PFS 04.03.0	TANNER MEDICAL CENTER, INC.
TITLE: **FORMULATED BY:** **APPLIES TO:**	**Financial Assistance Policy** **Patient Financial Services** **Tanner Medical Center, Carrollton** **Tanner Medical Center, Villa Rica** **Willowbrooke at Villa Rica** **Higgins General Hospital**
EFFECTIVE **3/95**	**REVIEWED: 6/99, 1/16, 9/20, 1/21, 7/26** **REVISED: 5/00, 6/01, 6/03, 10/03, 10/04, 8/05, 4/07, 12/07, 2/10, 10/10, 3/12, 11/12, 3/13, 4/13, 5/13, 2/15, 1/17, 5/18, 8/23, 3/24, 1/25,1/26, 7/26**
REQ/REG BY: **Dept. of Community Health;** **IRS 501(c)(3) and 501r**	**REFERENCE:**

PURPOSE:

As a nonprofit community healthcare provider, Tanner Medical Center, Inc. is committed to providing quality healthcare to all patients and strives to help uninsured or underinsured patients who need help paying their hospital bills. TMC offers financial assistance programs that help patients meet the financial requirements of their healthcare, excluding cosmetic procedures. The financial assistance program offers free (100%) or discounted care (60%) for qualified patients.

POLICY:

The patient's financial circumstances do not affect the receipt of care. All patients are treated with respect and fairness. The granting of financial assistance is based on an individualized determination of financial need, and is not based on the patient's age, gender, race, veteran status, immigration status, sexual orientation, or religious affiliation.

Financial assistance is in effect for 12 months from the date of approval and applies to balances dating back 24 months. Adjustments are automatically applied; however, if a patient receives a bill, they should notify the business office.

Further information about the Patient Financial Assistance Policy is available by request by contacting the Tanner Patient Financial Assistance Department at (770) 812-5795 or email patientfinancials@tanner.org. Email and voicemail responses are returned to the patient within 24 hours.

Patients who meet certain income guidelines may qualify for Tanner Financial Assistance, including reduced hospital charges. Patients eligible for financial assistance are billed less than the amounts generally billed to individuals who have insurance coverage.

Patients who are uninsured or underinsured and have a gross income of 250-350 percent of the Federal Poverty Guidelines may qualify to receive a financial assistance adjustment.

The patient must inform physicians not in **Table 3** on page 5 to determine their financial assistance eligibility with the physicians' office.

PROCEDURE:

Applying for Financial Assistance

- Patients may apply for financial assistance at any time: before, during, or after care, up to 24 months after the initial bill. Applications older than 24 months are reviewed by exception. Information on how to apply for financial assistance is provided with each statement sent to the patient. The application requires proof of income and financial documentation. The documents which may be used as proof of income are found on the application form. The application, along with the Financial Assistance Policy, are also found at the following locations:
    - **Website**: Print the application from the Tanner website at https://www.tanner.org/patients-and-visitors/billing-and-financial-resources/financial-assistance
    - **MyChart**: An application can be submitted through the patient portal.
    - **Business Office and Admission Areas**: Paper copies of these documents are available upon request and without charge, both by mail and in public locations in the hospital facility, including in the emergency room and admissions areas.
- A completed application with all supporting documentation requires submission within 45 days of receipt. Applicants must fully cooperate and comply with all verification of income and assets. Examples of items needed for a complete application are tax returns, income verifications, bank statements, etc. Assistance is denied without a completed application. Business Office may reach out for additional or incomplete documentation. When the application is complete, the patient may either submit via MyChart, hand deliver it to one of our hospital facilities, or mail it to the address below:

  Tanner Medical Center
  ATTN: Patient Financial Counselor
  705 Dixie Street
  Carrollton, Georgia 30117
- Tanner Medical Center, Inc. notifies the patient of the financial assistance decision within 14 days of receiving the completed application.
- Any payments made by the approved individual that exceed the amount that the patient is responsible for are refunded.
- Denials for financial assistance can be appealed and the financial assistance team will respond within 10 days.

Presumptive Financial Assistance

- Patients who meet presumptive eligibility criteria may be granted financial assistance without completing the application.

- Tanner Medical Center, Inc. may use outside agencies or vendors in determining eligibility and potential discount amounts. Eligibility for scaled financial assistance is determined using demographic data, household metrics, and automated credit-scoring technology.
- Presumptive financial assistance is approved for verified destitute patients (i.e., homeless and deceased patients with no estate).
- Patients covered by an out of state Medicaid program that Tanner Medical Center, Inc. is not enrolled with are approved for financial assistance.
- Presumptive adjustments are applied automatically to all open balances for 6 months after approval.
- Patients who are approved for presumptive financial assistance will be sent a letter notifying them of their presumptive status.

Income Guidelines for Financial Assistance

- The financial assistance program is based on the Federal Poverty Level information set by the United States Government each year. To be eligible for a discount, the patient's family income shall not exceed 350% of the Federal Poverty Level. Patient Financial Assistance Policy Income Chart (Table 1) and Discount Chart (Table 2) are available upon request.
    - While the patient's monthly income and normal monthly expense calculation may initially show justification for financial assistance approval, consideration is given to available liquid and tangible assets when the final review is completed.
    - This includes, but is not limited to, checking and savings accounts, money market accounts, and investment/stock accounts. Based on these assets, further review may be required. The initial guideline is based on the following but is evaluated on a case-by-case basis.
    - Excluded from asset consideration are funds held in qualified retirement accounts and retirement savings, including but not limited to 401(k), 403(b), 457(b), IRA, Roth IRA, pension, and similar employer-sponsored or individual retirement accounts. This exclusion applies only to the value of assets held within such accounts and does not apply to income, distributions, withdrawals, or other funds received by the patient from these accounts.

Income Guidelines for Catastrophic Events

- In the case of a catastrophic medical event, patients who may not ordinarily qualify for financial assistance are granted assistance. The financial responsibility of an insured patient qualifying for financial assistance is limited to 10% of the annual family income. The financial responsibility of an uninsured patient qualifying for financial assistance is limited to 25% of the annual family income.

Amounts Generally Billed

- Patients without health insurance, known as "uninsured" or "self-pay", cannot be charged more than amounts generally billed for emergency or other medically necessary care.

- Tanner Medical Center, Inc. determines the amounts generally billed by calculating the charges billed to Medicare and commercial insurance for the same care and determining the average reimbursement. This discount is calculated annually based on the lookback method reviewing all charges and collections for all claims paid in full for emergency and medically necessary care.
- All self-pay patients receive a 60% discount on their hospital services, regardless of financial assistance eligibility.
- The financial assistance program offered by Tanner applies an additional discount for a patient's hospital bill up to 100% based on a patient's eligibility.
- Once eligibility for financial assistance has been approved, Tanner Medical Center, Inc. applies the applicable financial assistance discount. Any balance due by the patient is reviewed to ensure it is less than the amounts generally billed. If the balance due is more than the amounts generally billed, an additional discount is applied.

Table 1: Family Income Ranges for Financial Assistance

Household Size	100% FPG	200% PFG	250% FPG	350% FPG
1	$ 15,960.00	$ 31,920.00	$ 39,900.00	$ 55,860.00
2	$ 16,230.00	$ 43,280.00	$ 54,100.00	$ 75,740.00
3	$ 20,490.00	$ 54,640.00	$ 68,300.00	$ 95,620.00
4	$ 24,750.00	$ 66,000.00	$ 82,500.00	$ 115,500.00
5	$ 29,010.00	$ 77,360.00	$ 96,700.00	$ 135,380.00
6	$ 33,270.00	$ 88,720.00	$ 110,900.00	$ 155,260.00
7	$ 37,530.00	$ 100,080.00	$ 125,100.00	$ 175,140.00
8	$ 41,790.00	$ 111,440.00	$ 139,300.00	$ 195,020.00

Table 2: Patient Financial Assistance Discounts based on Federal Poverty Guidelines

Household Income	Below 250% FPG	250% – 350% FPG
Patient Discount	100%	**Uninsured:** additional 60% of discounted rate, **Insured:** additional 60% of patient liability balance
Patient Pays	0%	40%

Table 3: Providers Covered by Tanner Medical Center, Inc. Financial Assistance Policy

Covered	**Not Covered**
Tanner Medical Group (for the first six months of the acceptance of the hospital approved financial assistance)	Any providers not listed to the left.
West Georgia Anesthesia Associates	
Carrollton Emergency Physicians	
Apogee Physician Group	
Emcare	
Georgia West Imaging	
West Georgia Endoscopy	
West Georgia Imaging	