Patient Information for Financial Assistance

The Financial Assistance Policy (FAP) of the Medical Center of Central Georgia (MCCG) illustrates our commitment to our patients and the community we serve in providing world class care before, during and after treatment is received regardless of their ability to pay. Our mission is to provide timely and appropriate financial assistance when patients meet the guidelines provided. The Medical Center of Central Georgia offers financial assistance to eligible individuals and families who are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care. Based on your financial need, either reduced payments or free care may be available. Patients, or the person legally responsible for their bill, may request financial assistance in regards to their obligation at any time before or during the billing process. Patients, or the person legally responsible for their bill, may meet guidelines for full or partial assistance. Once the application and evaluation process has been completed, patients, or the person legally responsible for their bill will be advised of the assistance determination. Those patients who do not qualify for financial assistance will be billed in accordance with MCCG policy as a means of making arrangements for payments or obtaining payment in full. Collection activity is conducted within the applicable rules and laws governing patient collections.

Patients requiring emergency or urgent medical care and pregnant women in active labor shall be treated without regard to their ability to pay in accordance with all applicable Federal regulations (Emergency Medical Screening, Stabilization, Treatment, and transfer).

Financial Assistance Information

To request an application for financial assistance and a copy of the detailed financial assistance policy, please contact the MCCG financial assistance team at 478-633-1130 or 478-633-7019. A copy of this summary, the financial assistance policy, required documentation and the application forms are available in English and Spanish or through the MCCG website at: http://www.mccg.com

If you want more information or have questions about the process, please call the financial assistance team at 478-633-1130 or (478) 633-7019. A member of the financial assistance team will be happy to assist you.

You may also visit the financial assistance office located at the Central Business Office, 2490 Riverside Drive, Macon GA 31204 or the Main Campus of MCCG at 777 Hemlock St, Macon GA 31201.

Financial Counseling

Financial assistance is available for eligible patients who require:

- Emergency medical services;
- Non-elective services for urgent life-threatening conditions, outside the Emergency Department;
- Other medically necessary services, on a case-by-case basis.

Patients may contact our financial assistance team directly (478-633-7019) if they feel they may qualify for financial assistance. Financial Counseling services are also provided in, but are not limited to, the following points of service:

- Pre-Access Center
- Patient hospital rooms
- The Patient Account Advisor Office located on the main campus of MCCG
- Direct contact with patients or their families/friends
- Emergency Room & Trauma Center, upon request
- Billing and Collections
- Other entities within the Central Georgia Health System.

All scheduled or unscheduled, uninsured, inpatient or outpatient visits will be analyzed by the financial assistance
team for potential program eligibility (i.e. State Medicaid, Social Security Disability, Indigent/Charity, or any other third party assistance program).

Scheduled, elective visits or admissions are subject to MCCG policy and will be analyzed by the Pre-Access Center and/or the Patient Account Advisor. If the patient does not appear to be eligible for any type of assistance, the Pre-Access Center staff will notify the patient and discuss pre-service payment options, if applicable.

All uninsured patients presenting to a registration area will receive a copy of the Patient Information for Financial Assistance document. A copy of the document will also be readily available to anyone making the request.

Eligibility Criteria for Financial Assistance

You may be eligible for financial assistance if you:

- Have limited or no health insurance
- Are not eligible for government assistance (for example, Medicare or Medicaid)
- Can show you have financial need
- Provide MCCG with necessary information about your household finances

Uninsured patients may request financial assistance at any time during pre-registration, registration, inpatient stay, or throughout the course of the billing and collections cycle by requesting and completing an application for financial assistance. All uninsured patients with income less than 270% of the Federal Poverty Guidelines for their family size may qualify for financial assistance. MCCG also employs PARO to assist in determining whether a patient meets criteria for financial assistance.

Information Required to Complete an Application for Financial Assistance:

- Completed Application for Financial Assistance
- Proof of income (most recent complete tax returns, check stub, etc.)
- Statement of Support (if no income reported)
- Proof of resources (i.e. bank statements, money market account statements)
- Additional documentation based on information provided during the screening process with a Patient Account Advisor

Once a completed application is reviewed, a decision will be made and the patient/applicant will be notified in writing of the decision.

The Financial Assistance department at MCCG is responsible for making eligibility determinations based on the documentation provided through the application process. Patients may contact the Financial Assistance department with questions on eligibility determinations by calling (478) 633-1130 or (478) 633-7019.

- If approved for Financial Assistance, the patient will receive discounted or total write-off.
- If denied Financial Assistance, the patient may receive a discount in accordance with self-pay fee schedule for the services provided.

Returning your application

Your application can be given directly to a Patient Account Advisor. They are located on the main campus of MCCG, first floor of the main building. You can also mail your completed application form and copies of your proof of income materials to: MCCG Financial Assistance, 2490 Riverside Drive Macon, GA 31204.

Your application must include copies of any documents that apply to you (see above). Please attach copies, not originals, as MCCG will not be liable for the return any document sent with the application. If any of the documents are missing, it will delay processing of your application and could result in your account being sent to a collection agency.

Notification of Request for Additional Information or Denial

Financial Assistance will not be denied based solely upon an incomplete application initially submitted. Most common types of documentation needed are referenced above. MCCG will contact patients or financial guarantors via mail to notify of additional documentation requirements. Patients will have 14 business days to return additional information.
• If patient fails to provide all requested documentation or fails to assist MCCG vendors in obtaining appropriate available coverage, application for financial assistance may be denied and the patient would receive the self-pay discount as appropriate.
• In addition, collection actions may be taken in the event the patient fails to respond or provide the additional information as requested.

Notification of Approval

MCCG will contact the patient via mail to notify of approval for the financial assistance program. This notice will include the steps a patient may take to obtain information about how their co-pay (if applicable) was determined as well as information confirming that the co-pay is not more than the Amounts Generally Billed described below. If a patient has already established a payment plan or made payments on their account, and was subsequently approved for financial assistance, any payments over the co-pay amount will either be applied to other outstanding accounts, or refunded to the patient if no other outstanding accounts exist. If an approved patient has had extraordinary collection actions, MCCG will take all reasonably available steps to reverse the actions taken upon eligibility approval.

Calculation of Amounts Charged to Patients

MCCG does not bill uninsured patients for patient liability amounts more than the amounts generally billed to Medicare and insurance providers. MCCG uses the look back method to determine the Amounts Generally Billed (AGB) to patients whom qualify for financial assistance. That means that MCCG reviews the actual past claims paid to the hospital by Medicare together with all private health insurers paying claims to the hospital to establish a percentage of total charges to be discounted annually. MCCG will not bill a financial assistance eligible person more than the AGB rate.

• For 2013, the discount given to uninsured patients is 50.00%. For a detailed description of how MCCG determined this percentage, please contact our Financial Assistance team. MCCG will mail the patient a copy of the information, free of charge.
• MCCG does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance.

Publication of policy

MCCG will take the following measures to make its Financial Assistance Policy available to the public, free of charge.
• Provide free copies of the FAP policy at access points in the facility.
• Post the policy and a financial assistance application on the MCCG internet page at www.mccg.org.
• Include in the annual Community Benefit Report.
• Provide/mail copies, when a request is made by phone to Financial Advisors, Billing, Collections, or Customer Service teams.

The Financial Assistance summary document and application will also be provided in Spanish, free of charge, when requested. Spanish versions will also be posted on the MCCG internet site.

Patient Billing Notices & Timeframes

The patient’s first statement will reflect totals charges, adjustments, payments and balance due. The first three statements will include: (1) an overview of our Financial Assistance Program, (2) contact information for MCCG financial assistance team, (3) where to obtain a copy of the Financial Assistance policy free of charge, and (4) the required information to submit with an application for financial assistance. Uninsured patients have 120 days from the date of the first statement to respond. The account will not be referred to internal or external collections for follow up until that time has expired. Patients will be allowed to request financial assistance up to 240 days from the date of first statement, or at any time during the collection process.

Patient Collections

MCCG makes reasonable efforts to ensure that patients are billed for their services accurately and timely. MCCG will attempt to work with all patients to establish suitable payment arrangements if full payment cannot be made at the time of service or upon delivery of the first patient statement.
MCCG has established a self-pay fee schedule to consistently discount uninsured patient bills. The self-pay fee schedule is based on the discount MCCG negotiates with its managed care payers. Typically this discount averages 50% from total billed charges.

**Extraordinary Collections Actions.**

MCCG contracts with Bibb Collection Services and RMB for its bad debt patient and/or guarantor collection processes. Accounts are subject to the following extraordinary collection actions, but only after the above timeframe have expired:

- Placement with collection agency
- Credit Agency reporting
- Hospital liens for accounts involved in litigation that could result in a financial judgment for the patient

If during the course of collections follow up, a patient or guarantor requests financial assistance or indicates that they are uninsured and cannot pay for their care, they will be referred to the MCCG Financial Assistance team to be screened for potential program eligibility. If the Financial Assistance team determines a patient may be eligible for assistance, collection activity will continue until the patient returns the appropriate application. Once the application is received, regardless of completeness, all further collection activity will be stopped pending a decision from the financial assistance team on program eligibility.