



# WMCG Financial Assistance Policy

**Policy Owner: Revenue Cycle Administration**

## **POLICY STATEMENT**

It is the policy of Augusta University Health System (AUHS) and its tax-exempt subsidiaries and affiliates specifically Augusta University Medical Associates, Augusta University Medical Center, Augusta University Children's Hospital of Georgia, Georgia Cancer Center, Roosevelt Warm Springs Long Term Acute Care Hospital, and Roosevelt Warm Springs Inpatient Rehabilitation Hospital (collectively, "Augusta University Health") to provide medically necessary health care services to all patients without regard to the patient's ability of pay, at each applicable Augusta University Health location (as defined below). This Policy is consistent with Augusta University Health's values of patient-family centered care (PFCC), respect and compassion, quality and education, and financial stewardship. Augusta University Health also provides, without discrimination, care for Emergency Medical Conditions (as defined below) to individuals without regard to such individual's eligibility for Financial Assistance, as more specifically set forth in Augusta University Health's separate Emergency Medical Treatment & Labor Act (EMTALA) Policy #177, a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. of this Policy.

The purpose of this Policy are to (a) set forth eligibility criteria for receiving Financial Assistance; (b) outline circumstances and criteria under which each location of Augusta University Health and Provider will provide free or discounted care for Eligible Services to eligible patients who are Uninsured, Underinsured, or otherwise considered unable to pay for such services, (c) set forth the basis and methods of calculation for charging any discounted amounts to such patients, and (d) state the measures that Augusta University Health will undertake to widely publicize this Policy within the communities to be served by Augusta University Health. Augusta University Health expects that patients will comply fully with the terms of this Policy in the determination of their eligibility for, and any receipt of, Financial Assistance and discounts. Augusta University Health further expects its patients to apply for Medicaid and other governmental program assistance when appropriate, and to pursue any payments from third parties who may be liable to pay for the patient's care as the result of personal injury or similar claims. Augusta University Health also encourages individuals to obtain health insurance to the extent such individuals are financially able to do so.

The Board of Directors of Augusta University Health and each of its tax exempt subsidiaries and affiliates that provides medically necessary health care at one or more locations, has adopted the following policies and procedures for the provision of Financial Assistance.

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*Printed copies are for reference only. Please refer to the electronic copy for the latest version*

**Policy No.:** 723-WMCG

**Version:** 4

**Policy Sponsor:** Type the title of the Executive Lead of the department.

**Originally Issued:** 07/23/2015

**Last Review:** 01/04/2021

**Next Review:** 01/04/2022

**Approved By:** Chief Executive Officer, AU Medical Center

**Date:** 01/04/2021

## AFFECTED STAKEHOLDERS

*Indicate all entities and persons within the Enterprise that are affected by this policy:*

- ☒ Hired Staff
- ☒ House staff, Residents, & Clinical Fellows
- ☒ Leased staff
- ☒ Medical Staff (includes Physicians, PAs, APNs)
- ☒ Vendors/Contractors
- ☐ Other: Include any other stakeholders not listed above.

## DEFINITIONS

For purposes of this Policy, the terms below shall be defined as follows:

**“AGB”** means the amounts generally billed by the applicable Augusta Health University location for emergency and other Medically Necessary care to individuals who have insurance covering that care, calculated using the look-back method under 26 C.F.R. § 1.501(r). Further information about calculation of AGB can be obtained from any of the sources or locations listed in Section III. K.

**“Application”** has the meaning set forth in Section III. B. below.

**“Assets”** means assets and resources (and the values thereof) of an individual, that would be taken into account and valued by the Georgia Department of Community Health in determining eligibility for the Medicaid programs, and as allowed in Schedule A under “Assets Limits” specifically excluding such individual’s (a) primary personal residence not to exceed an assessed value of \$250,000 (including up to three (3) acres of land on which the residence is located, with exceptions based on management approval), (b) an amount up to, but not to exceed, three (3) times the individuals gross annual income held in one or more retirement plans (which shall include, without limitation, an individual retirement account (traditional or Roth), profit-sharing plan, defined benefit pension plan, 401(k) plan, 403(b) plan, nonqualified deferred compensation plan, money purchase pension plan, or other retirement plan equivalent to any of the foregoing), (c) one motor vehicle not to exceed a net value of \$10,000, (d) burial space or plot, funds or prepaid burial contracts, and (e) household goods and personal effects.

**“CMO”** means Chief Medical Officer of Augusta University Health.

**“Eligible Services”** means the services (and any related products) provided by an Augusta University Health Facility and/or Provider that are eligible for Financial Assistance under this Policy, which shall include: (1) emergency medical services provided in an emergency room setting, (2) non-elective medical services provided in response to life-threatening circumstances that are other than emergency medical services in an emergency room setting, and (3) Medically Necessary Services.

**“Emergency Medical Conditions”** has the same meaning as such term is defined in section 1867 of the Social Security Act, as amended (42 U.S.C. 1395dd).

**“Family Member”** means a member of a group of two (2) or more individuals who reside together and who are related by birth, marriage, or adoption, including, without limitation, any individual claimed as a dependent by any such individual on his or her federal income tax return.

**“Family Income”** means the gross income of an individual and all of his or her Family Members, including, without limitation, compensation for services (wages, salaries, commissions, etc.), interest, dividends, royalties, capital gains, annuities, pension, retirement income, Social Security, public or government assistance, rents, alimony, child support, business income, income from estates or trusts, survivor benefits, scholarships or other educational assistance, annuity payments, payments under or from a reverse mortgage, fees, income from life insurance or endowment contracts, and any other gross income or remuneration, from whatever source derived, all on a pre-tax basis. The AGB discount is calculated using the look-back method based on claims allowed by Medicare fee-for-service and all commercial insurances that paid claims during a twelve (12) month period. Such calculation shall be computed annually.

**“Federal Poverty Guidelines”** means poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services in effect at the time of such determination.

**“Financial Assistance”** means any financial assistance in the form of free or discounted care granted to an eligible individual pursuant to this Policy.

**“Hospital Facility”** means a facility (whether operated directly or through a joint venture arrangement) that is required by the State of Georgia to be licensed, registered, or similarly recognized as a hospital. “Hospital Facilities” means collectively, more than one Hospital Facility. As it relates to this Policy, applicable locations include:

- Augusta University Medical Center,
- Augusta University Children’s Hospital of Georgia,
- Roosevelt Warm Springs Long Term Acute Care Hospital,
- Roosevelt Warm Springs Inpatient Rehabilitation Hospital.

**“Medically Indigent”** means an Uninsured or Underinsured patient of an Augusta University Health Hospital Facility who (1) after payment by all third-party payers, is financially obligated to Augusta University Health for an amount in excess of twenty-five percent (25%) of such patient’s yearly gross annual income and (2) has Assets, that total value of which is less than the amount of “Allowable Assets” for such patient as determined and set forth in Schedule A attached to and made part of this Policy, as amended from time to time.

**“Medically Necessary”** shall have the same meaning as such term is defined for Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury), or for disputed or less clear cases referred to the CMO or designee to render a decision.

**“Out-of-Network”** means any case in which non-governmental insurance carrier, third party administrator, or plan reduces or eliminates coverage or the provision of benefits for care provided to a patient by an Augusta University Health Facility and/or Provider, because the Augusta University Health Facility and/or Provider is not a designated facility or provider or is not part of the insurance carrier’s, TPA’s, or plan network.

**“Policy”** means this “Financial Assistance Policy” of Augusta University Health, as amended from time to time.

**“Provider”** means an Augusta University Health employed physician or advanced clinical practitioner.

**“Uninsured”** means a patient of an Augusta University Health Hospital Facility or Provider who has no level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual’s payment obligations for the provision of Eligible Services. A patient with Out-of-Network coverage is not considered Uninsured for purposes of this Policy.

**“Underinsured”** means a patient of an Augusta University Health Hospital Facility or Provider who has some level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual’s payment obligations for provision of Eligible Services, but who nevertheless remains obligated to pay out-of-pocket expenses for the provision of Eligible Services that exceed such individual’s financial abilities. A patient with Out-of-Network coverage may be considered Underinsured for purposes of this Policy and may be eligible for Financial Assistance.

## PROCESS & PROCEDURES

- A. Eligibility. Upon a determination of financial need and eligibility in accordance with this Policy, Augusta University Health will provide Financial Assistance for Eligible Services to or for Uninsured patients, Underinsured patients, patients who are ineligible for public or government assistance, or who are otherwise unable to pay for Eligible Services. The provision of Financial Assistance pursuant to this Policy shall be based on a determination of financial need for each individual, regardless of race, sex, age, disability, national origin or religion, or other legally protected class.
- B. Application for Financial Assistance. Except as otherwise provided in this Policy, Augusta University Health will review all information requested and set forth in an application for Financial Assistance (a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. below of this Policy), as amended from time to time, and in any and all documentation therein requested and provided (the application and such documentation, collectively, an “Application”), as well as any one or more items of the following information, in determining whether an individual will be eligible for and receive Financial Assistance:
1. External publically available data that provides information about an individual’s ability to pay (e.g. credit reports, scores, or ratings; Federal Poverty Guidelines, relevant published federal or state guidelines, bankruptcy filings or orders);
  2. Information relating to such individual’s participation or enrollment in, or receipt of benefits from or as part of, (a) any state or federal assistance program enrollment (e.g., Supplementary Security Income, Medicaid, Food Stamps/SNAP, Women, Infants, and Children (WIC) programs, AFDC, Children’s Health Insurance Program (CHIP), low-income housing, disability benefits, unemployment compensation, subsidized school lunch, or (b) any free clinic, indigent health access programs, or Federally Qualified Health Center (FQHC).
  3. Information substantiating the assets owned or held by the individual and liabilities or other obligations of the individual;

4. Information substantiating that such individual is or has been homeless, disabled, declared mentally incompetent or otherwise incapacitated, so as to adversely affect such individual's financial ability to pay; and/or
5. Information substantiating that such individual has sought or is seeking benefits from all other available funding sources for which the individual is eligible, including insurance, Medicaid or other state or federal programs.

It is preferred, but not required, that an individual request Financial Assistance prior to Eligible Services being provided. Any Application may be submitted prior to, upon receipt of Eligible Services, or during the billing and collection process. The information that an individual requesting Financial Assistance has provided will be re-evaluated, verified, and required to be updated at each subsequent time Eligible Services are provided that is more than six (6) months after the time such information was previously provided. If such information does change or additional information is discovered relevant to the patient's eligibility for Financial Assistance, it is the patient's responsibility to notify Augusta University Health Customer Service at (706)721-2961. Applications will be made available, free of charge, at any Augusta University Health Patient Access location, Customer Service, physician office front desk, or it can be accessed by going to the financial assistance section of the [augustahealth.org](http://augustahealth.org) website. Requests for Financial Assistance will be processed promptly, and Augusta University Health will make all reasonable efforts to provide written notification to the patient or applicant of its determination within thirty (30) days after Augusta University Health's receipt of a completed Application and submission of all information required therein. Such notification may be in the form of a billing statement which shows the amount of Financial Assistance applied to the patient's account(s), and if the patient is granted 100% Financial Assistance, written notice will be sent in the form of a letter delivered to the patient's or guarantor's mailing address on file.

Augusta University Health may deny or reject any Application and/or may reverse any previously provided discounts or Financial Assistance, if it determines in good faith, that information previously provided was intentionally false, incomplete or misleading. Moreover, Augusta University Health may, at its sole discretion, pursue any and all legal remedies or actions, including criminal charges, against any person who knowingly misrepresented their financial condition including, without limitation, the amount or value of Family Income and/or Assets.

- C. Presumptive Financial Assistance. In some cases or circumstances a patient or applicant may appear eligible for Financial Assistance, but either has not provided all requested information or are non-responsive to the application process. In such cases or circumstances, an authorized representative of Augusta University Health may complete the Application on the patient's behalf and research evidence of eligibility for Financial Assistance from available outside sources to determine the patient's estimated income and potential discount amounts or Augusta University Health may utilize other sources of information to make an assessment of financial need. As a result of such information, the patient may be eligible for discounts up to 100% of the amounts owed by the patient for Eligible Services. In such circumstances, in order for a patient to be presumed eligible to receive Financial Assistance for Eligible Services, the patient must meet one or more of the following criteria:

1. Participation or enrollment in or receipt of benefits from a state or federal assistance program such as Medicaid, Supplemental Security Income (SSI), Food Stamps/SNAP, WIC, disability;
  2. Residence in low income or subsidized housing;
  3. Unfavorable credit history, based on the patient's credit report (high risk, low medical score, delinquent accounts);
  4. Utilization of third-party predictive modeling based on public record databases and calibrated historical approvals statistically matched to this Policy. Such technology will be deployed prior to bad debt assignment in an effort to screen all patients for financial assistance prior to collection agency placement or pursuing any extraordinary collection actions.
  5. Homeless or received care from a homeless shelter, free clinic;
  6. Mentally incompetent as declared by a court or licensed professional; or
  7. Deceased with no known estate.
- D. Eligibility Criteria and Amounts Charged to Patients. Patients who are determined to be eligible, shall receive Financial Assistance in accordance with such individual's financial need, as determined by referring to the Federal Poverty Guidelines as published annually in the Federal Register.
1. Notwithstanding anything in this Policy to the contrary, no patient who is eligible to receive Financial Assistance for Eligible Services will be charged more than AGB for emergency or other Medically Necessary care.
  2. The basis for determining and calculating the amounts that Augusta University Health will bill an Uninsured patient who is eligible for Financial Assistance is as follows:
    - i. Any Uninsured patient eligible for Financial Assistance will first receive the AGB discount as set forth on Schedule A attached hereto and made a part hereof, as amended time to time. The AGB discount is calculated using the look-back method based on claims allowed by Medicare fee-for-service and all commercial insurances that paid claims during a twelve (12) month period. Such calculation shall be computed annually.
    - ii. Any Uninsured or Underinsured patient eligible for Financial Assistance and whose yearly Family Income is more than 200% but not more than 400% of the Federal Poverty Guidelines and not to exceed total Assets allowed shall receive a discount as determined in accordance with Schedule A, Discount Schedule, attached to and made a part hereof, as amended time to time.
    - iii. All Uninsured or Underinsured patients eligible for Financial Assistance whose yearly Family Income is equal to 200% or less of the Federal Poverty Guidelines and not to exceed total Assets allowed will receive a discount of 100% of their remaining account balance.
    - iv. A Medically Indigent patient who is eligible for Financial Assistance shall receive a discount determined in accordance with the appropriate column designated as the "Discount Schedule" and not to exceed Assets as defined herein as set forth in Schedule A attached to and made a part of this Policy, as amended time to time.
    - v. Uninsured patient who would otherwise qualify for third party insurance through the Federal Insurance Exchange, but fail to enroll therein after one enrollment grace period, are not eligible for Financial Assistance. Augusta University Health will

inform and notify any such patients who apply for Financial Assistance but who are ineligible due to their failure to enroll in the Federal Insurance Exchange.

- E. Other Patient Discounts. Patients who are determined to be ineligible for Financial Assistance under this Policy may receive discounts off total charges to the patient (which shall not exceed AGB). Such discounts shall not be considered Financial Assistance under this Policy and are not subject to aforementioned Application and approval procedures.

Such discounts will be applied at time of billing by Augusta University Health's information systems. Any patient payments for covered services collected prior to applied discounts or collected in advance of a determination of eligibility for Financial Assistance, shall be refunded.

1. Uninsured patients are automatically eligible for the discount shown in Schedule A attached hereto and made a part hereof (as amended time to time) under the heading "Uninsured Discount" off total charges to the Uninsured patient (such charges not to exceed AGB).
2. A ten percent (10%) prompt pay discount for payments made within five (5) days of date of services are rendered.

- F. Excluded Services. The following healthcare services are not eligible for Financial Assistance under this Policy:

1. Purchases from Augusta University Health's retail operations, including without limitation, gift shops, retail pharmacy, durable medical equipment, cafeteria purchases;
2. Services provided by non-Augusta University Health entities or non-Augusta University Health employed physicians;
3. Elective procedures or treatments that are not Medically Necessary, including without limitation, cosmetic surgery, bariatric surgery, venous ablation.

- G. Communication of Information about the Policy to Patients and the Public. For each of its Hospital Facilities, Augusta University Health will take measures to inform and notify such Hospital Facility's patients and visitors and the residents of the community at large served by Augusta University Health Hospital Facilities, of this Policy in a manner that, at a minimum, will notify the listener and reader that the Hospital Facility offers Financial Assistance and informs individuals about how and where to obtain more information about this Policy. Such measures shall include the following:

1. Each Augusta University Health Facility shall clearly and conspicuously post signage to advise patients and visitors of Financial Assistance availability including Emergency Department and admission areas.
2. For each of its Hospital Facilities, Augusta University Health shall make this Policy, the Application, and a plain language summary of this Policy widely available on its website <https://www.augustahealth.org/patient-family-information/financial-assistance/financial-assistance-policy>.
3. For each of its Hospital Facilities, Augusta University Health shall make paper copies of this Policy, the Application, and a plain language summary of this Policy available upon request, without charge, in public locations in each Hospital Facility including Emergency Department and admission areas and by mail or e-mail. Furthermore, Augusta University Health's Patient Access and Customer Service representatives will notify and inform individuals upon

admission or discharge of Financial Assistance and offer a paper copy of a plain language summary of the Financial Assistance Policy.

4. For each of its Hospital Facilities, Augusta University Health shall list all Providers, as referenced as Addendum I, whether employed or not employed by Augusta University Health, covered by this Policy and shall make widely available on its website <https://www.augustahealth.org/patient-family-information/financial-assistance/financial-assistance-policy>.
  5. Referral of patients for Financial Assistance may be made by any member of Augusta University Health 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 and limitations.
  6. Any and all written or printed information concerning this Policy, including the Application, shall be made available in each of the languages spoken by the lesser of 1,000 individuals or 5% of the community service by Augusta University Health or the population likely to be encountered or affected by Augusta University Health Hospital Facilities. Augusta University Health will take reasonable efforts to ensure that information about this Policy and its availability is clearly communicated to patients who are not proficient in reading and writing and/or who speak languages other than those for which information about this Policy are printed or published.
- H. Document Retention Procedures. Augusta Health University will maintain documentation in accordance with retention policies sufficient to identify each patient determined to be eligible for Financial Assistance, including, without limitation, the patient's Application, any information obtained or considered in determining such patient's eligibility for Financial Assistance (including information about such patient's income and assets), the method used to verify patient's income, the amount owed by the patient, the method and calculation of any Financial Assistance for which such patient was eligible and in fact received, and the person who approved the determination of such patient's eligibility for Financial Assistance.
- I. Relationship to Billing and Collections Policy. For any patient who fails to timely pay all or any portion of such patient's account, Augusta University Health shall follow guidelines set forth in its separate Billing and Collections Policy; provided that, Augusta University Health will not commence or institute any extraordinary collection actions (including, without limitation, garnishments, liens, foreclosures, levies, attachments or seizures of assets, commencing civil or criminal actions, sales of debts to third parties, reporting adverse information to credit reporting agencies or credit bureaus) against any patient for failure to timely pay all of any portion of such patient's account, without first, making reasonable efforts to determine whether such patient is eligible for Financial Assistance. Such reasonable efforts are set forth in the separate Billing and Collections Policy, including those relating to patient communications and required actions, time periods, and notices relating to the submission of a complete or incomplete Application. A copy of Augusta University Health's separate Billing and Collection Policy may be obtained free of charge from any one of the sources or locations listed in Section III.K. below.



- J. No Effect on Other Hospital Policies; Policy Subject to Applicable Law. This Policy shall not alter or modify other Augusta University Health policies regarding efforts to obtain payment from third party payers, transfers or emergency care. This Policy and the provision of any Financial Assistance hereunder shall be subject to all applicable federal, state, and local law.
- K. Sources of and Locations for Information. Copies of this Policy, the AGB calculation, the Application, the Billing and Collections Policy, and the EMTALA Policy, may be obtained from or at any one or more of the following sources or locations:
1. Any Customer Service, Patient Access, Patient Registration or Front Desk areas at any Augusta University Health Facility;
  2. Emergency Department and admission areas;
  3. By calling Augusta University Health Customer Service at (706)721-2961; and
  4. Augusta University Health's website at [www.augustahealth.org](http://www.augustahealth.org).

## REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS

N/A

## RELATED POLICIES

N/A