

Braselton ASC, LLC



Policy

Financial Assistance

Date Originated/Approved:		Date Reviewed:
Replaced by Policy: n/a	Replaces Policy: n/a	Date Revised: 4/27/2023. 10/30/2024

Policy Statement:

It is the policy of the Braselton Surgery Center (ASC) to provide guidelines to ensure consistent processing for Financial Assistance.

Procedure:

ARTICLE I – DEFINITIONS

"*Family Unit Size*" is defined as the applicant (patient, if applicable), spouse, and all legal dependents as allowed by the Internal Revenue Service. If the patient/applicant is a minor, the family unit will include parent(s)/legal guardian(s) and any other taxpayer that can claim the patient/applicant as a dependent for income tax-paying purposes.

"*Family Unit Income*" is defined as gross income for all members of the family unit for the last four months (annualized) or the last calendar year, whichever is the lesser amount. Examples of income are retirement, veteran's administration, worker's compensation, sick leave, disability compensation, welfare, social security retirement, alimony, child support, stock/certificate dividends, interest, or income from property.

"*Medically Indigent*" is defined as an uninsured person who is not eligible for other health insurance coverage such as Medicare, Medicaid, or other private insurance. Those that are "medically indigent" make too much to qualify for Medicaid but too little to purchase health insurance or health care.

"*Presumptive Eligibility*" is defined as approved financial assistance based upon a patient's indigent status, determined using criteria-based methods, such as propensity to pay scoring, evidence of participation in low-income government assistance programs, such as state-funded prescription programs, Women, Infants, and Children program (WIC), Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), free school lunch program or other state or local assistance programs.

"*Extraordinary Collection Actions (ECAs)*" are defined as actions that require a legal or judicial process or involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, "credit agencies").

ARTICLE II – POLICY

Section 2.01. Policy Statement. The Braselton Ambulatory Surgery Center (ASC) shall allocate resources to identify financial assistance cases and provide uncompensated care based upon the information submitted at the time of application by the patient or their

representative, or through use of other criteria-based methods to determine eligibility. Financial assistance applications will be accepted for all medically necessary care. Financial Assistance adjustments may be applied to approved accounts based on the patient's total gross family income and the patient's willful cooperation in applying for Medicaid or other available coverage. In order to ensure the funds for uncompensated care are not abused and will be available for those in need, the Braselton ASC will make reasonable attempts to assist eligible candidates to become covered under any available assistance programs in the community.

ARTICLE III – PROCEDURES

Section 3.01. Governance. The Financial Assistance Policy is administered by the Board of Managers of the Braselton ASC.

Section 3.02. Public Relations. Braselton Ambulatory Surgery Center (ASC) will make concerted efforts to promote the Financial Assistance Program. The program is promoted through a plain language summary offered directly to all patients upon scheduling and registration, on the Braselton ASC website, and through the display of signs at principal entry points. In addition, information regarding the plain language summary is provided on a periodic basis to physician offices, human service agencies, and other community organizations. A dedicated Surgical Access of North Georgia Coordinator (SANG) will also facilitate Medically Necessary charity cases for the Braselton ASC.

The plain language summary includes a brief description of eligibility requirements, a brief summary of how to apply, a website and physical location where an application and copy of the Financial Assistance Policy may be obtained, how to get an application by mail, and contact and assistance information. Braselton ASC shall make the Financial Assistance Policy, the plain language summary, and the financial assistance application available in English and in the primary language of any populations with limited proficiency in English that constitute a minimum of 5% or 1000 persons, whichever is less, of the residents of the community served.

Section 3.03. Application Process. All patients desiring consideration under the Braselton ASC's Financial Assistance must complete an application, disclosing financial information that is considered pertinent to the determination of the patient's eligibility for financial assistance. Financial Assistance applications can be completed in writing, by speaking to the SANG Coordinator, or a Financial Counselor, through a phone screening, or by Presumptive eligibility. The patient will authorize the Braselton ASC to make inquiries of employers, banks, credit bureaus, and other institutions for the purpose of verifying statements made by the patient in applying for assistance. The application may be obtained by calling or visiting a Financial Counselor or by printing online at www.tbd.com. Patients will be considered Presumptively eligible if their Experian health payment score is below 500.

When returned, the application shall be accompanied by one or more of the following types of documentation:

1. Proof of household income must be at least one of the following:
 - a. A copy of four (4) most recent pay stubs of all employed in the household. If no pay stub is available, please provide a notarized letter from your employer.
 - b. Current year W-2 and/or recent year tax return.
 - c. Social Security Award Letter.
 - d. Proof of worker's compensation, sick leave, disability compensation, welfare, or social security retirement.
 - e. If you have no income currently, provide a signed and notarized letter from the person who is providing basic needs (food, shelter, clothing, etc.) for the patient, if applicable. provides food, shelter, clothing, etc. for you and your family, if applicable.
2. Proof of assets: Most recent bank statements for personal and business checking and savings accounts.
3. Proof of home address must be at least one of the following:
 - a. Valid Georgia driver's license
 - b. Georgia identification card
 - c. Current utility bill
 - d. Lease or rent receipts showing evidence of county of residence
 - e. County property tax assessment
 - f. County food stamp letter
 - g. Voter registration card
4. These documents, if applicable:
 - a. If the patient is not married but there are children in common, they must provide their entire household income. Any child support or alimony received must also be included.
 - b. If the patient is still legally married but separated, the patient must provide legal documentation of separation or the spouse's income, and proof of any financial support from your spouse.
 - c. Written verification from public welfare agencies or other government agencies that can attest to the Patient's Gross Income status for past 12 months.
 - d. Most recent bank statements for personal and business checking and savings accounts.
 - e. Verification of Pension or Retirement Income.
 - f. Verification of student status which is defined as a copy of the current class schedule, registration information, and a copy of the student photo ID.
 - g. If the patient lost their job within the last three months, they are required to provide a separation letter from their past employer. Additionally, the patient must provide a letter from their local Georgia Department of Labor Career Center specifying whether they are, or are not, receiving unemployment benefits.
 - h. If the patient has listed any children on their application other than biological or stepchildren, they must provide legal documentation to this effect.

- i. Patients seeking assistance due to medical indigency may need to submit evidence of assets.
5. Income shall be annualized, when appropriate, based on documentation provided and upon verbal information provided by the patient. This process will take into consideration seasonal employment and temporary increases and/or decreases in income.
6. All applications, supporting documentation, and communications will be treated with proper regard for patient confidentiality. The Braselton ASC will exercise reasonable care to maintain supporting documents with the application form.
7. In situations where the information provided by the patient or guarantor does not match the "Criteria Based Method", the Criteria Based information will be considered in the eligibility determination.

Section 3.04. Eligibility Criteria.

1. In Cases where patients request scheduled service, applications for Financial Assistance can be processed prior to services.
2. Financial Assistance is secondary to all other financial resources, or potential payer sources available to the patient.
3. Determination of eligibility of a patient for Financial Assistance shall be applied regardless of the source of referral and without discrimination as to race, gender, ethnicity, color, creed, national origin, age, handicap status, or marital status.
4. Financial assistance will be provided to patients when net available assets are not sufficient and gross family income is between 0 and 300 percent of the Federal Poverty Guidelines adjusted for family size.
5. ASC grants financial assistance for patient responsible balances including balance after insurance.
6. The financial obligations that remain once the financial assistance adjustment has been applied may be paid in a lump sum or the patient may set up a payment plan.

Section 3.05. Eligibility Determination.

1. Eligibility can be determined once a completed application has been received along with all supporting documentation or through other criteria-based methods or systems. Should documentation not be supplied, or should the application remain incomplete, financial assistance will not be granted. A notification will be sent informing you of how to obtain assistance to complete the application.
2. For medically necessary care, the patient(s) should be a resident within the Braselton ASC service area. Examples of acceptable proof of residency may be found in section 3.03 item 3 -- Application Process, above.
3. Cases for consideration may be requested by the patient, the patient's family, the patient's physician, SANG Coordinator, who has been made aware of the financial need of the patient, or recognized social agencies.
4. Braselton ASC presumptively approves patients using the Presumptive Eligibility criteria defined above.

5. In instances where eligibility has been determined using other criteria-based methods, documentation of income and expenses may not be required.
6. Following the initial request for financial assistance, Braselton ASC will pursue other sources of funding, including Medicaid and/or state programs.
7. Financial assistance eligibility, while generally determined at the time of application, may occur at any time, during the application period, prior to judgment upon learning of facts that would indicate financial need.
8. Approval for financial assistance is granted for periods of six (6) months. Medicare patients' approval is granted for periods of twelve (12) months. If the patient/responsible party's financial situation changes after financial assistance have been approved and awarded, Braselton ASC reserves the right to terminate future charity at the discretion of the Financial Navigation Manager in consultation with the Director of Patient Receivables. Examples include but are not limited to a payout from court settlement, lottery, etc.

Section 3.06. Financial Assistance Criteria. The calculation of the discount for patients qualified for a financial assistance adjustment will be based on our established discount rate of 100% for patients with a gross family income between 0 and 150% of the Federal Poverty Level adjusted for family size. For patients 151-300%, a partial discount will be provided based on the Medicare rate with additional financial assistance assessed for Surgical Access for Northeast Georgia program patients. Insured and uninsured patients qualify for a financial assistance adjustment. Patients must reside in our service area and receive medically necessary care.

Section 3.07. Notification. The Braselton ASC will make reasonable efforts to notify the patient of the final determination within thirty (30) working days of receipt of the application with related documented materials (proof of income, etc.). The notification will include a determination of approval and its effective. Denials will be communicated in writing and will include instructions for appeal. For Braselton ASC, if the patient is approved, any prior payments made by the patient, more than the determined amount, on accounts covered will be refunded, unless the amount paid is less than \$5.

Section 3.08. Appeals Process. The responsible party may request reconsideration of eligibility for financial assistance by providing additional documentation within the application period. The request will be reviewed for reconsideration. Appeals with complex or unique situations may be considered under the catastrophic charity process as also referenced in the ASC Collections Policy. If the final determination is to approve financial assistance, an approval notification will be sent to the patient indicating its effective period.

Section 3.09. Authorized Parties.

1. Final Determination Authorized Party: Braselton ASC Bord.
2. Final authority to ensure reasonable efforts were made to determine eligibility prior to initiating ECAs: Patient Contact Center Manger.

