

**UNIVERSITY HOSPITAL
POLICY HANDBOOK**

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Approval:	
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Attachments:	None

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 make 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 Emergency Medical Treatment and Labor Act (EMTALA) and Indigent Care Trust Fund (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 determination regardless of race, creed, sex, national origin, handicap, or age.

Physician’s practicing at the Hospital have not agreed to this financial assistance policy. A listing of all Physicians who practice at the hospital is provided in Appendix A—Physician Listing

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 may be handled through UHS 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, UHS 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 UHS 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 provided then the patient's charges may be included in the Catastrophic Indigent/Charity Care Policy without further application process. The Medicaid patient deductible/coinsurance may also be included as charity care regardless of Medicaid or other insurance coverage.
4. If a patient has been approved for Cancer State Aid and/or Vocational Rehabilitation through the Department of Human Resource (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. If insured patient's self-pay portion of bill plus the Insurance payment is more than the Commercial/HMO average expected payment amount (HMO AEP); the Billing/Collections Department may review account for Catastrophic Indigent Care (CIC) write-off. The average expected HMO payment amount (HMO AEP) will be calculated using the Decision Support system and be updated at least once annually on or before April 1st of each year and be effective as of April 1st. Note: If Insurance payment is greater than HMO AEP then CIC write off may not be more than the Gross Charges less Insurance payment. The Hospital may ask for a deductible/coinsurance payment up to \$500 unless patient can show they are at or below 400% of Federal Poverty Guidelines. During review patient may be requested to complete a Financial Assistance Application and supporting documentation. *The "HMO AEP" percentage will be calculated using the "Look Back Method" as the un-weighted average amount the hospital expects to be paid by insurance companies for both inpatient & outpatient.*

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) cannot afford to pay for gross hospital charges nor can the hospital seek payment on gross charges. The "Self-pay Discount" will be determined and updated no later than April 1st of each year. The "Self-Pay Discount" percentage will be calculated using the "Look Back Method" as the un-weighted 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/Self-pay 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 not 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 is completed, patient will be balance billed 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.
If above conditions are not met, then patient forfeits right not to bill insurance and UH may bill and collect amount from patient's insurance.
 - E. Patient may not elect at a future date to retroactively reverse a self-pay claim and bill their insurance.
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 hospitals collection department whereby accounts will be pursued through delinquent collection protocol. Accounts deemed non-collectable by the Director of Collections

after application of the delinquent collection protocol will then be reviewed for possible Catastrophic Indigent/Charity considerations. If patient is determined to be indigent/charity care by the Director of Collections/Director of Patient Accounts then patient's account will be written off to charity care account.

11. Medicare Recovery Audit Contractors and Medicaid Integrity Contractors denials may also be considered for Catastrophic Charity Coverage.
12. 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 may be granted ICCP for up to one (1) year.
13. If patient subscribes to the Health Exchange and University is considered out of network or the Health Exchange does not cover the service, or UH Collections Director deems the patient unable to pay the deductible/coinsurance, UH may treat patient as uninsured and extend Self-Pay Discount and/or charity care up to the gross charge amount.
14. Patients seeking assistance through the Supplemental Security Income program (SSI) may have their claim discounted at the Medicaid rate. If SSI is denied, the claim may be applied to the Catastrophic Charity Coverage.
15. During a Public Health Emergency and at the direction of the Chief Financial Officer, University will establish a unique Patient Accounting Adjustment Code/Financial Code for Disaster write-offs to be used when patients are not able to pay or insurance will not pay all or partial healthcare charges. These residual Self-pay Disaster Balances will be written off to the Disaster Code at the discretion of the Director of Patient Financial Accounting; Director of Collections, Director of Revenue Cycle, VP Finance or CFO.