

DeKalb Medical at North Decatur  
 DeKalb Medical at Downtown Decatur

DeKalb Medical at Hillandale  
 DeKalb Medical Physicians Group

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**FINANCIAL ASSISTANCE POLICY ("FAP")**

**I. PURPOSE/OBJECTIVE:**

To establish procedures to ensure that all patients who are eligible for financial assistance are treated in an orderly and consistent manner and are not discriminated against on the basis of financial condition, race, creed, color, national origin, gender or handicap. It is the mission of DeKalb Medical to provide urgent or emergent (non-elective) health care services to those that require such care regardless of their ability to pay.

**II. POLICY:**

This policy applies to uninsured, severely under-insured, and patient balances remaining after insurance. Patients who are deemed eligible under DeKalb Medical's guidelines for Financial Assistance may apply for relief from financial responsibility for the eligible amount owed for services rendered. Guidelines for determining Financial Assistance approvals are approved by the Chief Financial Officer and/or Medical Board of Directors.

**III. PROCEDURE(S) FOR IMPLEMENTATION:**

The following guidelines concern DeKalb Medical's Financial Assistance Policy administration standards under which a patient may have all or a portion of their bill reduced for health care services provided.

A. "Presumptive Financial Assistance" determination method:

Upon initiation of Emergency, Outpatient, and Inpatient services DeKalb Medical will utilize a third-party to conduct an electronic review of patient information to assess each patient's financial need. 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 to the same standards and is calibrated against historical approvals for DeKalb Medical's financial assistance under the traditional application process outlined below. The information returned by this modeling application will be considered adequate documentation for financial assistance under the hospital's FAP.

B. All patient accounts NOT identified thru the above "Presumptive Financial Assistance" application that are approved for Financial Assistance will be written off using the Federal Poverty Guidelines as a tool for determining eligibility. To be eligible for 100% assistance, the patient's income must not exceed 300% of the Federal Poverty level. A record of all Financial Assistance write-offs will be maintained by the Financial Counselor Department and will be stored in an EHR under the "Charity" tab.

- C. For all accounts NOT identified thru the above “Presumptive Financial Assistance” application the Financial Assessment Manager, Patient Access Director, & Executive Director of the Revenue Cycle Division will develop and document appropriate procedures for administering DeKalb Medical’s Financial Assistance policy. Account balances less than \$0-4,999.99 Financial Counselor, \$5,000.00-\$9,999.99 will be approved by the Financial Assessment Manager or Financial Counselor Supervisors. Account balances greater than \$10,000 but less than \$100,000 will be approved by the Director of Patient Access. Account balances greater than \$100,000 will be approved by the Executive Director of the Revenue Cycle Division and/or the Chief Financial Officer.

To be eligible for Financial Assistance, a patient’s income must not exceed 300% of the Federal Poverty Guidelines. A net worth of \$100,000 may render a person ineligible for Financial Assistance. Financial Assistance is approved on a percentile basis according to the guidelines below:

1. 000-300% = 100% Assistance
2. 301-350% = 75% Assistance
3. 351-400% = 50% Assistance
4. >400% = 0% Assistance

The following criteria will also be taken into consideration when applications are reviewed:

- The patient/guarantor income is below 300% of the Federal Poverty Guidelines
- The total account balance is significant relative to annual income
- Extenuating circumstances of the patient/guarantor affecting ability to pay account or to support dependents
- The patient/guarantor becomes unemployed Georgia Resident

#### **IV. RESPONSIBILITIES:**

- A. Income verification will be required by one or more of the following: pay stubs, W-2 forms, tax returns, employer written statement, wage inquiry statement, credit report, or an approved indigent care trust fund attestation form.
- B. Any patient requesting financial assistance must complete a Financial Assistance application and provide all required verifications. Refunds of amounts paid to DeKalb Medical by the patient before the application is approved will not be made.
- C. An approval of an application will be considered as an approval for future accounts for up to three (3) months of the approval date. After such time, each new account will require new verification information to be considered for financial assistance. Medicaid, or other third party coverage, that may be retroactive would, of course, nullify any Financial Assistance previously granted on the duplicate balance.
- D. Applications will be taken by a Financial Counselor, the Financial Assessment Manager, or appointed designee in the absence of the above.
- E. Applications may be submitted prior to admission (prior approval by Financial Assessment Manager only), during admission, and any time after discharge.
- F. An account balance remaining after a patient has exhausted all efforts to obtain coverage from other programs will be eligible for Financial Assistance; however, the patient must make a good faith effort, as determined by DeKalb Medical, to obtain coverage from available public assistance programs (i.e. Medicare, Medicaid, Crime Victim’s Assistance, Auto Carrier, etc.). A patient who refuses to apply or follow through with applications for other assistance will not be eligible for Financial Assistance.

- G. In the event that the patient is faced with a financially catastrophic medical bill, the Financial Assessment Manager or the Director of Patient Access will make a discretionary recommendation that the patient is medically indigent and thus eligible for Financial Assistance. This determination will be made on a case-by-case basis and will require a more intense verification process.
- H. DeKalb Medical reserves the right to reverse financial assistance approvals if the information provided by the patient is later determined to be falsified or if compensation for services is obtained from another source.
- I. If it is determined during admission that a patient is eligible for Medicaid but later denied, DeKalb Medical reserves the right to use the documents presented during the Medicaid application process to automatically approve the patient for financial assistance.
- J. If a Medicaid application is pending for more than 180 days, DeKalb Medical reserves the right to automatically approve the patient for financial assistance using the documents presented during the application process. If the patient is later approved, the financial assistance decision will be over turned.
- K. There is no minimum balance to apply for financial assistance.

**V. DATES:**

- A. Department: Finance/Revenue Cycle
- B. Policy Sponsor: John Katsianis, Chief Financial Officer
- C. Policy Custodian: Jeff Korn, Executive Director, Revenue Cycle
- D. Approved By: Originally Formulated: May 1977, as PRB 3131.24  
Reviewed / Revised April 2000, October 2004 (also operating 3131.21 & 3131.22), February 2013, November 2013  
Medical Executive Committee: June 26, 2000; February 2005 July 2007, July 2008,  
DRHS of Directors: February 2005, January 2006  
Chief Financial Officer: December 2008, October 2014  
Administrative Policy Steering Committee: December 2013, August 2015  
Policy Management Executive Committee: January 2014, September 2015
- E. Effective Date: 09/10/2015
- F. Replaces Policy Date: 01/01/2014 - (Formerly referred to as "Charity Care" Policy)

# Document Information

## Document Title

PRB-3131.23 Financial Assistance Policy (FAP) - DeKalb

## Document Description

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## Approval Information

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