

**UNIVERSITY HOSPITAL  
POLICY HANDBOOK**

Policy No. G-134  
Approval \_\_\_\_\_  
Effective 6/04  
Revised 6/10 R;  
10/11 R;  
11/13 R;  
11/15R

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**POLICY TITLE: CATASTROPHIC INDIGENT/CHARITY CARE**

**POLICY PURPOSE:** To ensure that patients, when identified as not meeting Indigent/Charity Care Guidelines (Policy G-130) but still unable to pay their non-elective hospital bills are appropriately able to benefit from UH's Indigent/Charity Care program. And to write off as indigent and charity care the portion of non-insured patients' Hospital bills which have been determined as Indigent/Charity care by applying the Patient Protection & Affordable Care Act.

**POLICY**

University Health Services, Inc (UHS) shall establish a standard to determine the financial status of its patients for the purposes of identifying those in need of Catastrophic Indigent/Charity Care. This determination is done with respect to hospital charges **ONLY and patient liability only**. This program may benefit all patients meeting the guidelines and is operated at the sole discretion of the Hospital. The Chief Executive Officer or his/her appointed staff makes the final determination to decline further eligibility terminating this policy in its entirety or may terminate only selected procedures.

Determination of credits to be applied under this policy will be consistent with fiscally responsible administration of Business Office accounts management and are the responsibility of the Director of Patient Financial Services and/or the Director of Collections.

No individual shall be denied a medically essential service based solely upon lack of ability to pay for services. All policies shall be implemented in accordance with all EMTALA and ICTF rules and regulations, as well as, any other federal or state law, rule or regulation as it relates to the delivery of health care services, as they currently exist and any future changes or amendments to these rules and regulations. Individuals shall be accorded impartial determinations regardless of race, creed, sex, national origin, handicap, or age.

**PROCEDURE**

1. In the event a patient is deceased and the Business Office has determined through University Health Services Collection Service that there is no estate or assets available, the account will then be handled through UHCS Catastrophic Indigent/Charity. A family member may supply this facility with a copy of the death certificate or documentation of death and no application process is necessary. If it has been determined that there is no family available to present a death certificate and the patient expires in this facility, UHCS can use the information provided by the hospital's information system or medical information services documenting expiration.
2. In the event a patient has filed or files for Bankruptcy no application process is necessary. This account may be handled through UHCS Catastrophic Indigent/Charity on the basis of information available to the Director of Collections.
3. If a patient is covered by Medicaid but Medicaid does not reimburse for the service then the patient's charges (does not include Medicaid allowances) will be included in the Catastrophic Indigent/Charity Care Policy without further application process.
4. If a patient has been approved for Cancer State Aid and/or Vocational Rehabilitation through the DHR program, charges will be written off under the Catastrophic Indigent/Charity Care Policy. (Cancer State Aid and Vocational Rehab payments will be credited to Catastrophic Indigent/Charity Care Policy by Patient Financial Accounts when received).
5. If a patient is covered by Project Access then charges will be included as Catastrophic Indigent/Charity Care.
6. Patients whose hospital Patient liability exceeds \$5,000 and the patient's income is at or below 400% of the Federal Poverty Guidelines may have 25% of Patient liability classified as Catastrophic Indigent/Charity Care. Before the patient is deemed charity under this section, the patient will be required to submit proper documentation to determine Family size and income. The Billing Office will make reasonable attempts to collect the 75% remaining debt. A particular account is eligible for this discount only one time. Multiple accounts which have not received this discount may be aggregated to reach the \$5,000 threshold.
7. Non-insured (Self-pay) patients will be eligible for the Hospital's "Self-pay Discount" as defined in the Patient Protection & Affordable Care Act further defined by the IRS Form 990 Schedule H Part V. The inclusion of this "write-off" as Catastrophic coverage is based on the Federal Acts denoting the Hospital's patient population without insurance (Self-pay) can not afford to pay for these hospital charges nor can the hospital seek payment on these charges. The "Self-pay Discount" will be determined and updated on April 1<sup>st</sup> of each year. The "Self-Pay Discount" percentage will be **calculated using the "Look Back method"** as the **unweighted average amount the hospital expects to be paid by insurance companies and traditional medicare for both inpatient & outpatient**. Note: Self-pay patients who comply and are eligible for ICCP (Policy G-130) may have the "Self-pay" discount reversed and ICCP discount applied. **For explanations of Charity Care/Selfpay Discount calculations see Policy G-130 Section C Part I (f) for details on where to request data.**

8. In accordance with the HIPAA Privacy Rule requirements and Procedures, University Hospital agrees to allow patients the right to elect to have their services billed to their insurance plan. If a patient chooses not to allow the hospital to submit patient's claim(s) to the health plan then:
  - (a) Patient does not qualify for any ICCP program (See Policy G-130)
  - (b) Patients will qualify for the Self-pay discount as described above in paragraph 7.
  - (c) Patients are not eligible for payment plan
  - (d) Patients must pay the estimated charges less Self-pay Discount for services to be received prior to the service being rendered. After procedure completed, patient will be balanced bill for any discrepancy between actual charges and estimated charges (Self-pay Discount will also apply to the additional charges)---patient must pay this amount in 10 days after billing date. If patient does not pay balance within 10 days, Hospital reserves the right to bill insurance plan for balance and patient will forgo any future consideration to elect not to bill Health plan.
9. Patients who have not been approved for University Hospital's Indigent/Charity Care (Policy G-130); and have self reported family income and size; will be reviewed by University's Patient Accounting department to determine if patient is at or under 200% of the Federal Poverty Guidelines. If Patient is equal to or under 200% of Federal Poverty Guidelines, then Patient liability may be deemed non-collectible at end of the billing cycle and may be classified as catastrophic.
10. University Hospital will attempt to bill all patients except Bankruptcy filings through the normal hospital billing cycle. Accounts not successfully collected will be referred to the hospital's collection department whereby accounts will be pursued through delinquent collection protocol. Accounts deemed non-collectible by the Director of Collections after application of the delinquent collection protocol will then be reviewed for possible Catastrophic Indigent/Charity considerations.
11. University Hospital agrees to accept the Indigent/Charity Care determination made by the Surgical Center in Columbia County (SCCC) for Lab Specimens sent to UH Laboratory for processing as a University Hospital Indigent patient. The SCCC will notify UH that the patient is Indigent/Charity with the Lab Specimen; UH will identify the patient as Patient Type "R" and "R01" financial insurance code during registration of Lab specimen. UH will not bill the patient nor SCCC for lab services performed by UH Laboratory for SCCC wherein the patient has been screened and determined Indigent by SCCC. (Note: It is the responsibility of SCCC to maintain indigent screening and determination records for State and Federal Audits for these patients.)
12. **RCA and MIC denials may also be considered for Catastrophic Charity Coverage.**
13. **For Self-Pay Patients that reside outside of the state of Georgia Borders who have been processed by the EES system or have provided additional documentation as outlined in**

**Policy G-130 and have been determined to be indigent or who have provided the additional documentation and been determined to be indigent may be granted ICCP for up to one (1) year.**