



# HOUSTON HEALTHCARE

## Financial Assistance Policy

### Principles/Guidelines

Houston Healthcare seeks to treat all patients equitably, with dignity, respect and compassion. To this end, and in understanding that not all patients are able to pay their hospital bills due to financial considerations including financial hardship due to medical misfortune, Houston Healthcare will assist those who cannot pay for all or part of their care by extending Financial Assistance to qualifying patients. Houston Healthcare will provide free care and discounted Financial Assistance in keeping with the Policy described below. In order for Houston Healthcare to apply this Policy fairly and consistently, patients and their families have a duty to provide appropriate and timely information that will help Houston Healthcare qualify them for the appropriate level or type of Financial Assistance given their specific circumstances.

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 Financial Assistance under this Policy.
- Limits the amount that Houston Healthcare will charge for emergency or other Medically Necessary care provided to individuals eligible for Financial Assistance to no more than the amount generally billed to insured patients by Houston Healthcare as defined in this Policy.
- Describes the method by which patients may apply for Financial Assistance.
- Describes the Houston Healthcare collection Policy.

Houston Healthcare remains committed to serving the emergency needs of all patients, regardless of ability to pay.

### **Definitions: As used in this Policy, the following terms have the meanings as set forth below:**

1. **Houston Healthcare** – includes Houston Medical Center, Perry Hospital, Pavilion Diagnostic Center, The Surgery Center, Houston Lake Rehab, Houston Lake Med-Stop, Lake Joy Med-Stop, Pavilion Med-Stop, Pavilion Rehab, and Pavilion Family Medicine Center.
2. **Financial Assistance:** Free or discounted health services provided to individuals who meet Houston Healthcare's criteria for Financial Assistance and are unable to pay for all or a portion of the Medically Necessary services provided by the facility. Financial

Assistance includes:

- **Free Care** – Free care is available when the household income of a patient and/or Guarantor is equal to or less than 125 percent of the current Federal Poverty Guidelines.
  - **Discounted Financial Assistance** – Financial Assistance discounts are available when the household income of a patient and/or Guarantor is greater than 125 percent and equal to or less than 300 percent of the current Federal Poverty Guidelines.
  - **Allowable Medical Expenses** - medical expenses incurred within the preceding 90 days must be greater than 15% of annual household income. Qualification will be determined through the completion of a financial assistance application.
3. **Gross Charges** – The total charges at the organization’s established rates for the provision of patient care services before deductions from revenue are applied.
  4. **Emergency Medical Conditions** – Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).
  5. **Medically Necessary** – Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:
    - a. in accordance with the generally accepted standards of medical practice;
    - b. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- For these purposes, "generally accepted standards of medical practice" means:
- a. standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
  - b. Physician Specialty Society recommendations;
  - c. the views of Physicians practicing in the relevant clinical area; and
  - d. any other relevant factors.
6. **Eligible Services** – Services eligible under this Policy include: (1) Emergency medical services provided in an emergency room setting, (2) non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and, (3) other Medically Necessary services. Eligible Services does not include elective, cosmetic or non-Medically Necessary services.
  7. **Household** – The household consists of the applicant, spouse and all legal dependents as allowed by the Internal Revenue Service. If the applicant is a minor or legal dependent for income tax purposes, the household will include parent(s), legal guardian(s) and/or the taxpayer claiming the patient as a dependent for income tax purposes.

8. **Household Income** – The combined annual income of all members within the Household, as previously defined which includes the patient or Guarantor. Combined annual income will be calculated by annualizing documented income over the last ninety (90) consecutive days. For the purposes of determining financial eligibility for Financial Assistance, income includes all monies received before taxes from all sources, including, but not limited to, estate payments, net rental income, alimony, military family allotments, employee pensions or retirement plans, military retirement pay, veteran’s payments, self-employment income, royalties, Social Security payments, railroad retirements, unemployment compensation, regular insurance or annuity payments, interest income, private pensions, workers compensation benefits and employment wages. The Hospital will require supporting documentation to be submitted with the paper application. Income does not include Medicare, Medicaid, food stamps, heat assistance funds, school lunches or housing assistance, employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, loans, need-based assistance from non-profit organizations, child support or foster care payments, or disaster relief assistance.
9. **Allowable Medical Expenses** – The total Household medical bills that would qualify as deductible medical expenses for Federal income tax purposes without regard to whether the expenses exceed the IRS required threshold for taking the deduction that have been incurred within ninety (90) days prior to date of service at Houston Healthcare. Paid and unpaid bills may be included.
10. **Co-Payments, Coinsurance and Deductibles** – The amount determined by the patient’s insurance policy as being due from the patient and/or any Guarantor. This amount is normally a required payment due from the patient or Guarantor by contract.
11. **Guarantor** – Individual other than the patient who is responsible for payment of the patient’s bill.
12. **Patient Liability** – Patient Liability is the amount owed by the patient and /or Guarantor after application of all insurance benefits. If the person is a 100% self-pay patient and does not qualify for Financial Assistance, then it is the entire balance.
13. **Amounts Generally Billed Percentage** – The percentage of Medicare gross reimbursement divided by total allowable charges according to the Provider Statistical and Reimbursement Report (PS&R) issued by Medicare. A separate AGB percentage will be calculated for inpatient services and outpatient services as of January 1 each year using the paid claims from the preceding twelve (12) month period. The AGB percentages calculated will be updated February 1 each year and remain in effect until January 31 of the following calendar year. The AGB percentages for inpatient and outpatient services at Houston Medical Center and Perry Hospital are as follows:
  - a. Houston Medical Center Inpatient Services – 34.55%
  - b. Houston Medical Center Outpatient Services – 20.52%
  - c. Perry Hospital Inpatient Services – 32.30%

d. Perry Hospital Outpatient Services – 19.25%

14. **Amounts Generally Billed** – The amount charged to all patients meeting the eligibility criteria under this Policy before any discounts are applied. Amounts Generally Billed (AGB) will be calculated by multiplying gross charges for any eligible service by the appropriate AGB percentage as defined above.

15. **Extraordinary Collections Actions (ECAs)** – Actions that may be taken related to obtaining payment for services rendered include the following:

- a. Selling an individual's debt to another party unless the purchaser is prohibited from engaging in any ECAs to obtain payment, prohibited from charging interest in excess under IRC section 6621(a)(2) at the time the debt is sold, the debt is recallable upon determination the individual is eligible for financial assistance, and the individual does not pay or has no obligation to pay the purchaser and HHC together more than they are personally responsible for paying under this financial assistance policy.
- b. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
- c. Deferring or denying, or requiring payment before providing Medically Necessary Care because of nonpayment of one or more bills for previously provided care.
- d. Actions that require a legal or judicial process, including but not limited to:
  - i. Placing a lien on an individual's property except for any lien HHC is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual as a result of personal injuries for which care was provided;
  - ii. Foreclosing on an individual's real property;
  - iii. Attaching or seizing an individual's bank account or any other personal property;
  - iv. Commencing a civil action against an individual; and
  - v. Garnishing an individual's wages.

### **Eligibility Criteria for Financial Assistance**

Free care and discounted Financial Assistance applies only to Eligible Services as defined in this Policy. A patient that qualifies for financial assistance under this policy is eligible for discounts to co-payments, coinsurance, deductibles and gross charges attributable to exhausted benefits and/or days. Financial assistance discounts do not apply to any amounts received or receivable from an insurance company for Eligible Services. The maximum amount a patient will pay is the AGB as defined in this Policy.

Approved Financial Assistance will be applicable only to the charges of Houston Healthcare. Houston Healthcare cannot make any financial arrangements for the charges of any private physician practice, including the following physician practices offering services at Houston Healthcare:

1. Hospitalists – IN Compass Health, Inc.
2. Radiologists – Houston Radiology, LLC – d/b/a Universal Radiology
3. Anesthesiologists – Robins Anesthesia Services, LLC
4. Pathologists – Southeastern Pathology Associates of Central Georgia, P.C.
5. ER Physicians – Houston County Emergency Group, LLC – d/b/a ApolloMD

Patients will need to make payment arrangements directly with these physician practices.

Houston Healthcare will assist the patient in qualifying for any State of Georgia Medicaid or Social Security (SSI) benefits. Houston Healthcare utilizes the services of outside vendors to assist patients in obtaining these benefits.

Amounts billed to patients approved for Financial Assistance pursuant to this Policy shall be based on AGB, as defined in this Policy. Patients shall not be expected to pay Gross Charges. Once a patient has been determined by Houston Healthcare to be eligible for Financial Assistance, the patient shall not receive any future bills based on undiscounted Gross Charges for the episode of care in which an Application for Financial Assistance was submitted and any excess collections will be refunded to the patient and/or Guarantor. The patient will be notified of correct amounts due.

A patient may qualify for Financial Assistance presumptively using predictive analytics, which uses publicly available information from credit bureaus, US Census data, US Postal Service, insurance databases, state and local public records, telephone company databases and the white pages, or through the completion of the Houston Healthcare Financial Assistance Application.

A patient may qualify for Financial Assistance under this Policy if he or she meets one of the following criteria:

- Presumptive Eligibility – Prior to the issuance of the first post discharge billing statement, all *uninsured* patient accounts will be reviewed using predictive analytics to estimate the Household Income of the patient/guarantor. If the estimated Household Income is equal to or less than or equal to 125% of Federal Poverty Guidelines, the patient shall not be required to pay for their care.
- Income – Completion of Houston Healthcare’s Financial Assistance Application is required in order to qualify for Financial Assistance based on income. Household Income, as defined in this Policy, must be less than or equal to 300% of the Federal Poverty Guidelines in order to be eligible for any Financial Assistance discounts. If the Income criterion is met, all discounts will be applied to the AGB for approved patients based on household income using the following schedule:

Household Income	Maximum Amount Individual is Responsible for Paying
Less than or equal to 125% of Federal Poverty Guidelines	\$0.00
In excess of 125% but less than or equal to 200% of Federal Poverty Guidelines	Lesser of \$150.00 or AGB
In excess of 200% but less than or equal to 225% of Federal Poverty Guidelines	The greater of \$150.00 or 15% of AGB, unless AGB is less than \$150.00 then AGB.
In excess of 225% but less than or equal to 250% of Federal Poverty Guidelines	The greater of \$150.00 or 30% of AGB, unless AGB is less than \$150.00 then AGB.
In excess of 250% but less than or equal to 275% of Federal Poverty Guidelines	The greater of \$150.00 or 45% of AGB, unless AGB is less than \$150.00 then AGB.
In excess of 275% but less than or equal to 300% of Federal Poverty Guidelines	The greater of \$150.00 or 60% of AGB, unless AGB is less than \$150.00 then AGB.

- Expense** – Completion of Houston Healthcare’s Financial Assistance Application is required in order to qualify for Financial Assistance based on expense. Patients not eligible for Financial Assistance based on income may be eligible for Financial Assistance if their Allowable Medical Expenses have consumed or will consume a significant portion of the Household’s income. In order to qualify for Financial Assistance based on expenses, Allowable Medical Expenses as defined in this Policy must be greater than 15% of household income. Patients who qualify for Financial Assistance based on the expense criterion will be billed the lesser of 15% of Household Income or AGB. In order to qualify based on expenses, a financial assistance application must be completed as described below.

**Financial Assistance Application Guidelines:**

All requests for Financial Assistance must be submitted using Houston Healthcare’s Financial Assistance Application. The Application must be completed in its entirety and all supporting documentation attached to the Application.

1. This Policy describes the manner in which patients will be notified about the Financial Assistance available and this Policy. The notification period ends on the 120<sup>th</sup> day after Houston Healthcare issues the first post-discharge billing statement to the patient. If, by the end of this 120 day period the patient has not submitted a Financial Assistance Application, Houston Healthcare may begin collection actions against the patient. The application period during which Houston Healthcare will accept and process a Financial Assistance Application ends on the 240<sup>th</sup> day after Houston Healthcare issues the first post discharge billing statement to the patient.
2. Applicant shall submit the following supporting documentation, if applicable, with a completed Application:
  - i. Proof of income – IRS Form W-2, the most recent federal income tax return, pay stubs covering the last 90 consecutive days as of the date of application, proof of Social Security, unemployment receipts, investment income, alimony, worker’s compensation, rental/royalty income, retirement income and any other documentation that supports household income as defined in the financial assistance policy.
  - ii. Checking and savings account statements for the most recent 3 months
  - iii. If the annualized Household income has decreased 10% or more than the most recent federal income tax return, the applicant must submit a written explanation for the decrease in annual Household income.
  - iv. Proof of allowable medical expenses – all billing statements for medical expenses incurred within the last 90 days.
  - v. Unemployment denial letter
  - vi. Any additional documentation the applicant deems necessary to support their application for Financial Assistance.
3. Falsifying information on the Application will be grounds for denying or revoking Financial Assistance. Falsifying an Application includes, but is not limited to, failure to disclose assets.
4. Applicant shall identify all known third party payment sources for services rendered. Applicant shall cooperate with Houston Healthcare in filing of claims and collection of reimbursement from all third party payment sources. Failure to cooperate will be grounds for denying Financial Assistance.
5. Applicant shall cooperate in the application for Financial Assistance from other sources, such as Medicaid and other programs. Failure to cooperate will be grounds for denying Financial Assistance.

## **Financial Assistance Procedures:**

1. At the time of registration, each patient will be offered a free written copy of the plain language summary of the Policy.
2. A Financial Counselor is available to discuss the Financial Assistance program offered by Houston Healthcare with the patient or the patient's designated representative. A free written copy of the Financial Assistance Policy and Financial Assistance Application may be obtained from the Financial Counselor. At the request of the patient or the patient's designated representative, the Financial Counselor will assist the patient with initiation of the Financial Assistance Application.
3. Financial Counselor(s) may be reached via email at [hhc-financialcounseling@hhc.org](mailto:hhc-financialcounseling@hhc.org), by phone at (478) 329-3456, or in person at the Patient Financial Services office located at 233 North Houston Road, Suite 230, Warner Robins, GA 31093.
4. Houston Healthcare will assist, as requested, patients in becoming covered under available state, local, federal or community based assistance programs.
5. When an Application is received, the Financial Counselor will review the Application for completeness, which shall include all supporting documentation. If it is determined that the Application is incomplete, Houston Healthcare will take the following actions:
  - a. Suspend any collection actions against the patient/Guarantor.
  - b. Provide the patient with a written notice that describes the additional information or documentation the patient must submit to complete his or her Application.
  - c. Provide the patient with at least one written notice that informs the patient/Guarantor about the collection actions including any extraordinary collection actions that may be initiated or resumed if the Application is not completed or if the amount due is not paid within 30 days from the date of the notice.
  - d. If all supporting documentation is not submitted or the amount due is not paid within 30 days of the written notice as described in the preceding paragraph, the request for Financial Assistance will be denied and the account will remain in the billing cycle. A new Application may be submitted if the date of the Application is within 240 days after Houston Healthcare issues the first post discharge billing statement to the patient.
6. Once a completed Application has been received and reviewed, the Financial Counselor will make a recommendation for approval or denial on the Application. The Application is given to the appropriate individuals based on the account balance and amount of the Financial Assistance discount requested for approval. Houston Healthcare will render a decision in no more than five (5) business days from the receipt of a completed Financial Assistance Application.
7. Approval authority for Financial Assistance is as follows:

Amount of Discount	Required Approval
Gross Charges less than or equal to \$20,000	Financial Counseling Manager
Gross Charges in excess of \$20,000 but less than or equal to \$50,000	Revenue Cycle Director
Gross Charges in excess of \$50,000 but less than or equal to \$100,000.	Director of Finance
Gross Charges in excess of \$100,000	Chief Financial Officer

8. The patient will be notified in writing of Houston Healthcare's decision to provide Financial Assistance.

### **Collection Practices and Policies**

Patients will receive four statements and multiple phone calls requesting payment in full or payment arrangements be made.

#### Statements –

1. Initial –
  - a. Patients will normally receive a statement for services rendered within forty-five (45) days of discharge as an inpatient or treatment as an outpatient (excluding recurring visits).
  - b. Recurring visit patients will normally receive a bill for services rendered for the prior month within one month.
  
2. Subsequent Statements –
  - a. The second statement will be issued thirty (30) days after the initial statement.
  - b. The third statement will be issued sixty (60) days after the initial statement.
  - c. The fourth statement will be issued ninety (90) days after the initial statement requesting payment in full upon receipt. This statement will notify the patient their account will be reflected as a bad debt and referred to an outside collection agency if payment in full is not received within thirty (30) calendar days of the statement date. The notification will specify collection efforts that may be undertaken if the patient does not make full payment or complete a Financial Assistance Application.
  - d. One hundred twenty-five (125) days after the initial statement these accounts will be written off as a bad debt adjustment and sent to an outside collection agency.
  
3. All statements will include language that informs the recipient about the availability of financial assistance and includes a telephone number and the website address to obtain additional information.

Phone calls – Twenty-one (21) days after the initial statement, the patient may begin to receive multiple phone calls requesting payment in full or payment arrangements be made.

Use of Outside Collection Agency – When a patient and/or Guarantor fail to pay the patient liability, the account will be referred to an outside collection agency. The Business Office Manager will be responsible for ensuring that Houston Healthcare has made reasonable efforts to determine whether a patient is eligible for Financial Assistance prior to being sent to a collection

agency.

Extraordinary Collection Actions (ECAs) - The patient and/or Guarantor shall be provided at least thirty (30) days written notice prior to any ECAs being taken. The written notice will include a plain language summary of the financial assistance policy, notification of any ECAs that maybe initiated against the patient and /or Guarantor, and the date after which any ECAs will be initiated. Oral notification to the patient and/or Guarantor will be attempted via a phone call prior to any ECAs being initiated. The oral notification will inform the patient and/or Guarantor about the Financial Assistance Policy and how to obtain help with the financial assistance application process.

Legal Actions – Legal actions may be initiated against the patient and/or Guarantor who default on payment to Houston Healthcare. These legal actions may include:

- Placing a lien on an individual’s property. However any lien HHC is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual as a result of personal injuries for which care was provided is not an ECA.
- Foreclosing on an individual’s real property;
- Attaching or seizing an individual’s bank account or any other personal property;
- Commencing a civil action against an individual; and
- Garnishing an individual’s wages.

All legal actions taken by any collection agency on behalf of Houston Healthcare shall have had prior review and approval from Houston Healthcare.

Houston Healthcare or any collections agency working on behalf of Houston Healthcare shall not pursue enforcement of a judgment lien, whether by Sheriff’s levy and sale or otherwise, on a primary residence, pursue an involuntary bankruptcy proceeding against a patient and / or Guarantor, or take any action that would cause a bench warrant (an order issued by a judge or court for the arrest of a person) to be issued. However, Houston Healthcare may pursue appropriate court orders, including contempt of court, for a patient/judgment debtor failing to respond to post-judgment discovery as required by law. See Official Code of Georgia Annotated Sect. 9-11-69 and Official Code of Georgia Annotated Sect. 9-11-37.

### **Payment Options**

Patients will be encouraged to pay their accounts in full by selecting from one of the following options.

1. Payment in full using Check, Money Order, Credit Card (including HSA or FSA cards)
2. Long-term Payment Plan – Patients with a balance equal to or in excess of \$100.00 may establish an extended payment plan. The patient must request an extended payment plan. All payment plans must be set on an auto-draft by credit card, debit card, or bank draft. The following payment guidelines will apply:

<b>Patient Balance Minimum</b>	<b>Patient Balance Maximum</b>	<b>Repayment Term (Months)</b>	<b>Monthly Payment for Low Balance</b>	<b>Monthly Payment for High Balance</b>
\$100	\$149	2	\$74.50	
\$150	\$299	2-3	\$99.67	\$149.50
\$300	\$499	3-4	\$124.75	\$166.33
\$500	\$2,000	12	\$50.00	\$166.67
\$2,000.01	\$5,000	24	\$83.33	\$208.33
\$5,000.01	\$9,000	36	\$138.89	\$250.00
\$9,000.01	\$12,000	48	\$187.50	\$250.00

### **Process of Appeal**

Patients who were denied Financial Assistance are able to appeal that determination by contacting the Business Office via mail within 30 days of notification:

Houston Healthcare  
 Attn: Director of Revenue Cycle  
 P. O. Box 2886  
 Warner Robins, GA 31099

All appeals will be reviewed by the Director of Revenue Cycle.