

GWINNETT HOSPITAL SYSTEM**ADMINISTRATION****FINANCIAL ASSISTANCE PROGRAM POLICY**

100-18

Original Date	Review Dates	Revision Dates
04/1987	01/2004; 03/2007; 07/2013; 07/2014; 07/2015	03/1989; 09/1989; 06/1994; 04/1998; 04/2001; 01/2004, 03/2007; 05/2011; 07/2016

POLICY

Gwinnett Hospital System, Inc. (“Gwinnett”) is committed to fulfilling its charitable mission as a not-for-profit health care provider. Uninsured, underinsured and medically indigent patients having limited or inadequate resources to pay for health care services rendered at a Gwinnett Hospital System facility may be eligible for full or partial financial assistance under Gwinnett’s Financial Assistance Policy (FAP).

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 discounted care
- Describes the method to apply for financial assistance, including required documentation
- Describes how the hospital system will widely publicize the financial assistance policy to patients and within the community served
- Describes the collection actions that may be taken for non-payment

GOVERNANCE

The FAP is administered by the Revenue Management Division of Gwinnett with authority and approval from the Board of Directors of Gwinnett Hospital System, Inc. Hospital services provided by the facilities and departments of Gwinnett are covered by this policy.

PROVIDERS NOT SUBJECT TO GWINNETT’S FAP

The medical services provided by physicians as listed below are NOT covered by this policy:

- Physicians employed by Gwinnett Medical Group (GMG)
- Anesthesiologists employed by American Anesthesiology Associates of Georgia
- Physicians employed by Gwinnett Emergency Specialist
- Radiologists employed by North Metropolitan Radiology Associates
- Neonatologists employed by Gwinnett Neonatology
- Pathologists employed by Gwinnett Pathology Associates
- Other Community physicians not employed by Gwinnett or GMG

Patients should request financial assistance directly from these physicians by contacting their office practice.

DEFINITIONS

Federal Poverty Guidelines (FPG) are poverty guidelines issued by the federal government 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/Household 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 guardians, and all household dependents as allowed by the Federal Government.

Family Unit/Household Income is defined as gross income for all members of the family unit for the last three (3) months on an annualized basis.

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

Under-insured patients are defined as patients with third party insurance coverage for health services but whose remaining financial liability is substantial or a financial burden to them.

Application Period means the period during which a hospital must accept and process a Financial Assistance Application submitted by a patient. This period begins on the date the care is provided and ends on the 240th day after the first post-discharge billing statement.

PROCESS

1. **Financial Assistance is Available for Medically Necessary Services.** Financial assistance may be available to patients who received emergency or medically necessary health care services at Gwinnett. Medically necessary services are inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms which, if otherwise left untreated, would pose a threat to the patient's ongoing health or well-being as appropriate under established clinical standards. Each request for financial assistance will be reviewed independently and allowances may be made for extenuating circumstances on a case-by-case basis.
2. **Financial Assistance Eligibility Determination.** To be considered for a discount under Gwinnett's Financial Assistance Program, a patient may be screened verbally prior to admission over the phone or in the emergency department, or a patient must complete Gwinnett's Financial Assistance Application, attached here and available at <http://www.gwinnettmedicalcenter.org>, and provide Gwinnett with financial and other information necessary to support eligibility for financial assistance. Patients may be asked to provide, if applicable:
 - Most recent bank statements for personal and business checking and savings accounts

- Pay stub(s) for the most recent three (3) months
- Current year W-2 form and/or recent year tax return
- Written verification of wage from employer
- Written verification from public welfare agencies or other government agencies which can attest to the Patients Gross Income status for the past 12 months
- Social Security Award Letter
- Verification of Pension or Retirement Income
- Alimony and/or Child Support Court Order or Divorce Decree
- Unemployment Income Notice
- State of Georgia separation notice and status of unemployment filing
- Notarized Letter of Support: If the Patient has no Gross Income he or she should provide written documentation from person(s) or entities who provide him or her daily living necessities (food, shelter, clothing)
- Verification of student status which is defined as a copy of current class schedule, registration information and a copy of the student photo ID
- Monthly expenses (*e.g.*, utilities, auto payment, insurance, loans, credit cards)
- Patients seeking assistance due to medical indigency may need to submit evidence of assets

After receiving a patient's application for financial assistance and supporting financial information or other documentation needed to determine eligibility for assistance, Gwinnett will provide written notification regarding the determination within thirty (30) days of receiving the request. Incomplete applications will be denied and a letter indicating what information is missing will be sent to the applicant. Upon receipt of the missing information, Gwinnett will reconsider the application. Applicants may appeal denials of financial assistance by submitting an appeal request in writing. An appeal form will be included with the letter denying financial assistance. The appeal form will provide all information needed to appeal.

Gwinnett will offer financial assistance adjustments to patients who meet the established guidelines under the FAP and have completed the appropriate application. Additionally, Gwinnett may discuss with patients the availability of government or other assistance programs as appropriate and assist patients in evaluating their eligibility for such programs. Financial assistance will be denied if it is determined the patient or responsible party provided inaccurate information or if the patient is uncooperative in the process of applying for state and federal program.

Gwinnett uses a sliding scale to determine a patient's eligibility for financial assistance. Specifically, patients with annual household incomes at or below 125 percent of the Federal Poverty Income Level may qualify to receive free care. Patients with annual incomes over 125 and up to 300 percent of the Federal Poverty Income Level may receive discounted care depending on the sliding scale and whether they meet Gwinnett's Financial Assistance Policy guidelines. Income, assets, debt and expenses will be evaluated for financial assistance approval. Patients who are insured or have a third party liability claim are only eligible to apply for financial assistance in the event they have a remaining balance after all payment resources are exhausted. Additionally, Gwinnett may make adjustments for medically indigent patients, whose

medical or hospital bills from all related and unrelated health care providers, after payment by all third-party sources, would cause the Patient significant financial hardship.

Financial assistance approvals will continue to be valid for six (6) months, unless a change in the patient's circumstances would void their eligibility or if eligibility was encounter specific using the electronic review tool described below. Additionally, Gwinnett may request information to confirm that a patient's financial circumstances continue to meet the Financial Assistance Program guidelines.

Presumptive Eligibility for Financial Assistance: A patient who has not submitted a completed Financial Assistance Application, but who nonetheless is subject to one or more of the following criteria, is eligible for financial assistance under the FAP:

- Homeless
- Bankruptcies
- Referrals from approved community clinics
- Deceased and has no estate on record
- Mentally incapacitated with no one to act on his or her behalf
- Incarceration in a penal institution
- Medicaid eligible in states other than Georgia where the hospital is not an approved provider under that State's Medicaid program
- Eligibility for State/Federal Programs where program funding has been exhausted
- Collection agencies have returned account as uncollectible

Gwinnett may also use a third-party to conduct an electronic review of patient information to assess financial need for a patient's hospital *encounter*. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity indicator that includes estimates for income, assets, and liquidity. The electronic technology is designed to assess each patient by the same standards and is calibrated against historical approvals for Gwinnett's financial assistance under the traditional application process outlined in this policy. The information returned by this modeling application will be considered adequate documentation for financial assistance under this policy for the specific patient encounter or visit.

An application and other financial documents will not be required if the patient's qualifies for free care under the presumptive financial assistance methodology.

Please note that Gwinnett will treat all applications, supporting documentation, communications and information obtained by third-parties with the highest regard for patient confidentiality.

3. **Amounts Generally Billed.** Gwinnett does not charge any patient that qualifies for financial assistance more than Amounts Generally Billed ("AGB").

- AGB is calculated by multiplying the full price for medical care that is uniformly applied for services, before contractual discounts or deductions (“Gross Charges”), by the AGB percentage.
 - The AGB percentage is calculated by dividing (i) the sum of the expected allowable collection for all claims for hospital care for Medicare Fee-For-Service and all primary payer private health insurers for the past fiscal year (ii) the sum of the associated Gross Charges for these claims.
 - Gwinnett’s current AGB percentage is 31%. Accordingly, if a patient qualifies for financial assistance for services received at a Gwinnett facility, the most the patient will be charged is 31% of Gross Charges (e.g., if a patient’s Gross Charges are \$10,000, the most the patient will be charged for these services is \$3100).
4. **Billing and Collections.** If a patient is responsible for all or part of the cost of services received at a Gwinnett facility, Gwinnett will attempt to bill and collect from the patient. As allowed by the State of Georgia, when a patient presents for services following an accident or injury, Gwinnett may pursue payment from a third party and may place a hospital lien against the third party settlement. This hospital lien is not considered an extraordinary collection action. The FAP will be put on hold until the third party liability is resolved.

Gwinnett’s collection activities include the following:

- If after 120 days a patient has not paid a bill or made payment arrangements, Gwinnett will refer the patient’s account to a primary collection agency.
- The primary collection agency will subsequently attempt to collect payment from the patient.
- If the primary collection agency is unable to collect from the patient after 120 days, the primary collection agency will refer the account to the hospital’s designated law firm for collection. The patient will be notified 30 days in advance of any potential extraordinary collection actions that may be used by the law firm. An example of an ECA is a court judgment issued for non-payment of the account.
- If the law firm is unable to collect on the account, the account will be referred to a tertiary collection agency for collection.

The Patient Financial Services Department has the authority to determine if reasonable notification of the FAP occurred prior to an ECA.

COMMUNICATION TO PATIENTS SEEKING CARE

Gwinnett will widely distribute this policy to the public by posting a copy on Gwinnett’s website and conspicuously posting signs in the hospital’s registration areas. Additionally, Gwinnett’s Financial Assistance Policy and Application may be obtained by:

- Requesting a copy from the Financial Counseling Department located in the Main Admissions Office at the two hospitals (Lawrenceville and Duluth) and from the Patient Accounts Office in the GMC Resource Center between the hours of 9:00 am and 4:00 pm, Monday through Friday.

- By printing from the hospital's website at www.gwinnettmedicalcenter.org under the Patient & Visitor section
- By email at financialcounselor@gwinnettmedicalcenter.org
- By email at ghsbilling@gwinnettmedicalcenter.org
- By asking at any of the hospital's admission areas or any other areas of contact
- By telephone at 678-312-5600
- By mail upon request at one of the hospital sites, by phone, or by email

The FAP and the application are made available for any segment of the community served that has limited proficiency in English if the population of that segment exceeds the lesser of 5% of the population of the community or 1000 individuals.

PUBLICATION TO THE COMMUNITY

The FAP is advertised to Gwinnett County residents through the hospital system's public website at www.gwinnettmedicalcenter.org. In addition, the FAP is publicized to the community through persons and organizations that interact with the community, such as the hospital's Faith Community Network congregations, physicians' offices and medical clinics, including the Gwinnett County Health Department.

ATTACHMENTS

Financial Assessment Application

FOR MORE INFORMATION CONTACT

Director, Patient Financial Services

Supervisor, Financial Advocacy

APPROVAL BODIES

Community Benefit Committee

Board of Directors