



POLICY STATEMENT

Policy ID: PFS.002.02	Approval Date: July 5, 2017	Effective Date: July 5, 2017	Page 1 of 4
Subject: Financial Assistance Policy			
Responsible Dept.: Patient Financial Services		Approvals Required: Administration PI Committee Governing Board	
Affected Depts.: Hospital Wide			
Policy Statement: <p>It is the policy of Macon Community Hospital, in keeping with the goals and mission set forth by Macon Community Hospital to provide Emergency and medically necessary inpatient and outpatient care regardless of a person’s race, color, religion, sex, national origin, disability, age, or ability to pay. Qualification guidelines and limits of assistance will be the same for inpatient, outpatient, and emergency services.</p>			

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

Definitions:

Charity Care: Care given by MCH 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 category will receive a 40% discount. This encompasses all medically necessary services provided by MCH to the general public where the income level of the responsible party would create an undue financial burden.

Prompt Pay Discount: A 10% discount is 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.

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.

**Once printed this copy is only good for 24 hours. After 24 hours the information on this copy is considered obsolete and may not be referred to in any manner. Most current up to date policy may be found on the hospital intranet.*

POLICY STATEMENT

Financial Assistance Policy (FAP) Guidelines:

Eligibility criteria of FAP: It will be the policy of Macon Community Hospital to provide Charity Care of 100% to all patients that have Adjusted Gross Income (AGI) less than or equal to 2 times the amount listed for the Federal Poverty Levels (FPL). This will include the uninsured population as well as any patients with co-pays from insurance. Exclusions to eligibility due to geographic determination of community are outlined in FAP Application Criteria.pdf and additional exclusions due to out-of-network insurances are outlined in MCH Out-of-Network Insurances.pdf.

Payment Policy: It will be the policy of MCH 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 [extended business office](#) according to the balance owed. If a payment plan is arranged, [minimum monthly payment to be determined by extended business office](#).

Application Period: It will be the policy of MCH to accept and process Financial Assistance applications up to 240 days after first billing statement.

Reasonable Collection Efforts: If a Financial Assistance application is received, MCH will suspend any ECA in process. If the patient qualifies for Charity Care, the hospital will take reasonable measures to stop/reverse any ECAs taken to date.

Procedure: MCH 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.

A copy of MCH Financial Assistance application will be made available to educate the community on the MCH website, www.maconcommunityhospital.com. 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.

In order to qualify for charity care, the patient must complete the application and provide all the requested information, or authorize PFS personnel to check their eligibility via the Propensity to Pay (PTP) software. All Emergency Room, Observation, and Inpatients that are determined to not have any type of insurance source will be given a Financial Assistance Application either by hand delivery or mailed. Completed applications shall be sent to the Financial Counselor or any available Patient Financial Services Representative located in the Business Office. The applications will be processed through P2P and reviewed by the Patient Financial Services (PFS) Director to determine if they are eligible for any sources of payment or insurance. If the PFS Director determines the patient is eligible, an alert will be added to the patient's account notifying personnel of approval. The Financial Assistance decision will be valid and useable for **six (6)** months from the date of service on the Financial Assistance Application after approval.

**Once printed this copy is only good for 24 hours. After 24 hours the information on this copy is considered obsolete and may not be referred to in any manner. Most current up to date policy may be found on the hospital intranet.*

POLICY STATEMENT

In the event that an application is denied for FPL greater than 200% and the patient disagrees with this calculation, the patient can follow the complaint process with Transunion as outlined in FAP Denial Dispute Options.pdf. Once the information is updated, then the PFS Representative will resubmit the application. If the application is still denied or the patient chooses not to challenge the P2P result, the patient can submit the required documents for manual application review per FAP Manual Application Document List.pdf and a copy of their Tennessee Medicaid denial letter.

Healthcare providers associated with MCH are Emergency Physicians, Radiologists, Pathologist and Anesthesiologist. If a patient qualifies for Financial Assistance, the [radiologists and anesthesia providers](#) are covered by MCH financial assistance policy.

The following is a list of healthcare providers that are associated with MCH but do not provide charity care under the hospital's FAP:

Physicians:	Hanna Ilia, M.D. Olufemi Odunusi, M.D.
Surgeons:	Roy Terry, M.D. Thomas Taylor, M.D. Robert Shofner, M.D.
Emergency Physicians:	Concord Medical Group
Pathologist:	OPUS Pathology
Pulmonologist:	Clyde Southwell, M.D.
Cardiologist:	Albert Koch, M.D. Jung Lee, M.D.

Specialty Clinic Physicians

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.

II. Procedure list:

- 1.
- 2.
- 3.

**Once printed this copy is only good for 24 hours. After 24 hours the information on this copy is considered obsolete and may not be referred to in any manner. Most current up to date policy may be found on the hospital intranet.*



POLICY STATEMENT

III. Related Documents/Forms: FAP Manual Application, MCH Out-of-Network Insurances, FAP Application Criteria, FAP Denial Dispute Options, FAP Manual Application Document List

IV. History/Audit

Reviewed: 1/16/2023 6/18/2024

**Once printed this copy is only good for 24 hours. After 24 hours the information on this copy is considered obsolete and may not be referred to in any manner. Most current up to date policy may be found on the hospital intranet.*