 <p><b>Jackson Hospital</b>  <i>Growing a Healthier Community.</i>  4250 Hospital Drive  Marianna, FL 32446  (850) 526-2200</p>	<b>Subject: FINANCIAL POLICY</b>	Access: Policy Manager Folder:
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**STATEMENT OF PURPOSE;**

To ensure that Jackson Hospital (JH) and ER Physicians Group At Jackson Hospital (ERP Group) has financial stability and can meet its mission and continue to provide medical services to the community and region, the following policies will be enforced:

**POLICIES**

**Non-discrimination of Services**

Emergent medical services will be provided regardless of patient’s ability to pay.

**Payment Responsibility**


Jackson Hospital and ER Physicians Group At Jackson Hospital expects payment at time of service. Generally, JH and ERP Group will ask for unmet deductibles and estimated out-of-pocket co-payment amounts that the patient or patient’s guarantor will owe. JH and ERP Group may also ask the patient to settle any outstanding accounts. JH’s Patient Financial Services Department and ERP Group will bill adequate, verified, insurance plans for its patients *if* the patient provides the required insurance information within timely filing requirements and signs an assignment of benefits statement. The patient or legal representative is ultimately responsible for all charges incurred. All estimated deductibles and co-insurance amounts will be requested at time of service by means of cash, check, bank draft or credit card. Extended payment arrangements for patients requiring extra time to resolve self-pay portions must be established at time of service and meet established payment plans as set in current policy.

**Payment Agreements**

When a balance due cannot be paid at the time of service a payment agreement will be required in order to approve payment arrangements. Payment arrangements in general should not extend beyond a 6-month time frame; however, JH and ERP Group will make exceptions when the amounts due are too large to be met when considering the patient’s ability to meet the obligation.

**Emergency Services**

Medical services will be provided regardless of the patient’s ability to pay; however, Jackson Hospital and ER Physicians Group At Jackson Hospital shall pursue financial arrangements with the family or patient once the Emergency condition has passed and before the patient is discharged.

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**Uninsured Patients/Non-Covered Services**

Payments for all charges, which are not covered by insurance, are due and payable at the time of services or upon discharge. If necessary, suitable payment plans may be established. Payment in full may be required for services that are elective in nature or are not emergent. In the event patients are unable to pay, JH and ERP Group will work with the patient to determine if they are eligible for government assisted programs or if they qualify for charity care.

**Preadmission Program**

- Preadmission information may be requested prior to scheduled admissions and outpatient service
- Patients may be requested or required to make payment of the anticipated charges for elective, uninsured services *prior to* the date services are to be rendered.

**Inpatient Visits**

If adequate financial arrangements were not made at time of admission, the Patient Financial Services staff will visit the patient or family prior to discharge for payment resolution.

**Verification of Information**


All information given regarding the ability to pay, third-party insurance, employment, etc. will be subject to verification including credit worthiness.

**Unpaid Insurance Balances**

Patients may be requested to make full payment of unpaid balances when insurance payments are not received within 60 days from date of billing.

**Third-Party Litigation**

Jackson Hospital and ER Physicians Group At Jackson Hospital may place a hospital lien on a patient’s third party liability claim with the exception of *verified* Worker’s Compensation Claims, and in States where “No Fault” automobile insurance prevails. Medicare Secondary Payor (MSP) requirements will be followed as outlined in the Medicare Billing section of Publication 10. State requirements regarding Medical Assistance will be followed.

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**Prior Unpaid Accounts**

Prior to providing elective and/or any non-emergency services, the Hospital and/or ER Physicians Group At Jackson Hospital will request and receive the payment of prior outstanding accounts, including bad debts, or have specific payment arrangements approved by the Patient Financial Services Office. If arrangements cannot be established with patient, after discussion with physician, the services may not be rendered until satisfactory payment agreement can be established.

**Management of Self-Pay Accounts**

Accounts which cannot be collected by Jackson Hospital and ER Physicians Group At Jackson Hospital after normal in-house collection procedures may be referred to a collection agency, magistrate or attorney for further collection action at the discretion of the Director of Patient Financial Services or designee

**Legal action**

If deemed appropriate by the Chief Financial Officer and/or the Director of Patient Financial Services, Jackson Hospital may take legal action, including garnishment of wages or the execution of a lien on personal property, in order to collect balances owed. JH and ERP Group will not force a sale, attempt repossession or take other proactive measures when a property lien is employed.


**Third-Party Audits**

Jackson Hospital and ER Physicians Group At Jackson Hospital recognizes the need for audits of insurance claims by insurance companies or their contracted audit firms. The hospital and ER Physicians Group At Jackson Hospital will cooperate in making available required information, but will require all audits be done on site and that the insurance company pay 95% of the estimated insurance liability due before any audit is done.

**Discounts**

**For Insured Patients:**

If you have insurance such as Medicare, Medicaid, Blue Cross, United Healthcare or other insurance plan where JH and ERP Group is a participant, your bill has already been discounted. Rates have been pre-negotiated with your insurer so the discount has already benefited the patient in the form of lower insurance rates than would have otherwise been required.

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**For Uninsured Patients:**


Jackson Hospital and ER Physicians Group At Jackson Hospital realizes that there are a large number of uninsured in the community that can not obtain health insurance or have chosen to not to obtain health insurance. So that these individuals can receive a discount similar to JH's and ERP Group's major private insurance companies, we offer the following discounts:

**INCOME/NET WORTH CATEGORIES**

- CATEGORY A Income Greater Than \$30,000 Net Worth Greater Than \$10,000
- CATEGORY B - Income Less Than \$29,999 Net Worth Less Than \$9,999
- CATEGORY C - No Income/Net Worth Data Returned

**CAPACITY TO PAY CATEGORY/PATIENT TYPE PROMPT PAYMENT DISCOUNT  
PAYMENT TERM DISCOUNT DEPOSIT REQUIRED**

Capacity to Pay Category/Patient Type	Prompt Payment Discount	Payment Terms Discount	Deposit Required
A - IP, OBS, OPS, OB	50%	30%	30%
A - ER, OP TESTING, CLINIC	50%	30%	50%
B - IP, OBS, OPS, OB	60%	40%	40%
B - ER, OP TESTING, CLINIC	60%	40%	60%
C - IP, OBS, OPS, OB	75%	50%	50%
C - ER, OP TESTING, CLINIC	75%	50%	75%

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### Charity Allowances

Jackson Hospital and ER Physicians Group At Jackson Hospital has a charity program for patients who are at or near poverty income guidelines established by the government.

Patients that meet income guidelines and reside in the hospital's primary or secondary service areas may be eligible for Charity care. Any medically necessary service may be covered by charity allowances if the patient is deemed eligible for the program.

Generally, JH and ERP Group has the philosophy that everyone who uses the services of the hospital and/or clinics should contribute something to the cost of their care. Substantial charity allowances are provided however in accordance with the charity policy. Because eligibility for charity must be verified and other sources of payment investigated, this involves substantial verification efforts by the JH and ERP Group staff. It is the patient's responsibility to make a charity application and to cooperate with JH and ERP Group in making any effort to qualify for other possible reimbursement avenues such as Medicaid before charity allowances are approved. For those patients who have Medicaid, indigent criteria have been met and any charges for exhausted days or visits may be taken to the Charity Allowance without completion of a Charity Application.

Medically Necessary Service - The following are decision-making guidelines to assist in the determination of what constitutes medically necessary services:


- Emergency medical services provided in an emergency room setting
- Services for a condition which, if not treated on a timely basis, would lead to an adverse change in the health status of an individual.
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.

### Refunds

Overpayments will be refunded to the appropriate party – normally the insurance company or guarantor. Patients' refunds *will not* be processed until all active or past due accounts are paid in full. Refunds, less than the hospital's small balance write-off allowance, will not be processed unless specifically requested by the patient/guarantor or insurance company.

### Small Balance

It is the policy of Jackson Hospital and ER Physicians Group At Jackson Hospital that all accounts with a balance of \$9.99 through a credit of \$9.99 will not be billed to the patient and will be adjusted off each patient's account monthly.

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**Payment Guidelines**

The hospital and ER Physicians Group At Jackson Hospital may use poverty guideline percentages to set payment guidelines according to balance due, amount paid at time of service, and/or any discounts given. Patient Financial Services and Physician Practice Billing employees have the authority to arrange terms for a six month period. If, for any reason a patient cannot pay within the six month time, the patient will be referred to a Financial Counselor who has the authority to set arrangements up to twelve months. Only the Director of Patient Financial Services or Physician Practice Manager will have the authority to set limits beyond twelve months.