



TITLE: Financial Assistance/Charity Care		SEARCH WORD: Charity; Indigent; FAP; Assistance
DEPARTMENT: Patient Accounting, Patient Access Services, Community Based Patient Accounting, Accounting, Administration, Mission Services		
VP APPROVAL: Janice Dunn	DIRECTOR/MANAGER APPROVAL: Jonathan Roberts	
EFFECTIVE DATE: 07/01/2016	REVIEWED DATE(no changes):	
LAST REVISED DATE: 9/29/2019	REVISION HISTORY: 12/2000, 04/2003, 09/2004, 12/2009, 06/2011, 09/2011, 12/2011, 02/2012, 02/2013, 02/2014, 03/2015, 12/2015, 06/2016, 5/2017, 5/2018	

PURPOSE:

St. Mary's Health Care System, Inc. ("St. Mary's"), as a member of Trinity Health, is a community of persons serving together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Aligned with our Core Values, in particular that of "Commitment To Those Who Are Poor," we provide care for persons who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the health care expenses incurred. St. Mary's is committed to:

- Providing access to quality health care services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities;
- Caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive.

This Procedure, which provides guidance in implementing the larger Financial Assistance Policy as adopted by St. Mary's, balances financial assistance with broader fiscal responsibilities and provides requirements for financial assistance for physician, acute care and post-acute care health care services.

POLICY STATEMENT:

St. Mary's Financial Assistance Policy ("FAP") is designed to address the need for financial assistance and support to patients for all eligible services as provided under applicable state or federal law. Eligibility for financial assistance and support is determined on an individual basis using specific criteria and evaluated on an assessment of the patient's and/or family's health care needs, financial resources and obligations.

DEFINITIONS:

Application Period begins the day that care is provided and ends the later of 240 days after the first post-discharge billing statement is provided to the patient or either --

- i. the end of the 30 day period that patients who qualified for less than the most generous assistance available based upon presumptive support status or prior FAP eligibility are provided to apply for more generous assistance.
- ii. the deadline provided in a written notice after which ECAs may be initiated.

Amounts Generally Billed ("AGB") means the amounts generally billed for emergency or other medically necessary care to patients who have insurance covering such care. The St. Mary's AGB will be calculated utilizing the look back methodology of calculating the sum of paid Medicare claims divided by the total or "gross" charges for those claims annually using twelve months of paid claims with a 30 day lag from report date to the most recent discharge date.

Discounted care means a partial discount off the amount owed for patients that qualify under the FAP.

Emergency medical services are those needed for a condition that may be life threatening or the result of a serious injury and requiring immediate medical attention. This medical condition is generally governed by Emergency Medical Treatment and Active Labor Act (EMTALA).

Extraordinary Collection Actions ("ECA") include the following actions taken by St. Mary's (or a collection agent on their behalf):

- Deferring or denying, or requiring a payment before providing, medically necessary care because of a patient's nonpayment of one or more bills for previously provided care covered under the hospital facility's FAP. If St. Mary's requires payment before providing care to an individual with one or more outstanding bills, such a payment requirement will be presumed to be because of the individual's nonpayment of the outstanding bill(s) unless St. Mary's can demonstrate that it required the payment from the individual based on factors other than, and without regard to, his or her nonpayment of past bills.
- Reporting outstanding debts to Credit Bureaus.
- Pursuing legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).
- Placing liens on property of individuals.

Family (as defined by the U.S. Census Bureau) is a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility under the St. Mary's FAP.

Family Income - A person's Family Income includes the Income of all adult Family members in the household. For patients under 18 years of age, Family Income includes that of the parents and/or step-parents, or caretaker relatives' annual Income from the prior 12 month period or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate.

Financial assistance policy means a written policy and procedure that meets the requirements described in §1.501(r)-4(b).

Financial Assistance ("FA") application means the information and accompanying documentation that a patient submits to apply for financial assistance under St. Mary's FAP. St. Mary's may obtain information from an individual in writing or orally (or a combination of both).

Financial Support means support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Trinity Health who meet the eligibility criteria for such assistance.

Free Care means a full discount off the amount owed for patients that qualify under the FAP.

Income includes wages, salaries, salary and self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, alimony, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

Medical Necessity is defined as documented in Georgia's Medicaid Provider Manual.

Policy means a statement of high-level direction on matters of strategic importance to Trinity Health or a statement that further interprets Trinity Health's governing documents. System Policies may be either stand alone or Mirror Policies designated by the approving body.

Plain Language Summary of the FAP (*Exhibit 1*) means a written statement that notifies a patient that the hospital facility offers financial assistance under a FAP and provides the following additional information in language that is clear, concise, and easy to understand:

- A brief description of the eligibility requirements and assistance offered under the FAP.
- A brief summary of how to apply for assistance under the FAP.
- The direct Web site address (or URL) and physical locations where the patient can obtain copies of the FAP and FAP application form.
- Instructions on how the patient can obtain a free copy of the FAP and FAP application form by mail
- The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the FAP and provide assistance with the FAP application process
- A statement of the availability of translations of the FAP, FAP application form, and plain language summary of the FAP in other languages, if applicable.
- A statement that a FAP-eligible patient may not be charged more than AGB for emergency or other medically necessary care

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

Service Area is the list of zip codes comprising St. Mary's service market area constituting a "community of need" for primary health care services.

Standards or Guidelines mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which St. Mary's is the sole corporate member or sole shareholder.

Uninsured Patient means an individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance to cover all or part of the cost of care, including claims against third parties covered by insurance to which St. Mary's is subrogated, but only if payment is actually made by such insurance company.

Urgent (service level) are medical services needed for a condition that is not life threatening, but requiring timely medical services.

PROCEDURE:

1. Qualifying Criteria for Financial Assistance

1.1. Services eligible for Financial Support:

- 1.1.1. All medically necessary services, including medical and support services provided by St. Mary's will be eligible for Financial Support.
- 1.1.2. Emergency medical care services will be provided to all patients who present to St. Mary's emergency departments, regardless of the patient's ability to pay. Such medical care will continue until the patient's condition has been stabilized prior to any determination of payment arrangements.

1.2. Services not eligible for Financial Support:

- 1.2.1. Cosmetic services and other elective procedures and services which are not medically necessary.
- 1.2.2. Services not provided and billed by St. Mary's (*e.g.* independent physician services, private duty nursing, ambulance transport, etc.).
- 1.2.3. As provided in section II, St. Mary's will proactively help patients apply for public and private programs with on-site financial counselors. St. Mary's may deny Financial Support to those individuals who do not cooperate in applying for programs (*i.e.* Georgia Medicaid) that may pay for their health care services.
- 1.2.4. Services that are covered by an insurance program at another provider location but are not covered at St. Mary's after efforts are made to educate the patients on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.

1.3. Residency requirements

- 1.3.1. Financial Support will be provided to patients who reside within St. Mary's service area and who qualify under St. Mary's FAP.
- 1.3.2. St. Mary's service area includes the following counties: Clarke, Oconee, Jackson, Barrow, Walton, Morgan, Greene, Oglethorpe, Elbert, Madison, Banks, Franklin, Hart, Stephens, Putnam, Taliaferro and Hancock.
- 1.3.3. St. Mary's will provide Financial Support to patients from outside of our service areas who qualify under this FAP and who present with an urgent, emergent or life-threatening condition.
- 1.3.4. St. Mary's will provide Financial Support to patients identified as needing service by physician foreign mission programs conducted by active medical staff upon approval from St. Mary's Health Care System, Inc. President & CEO or designee.

1.4. Documentation for Establishing Income

- 1.4.1. The FAP Application (***Exhibit 2***) will be used to document the patient's financial status to determine eligibility for financial assistance.
 - 1.4.1.1. ***For Good Samaritan Hospital Only*** - For patients determined to be Greene County residents, please also see the Greene County Indigent Residents Policy.
- 1.4.2. Information provided to St. Mary's by the patient and/or Family should include earned income, including monthly gross wages, salary and self-employment income; unearned income including alimony, retirement benefits, dividends, interest and income from any other source; number of dependents in household; and other information requested on the FAP application to determine the patient's financial resources.

1.4.3. Supporting documents required to apply for financial assistance will be clearly listed on the FAP Application. St. Mary's will not deny Financial Support based on the omission of information or documentation that is not specifically required by the FAP or FAP application form.

1.4.4. St. Mary's will provide patients that submit an incomplete FAP application a written notice that describes the additional information and/or documentation that must be submitted within 30 days from the date of the written notice to complete the FAP application. The notice will provide contact information for questions regarding the missing information. St. Mary's may initiate ECAs if the patient does not submit the missing information and/or documentation within the 30 day resubmission period and it is at least 120 days from the date St. Mary's provided the first post-discharge billing statement for the care. St. Mary's must process the FAP application if the patient provides the missing information/or documentation during the 240-day application period (or, if later, within the 30-day resubmission period).

1.5. Consideration of Patient Assets

1.5.1. Some assets will be considered available for payment of medical expenses. Available eligible assets above \$5,000 will be counted as current year income in establishing the level of discount to be offered. The following assets are protected from being counted as income:

- Equity in primary residence, protecting 50% of the equity up to \$50,000;
- Business use vehicles;
- Tools or equipment used for business; reasonable equipment required to remain in business;
- Personal use property (clothing, household items, furniture);
- IRAs, 401K, cash value retirement plans;
- Financial awards received from non-medical catastrophic emergencies;
- Irrevocable trusts for burial purposes, prepaid funeral plans; and/or
- Federal/State administered college savings plans.

1.6. Presumptive Support

1.6.1. St. Mary's recognizes that not all patients are able to provide complete financial information. Therefore, approval for Financial Support may be determined based on limited available information. When such approval is granted it is classified as "Presumptive Support".

1.6.2. The predictive model is one of the reasonable efforts that will be used by St. Mary's to identify patients who may qualify for financial assistance prior to initiating collection actions, *i.e.* write-off of a patient account to bad debt and referral to collection agency. This predictive model enables St. Mary's to systematically identify financially needy patients.

1.6.3. Examples of presumptive cases include:

- Deceased patients with no known estate
- Homeless patients
- Unemployed patients
- Non-covered medically necessary services provided to patients qualifying for public assistance programs
- Patient bankruptcies
- Members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order

- 1.6.4. For patients who are non-responsive to the FAP application process, other sources of information, if available, should be used to make an individual assessment of financial need. This information will enable St. Mary's to make an informed decision on the financial need of non-responsive patients.
 - 1.6.5. For the purpose of helping financially needy patients, a third-party (Connance) is to conduct a review of patient information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable St. Mary's to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
 - 1.6.6. In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established timelines and be considered under the traditional financial assistance application process.
 - 1.6.7. Patient accounts granted presumptive support status will be adjusted using *Presumptive Financial Support* transaction codes at such time the account is deemed uncollectable and prior to referral to collection or write-off to bad debt. The discount granted will be classified as Financial Support. If the discount approved is 100% of the account balance, patient's account will not be sent to collection and will not be included in St. Mary's bad debt expense.
 - 1.6.8. St. Mary's will notify patients determined to be eligible for less than the most generous assistance available under the FAP that he or she may apply for more generous assistance available under the FAP within 30 days of the notice. The determination of a patient being eligible for less than the most generous assistance is based on presumptive support status or a prior FAP eligibility determination. Additionally, St. Mary's may initiate or resume ECAs if the patient does not apply for more generous assistance within 30 days of notification if it is at least 120 days from the date St. Mary's provided the first post-discharge billing statement for the care. St. Mary's will process any new FAP application that the patient submits by the end of the 240 day application period or, if later, by the end of the 30-day period given to apply for more generous assistance.
- 1.7. Timeline for Establishing Financial Eligibility
 - 1.7.1. Every effort should be made to determine a patient's eligibility for Financial Support prior to or at the time of admission or service. Financial Assistance Applications must be accepted any time during the application period. The application period begins the day that care is provided and ends 240 days after the first billing statement was submitted to the patient. Exceptions:
 - 1.7.1.1. Patients who have been approved for partial Financial Support discount have an additional thirty (30) days to apply for reconsideration to receive a 100% Financial Support discount
 - 1.7.1.2. Patients must receive written notice within 30 days before ECAs may be initiated.

St. Mary's may accept and process an individual's FAP application submitted outside of the application period on a case-by-case basis and as authorized by the Director of Patient Financial Services.

- 1.7.2. St. Mary's will refund any amount the patient has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible patient, unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin). The refunds of payments is only required for the episodes of care to which the FAP application applies.
 - 1.7.3. Determinations of Financial Support will be made after all efforts to qualify the patient for governmental financial assistance or other programs have been exhausted.
 - 1.7.4. St. Mary's will make every effort to make a Financial Support determination in a timely fashion. If other avenues of Financial Support are being pursued, St. Mary's will communicate with the patient regarding the process and expected timeline for determination and shall not attempt collection efforts while such determination is being made.
 - 1.7.5. Once qualification for Financial Support has been determined, St. Mary's will review any changes in a patients financial status at the time of each new service date. If improvements have occurred, patient must supply updated financial income records to continue eligibility for future visits. A full re-application is required to determine eligibility for each new calendar year.
- 1.8. Level of Financial Support
- 1.8.1. St. Mary's will follow the Income guidelines established below in evaluating a patient's eligibility for Financial Support. A percentage of the Federal Poverty Level (FPL) Guidelines, which are updated on an annual basis, are used for determining a patient's eligibility for Financial Support. However, other factors may also be considered such as the patient's financial status and/or ability to pay as determined through the assessment process.
 - 1.8.2. Family Income at or below 200% of the Federal Poverty Level Guidelines (**Exhibit 3**):
 - 1.8.2.1. A 100% discount off of total charges will be provided for Uninsured Patients whose Family's Income is at or below 200% of the most recent Federal Poverty Level Guidelines.
 - Indigent Care – 0-125%
 - Charity Care – 126-200%
 - 1.8.3. Family Income between 201% and 400% of the Federal Poverty Level Guidelines:
 - 1.8.3.1. A discount off of total charges equal to St. Mary's average acute care contractual adjustment for Medicare will be provided for acute care patients whose Family Income is between 201% and 400% of the Federal Poverty Level Guidelines.
 - 1.8.3.2. A discount off of total charges equal to St. Mary's physician contractual adjustment for Medicare will be provided for ambulatory location patients whose Family Income is between 201% and 400% of Federal Poverty Level Guidelines.
 - 1.8.3.3. St. Mary's acute and physician contractual adjustment amounts for Medicare will be calculated utilizing the look back methodology of calculating the sum of paid claims divided by the total or “gross” charges for those claims by the Trinity System Office or St. Mary's annually using twelve months of paid claims with a 30 day lag from report date to the most recent discharge date. For current year percentage and calculation detail, please see **Exhibit 4**.

- 1.8.4. Patients with Family Income up to 200% of the Federal Poverty Level Guidelines will be eligible for Financial Support for co-pay, deductible, and co-insurance amounts provided that contractual arrangements with the patient's insurer do not prohibit providing such assistance.
 - 1.8.5. Medically Indigent Support / Catastrophic: Financial support is also provided for medically indigent patients. Medical indigence occurs when a person is unable to pay some or all of their medical bills because their medical expenses exceed a certain percentage of their Family or household Income (for example, due to catastrophic costs or conditions), regardless of whether they have Income or assets that otherwise exceed the financial eligibility requirements for Free Care or Discounted Care under St. Mary's FAP. Catastrophic costs or conditions occur when there is a loss of employment, death of primary wage earner, excessive medical expenses or other unfortunate events. Medical indigence/catastrophic circumstances will be evaluated on a case-by-case basis that includes a review of the patient's Income, expenses and assets. If an insured patient claims catastrophic circumstances and applies for financial assistance, medical expenses for an episode of care that exceed 20% of Income will qualify the insured patient's co-pays and deductibles for catastrophic charity care assistance. Discounts for medically indigent care for the uninsured will not be less than St. Mary's average contractual adjustment amount for Medicare for the services provided or an amount to bring the patients catastrophic medical expense to Income ratio back to 20%. Medically indigent and catastrophic financial assistance will be approved by St. Mary's CFO and reported to the System Office Chief Financial Officer.
 - 1.8.6. While Financial Support should be made in accordance with St. Mary's established written criteria, it is recognized that occasionally there will be a need for granting additional Financial Support to patients based upon individual considerations. Such individual considerations will be approved by St. Mary's CFO and reported to the System Office Chief Financial Officer.
- 1.9. Accounting and Reporting for Financial Support
 - 1.9.1. In accordance with the Generally Accepted Accounting Principles, Financial Support provided by St. Mary's is recorded systematically and accurately in the financial statements as a deduction from revenue in the category "Charity Care". For the purposes of Community Benefit reporting, charity care is reported at estimated cost associated with the provision of "Charity Care" services in accordance with the Catholic Health Association.
 - 1.9.2. The following guidelines are provided for the financial statement recording of Financial Support:
 - 1.9.2.1. Financial Support provided to patients under the provisions of the "Financial Assistance Program", including the adjustment for amounts generally accepted as payment for patients with insurance, will be recorded under "Charity Care Allowance."
 - 1.9.2.2. Write-off of charges for patients who have not qualified for Financial Support under this Procedure and who do not pay for the services received will be recorded as "Bad Debt."
 - 1.9.2.3. Prompt pay discounts will be recorded under "Contractual Allowance."
 - 1.9.2.4. Accounts initially written-off to bad debt and subsequently returned from collection agencies where the patient is determined to have met the Financial Support criteria based on information obtained by the collection agency will be reclassified from "Bad Debt" to "Charity Care Allowance".

2. Assisting Patients Who May Qualify for Coverage

- 2.1. St. Mary's will make affirmative efforts to help patients apply for public and private programs (i.e. Medicaid, Disability, Victims of Crime, etc.) for which they may qualify and that may assist them in obtaining and paying for health care services. Premium assistance may also be granted on a discretionary basis according to Trinity Health's "Payment of QHP Premium and Patient Payables" procedure.

3. Effective Communications

- 3.1. St. Mary's will provide financial counseling to patients about their healthcare bills related to the services they receive and will make the availability of such counseling known.
- 3.2. St. Mary's will respond promptly and courteously to patients' questions about their bills and requests for financial assistance.
- 3.3. St. Mary's will utilize a billing process that is clear, concise, correct and patient friendly.
- 3.4. St. Mary's will make available information about charges for services in an understandable format.
- 3.5. St. Mary's will post signs and display brochures that provide basic information about the FAP in public locations including the emergency room, all patient registration areas, cashier's office and all waiting rooms.
- 3.6. St. Mary's will make available a paper copy of the Plain Language Summary (*Exhibit 1*) of the FAP to patients as part of the intake or discharge process.
- 3.7. St. Mary's will make the FAP, a plain language summary of the FAP and the FAP application form available to patients upon request, in public places, by mail and on the St. Mary's website.
- 3.8. There are many independent doctors and physician practice groups providing emergency or medical necessary care at St. Mary's facilities.
 - 3.8.1. See **Exhibit 5** for a current list of all providers who provide emergency or other medically necessary care in St. Mary's facilities and whether they are or are not covered by the FAP
 - 3.8.2. Upon approval of Financial Support, the patient must submit written confirmation of their approval for financial assistance to these doctors or physician practice groups for proper processing.
- 3.9. These documents will be made available in English and in the primary language of any population with limited proficiency in English that constitutes the lesser of the 1,000 individuals or 5 percent of the community served by St. Mary's.
- 3.10. St. Mary's will take measures to notify members of the community served by St. Mary's about the FAP. Such measures may include, for example, the distribution of information sheets summarizing the FAP to local public agencies and nonprofit organizations that address the health needs of the community's low income populations.
- 3.11. St. Mary's will include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance that includes the telephone number of the financial counseling department that can provide information about the FAP, the FAP application process and the direct Web site address (or URL) where copies of the FAP, FAP application form, and plain language summary of the FAP may be obtained.

- 3.12. St. Mary's will refrain from initiating ECA(s) until 120 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient. St. Mary's will also ensure all vendor contracts for business associates performing collection activity will contain a clause or clauses prohibiting ECA(s) until 120 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient.
- 3.13. St. Mary's will provide patients with a written notice that indicates financial assistance is available for eligible patients, identifies the ECA(s) that St. Mary's intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided. St. Mary's will include a plain language summary of the FAP with the written notice and make a reasonable effort to orally notify the patient about the FAP and about how the patient may obtain assistance with the FAP application process.
- 3.14. In the case of deferring or denying, or requiring a payment for providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the St. Mary's FAP, St. Mary's may notify the individual about its FAP less than 30 days before initiating the ECA. However, to avail itself of this exception, St. Mary's must satisfy several conditions. St. Mary's must:
 - 3.14.1.1. Provide the patient with an FAP application form (to ensure the patient may apply immediately, if necessary) and notify the patient in writing about the availability of financial assistance for eligible individuals and the deadline, if any, after which St. Mary's will no longer accept and process an FAP application submitted by the patient for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided. Thus, although the ECA involving deferral or denial of care may occur immediately after the requisite written (and oral) notice is provided, the patient must be afforded at least 30 days after the notice to submit an FAP application for the previously provided care.
 - 3.14.1.2. Notify the patient about the FAP by providing a plain-language summary of the FAP and by orally notifying the patient about St. Mary's FAP and about how the patient may obtain assistance with the FAP application process.
 - 3.14.1.3. Process the application on an expedited basis, to ensure that medically necessary care is not unnecessarily delayed if an application is submitted.
- 3.14.2. The modified reasonable efforts discussed above are not needed in the following cases:
 - 3.14.2.1. If 120 days have passed since the first post-discharge bill for the previously provided care and St. Mary's has already notified the patient about intended ECAs.
 - 3.14.2.2. If St. Mary's had already determined whether the patient was FAP-eligible for the previously provided care at issue based on a complete FAP application or had presumptively determined the patient was FAP-eligible for the previously provided care.
- 3.15. St. Mary's will provide written notification that nothing is owed if a patient is determined to be eligible for Free Care.

- 3.16. St. Mary's will provide patients that are determined to be eligible for assistance other than Free Care, with a billing statement that indicates the amount the patient owes for care as a FAP-eligible patient. The statement will also describe how that amount was determined or how the patient can get information regarding how the amount was determined.

4. Fair Billing and Collection Practices

- 4.1. St. Mary's will implement billing and collection practices for patient payment obligations that are fair, consistent and compliant with state and federal regulations.
- 4.2. St. Mary's will make available to all patients who qualify a short term interest free payment plan with defined payment time frames based on the outstanding account balance. St. Mary's will also offer a loan program through AccessOne for patients who qualify for long-term payment plans.
- 4.3. St. Mary's will have written procedures outlining when and under whose authority a patient debt is advanced for external collection activities that are consistent with this Procedure.
- 4.4. The following collection activities may be pursued by St. Mary's or by a collection agent on our behalf:
 - 4.4.1. Communicate with patients (call, written correspondence, fax, text, email, etc.) and their representatives in compliance with the Fair Debt Collections Act, clearly identifying St. Mary's. The patient communications will also comply with HIPAA privacy regulations.
 - 4.4.2. Solicit payment of the estimated patient payment obligation portion at the time of service in compliance with EMTALA regulations and state laws.
 - 4.4.3. Provide low-interest loan program for payment of outstanding debts for patients who have the ability to pay but cannot meet the short-term payment requirements.
 - 4.4.4. Report outstanding debts to Credit Bureaus only after all aspects of this Procedure have been applied and after reasonable collection efforts have been made in conformance with St. Mary's FAP.
 - 4.4.5. Pursue legal action for individuals who have the means to pay, but do not pay, or who are unwilling to pay. Legal action also may be pursued for the portion of the unpaid amount after application of St. Mary's FAP. An approval by the director of Patient Financial Services or their designee, must be obtained prior to commencing a legal proceeding or proceeding with a legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).
 - 4.4.6. Place liens on property will only be considered for individuals who have the means to pay, but do not pay, or who are unwilling to pay. Liens may be placed for the portion of the unpaid amount after application of St. Mary's FAP. Placement of a lien requires approval by the Director of Patient Financial Services. Liens on primary residence can only be exercised upon the sale of property and will protect certain asset value in the property. Trinity Health recommends protecting 50% of the equity up to \$50,000.

- 4.4.7. St. Mary's shall not pursue action against the debtor's person, such as arrest warrants or "body attachments." St. Mary's recognizes that a court of law may impose an arrest warrant or other similar action against a defendant for failure to comply with a court's order or for other violations of law related to a collection effort. While in extreme cases of willful avoidance and failure to pay a justly due amount when adequate resources are available to do so, a court order may be issued; in general, St. Mary's will first use its efforts to convince the public authorities not to take such an action and, if not successful, consider the appropriateness of ceasing the collection effort to avoid an action against the person of the debtor.
- 4.4.8. St. Mary's will take all reasonably available measures to reverse ECAs related to amounts no longer owed by FAP-eligible patients.
- 4.4.9. St. Mary's may have a System Office approved arrangement with a collection agency, provided that such agreement meets the following criteria:
 - 4.4.9.1. The agreement with a collection agency must be in writing;
 - 4.4.9.2. Neither St. Mary's nor the collection agency may at any time pursue action against the debtor's person, such as arrest warrants or "body attachments;"
 - 4.4.9.3. The agreement must define the standards and scope of practices to be used by outside collection agents acting on behalf of St. Mary's, all of which must be in compliance with this Procedure;
 - 4.4.9.4. No legal action may be undertaken by the collection agency without the prior written permission of St. Mary's;
 - 4.4.9.5. Trinity Health Legal Services must approve all terms and conditions of the engagement of attorneys to represent St. Mary's in collection of patient accounts;
 - 4.4.9.6. All decisions as to the manner in which the claim is to be handled by the attorney, whether suit is to be brought, whether the claim is to be compromised or settled, whether the claim is to be returned to St. Mary's, and any other matters related to resolution of the claim by the attorney shall be made by St. Mary's in consultation with Trinity Health Legal Services;
 - 4.4.9.7. Any request for legal action to collect a judgment (*i.e.*, lien, garnishment, debtor's exam) must be approved in writing and in advance with respect to each account by the appropriate authorized St. Mary's representative as detailed in section 4.4.5;
 - 4.4.9.8. St. Mary's must reserve the right to discontinue collection actions at any time with respect to any specific account; and
 - 4.4.9.9. The collection agency must agree to indemnify St. Mary's for any violation of the terms of its written agreement with St. Mary's.

5. Implementation of Accurate and Consistent Policies

- 5.1. Representatives of St. Mary's Patient Financial Services and Patient Access departments will educate staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections, physician offices) about billing, financial assistance, collection policies and practices, and treatment of all patients with dignity and respect regardless of their insurance status or their ability to pay for services.
- 5.2. St. Mary's will honor Financial Support commitments that were approved under previous financial assistance guidelines.

6. Other Discounts

- 6.1. Prompt Pay Discounts: St. Mary's will offer a prompt pay discount program which will be limited to balances equal to or greater than \$200.00 and will be no more than 20% of the balance due unless authorized by St. Mary's CFO or designee. The prompt pay discount is to be offered at the time of service and recorded as a contractual adjustment and cannot be recorded as charity care on the financial statements.
- 6.2. Self-Pay Discounts: St. Mary's will apply a standard self-pay discount off of charges for all registered self-pay patients that do not qualify for financial assistance (e.g., >400% of FPL) based on the highest commercial rate paid. For St. Mary's Medical Group the self-pay discount will be 50% of total charges.
- 6.3. Additional Discounts: Adjustments in excess of the percentage discounts described in this Procedure may be made on a case-by-case basis upon an evaluation of the collectability of the account. Discounts up to 35% require approval of the Director of Business Services. Discount above 35% require approval of the Vice President & CFO.

REFERENCES:

- St. Mary's Health Care System, Inc. "Financial Assistance to Patients" Policy (*Approved by St. Mary's Board of Directors on January 10, 2015*)
- Trinity Health Revenue Excellence Policy No. 1: "Financial Assistance to Patients" <http://intranet.trinity-health.org/web/policies-procedures/table-of-contents#finance>
- Trinity Health Revenue Excellence Policy No. 2: "Payment of QHP Premiums and Patient Payables" <http://intranet.trinity-health.org/web/policies-procedures/table-of-contents#finance>
- Patient Protection and Affordable Care Act: Statutory Section 501(r)
- Internal Revenue Service Schedule H (Form 990)
- Department of Treasury, Internal Revenue Service, Additional Requirements for Charitable Hospitals; Final Rule: Volume 79, No. 250, Part II, 26 CFR, Part 1
- St. Mary's EMTALA Policies
- St. Mary's Good Samaritan Hospital - Greene County Indigent Residents Policy.

Financial Assistance/Charity Care Plain Language Summary

In the spirit of our mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, St. Mary's is committed to providing healthcare services to all patients based on medical necessity.

For patients who require financial assistance or who are experiencing temporary financial hardship, St. Mary's offers several assistance and payment options, including charity and discounted care, short term and long term payment plans and online patient payment capabilities.

Uninsured Patients

St. Mary's extends discounts to all uninsured patients who receive medically necessary services. Uninsured discount amounts are based on Federal Poverty Level (FPL) guidelines. Patient statements will show the discount amount and the adjusted balance owed.

Services such as cosmetic procedures, hearing aids and eye care that normally are not covered by insurance are priced at packaged rates with no additional discount. All payments are expected at the time of service.

Short-Term and Long-Term Payment Plans

Patients who cannot pay some or all of their financial responsibility may qualify for short-term or long-term payment plans. St. Mary's short-term payment plan is interest-free and patient balances must be paid in full within ninety (90) days. Longer term payment plans are available through HealthFirst Financial Services for those patients who cannot pay their balances within ninety (90) days.

Financial Assistance/Charity Care Policy

A 100% discount for medically necessary services is available to patients who earn 200% or less of the Federal Poverty Level guidelines. Elective services such as cosmetic surgery are not included in our charity program. Uninsured individuals who earn between 200% and 400% of the Federal Poverty Level guidelines are eligible for a partial discount equal to the Medicare discount rate. Patients who qualify for financial assistance will not be charged more than the Medicare discount rate.

Patient copays and deductibles may be eligible for discounted rates if a patient qualifies for financial assistance and earns less than 200% of the Federal Poverty Level Guidelines.

Discounts are also available for those patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient's medical expenses for an episode of care exceed 20 of their annual income. In these cases, patient copays and deductibles may also be included in the discount.

Charity care discounts may be denied if patients are eligible for other funding sources such as Medicaid or a Health Insurance Exchange plan and refuse or are unwilling to apply for these sources.

Applying for Financial Assistance

To apply for financial assistance, please complete and submit the application found at www.stmarysathens.org/financial-assistance. A complete version of the St. Mary's Financial Assistance Policy is also available on this webpage.

Written copies of the application, plain language summary or the complete policy can also be obtained from a financial counselor at the hospital. Copies may also be requested by emailing: billing@stmarysathens.org, by mailing to the hospital addresses below or by calling (844) 853-7359. These documents are available in English or Spanish.

St. Mary's Hospital
Attn: Patient Access
1230 Baxter Street
Athens, GA 30606

Patient Financial Services

Financial counselors are available to work with patients in completing financial assistance applications to determine what assistance is available. This includes assessing eligibility for Medicaid and Health Insurance Exchange plans.

Patients may contact a financial counselor at the hospital who can assist in determining qualification for financial assistance by calling (844) 853-7359.

The Health Insurance Marketplace

The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance beginning January 1, 2014. It also gives millions of individuals with too little or no insurance, access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income. Open enrollment for the health insurance exchange marketplace begins in November. Please see a financial counselor at the facility where you receive care for more information.

Financial Assistance Application Form

To be considered for financial assistance you **must provide** the following documents*:

- A completed and signed Financial Assistance Application** (attached).
- Proof of Income:** (Please provide each of the following for all household members)
 - Federal Income Tax return(s) for your household for the most recent calendar year.
 - Bank Statements for all bank accounts for the last 2 months
 - Two (2) most recent pay stubs or a statement from your employer regarding your income.
 - If self-employed**, please provide a copy of your last quarter's Business Financial Statement along with the previous year's Business Tax Return.
 - If unemployed**, Wage Report/Unemployment statement showing denial or eligibility.
 - Written documentation of all forms of income. (i.e. trust funds, stock dividends, child support, alimony, social security, public assistance, food stamps, etc.)
 - If you have not had any income for the past three (3) months or there has been a recent change in your financial situation you **must** provide a statement or letter explaining your circumstances. If someone else is supporting you, they must sign the support statement on page 4 of the application.
- Identification:**
 - Two forms of identification (i.e. driver's license, government issued photo ID, social security card, birth certificate or pass-port.)
- Any other information that demonstrates financial hardship or need for financial assistance.** (i.e. public assistance award or denial letters, letters of support, bank statements, etc.)

* If, for any reason, you cannot provide us the information requested, please attach a written statement explaining why you cannot provide this information.

Send completed applications and documentation to:

St. Mary's Health Care System, Inc.
Attn: Patient Access
1230 Baxter Street
Athens, GA 30606

OR

FAX: 706-389-3151

Failure to submit all requested information may result in denial of your application. Applications should be returned within 14 days or requests may be denied.

Please note that if financial assistance is granted it will only cover your medical bills from our facility. It will not apply to the bills for other medical providers, hospitals or physicians unless they specifically agree to accept it. **PLEASE CONTACT THE OTHER MEDICAL PROVIDERS DIRECTLY TO INQUIRE ABOUT ASSISTANCE OPTIONS.**

When applying for financial assistance you are giving consent for us to make necessary inquiries to confirm financial obligations or references. If you have any questions, **please contact one of our financial counselors at 706-389-2020.**



A Member of Trinity Health

Financial Assistance Application

Patient Information

Date: _____

Acct Number(s): _____

Patient Name: _____ Date of Birth: _____ SS#: _____

Address: _____ County of Residence: _____

City: _____ State: _____ Zip: _____ Years/months at residence: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Household Details

Member Name	Age	Relationship	Employer	Annual Gross Income
		SELF		\$
				\$
				\$
				\$
				\$
				\$
				\$

Total Family Size: _____ Total Dependents: _____ Total Household Income: \$ _____

Screening Information:

- ❖ Do you currently have health insurance? (Y/N)____ If yes, please provide insurance info below:
 - Insurance Name: _____ Policy # _____
 - Group Name/Number: _____
- ❖ Have you had health insurance that has been terminated in the past 3 months? (Y/N)____ If yes, complete the following:
 - What type of insurance? (i.e. Medicaid, BCBS, Tricare, etc.) _____
 - Reason for insurance termination? _____
 - Did you apply for cobra insurance coverage? (Y/N) ____ If so, when? _____
 - Former Employer Name: _____
- ❖ Are you active duty or retired military? (Y/N)____ If so, are you eligible for VA Benefits? (Y/N)_____
- ❖ Have you applied for Medicaid or Disability? (Y/N)____ If yes, complete the following:
 - When? _____ Where? _____
 - Caseworker? _____
 - Has your household or income status changed since you last applied? (Y/N)_____
- ❖ Were you a victim of a crime? (Y/N)____ If yes, complete the following:
 - Have you filed a Police Report? (Y/N)____ (Must be filed within 72 hrs of incident)
 - Completed Victim of Crime application? (Y/N)_____
- ❖ If you have any other special circumstances which you would like us to consider when reviewing your application, please explain below:



A Member of Trinity Health

Financial Assessment

Account Number(s) _____

Patients Name _____ Date: _____

- ❖ Do you receive Social Security or SSI due to a disability? (Y/N) _____
- ❖ Has a doctor stated that you are or will be unable to work for 1 year or more? (Y/N) _____
- ❖ Are you the parent or legal guardian of a child under the age of 18 who lives in your home fulltime? (Y/N) _____
- ❖ Are you legally blind? (Y/N) _____ Are you pregnant? (Y/N) _____

Monthly Expenses

Rent/Mortgage \$ _____
 Utilities \$ _____
 Food \$ _____
 Cell Phone/Pager \$ _____
 Cable \$ _____
 Auto Loan \$ _____
 Auto Insurance \$ _____
 Loans \$ _____
 Child Support \$ _____
 Credit Cards (Min Payment) \$ _____
 Other \$ _____
 \$ _____

Assets

Checking Account(s) \$ _____
 Savings Account(s) \$ _____
 Other Cash Assets \$ _____
 Credit Cards (Available Credit) \$ _____

Monthly Gross Income

Employment Income \$ _____
 Spouse Income \$ _____
 Retirement Income \$ _____
 Food Stamps \$ _____
 Government Benefits \$ _____
 Child Support \$ _____
 Other \$ _____

Total Expenses \$ _____
TOTAL MONTHLY INCOME \$ _____
TOTAL MONTHLY EXPENSES \$ _____
AMOUNT AVAILABLE \$ _____

Total Income \$ _____

Patient/Guarantor Certification

I, _____, CERTIFY the information I have provided is true and accurate to the best of knowledge. I understand that if I do not cooperate with the hospital in supplying ANY additional requested information; my application may be denied for possible financial assistance. I understand that the information which I submit is subject to verification by the HOSPITAL, including credit reporting agencies, and subject to review by FEDERAL and/or STATE AGENCIES and others as required. I understand that this application pertains to hospital charges and not physician's charges. I understand that if any information I have given proves to be untrue, the HOSPITAL will re-evaluate my financial status and take whatever action becomes appropriate. I am also aware that I am only applying for the accounts specified above, and that my financial status will have to be reevaluated and may require a new application for any/all future treatment I receive at St. Mary's Health Care System, Inc.

 Patient/Guarantor Signature

 Date

For Office Use Only	
Recommendation: <input type="checkbox"/> Full Charity <input type="checkbox"/> Partial Charity: _____ % <input type="checkbox"/> Indigent <input type="checkbox"/> Denied: Reason _____	Reviewed/Approved by: _____ Date: _____



Additional Financial Documentation
(Only completed when applicable)

Account Number(s) _____
Patients Name _____ Date: _____

_____ **Support Statement:**

My signature will certify that I, _____, do provide all necessary essentials for living for the patient's behalf, and have done so for a period of _____ years / months.

Signature of Patient's Supporter Relation to Patient _____ Date _____

_____ **Homeless Affidavit**

I, (PRINT NAME) _____ hereby certify that I am homeless, have no permanent address, no job, savings, or assets and no income other than donations from others.

Signature _____ Date _____

_____ **No Changes to Financial Status since Previous Application for Assistance**

I, (PRINT NAME) _____ hereby certify there have been no changes to my (nor my spouse's) financial status since my previous application for financial assistance from St. Mary's which was completed on _____. Please select of the following options:

- I am still being supported by another. They do provide all necessary essentials for living for my behalf, and have done so for a period of _____ years/months.
- I am still homeless. I am homeless, have no permanent address, no job, savings, or assets and no income other than donations from others.
- There are no changes to my (or my spouse's) income or household size since my previous application.

Signature _____ Date _____

Exhibit 3

St. Mary's Financial Assistance Eligibility Matrix

Family Size	Income	HHS Poverty Guidelines Income	Indigent 0-125%	Charity 126-200%	Partial Charity 201%-400%
1	Annual	\$12,490	\$15,613	\$24,980	\$49,960
	Monthly	\$1,041	\$1,301	\$2,082	\$4,163
2	Annual	\$16,910	\$21,138	\$33,820	\$67,640
	Monthly	\$1,409	\$1,761	\$2,818	\$5,637
3	Annual	\$21,330	\$26,663	\$42,660	\$85,320
	Monthly	\$1,778	\$2,222	\$3,555	\$7,110
4	Annual	\$25,750	\$32,188	\$51,500	\$103,000
	Monthly	\$2,146	\$2,682	\$4,292	\$8,583
5	Annual	\$30,170	\$37,713	\$60,340	\$120,680
	Monthly	\$2,514	\$3,143	\$5,028	\$10,057
6	Annual	\$34,590	\$43,238	\$69,180	\$138,360
	Monthly	\$2,883	\$3,603	\$5,765	\$11,530
7	Annual	\$39,010	\$48,763	\$78,020	\$156,040
	Monthly	\$3,251	\$4,064	\$6,502	\$13,003
8	Annual	\$43,430	\$54,288	\$86,860	\$173,720
	Monthly	\$3,619	\$4,524	\$7,238	\$14,477

***For families/households with more than 8 persons add \$4,420 for each additional person.

Effective Feb 2, 2019

			St. Mary's Hospital & SMMG	Good Samaritan Hospital	St. Mary's Sacred Heart
FPL	0-125%	126-200%	201-400%	201-400%	201-400%
Inpatients	100% Indigent Care	100% Charity Care	70.9% Partial Charity	57.2% Partial Charity	55.5% Partial Charity
Outpatients	100% Indigent Care	100% Charity Care	83.1% Partial Charity	75.0% Partial Charity	81.1% Partial Charity

Exhibit 4

St. Mary's Health Care System, Inc. - Georgia
Amounts Generally Billed (AGB) Percentage & Calculations
Based on Paid Medicare Claims from 06/01/2018 to 05/31/2019

Facility	Inpatient/ Outpatient	Medicare Gross Charges	Medicare Contractual	Medicare Reimbursement	Medicare Payment Rate (Reimbursement/ Gross Charges)	Discount Rate (Gross Charges/ Contractual)
		A	B	C	D	E
St. Mary's Hospital	Inpatient	\$132,293,789	\$93,851,024	\$38,442,765	29.06%	70.9%
	Outpatient	\$82,926,091	\$68,919,287	\$14,006,804	16.89%	83.1%
St. Mary's Sacred Heart Hospital	Inpatient	16,919,817	\$9,397,534	7,522,283	44.46%	55.5%
	Outpatient	\$15,608,269	\$12,663,426	\$2,944,843	18.87%	81.1%
Good Samaritan Hospital	Inpatient	\$9,403,031	\$5,375,355	\$4,027,676	42.83%	57.2%
	Outpatient	\$17,400,798	\$13,049,646	\$4,351,152	25.01%	75.0%
				Formula to calculate	D = C / A	E = 100% - D

Exhibit 5

Providers Providing Care at St. Mary's facilities

Providers covered under this financial assistance policy:

Anesthesia Consultants of Athens, LLP
Athens General & Colorectal Surgeons, P.C.
Athens Hospitalist Services, PC
Athens Internal Medicine Associates
Athens Radiology Associates, PC
Athens-Clarke Emergency Specialists, LLP
Classic City Anesthesia
Clear Creek OB/GYN
Cobb Enterprises LLC
Community Internal Medicine of Athens
Endocrine Specialists of Athens
Georgia Family Medicine
Georgia Neurological Surgery & Comprehensive Spine
Hometown Pediatrics
Hospitalist Medicine Physicians of Georgia
Infectious Disease Specialist of Athens
Johnson & Murthy Family Practice
Lavonia Emergency Group
Lavonia Physician Services
Lighthouse Family Practice
Middle Georgia Medical Associates
OBHG Georgia, PC (OB Hospitalist Group)
Oconee Heart and Vascular Center
Pathology & Laboratory Consultants of Athens, LLC
Rheumatology Center of Athens
Sound Physicians
St. Mary's Family Medicine
St. Mary's Industrial Medicine
St. Mary's Internal Medicine Associates
St. Mary's Medical Group, Inc.
St. Mary's Neurological Specialists
St. Mary's Palliative Care
Tendercare Clinic, Inc.
US Anesthesia, Inc.
Victor A. Morales, M.D.

Providers NOT covered under the St. Mary's Financial Assistance Policy:

AA Pain Management
Allergy Partners of Georgia
American Professional Associates
Ancora Pain Recovery
Arthritis Center of North Georgia, LLC
Ashford Clinic, LLC
Ashford Pain Solutions
Associate Nephrology of Northeast Georgia
Athena Medical Clinic
Athens Adult & Pediatric Medicine
Athens Area Surgical Associates
Athens Area Urology, P.C.
Athens Bone & Joint, P.C.
Athens Brain and Spine
Athens Digestive Healthcare Associates
Athens Eye Associates, PC
Athens Eye Doctors & Surgeons, LLC
Athens Gastroenterology Association, PC
Athens Gastroenterology Center, P.C.
Athens Geriatrics & Internal Medicine PC
Athens Healthcare for Women
Athens Heart Center
Athens Maternal-Fetal Medicine, P.C.
Athens Medical & Rehabilitative Services
Athens Nephrology Associates, P.A.
Athens Neurological Associates, P.C.
Athens OB/GYN, P.C.
Athens Orthopedic Clinic P.A.
Athens Plastic Surgery Center, P.C.
Athens Podiatry, PC
Athens Pulmonary & Allergy, PC
Athens Regional Specialty Services
Athens Retina Center, PC
Athens Spine Center, PC
Athens Vascular Surgery P.C.
Athens Vein & Thoracic Specialists
Augusta University - Physicians
Boulevard Family Practice
Cardiology Care Clinic
Carl Zooberg, MD, PC
Child & Adolescent Medical Providers
Children's Ctr for Digestive Healthcare
Children's Healthcare of Atlanta
Clinton B. Ashford, M.D.
Comprehensive Quality Healthcare Provider
Cowles Clinic Radiology
DaVinci Foot and Ankle
Daws Wellness Center
Dennis G. Bullock, M.D.
Dermatology of Athens, P.C.
DMC Surgical Associates
Dr. Melissa Martin and Dr. Jeanne Martin
Drs. Baker & Nelson
E. Jayni Bradley, D.M.D.
Ear, Nose & Throat Specialists, LLC
East Atlanta Gastroenterology Associates
Elbert County Internal Medicine, LLC
Ellis Pain Center
Emory Children's Center
Emory Healthcare Physicians
Emory Heart Center
ENT of Athens
Eric Silver, M.D.
Family Footcare Center
Family Med Associates of Lake Oconee PC
Family Orthopedics, PC
Five County Foot Care
Gainesville Urology, PC
Georgia Breast Surgery
Georgia Cancer Specialists
Georgia Center for Sight
Georgia Ctr for Total Cancer Care at Cowles Clinic
Georgia Kidney Consultants
Georgia Plastic Surgery & Recon Care, P.C.
Georgia Renal Associates, P.C.
Georgia Skin Cancer & Aesthetic Dermatology
Global Wound Care
Gumucio Plastic Surgery
Gynecologic Oncology Specialists of Atlanta
Hill Medical Group, PC
Hurteau Plastic Surgery
Jackson & Coker Locums Contractor
Jefferson Pediatrics
John F. Elder, M.D.
John R. Simpson, M.D.
Jonathan Merrill, MD
Joy Chastain, M.D.
Karen Maffei, M.D.

- *Continued – Providers not covered*

Karen S Eschedor Family Care
Kaushik S. Shah, M.D.
Kidney Clinic of Athens
Lake Oconee Pediatrics
McDonald and Manus, LLP
Medical College of Georgia
Medlink Georgia
Mostafa Niknafs, DPM
NE Georgia Surgical Consultants, PC
Nephrology Associates, PC
Neuro Behavioral Health Associates, LLC
New Focus Addiction & Behavioral Health
North Georgia Nephrology Consultants
Northeast Georgia Physician Group
Oconee Foot & Ankle Center
Oconee Medical Group
Oconee Nephrology Associates
Oconee Women's Health
Parker Plastic Surgery
Pediatric Partners, LLC
Piedmont Heart Institute
Piedmont Physician Group
Plastic Surgery of Athens
Prime Time Pediatrics
Rajiv D. Desai, M.D.
Reach Neurology Program
Real Time Neuromonitoring Associates of
California, PC
Reddy & Associates, LLC
Robert F. Gomez, M.D., P.C.
Sholes Center for Womens Health
Shumacher Group
Sibley Heart Center Cardiology
Southeastern Lung Care
Specialty Care
Spivey Medical
St. Mary's Center for Wound Healing
Stephen Lober Plastic Surgery, PC
Stephens County Hospital Physicians Group
Surgical Associates of Atlanta, PC
Susan L. Jones, MD, LLC
Telemedx
The Family Footcare Center
The Food and Ankle Treatment Center
The Heart Center of Northeast Georgia Medical Ctr
The Heart Center, LLC
The Moore Center for Plastic Surgery
The Urology Clinic, P.C.
Thomson Orthopedics & Sports Medicine
Thoracic & Vascular Surgery, PC
Toccoa Clinic Medical Associates
Tru Plastics
UGA Medical Partnership
University Cancer & Blood Center, LLC
University Surgical Vascular
Urology Group of Athens, P.C.
Victor A. Crosby, M.D.
Village Podiatry Group
Vision Radiology
Women's Care GA
Women's Center of Athens
Women's Healthcare Associates