A current list of Southwell Facility locations can be found at <http://www.tifregional.com/FinancialAssistance>.

“TRMC” means Tift Regional Medical Center.

“Uninsured” defines the patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

“Underinsured” means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

**Purpose:**

The purpose of this Policy is to describe Southwell’s Financial Assistance Policy.

**Policy:**

- I. Southwell Facilities include not-for-profit charitable corporations that are committed to providing financial assistance and community services to improve access to care. Although the Southwell Facility Hospitals are subject to the Internal Revenue Code Section 501(r) and are required to have a financial assistance policy, the Southwell Ambulatory Facilities are not. Nonetheless, except as otherwise indicated in this Policy, this Policy applies to the Tift Regional Medical Center, Southwell Medical, hospital based physician services and Southwell Ambulatory facilities.
- II. Southwell is committed to providing indigent and charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergency and all other medically necessary care as defined in this Policy. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Southwell strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Southwell will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

III. Accordingly, this Policy:

1. Includes eligibility criteria for financial assistance – free or discounted (partial charity) care;
2. Includes a list specifying which providers delivering emergency and/or other medically necessary care in the hospitals that are covered by this Policy and which are not (Appendix A); Describes the basis for calculating amounts charged to patients eligible for financial assistance under this Policy;
3. Describes the method by which patients may apply for financial assistance;
4. Describes the method by which patients may be presumptively determined to qualify for financial assistance;
5. Describes how Southwell will widely publicize the Policy within the community served by TRMC and SM; and
6. Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed as defined by this Policy.

IV. In order to manage its resources responsibly and to allow Southwell to provide the appropriate level of assistance to the greatest number of persons in need, the following guidelines have been established for the provision of patient indigent and charity assistance.

A. **Services Eligible Under This Policy.** For purposes of this policy, “indigent” “charity” or “financial assistance” refers to healthcare services provided by Southwell without charge or at a discount to qualifying patients. The following healthcare services are eligible for indigent and charity:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services as defined by Medicaid as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

B. **Services Not Eligible Under this Policy.** Generally, the following services are not eligible for indigent or charity:

1. Elective or cosmetic procedures. For purposes of this Policy an “elective or cosmetic procedure” is a procedure which the Georgia Medicaid Program would not cover if the patient was a Medicaid beneficiary.
2. Reoccurring outpatient therapies which exceed the number of visits that would customarily be covered by a private insurer.
3. Services required while the patient is incarcerated or in the custody of law enforcement when law enforcement is responsible for the cost of the service.
4. Accounts that are covered under liability or workers’ compensation with no proof of denial of coverage.

C. **Eligibility for Charity.** Eligibility for charity is considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of indigent or charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

D. **Method by Which Patients May Apply for Charity Care.**

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
  - a. Include an application process, in which the patient or the patient’s guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
  - b. Include the use of external publically available data sources that provide information on a patient’s or a patient’s guarantor’s ability to pay (such as credit scoring);
  - c. Include reasonable efforts by Southwell to explore appropriate

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs; and

- d. Take into account the patient's available assets, and all other financial resources available to the patient (only if the total verified income is more than 125% but less than or equal to 225% of the Federal Poverty Guidelines for the specified family size).
2. It is preferred but not required that a request for a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the application period. The application period begins with the receipt of the first post-discharge patient statement and concludes after two hundred forty (240) days. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.
  3. Southwell values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and Southwell shall notify the patient or applicant in writing within thirty (30) days of receipt of a completed application.
  4. Every determination is documented in the Health Information System. The Financial Counselor maintains the application, along with all accompanying financial documentation, in the patient's record.
  5. If approved for assistance, the patient's account is adjusted appropriately using proper adjustment codes.
  6. If an application is denied, the reasons for the denial are included in the written notice.
  7. If an application is denied, the written notice also includes instructions as to how the patient may seek reconsideration if he/she disagrees with the decision. The instructions for reconsideration include the title/name and contact information of a Southwell Facility personnel member who will handle the reconsideration.
  8. Each written determination contains the toll free number for the Georgia Department of Community Health, which the patient may contact if he/she disagrees with the Southwell Facility determination regarding eligibility for assistance.

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

E. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Southwell could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

F. **Eligibility Criteria and Amounts Charged to Patients.** Services eligible under this Policy will be made available to the patient in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by Southwell to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges for eligible services. The basis for the amounts Southwell will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 225% of the FPL are eligible to receive free care (discount of 100% of patient liability);

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

2. Patients whose family income exceeds 225% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Southwell; however, the discounted rates shall not be greater than the amounts generally billed to (received by the hospital for) Medicare patients.

G. **Communication of the Financial Assistance Program to Patients and Within the Community**.

Notification about financial assistance available from Southwell, which shall include a contact number, shall be disseminated by Southwell by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, admitting and registration departments, and patient financial services offices that are located on facility campuses, and at other public places as Southwell may elect. TRHS also shall publish and widely publicize a summary of this Policy on facility websites, in brochures available in patient access sites and at other places within the community served by the hospital as Southwell may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Southwell. Referral of patients for financial assistance may be made by any member of the Southwell staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

- H. **Relationship to Collection Policies**. Southwell management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Southwell, and a patient's good faith effort to comply with his or her payment agreements with Southwell. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their discounted hospital bills, Southwell may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. Southwell will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital;

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**



2. Documentation that Southwell has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
  3. Documentation that the patient does not qualify for financial assistance on a presumptive basis; and/or
  4. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.
- I. **Regulatory Requirements**. In implementing this Policy, Southwell management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

---

**Original Effective Date:** March 1, 2019

**Revise/Review History:**

Replaces "Indigent Care Assistance" policy  
Revised January 1, 2020

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

# Southwell

## Financial Assistance Policy Plain Language Summary

---

Southwell Facilities (“Southwell”) include not for profit charitable corporations that are committed to providing financial assistance and community services to improve access to care. Southwell is committed to providing health services to patients regardless of their ability to pay. Southwell recognizes that not all patients have the financial resources to pay their hospital bill. This Plain Language Summary provides basic information about our policy.

---

### Southwell Financial Assistance Policy

The Financial Assistance Program offers emergency and other medically necessary services at no cost to qualified patients. Whether patients are uninsured or underinsured, they can apply for financial assistance. Our Financial Counseling staff and a third party service will assist individuals in applying for eligible government health insurance programs and completing the financial assistance application, free of charge. Upon approval patients may receive the following assistance:

Federal Poverty Level	Amount of Assistance
125%	100%
126%-225%	100%

Patients who qualify cannot be charged more than the amount generally billed (AGB).

### How to Obtain Copies of our Financial Assistance Program Policy and Application

You may obtain a copy of our policy and application form free of charge in the following ways:

- Our website <https://mysouthwell.com/financial-assistance/>
- Visit our Financial Counseling office located at: Tift Physician Center  
Suite 400  
907 18<sup>th</sup> Street  
Tifton, GA 31794
- Visit any of the following Tift Regional Medical Center locations:
  - Affinity Clinic-West Campus Registration  
2225 US Highway 41 N.  
Tifton, GA 31794
  - Tift Regional Outpatient Registration or the emergency department  
901 E. 18<sup>th</sup> Street  
Tifton, GA 31794
- Visit Southwell Medical Registration located at 260 M.J. Taylor Road  
Adel, GA 31620
- Request copies to be mailed or sent electronically by calling (229) 353-6124 option 2

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

## Appendix A

### Facilities/Locations Covered under FAP

Cook Medical Center

Cook Medical Center, Sylvia Barr Center

Cook Family Wellness

Cook Primary Care

Tift Regional Medical Center

Tift Regional Medical Center, West Campus

Tift Regional Wound Care Center

Anita Stewart Oncology Center

Tift Regional Outpatient Surgery Center at Georgia Sports Medicine

Tift Regional Outpatient Urology Surgery Center

Tift Community Health Center

Tift Regional Emergency Medicine

Tift Regional Congestive Heart Failure Clinic

Affinity Hospital Medicine

Affinity Pediatrics

Affinity Physicians for Women

Affinity Physicians for Women-Moultrie

Arthritis and Osteoporosis Center

Fitzgerald Health Plus

Georgia Sports Medicine Clinic

Irwin Primary Care

MSK Center

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

Ocilla Pediatrics  
South Georgia Surgical  
Southwell Center for Healing and Wellness  
Southwell Gastroenterology  
Southwell Infectious Disease  
Southwell Lowndes Endoscopy Center  
Southwell Medical  
Southwell Medical Adel Primary Care  
Southwell Medical Ashburn Primary Care  
Southwell OB/GYN  
Southwell Express Care  
Southwell Medical Community Health Center  
Southwell Medical Nashville Primary Care  
Southwell Medical Sylvester Primary Care  
Southwell Medical Clinic  
Southwell Medical Sylvia Barr Center  
Southwell Mobile Clinic  
Southwell Pediatrics  
Southwell School Clinic  
Southwell Strong for Surgery  
Southwell Valdosta Endoscopy Center  
Tift Regional Ophthalmology  
Tift Regional Outpatient Therapy  
Tift Regional Urology Clinic  
Tift Regional Vascular Clinic

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

### Tifton Pathology Services

Services at the above locations include emergent, medically necessary services including Primary Care, Behavioral Health, Cancer Care, Diagnostics, Emergency Care, Gastroenterology, Heart and Vascular, Inpatient Care, Orthopedics, Stroke Treatment, Surgery, Urgent Care, Women's and Children's, and Wound Care.

### Tift Regional Health System Providers Not Subject to FAP

Certain services provided at a Tift Regional Health System location provided by a physician, physician assistant, nurse anesthetist, or other professionals are not covered under Tift Regional Health System's Financial Assistance Policy. Specifically, professional services provided in the clinics/departments listed below are not covered by the Financial Assistance Policy.

Affinity Aesthetic and Weight Loss

Allure Plastic & Reconstructive Surgery Center

Cook Senior Living Center

Hospice of Tift Area

Southwell Chiropractic

Southwell Health and Rehabilitation

Tift Regional Chiropractic Services

Tift Regional Pain Management Services

Tift Regional Dialysis Center

Worksmart

### Non-Tift Regional Health System Providers Not Subject to FAP

South Georgia Radiology Associates

Tifton Women's Center

South Georgia Physicians for Women

The Howard Center for Women's Health

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**

Raymond Aldridge, M.D.  
Douglas Vascular  
New Medical Center  
Tiftarea Cardiology  
Center for Healing and Wellness  
Family PrimeCare, LLC  
Optim Healthcare  
Family Practice Associates  
Pediatric Dental Center of Georgia  
Georgia Foot & Ankle  
Family PrimeCare  
South Georgia Eye Partners  
Tift Internal Medicine Center  
Orthopedic Spine Center  
Tronolone Cardiology  
Tift Regional Dental Group

**Review/Revise History:**

September 12, 2019  
September 25, 2019  
January 1, 2020  
January 28, 2020  
October 12, 2020  
December 10, 2020

---

**Please Note: A printed copy of this Policy may not be the most recent version. The official current version of this Policy is maintained in the electronic policy system.**