



MACON COUNTY GENERAL HOSPITAL

POLICY STATEMENT

Policy ID: PFS.002.01	Approval Date: July 7, 2015	Effective Date: July 7, 2015	Page 1 of 3
Subject: : Financial Assistance Policy			
Responsible Dept.: Patient Financial Services		Approvals Required:	
Affected Depts.: ALL		Administration PI Committee Governing Board	
Policy Statement:			
It is the policy of Macon County General Hospital (MCGH), in keeping with the goals and mission set forth by MCGH to provide Emergency and medically necessary inpatient and outpatient care regardless of a person's race, creed or ability to pay. Qualification guidelines and limits of assistance will be the same for inpatient, outpatient and emergency services.			

I. Responsibilities and duties: It is the responsibility of the Director PFS to enforce this policy and to establish any procedures that are deemed necessary in support of this policy.

II. Definitions:

Charity Care: Care given by MCGH where it is determined by documentation and review that the patient or responsible party has no means to pay for the services received.

Discounted Services: Patients who do not have insurance coverage (uninsured) and do not fall into the Charity Care or Low Income Discounted Care categories will receive a discount according to the percentage of the Federal Poverty Level (FPL). This encompasses all medically necessary services provided by MCGH to the general public where the income level of the responsible party would create an undue financial burden.

Prompt Pay Discount: A discount available to all patients or responsible parties for prompt payment in full for services rendered as outlined in the policy.

Adjusted Gross Income (AGI): The amount listed as Adjusted Gross Income on the responsible parties most recently filed Federal Income Tax Return.

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Amounts Generally Billed (AGB): Patients qualifying for this Financial Assistance Policy will have their charges reduced at the least to a level equal to the amount generally billed other third party payers using the Look Back methodology.

ECA: Extraordinary Collection Actions – defined as those requiring a legal or judicial process, involve selling a debt to another party or reporting adverse information to credit agencies and bureaus.

Medically Necessary care: Medically necessary care is the services that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

III. Financial Assistance Policy (FAP) Guidelines:

- a. Eligibility criteria of FAP:** It will be the policy of Macon County General Hospital to provide Charity Care of 100% to all patients that meet the qualifications and guidelines for Tennessee Federal Government Food Stamps. Eligibility will also be considered for those individuals who are uninsured, ineligible for any government health care benefit program and are unable to pay for their care based upon determination of financial need in accordance with this policy. Patient must have Adjusted Gross Income (AGI) less than the amount listed for the Federal Poverty Levels (FPL) as adjusted for the members of the household. This will include the uninsured population as well as any co-pays from insurance.
- b. Discounted services:** It will be the policy of Macon County General Hospital to discount services provided to patients or responsible parties that have AGI levels between the FPL and 2x the FPL. The discount will be applied as a percentage of the amount between 1x and 2x the FPL. The Director of PFS is responsible for keeping an up to date FPL sheet used for all calculations and this sheet will be available to all patients upon their request
- c. Charge Limitation and computation of AGB:** It will be the policy of MCGH to provide a discount to patients or responsible parties that have no insurance or governmental program benefits to pay for services provided. A discount will be given based on MCGH Amounts Generally Billed (AGB). This discount percentage will be recalculated by the CFO at the end of each year and will be rounded to the nearest even 10%.
- d. Prompt Payment Discounts:** It will be the policy of MCGH to give a discount for the prompt payment of services rendered by MCGH. This discount will be available only on accounts when payment is made in full within 10 days from the date of 1st statement.

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- e. Payment Policy:** It will be the policy of MCGH to collect any money due from the patient at the time of service. If patient cannot make full payment and will not receive any financial assistance, arrangements will be made with the Financial Counselor according to the balance owed. If a payment plan is arranged, no less than \$20.00 per month will be accepted.
- f. Application Period:** It will be the policy of MCGH to accept and process FAP – until after 240 days after 1st billing statement.
- g. Reasonable Collection Efforts:** IF FAP is received, MCGH will suspend any ECA in process. The hospital will take reasonable measures to stop/reverse any ECAs taken to date.

IV. Procedure

1. MCGH personnel will provide patients with an application for Financial Assistance at the time of service, if the patient is uninsured or potentially eligible for charity care.
2. A copy of MCGH Financial Assistance Policy and Financial Assistance application will be made available to educate the community on the MCGH website, www.mcgh.net. Information regarding Financial Assistance Policy will be made available in the Emergency Department, registration area of the hospital, patient statements, local Health Department, newspapers and other venues in the county. These sources will include hospital contact information and steps needed to apply for FAP.
3. The patient must complete the application and provide all of the requested information. Completed applications shall be sent to The Financial Counselor. The applications will be reviewed by the Patient Financial Services Director and if eligible, the patient will be notified by phone or mail.
4. Healthcare providers associated with MCGH are Emergency Physicians, Radiologists, Pathologist and Anesthesiologist. If a patient qualifies for Financial Assistance, only the Emergency Physician (Sycamore Physicians) provider is covered by MCGH financial assistance policy.
5. The following is a list of healthcare providers that are associated with MCGH, but do not qualify under the hospital FAP.

Physicians: Hanna Iliia, M.D.
Jami Johnson, M.D.
Stanley Chunn, M.D.

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Radiologists: Brent Frisbee, M.D.
Glen Nabors, M.D.
William Kraft, M.D.
Matthew Jones, M.D.
Ben Greene, M.D.
Michael Bazzani, M.D.
Blake Saltaformaggio, M.D.

Pathologist: Julie Lemmon, M.D.

Anesthesiologists: Mary Helen Kemp
Danna Willis

Specialty Clinic Physicians

6. A patient who requests the self-pay discount as an uninsured patient will not be entitled to receive the billing information that would allow them to file an insurance claim.

V. Related Documents/Forms:

Financial Assistance Application Worksheet

VI. History/Audit

Reviewed:

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