

System Policy and Procedures

TITLE: Financial Assistance Effective Date: September 25, 2023 <u>Christopher K. Dorman</u> President/CEO	FACILITIES: ☒ Tift Regional Medical Center ☒ Southwell Medical ☒ Southwell Ambulatory Facilities ☐ Southwell Health and Rehabilitation ☒ Southwell Medical Rural Health Clinics	FUNCTION: Finance <u>Troy Brooks</u> SVP, Chief Financial Officer
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Application:

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

Definitions:

“Amounts Generally Billed (AGB)” means the amount generally billed for emergency and other medically necessary care to individuals who have insurance covering such care. The AGB percentage is calculated using the look-back method and includes amounts received (paid to the hospital) by Medicare fee for service and private health insurance. AGB is determined by dividing the sum of claims allowed by these health insurers during the previous fiscal year by the sum of the associated gross charges for those claims.

“Charity Care” results from a provider's policy to provide healthcare services free or at a discount to individuals with family income between 126% and 400% 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. 1395d).

“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 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.

“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;

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- Noncash benefits (such as food stamps and housing subsidies) does 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 below 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).

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

“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*.

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

“Southwell Facilities (“Southwell”): This includes hospital campuses, Tift Regional Medical Center and Southwell Medical, a campus of Tift Regional Medical Center, SWA Facilities 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 Tift Regional Health System, Inc. or Southwell Ambulatory, Inc. are not subject to this Policy. The then-current list of providers not covered by this Policy is found at <http://www.mysouthwell.com/Financial> Assistance. The list of providers not covered by this Policy as of the effective date of this Policy is attached hereto as Appendix A.

“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 financial assistance programs provided by Southwell Facilities.

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.

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- 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. Southwell will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.
- 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);
 3. Describes the basis for calculating amounts charged to patients eligible for financial assistance under this Policy;
 4. Describes the method by which patients may apply for financial assistance;
 5. Describes the method by which patients may be presumptively determined to qualify for financial assistance;
 6. Describes how Southwell will widely publicize the Policy within the communities served by TRMC and SM; and
 7. Limits the amounts that Southwell 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; and
 3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.

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

1. Elective services or treatments and those deemed not medically necessary such as:
 - a. Cosmetic Procedures;
 - b. Bariatric;
 - c. Weight Loss;
 - d. Chiropractic;
 - e. Cardiac Rehab Phase 3 & 4;
 - f. Sterilization and/or reversal;
 - g. Reproductive/Fertility/Birth Control/Pregnancy; and
 - h. Premium supplies or brand drugs requested when standard stock or non-brand is available.
2. 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.
3. Accounts that are covered under liability or workers' compensation with no proof of denial of coverage.

C. Health Plans and Providers Not Eligible Under This Policy.

1. Out of Network Health Plans with no Out of Network benefits.
2. All independent physician or service providers.

D. Eligibility for Indigent Care or Charity Care.

Eligibility for Indigent Care or Charity Care 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 Care or Charity Care 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.

E. Method by Which Patients May Apply for Indigent Care or Charity Care.

1. Financial need will be determined in accordance with the following procedures that involve an individual assessment of the patient's financial need:
 - a. Patients are required to submit a complete and accurate application to include the following source documents:
 - Proof of Income as stated on the application;
 - Marital Attestation and supporting documents;
 - Proof of Dependents; and
 - Medicaid Eligibility Screening when applicable;
 - b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as

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- credit scoring);
- c. Include reasonable efforts by Southwell to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs; and
 - d. For Charity Care only, the facility will 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 126% but less than or equal to 400% of the Federal Poverty Guidelines for the specified family size), excluding the patient's primary residence. For detailed information on discount rates in relation to the Federal Poverty Guidelines, please see Appendix B attached hereto and incorporated herein by reference.
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 240 days. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.
 3. 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 Hospital Imaging 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.

F. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Indigent Care or 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 Indigent Care or Charity Care assistance. In the event there is no evidence to support a patient's eligibility for

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Indigent Care or Charity Care, Southwell may use outside agencies in determining estimate income amounts for the basis of determining Indigent Care or 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;
8. Patient is deceased with no known estate;
9. Able to receive Medicaid but was ineligible for specified date of service;
10. Incarcerated with no income for care provided prior to incarceration; and
11. Out of State Medicaid that the hospital or providers choose not to enroll with for patients that reside in the state of coverage.

G. 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 200% of the FPL are eligible to receive free care (discount of 100% of patient liability);
2. Patients whose family income is between 201%-400% of the FPL are eligible to receive discounted rates; however, the discounted rates shall not be greater than the amounts generally billed to (received by the hospital for) Medicare patients; and
3. Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on catastrophic medical expenses.

**For detailed information on discounted rates, please see Appendix B attached hereto and incorporated herein by reference.

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- H. 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; 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; publishing and widely publicizing a the Plain Language Summary of this Policy (attached hereto as Appendix C) on Facility websites, in brochures available in patient access sites and at other places within the community served by the Southwell 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.
- I. 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 Facility 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 Indigent Care or Charity Care pursuant to this Policy. Such reasonable efforts 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 Facility;
 2. Documentation that Southwell has or has attempted to offer the patient the opportunity to apply for Indigent Care or Charity Care pursuant to this Policy and that the patient has not complied with Southwell'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.

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- J. Regulatory Requirements.** In implementing this Policy, Southwell 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

September 12, 2019

September 25, 2019

January 1, 2020

January 28, 2020

February 10, 2020

March 13, 2023

September 25, 2023

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Appendix A

Facilities/Locations Covered under FAP

The following providers rendering care at Southwell Facilities covered under the Financial Assistance Policy:

Tift Regional Medical Center
Tift Regional Wound Care Center
Anita Stewart Oncology Center
Tift Regional Outpatient Physical Therapy
Tift Regional Outpatient Surgery Center at Georgia Sports Medicine
Tift Regional Outpatient Urology Surgery Center
Tift Regional Emergency Medicine
Tift Regional Congestive Heart Failure Clinic
Affinity Neurology
Affinity Pediatrics
Affinity Physicians for Women
Arthritis and Osteoporosis Center
Georgia Sports Medicine Clinic
Ocilla Pediatrics
South Georgia Surgical
Southwell Center for Healing and Wellness
Southwell Gastroenterology (Valdosta)
Southwell Internal Medicine (Valdosta)
Southwell Lowndes Endoscopy Center (Valdosta)
Southwell Medical
Southwell Medical Adel Primary Care
Southwell Medical Clinic
Southwell Medical Ashburn Primary Care
Southwell Medical Nashville Primary Care

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Southwell Medical Sylvester Primary Care

Southwell Medical Sylvia Barr Center

Southwell Medical Community Health Center

Southwell Nephrology

Southwell OB/GYN (Valdosta)

Southwell School Clinic

Southwell Valdosta Endoscopy Center (Valdosta)

Tift Regional Ophthalmology

Tift Regional Outpatient Therapy

Tift Regional Urology Clinic

Tift Regional Vascular Clinic

Tift Regional Pathology Services

Tift Regional Hospitalists

Services at the above locations include emergent, medically necessary services.

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Southwell Providers Not Subject to FAP

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

Aesthetic and Weight Loss Services

Allure Plastic & Reconstructive Surgery Center

Hospice of Tift Area

Southwell Chiropractic

Southwell Health and Rehabilitation

Tift Regional Pain Management Services

Tift Regional Dialysis Center

Worksmart

Providers Not Subject to FAP

The following providers rendering care at Southwell hospitals NOT covered under the Financial Assistance Policy:

Adel Dental Associates

Adel Family Medicine

Allergy & Asthma Clinics

Ankle & Foot Associates

Azalea Plastic Surgery

Douglas Vascular

DaVita Dialysis

Family Health Center of Adel

Family PrimeCare, LLC

Family Practice Associates

Hughston Clinic

New Medical Center

On Point Health

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Orthopedic Surgeons of Georgia
Pediatric Dental Center of Georgia
South Georgia Eye Partners
South Georgia Medicine P.C. and Tifton Endoscopy Center
South Georgia Radiology Associates
Southern OBGYN
The Howard Center for Women's Health
Tiftarea Cardiology
Tift Internal Medicine Center
Tifton Women's Center
Tronolone Cardiology
Valdosta Orthopedic Associates

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Appendix B

Southwell—Medical Patient Financial Assistance Discount Matrix

Income Percentage of Federal Poverty Level	Uninsured Financial Assistance Discount Percentage	Underinsured (Balance After Insurance) Financial Discount Percentage
Up to 125% FPL 126%-200% 201% - 300% 301% - 400% >401%	100% Indigent 100% Charity 85% Charity 75% Charity 0% Charity	100% Indigent 100% Charity 25% Charity 15% Charity 0% Charity

*Tift Regional Health System also participates in the State of Georgia Indigent Care Trust Fund program (ICTF).

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Appendix C

Southwell

Financial Assistance Policy Plain Language Summary

Southwell Facilities (“Southwell”) 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. This Plain Language Summary provides basic information about Southwell’s Financial Assistance 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. Southwell Financial Counseling staff and a third-party service assist individuals in applying for eligible government health insurance programs and completing the financial assistance application, free of charge. Upon approval, patients may receive assistance based on the individual’s income compared to the Federal Poverty Level.

Income Percentage of Federal Poverty Level	Uninsured Financial Assistance Discount Percentage	Underinsured (Balance After Insurance) Financial Discount Percentage
Up to 125% FPL 126%-200% 201% - 300% 301% - 400% >401%	100% Indigent 100% Charity 85% Charity 75% Charity 0% Charity	100% Indigent 100% Charity 25% Charity 15% Charity 0% Charity

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

How to Obtain Copies of SOUTHWELL’S Financial Assistance Program Policy and Application

Individuals may obtain a copy of Southwell’s Financial Assistance Policy and application form free of charge in the following ways:

- Southwell’s website: <https://mysouthwell.com>
- Visit the Financial Counseling office located at:
 - Tift Physician Center
Suite 190
907 18th Street
Tifton, GA 31794

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- Visit any of the following Tift Regional Medical Center Registration locations:
 - TRMC West Campus Registration
2225 US Highway 41 N.
Tifton, GA 31794
 - Tift Regional Outpatient Registration or the Emergency Department
901 E. 18th 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.

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