

FC.02.01	TANNER MEDICAL CENTER, INC.	
TITLE:	Financial Assistance Policy	
FORMULATED BY:	Revenue Integrity/Compliance	
APPLIES TO:	Tanner Medical Center, Carrollton; Tanner Medical Center, Villa Rica, Higgins General Hospital, Willowbrooke at Tanner patient care areas	
EFFECTIVE: 3/95	REVIEWED: 6/99, 1/16, 09/20	REVISED: 5/00, 6/01, 6/03,10/03,10/04,8/05, 04/07,12/07,2/10,10/10, 3/12,11/12,3/13, 4/13, 5/13, 2/6/15, 01/17, 05/18
REQ/REG BY: Department of Community Health, IRS 501 ©(3) and 501r Irs.gov/pub/irs-drop/reg-130266-11.pdf	REFERENCE:	<u>FC xx Financial Assistance Policy System 052918.docx</u>

Purpose

Tanner Medical Center, Inc. Board of Director's is committed to providing quality healthcare to patients. As a community healthcare provider, Tanner Health System offers financial assistance programs to help patients meet their medically necessary healthcare financial responsibilities. Tanner wants to help patients who do not have health insurance or who need help paying their hospital bills. As a nonprofit healthcare organization, Tanner cares about the patients and the communities we serve through better health and better healthcare. Our staff can help you:

- Apply for Medicaid assistance
- Determine if you qualify for financial assistance from Tanner

Tanner Financial Assistance

First and foremost, your financial circumstances will not affect your care. All patients are treated with respect and fairness. Patients who meet certain income guidelines may qualify for Tanner Financial Assistance, including reduced hospital charges and interest-free payment plans. Patients who are eligible for financial assistance will be billed less than the amounts generally billed to individuals who have insurance covering such care. For the calendar year of 2020, these patients will receive a 60% discount off of the hospital list price.

If you are insured and have questions about your coverage or your level of benefits, please contact your insurance provider. Patients without insurance will automatically receive a discount on the billed charges and will be considered for assistance.

Financial assistance approval will be in effect for 12 months from the date of approval. Patients who have services within this time period should inform us of the visit by calling 770-812-5795 so that financial assistance may be applied.

Applying for Financial Assistance

You may apply for Financial Assistance at any time – before, during or after your care, up to 24 months after your initial bill. Applications older than 24 months can be reviewed for exception. We send information with your bill about how to apply for assistance.

Applications are also available upon request or at www.tanner.org. The application requires proof of income such as an income tax return. The documents which may be used as proof of income can be found on the application form.

Presumptive Financial Assistance

Presumptive financial assistance may be approved for homelessness and deceased patients with no estate. Patients meeting the federal poverty guidelines documented with Medicaid eligibility vendor screening may also qualify for presumptive financial assistance. Patient's eligible for Medicaid, but service is not covered due to lack of hospital or physician Medicaid participation will also qualify for presumptive financial assistance.

There are instances when a patient may appear eligible for financial discounts, but there is no financial assistance form on file or a lack of supporting documentation. In the event there is no evidence to support a patient's eligibility for financial assistance, Tanner Medical Center, Inc. may use outside agencies or vendors in determining eligibility and potential discount amounts. These resources may use demographic and household information and/or credit scoring technology to determine the percent of assistance to apply to the patient's account.

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

Medical Qualifications for Financial Assistance

Tanner will provide, without exception, care for emergency medical conditions to all patients seeking such care, regardless of ability to pay or to qualify for financial assistance, in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Financial assistance is available only for emergency and medically necessary services. It does not apply to elective procedures such as cosmetic surgery and services not covered by Medicare. It also does not apply to the portion of your services that have been paid for by a third party such as an insurance company or government program.

The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account patient's age, gender, race, veteran status, immigration status, sexual orientation, or religious affiliation.

A listing of providers who are not included under Tanner's Financial Assistance Policy is available by calling 770-812-5795.

Income Guidelines for Financial Assistance

The amount of financial assistance you receive is based on Federal Poverty Level information set by the United States Government each year. To be eligible for a discount, your family income must not be more than three and one-half times the Federal Poverty Level (350 percent). We can give you a Financial Assistance Policy Income and Discount Chart that show these income levels upon request. In addition to your income, the discount will also take into account the size of your family.

Income Guidelines for Catastrophic Events

In the case of a catastrophic medical event, patients who may not ordinarily qualify for Financial Assistance will be granted assistance. The financial responsibility of an insured patient qualifying for financial assistance will be limited to 10 percent of annual family income for any 12-month period. The financial responsibility of an uninsured patient will be limited to 25 percent of annual family income for any 12-month period.

Learn More

You can get more information about the Tanner Financial Assistance Policy and an application by calling 770-812-5795. Information and application forms are also available at www.tanner.org. Please feel free to ask about Financial Assistance. We are here to help.

APPLICATION PROCESS

- 1. Obtain an application**- The application, Financial Assistance Policy, Billing and Collection Policy and a Financial Assistance summary can be found at the following locations:
 - 1. Website**- Printing the application from the Tanner website at:
https://www.tanner.org/upload/docs/System/English/PFAP_instructions_and_application.pdf
 - 2. Registration**- Patient Financial Assistance Program Applications and policies are provided at time of registration, upon request. Visiting one of our 3 hospital facilities where they are available at all registration areas
 - 3. Patient Financial Services**- Paper Patient Financial Assistant Program Applications are available from Patient Financial Services Office Staff. Call 770.812.5795 to have a copy mailed directly to your home

2. Table 1: Family Income Ranges for Financial Assistance:

Family Size	100% FPG	200% FPG	250% FPG	350% FPG
1	12,760	25,520	31,900	44,660
2	17,240	34,480	43,100	60,340
3	21,720	43,440	54,300	76,020
4	26,200	52,400	65,500	91,700
5	30,680	61,360	76,700	107,380
6	35,160	70,320	87,900	123,060
7	39,640	79,280	99,100	138,740
8	44,120	88,240	110,300	154,420

Table II: Amount of Discount and Patient Responsibility*:

*In the case of a catastrophic medical event, patients who may not ordinarily qualify for Financial Assistance will be granted aid. The financial responsibility of an insured patient qualifying for financial assistance will be limited to 10 percent of annual family income for any 12-month period. The financial responsibility of an uninsured patient will be limited to 25 percent of annual family income for any 12-month period. ***Patients must inform the hospital of subsequent visits within the 12-month period in order to receive catastrophic financial assistance.***

3. ***Complete your Financial Application-*** A completed application must be returned with all supporting documentation 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. When application is complete, you may either hand deliver it to one of our 3 hospital facilities or mail it to the address below:

Tanner Medical Center
Patient Financial Counselor
705 Dixie Street
Carrollton, Georgia 30117

4. Tanner will notify the applicant of our financial assistance decision within fifteen days of receiving the completed application. Assistance may be denied without a completed application.
5. If a patient wishes to discuss applying for financial assistance with a financial counselor, obtain a copy of Tanner's Financial Assistance policy, obtain a copy of the Billing and Collection policy, obtain a copy of the application or need help completing the application, they should contact the Tanner Patient Financial Assistance Department at 770.812.5795 or email patientfinancials@tanner.org during normal business hours, Monday through Friday from 8 a.m. to 4:30 p.m.

Amounts Generally Billed

If you receive assistance under the Tanner Financial Assistance Policy (FAP), Tanner may not charge you more than the amounts generally billed (AGB) to individuals who have insurance covering the same services. A patient eligible for financial assistance is considered to be “charged” only the amount he or she is personally responsible for paying, after all discounts (including discounts available under the FAP) and insurance payments have been applied.

Tanner determines amounts generally billed by calculating the Medicare and the commercial insurance charges billed for emergency and medically necessary care and determining the average reimbursement. This discount is calculated annually based on the look back method reviewing all charges and collections for all claims paid in full for emergency and other medically necessary care to determine the “amounts generally billed”.

Once eligibility for financial assistance is approved, Tanner will apply the applicable financial assistance discount described in the Financial Assistance Income and Discount table. Any balance due by you will be reviewed to ensure it is less than the AGB percentage. If the balance due is more than the AGB allowable amount, an additional discount will be applied to the balance to reduce it to the AGB percentage.

The amounts generally billed percentage for Tanner is 40%.

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

Tanner Medical Group (limited)
West Georgia Anesthesia Associates
Carrollton Emergency Physicians
Apogee Physician Group
Emcare
Georgia West Imaging
West Georgia Endoscopy
West Georgia Pathology

Providers Not Covered by Tanner Medical Center, Inc. Financial Assistance Policy

Any provider not listed above

Patient's Household Income	Patient's Discount	Patient Pays
Less than 250% FPG	100%	0%
250-350% FPG	60%	40%