



Shepherd Center

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Owner Sheila Morris: Dir  
Revenue Cycle  
Patient Fin  
Area Revenue Cycle  
References CARF  
Standards,  
Outpatient  
Access

## Financial Assistance to Patients (Revised to Include Financial Arrangements, AC.FS.01.11, 1/2011), AC.FS.01.03

### Purpose

It is Shepherd Center policy to extend services to all patients deemed appropriate for clinical programs. Those with limited financial resources will be considered for financial assistance and will be afforded the opportunity to apply for assistance. Our application process consistently collects sufficient information to determine patient(s) eligibility for assistance with their individual financial responsibility. The program applies to all services rendered by employed and contracted physician, and hospital/facility services. Specific high cost drugs listed below and consulting physicians attending to patients are not covered within this charity program.

Shepherd Center requires financial arrangements for all service charges be made prior to, or at the time of admission/registration. Assignment of insurance benefits for all verified, contracted insurance(s) is accepted towards payment of charges.

### Procedure

#### Inpatient and Day Patient

1. Admission of patients with third party insurance coverage:
  - a. All patients scheduled for admission more than 24 hours in advance are pre-admitted. Insurance benefits or third party coverage is verified prior to admission.
  - b. All known deductible, non-covered, and estimated co-pay amounts for which the patient is responsible are due upon admission. Prior to admission, the patient is

notified of the amount of deposit due on admission. Deposit is required when the patient is admitted.

- c. Amounts due from the patient in excess of the admission deposit payment will be billed to the patient after insurance payments have been collected. Patient liability amounts are due within thirty days from bill date, unless arrangements are made according to section titled Payment/Credit Arrangements.

2. Admission of patients with no third party insurance coverage or self-pay by choice:

- a. All patients scheduled for admission more than 24 hours in advance are pre-admitted.
- b. Total estimated payments due from patients (and/or the guarantor) are calculated prior to admission and Good Faith Estimates are provided as required by the No Surprises Act. Additional days' rates will also be estimated for the patient. An initial deposit is collected, for 100% of the estimated discounted amount due. If the full amount is not able to be collected, other arrangements may be made on a case-by-case basis with approval by either the Patient Financial Services Manager, Revenue Cycle Director, or Chief Financial Officer.
- c. Financial counselors monitor to determine when deposits are exhausted and will contact the appropriate case manager to determine the expected discharge date. At that time, additional payments may be calculated and additional deposits may be required.
- d. The current self pay discount (50% of total charges) will be afforded to all self-pay patients. The current expected payment for Day Program (SCI and ABI) patients are \$550.00, per day. This discount is commensurate with our average managed care contracted rates.

## Outpatient Deposit Requirements

1. Outpatient Services

- a. Insurance assignment in lieu of payment will be accepted if the patient presents a current insurance card indicating coverage by any of the Shepherd Center participating or negotiated plans.
- b. Payment in full for all charges is due at time of service. If insurance assignment is accepted in lieu of payment, the patient will be billed known co-pays or deductibles, including Shepherd Center employed physician co-pays. Patient Access staff will collect monies due at the time of service. Charges are calculated based on the current charge(s) in the hospital charge master for each procedure or treatment scheduled for the patient at the time of registration.
- c. Additional charges for procedures or treatments provided which were not scheduled prior to registration will be billed to the patient and due within 30 days of bill date and any corresponding patient co-pays or deductibles not identified at the time of registration will be billed to the patient after insurance payment is collected and will be due 30 days from the bill date.
- d. Patients who are unable to meet deposit requirements are referred to the Outpatient

financial counselor who will assess eligibility for financial assistance or make financial arrangements for payment according to section titled Payment/Credit Arrangements.

- e. All uninsured or self-pay by choice patients will be provided a Good Faith Estimate as required by the No Surprises Act and offered the opportunity to complete a financial screening form at the time of registration. If patient is approved for assistance based on the financial data supplied, any patient balances will be applied to a charity allowance in the same manner as inpatient or day patient accounts.

## Payment Arrangements and Charity Care

1. Patients are requested to pay with check, cash or credit card. Shepherd Center accepts Mastercard, Visa, Discover Card and American Express. Patients who are unable to pay the full amount due are referred to financial counselors to make appropriate payment arrangements.
2. If the patient demonstrates eligibility based on presumptive eligibility, hardship, the financial screening or patient financial evaluation form, using the hospital policy, patient liability balances over insurance, or the full charges would be written off to charity care.
3. Short-term payment arrangements as described below are accepted based on approval by financial counselor and/or manager, Patient Financial Services. Payments must be made monthly with a minimum payment amount of \$50 per month. Previous encounter balances will be combined with current charges to establish payment schedules. Maximum allowable payment periods are:
  - a. Three months for balances less than \$ 1,000.
  - b. Six months for balances greater than \$1,000.
  - c. Twelve months, twenty-four (24) and thirty-six (36) month payment plans are available with completion of financial application and approval of the PFS manager or Revenue Cycle Director.
  - d. A patient's financial status will be re-evaluated for any changes in circumstances that could require new arrangements.
  - e. Collection actions will be completed using monthly statements with escalating messages requesting payment and referring patients to contact financial counselors if assistance is needed. After a period of 120 days of patient statements and advisement of financial assistance programs, the account will be reviewed for next activity. No extraordinary collection activities will occur until 120 days of notification of our charity program has occurred. We allow 240 days for financial applications to be completed. We coordinate with outside attorneys representing our patients in settlements. We may at our discretion occasionally place a patient on a no-treat list for elective services due to non-payment of previous balances. However, medically necessary care during treatment will not be withheld due to non-payment.
4. Charity care/financial assistance will be considered for any patient completing an application. The patient or guarantor will be asked to complete a 'Patient Financial Evaluation' form (also known as FAP, 'financial assistance program') to obtain additional information that allows us to assess eligibility for charity assistance. The patient or guarantor will be required to complete the application in full and provide supporting evidence to substantiate income. Minimum

supporting evidence for income would include:

1. Proof of income representing current household income - i.e., pay stubs, W2's, Prior Year Income Tax forms, etc. If there is no income, letters from person(s) providing room & board to patient is required. **(Note: failure to provide appropriate information will result in rejection of the application).**
5. Financial Counselors will review applications for completeness and eligibility. Eligibility will be based on the criteria established by Shepherd Center as follows:  
Current Income must not exceed 250% of the Federal Poverty Guidelines for the current year.
6. If income exceeds 250% of the Federal Poverty Guidelines, additional information may be required from the patient or guarantor to determine if assistance can be granted based on hardship.
7. If the patient has applied for Georgia Medicaid, the FAP form should be completed and if such charges are ultimately not covered or uncollectible the patient is deemed eligible for financial assistance.  
If the patient does not meet criteria, the Financial Counselor will establish deposit requirements based on the expected services and will offer payment options or a payment plan as appropriate. **(Note: If the patient refuses/fails to cooperate in completing the SSI/GA Medicaid/Disability application process, the Shepherd Center FAP application will be denied and the patient will be billed.)**
8. If the patient is eligible for financial assistance, the Financial Counselor will present the packet to the Manager of Patient Financial Services for written approval. If assistance is not approved, the Financial Counselor will coordinate the notification to the patient. Payment arrangements will be completed as described above. **Approved inpatient charity applications are effective for one year from approval date, or the length of the inpatient confinement, whichever is shorter. Day Program and outpatient charity application approved are effective for six months or the patient's outpatient treatment plan, whichever is shorter.**
9. Shepherd Center does not engage in Extraordinary Collection Actions.  
ECAs are defined as actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's FAP that involve selling an individual's debt to another party, involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, "credit agencies"), involve deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's non-payment of one or more bills for previously provided care covered under the hospital facility's FAP, or require a legal or judicial process.  
Examples of actions that may require a legal or judicial process include, but are not limited to:  
Placing a lien on an individual's property  
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  
Causing an individual's arrest  
Causing an individual to be subject to a writ of body attachment  
Garnishing an individual's wages

10. Shepherd Center approved collection activities include letters, statements, and phone calls to patients and guarantors. Additionally, a claim filed by a hospital facility in any bankruptcy proceeding is not an ECA. Also, a lien placed on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries caused by a third party for which the hospital facility provided care is not an ECA. Shepherd Center may file such claims or liens on a case-by-case basis.

## Clarifications and Exclusions:

1. **Effective December 1, 2022 - The following drugs will not be eligible for charity funds - Botox, Tysabri, Ocrevus, Rituxan, and Truxima. This exclusion will apply to all newly admitting/registering patients.**
2. **Effective January 1, 2023 The following drugs will not be eligible for charity funds - Botox, Tysabri, Ocrevus, Rituxan, Truxima, Uplizna and Briumvi. Applies to current patients (as of November 30, 2022) and/or current patients newly switching to one of the excluded drugs.** Associated costs (MRIs, office visits, labs, infusion administration) remain eligible for charity care/financial assistance. MS program case managers will assist patients interested in drug manufacturers' drug assistance programs.
3. All patients will be asked/offered to complete the Financial Screening form for eligible services. One time hardships and/or approvals during declared public health emergencies may be granted at the discretion of the Manager of Patient Financial Services or Revenue Cycle Director due to extenuating circumstances and without formal screening or applications required.
4. **Effective August 1, 2024 - Treatments using the lovera product will not be eligible for charity funds.**

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## Attachments

[Patient Financial Evaluation](#)

## Approval Signatures

Step Description	Approver	Date
Chief Financial Officer	Beth Boatwright	08/2024
	Sheila Morris: Dir Revenue Cycle Patient Fin	08/2024