

UNIVERSITY HOSPITAL McDUFFIE
Thomson, Georgia

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Approval _____
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POLICY TITLE: **INDIGENT CARE (ICCP)**

POLICY PURPOSE: To outline the following:

- A. The Hospital Policy Related to Public Service & Emergency Care
- B. Financial Assistance Policy (FAP)
- C. Financial eligibility requirements, Application Process and Publicizing Policy
- D. Amounts Generally Billed (AGB)
- E. Ethical and Fair Billing Practices
- F. Indigent Appeals
- G. Use of Patient Data

POLICY

It shall be the policy of University Hospital McDuffie (UHM) to establish a standard to determine the financial status of its patients for the purposes of identifying those in need of Indigent/Charity Care (ICCP). This determination is done with respect to hospital charges **ONLY**. This program will benefit all US citizens who are Georgia resident patients with income levels of 0% up to 200% of the Federal Poverty Guidelines (FPG) with no other third party payor source. ICCP determination may be accomplished through an electronic financial eligibility/predictability system (EES). EPIC Hospital Billing Payment History System (PHS), patient's self-declaration, and/or Financial Assistance Application (FA). The ICCP determination may be effective for one (1) year. If approved for ICCP all (100%) hospital facility charges may be recognized as indigent with no expected patient payment. If patient chooses to assist with his/her bill by paying the copayment then the patient payment will reduce the amount the hospital recognizes as indigent care. In order for a patient to be considered for the financial assistance program, the patient should first applied for all other appropriate local, State or Federal programs. Hospital Policy 8310-124 Catastrophic Indigent/Charity Policy provides coverage for partial discounted services.

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. This policy will be made available upon request in English unless requested in Spanish. Individuals shall be accorded impartial determinations 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

All patients who seek or receive reduced cost of care give consent to use Personal Health Information data as well as financial data for consideration of assistance with the cost of their health care. The consent allows UHM to submit data requested by the Department of Community Health (DCH) to meet requirements for Disproportionate Share and Upper Payment Limit calculations.

A. HOSPITAL POLICY RELATED TO PUBLIC SERVICE & EMERGENCY CARE

1. UHM is a public hospital committed to public service. No one seeking emergency or medically necessary services, including labor, will be turned away because of his/her inability to pay.
2. UHM will make the decision on the most cost-effective method of service that is appropriate for those who are unable to pay. If follow-up visits have been established with one of the Primary Care Clinics and patients do not keep appointments then patient may forfeit their ICCP designation.
3. UHM will participate as a hospital provider for Medicare and Medicaid Programs. University employees will be available during normal business hours on Monday through Friday (except Holidays or extraneous circumstances) to assist individuals in determining eligibility for third-party programs. The unavailability of all or other means of meaningful compensation must be determined before indigent services can be considered.
4. UHM must seek collections from all individuals with the ability to pay for hospital services. University will also seek collections on indigent patients that receive or would be eligible to receive third-party payments where proper credit to those funds is not attained due to the patient's failure to cooperate with the hospital or failure to cooperate with the third party programs in determining patient's eligibility for these third party programs.
5. As stated above, no one seeking emergency or medically necessary services from UHM will be turned away because of their inability to pay for services. While the

indigent care program described herein is primarily structured to benefit residents of Georgia, all patients presenting to the Emergency Department will be treated according to their individual needs and assessed as to their ability to pay for services, including eligibility for third-party programs. Prior to indigent screening patients eligible for financial assistance will not be billed more than the amount generally billed for patients with insurance.

6. University's Patient Financial Services Department will keep a record of all amounts written off to Indigent Care. Once the obligation (85% of the Trust Fund payment less adjustments minus the amount transferred or deposited to the Trust Fund by or on behalf of the hospital, at a cost to charge ratio of 65%) has been met within the fiscal year, UHS may decline further eligibility under the Indigent Care Trust Fund for the remainder of the fiscal year. The Chief Financial Officer makes the final determination to decline further eligibility under the Indigent Care Trust Fund.
7. University's Patient Financial Services/Collection Department will coordinate the training for Access Services, Patient Registration and other areas as appropriate.

B. FINANCIAL ASSISTANCE POLICY (FAP) INDIGENT CARE (ICCP)

1. OUTLINE OF NON-COVERED SERVICES

The following services are **not** eligible for UHM's Indigent/Charity Programs:

- Elective **or** cosmetic procedures – an elective procedure is a procedure which Georgia Medicaid would not cover if the patient was a Medicaid beneficiary. (Note: if pre-certifications are required for Georgia Medicaid to cover service then service may not be covered) Georgia Medicaid does not pay for cosmetic services.
- Items and services not included in UHM's Charge Description master (CDM)
- Services required as a result from a criminal act, while incarcerated, or in the custody of any law enforcement.
- Professional fees from a physician
- Private room differences (may be covered when medically necessary or Policy 8310-124 CIC)
- Medicaid co-pay (May be covered by Policy 8310-124 Catastrophic Indigent/Care (CIC))
- Accounts that are covered under liability, auto accident, or worker's compensation with no proof of denial of coverage.
- Services where an insured patient request that health plan not be billed for services causing patient to be classified as "self-pay" for that service.
- Other services as amended from time to time

2. APPLICATION PROCEDURES FOR RECEIVING INDIGENT CARE (ICCP)

- a. The Registrar/Representative will require an application/declaration from every eligible person who claims inability to make the required minimum payment (Hospital Policy 8310-125) at or before service date and document any refusal in the computer system. The appropriate individual will interview the inpatient to determine if the patient is eligible for any meaningful third party insurance program. If the patient is deemed ineligible for any meaningful third party insurance program, patient will receive a statement and bill; then patient's financial history will be reviewed through the electronic financial eligibility system (EES) to predict if patient is at or below 200% of the Federal Poverty Guidelines (FPG). UH does not accept or process applications for patients who have not received nor are scheduled to receive UHM services. Applications for this program are only to be taken when a patient accesses UHM services. UHM ICCP is not an insurance card that you apply for in the event that you may need services. UH ICCP is a process whereby UHM will give consideration to discounting your medically necessary hospital facility charges at 100% of Hospital facility charges if ICCP criteria met. UHM ICCP designation is a last resort. The EES will make a presumptive determination based on the credit bureau, demographics, property values, type of outstanding credit and individual has, such as, mortgage loans, credit card, etc. (Third party resources are used for credit scoring and payment for potential Medicaid eligibility.) If presumptive eligibility system not available the patient's history may be reviewed using the EPIC Hospital Billing System's Payment History Score (PHS) Level 1 and Level 2 as indigent indicators. (PHS level 1 and 2 indicates patient has a Hospital System collection history with prior accounts sent to bad debt and/or prior accounts written off as uncollectible.) A Payment History Score Level 1 or 2 may be deemed indigent by itself or in conjunction with additional data, such as, patient declaration statement or FAP application (FA). If Patient's self-reporting statement EES and/or EPIC System's Payment History Score Level (PHS) are in conflict; Patient may be requested to complete Financial Application/statement to help determine financial status and need for Indigency from the Collections Department. Patient may also request an application or directly download the ICCP application from the University Health Care System website. The completed application along with supporting documentation can be submit to the Collections Department for ICCP review. Note: If patient has been in an accident and insurance should cover then patient is denied a write off for services which should be covered by the accident insurance. Please note on ICCP if treated condition is not related to accident so that ICCP application can be considered for that non-accident related service.

- b. If a patient is deemed eligible for Supplemental Security Income (SSI) disability, UHM representatives will process an SSI/disability application. If Social Security Administration's (SSA) final decision is that the patient is not disabled and subsequently denies their SSI/disability application, the patient will be applied for the UHM Indigent/Charity Care Program. If County DFCS or SSA denies an applicant for fraud (i.e. welfare fraud, etc.) or procedural reasons, (i.e. failure to keep assigned appointments, failure to provide required documentation, failure to meet given time frame requirements, etc.), an application for the UHM Indigent/Charity Care Program may be excluded from further consideration. If an applicant who is approved for indigent status is subsequently denied SSI eligibility by SSA for any reason other than the patient is found to be not disabled; their indigent status may be revoked and or future application excluded from consideration.
- c. After review, by the appropriate individual(s) it is determined the patient may qualify as Georgia Medicaid then the patient will be placed in a Georgia Medicaid Pending Financial Class and allowance will be taken to equal the expected Georgia Medicaid payment. If after processing, Georgia Medicaid denies patient for Medicaid then Medicaid Pending Financial Class may be changed to ICCP and the full charges applied to ICCP.
- d. The patient may be notified of Indigency determination by University Collections Department in writing and/or by the Indigent/Charity Care Adjustment reflected on the patient's hospital bill of ICCP approval.
- e. The patient or responsible party should exhaust all necessary steps to secure payment from all other sources (Insurance, Medicare, Medicaid, no-fault, etc.). Applicant should apply to and be denied by all other reasonably possible financial resources before the patient may be considered for indigent assistance. If patient refuses to apply or provide information necessary to the application process, ICCP may be terminated.
- f. The patient must inform UHM of any changes in status such as residency, income, insurance eligibility, or marital status within 30 days of status change.
- g. Applicants must conduct themselves in a courteous, cooperative manner. Failure to do so can result in termination in the ICCP program.
- h. For emergency or other hospital service provided to self-pay patients, UHM may choose to determine patient's indigent status with the assistance of an electronic eligibility system (EES). Patient will be sent an initial and a minimum of one additional bill with the back of the bills

denoting that Indigent assistance may be available. Patient may elect to contact billing department at that time to apply for ICCP. If bills are written off through the use of the electronic eligibility system, patients may not receive subsequent messages or bills. The EES and PHS as described in 2.a above will be used to determine indigency. (if no history of bad debt then account may be written off to bad debt and followed up in collections process which may include reviewing/requesting the Financial Application and or Self-declaration if available in patient's record.) Any balance greater than \$10,000 with no information or payment history should be sent a Financial ICCP Application for patient to complete and return for potential indigency write off. If patient does not respond to request to complete application and provide additional data, the account should be processed as any other insured Selfpay portion of accounts. (Note: All self-pay accounts (accounts with no insurance coverage) are given the Self-pay Discount with no action required by patient). The Self-pay Discount will be processed first and be reflective on the account with the first bill for services rendered.

C. FINANCIAL ELIGIBILITY DETERMINATIONS

1. **Informing Patients of Availability of Financial Assistance:** Patients will be informed of available assistance by the following methods:
 - a. Signs will be posted in the Emergency Department and Registration which state "Do You Need Help With Your Hospital Bill?". Another sign will state that UHM will initially determine if you qualify for ICCP by using electronic eligibility systems to predict needed assistance. Signage will be in both English and Spanish.
 - b. If the patient is unable to make the minimum required payment (Hospital Policy 8310-125), the Registrar will require a preliminary indigent/charity application/declaration in accordance with Hospital Policy 8310-125.
 - c. The appropriate individual will interview the inpatient to determine if the patient is eligible for any third party insurance program. If the patient is deemed ineligible for any meaningful third party insurance program, the appropriate individual will review the record for an ICCP application/declaration and if not available will initiate ICCP application/declaration.
 - d. In order to determine Indigent Status, UHM through the UH Collections Department may use [1] an electronic eligibility system (EES), [2] Hospital Billing system's Payment History Score (PHS), [3] Patient's declaration statement and/or [4] Financial Assistance Application (FA) with supporting documents. Based on the Federal Poverty Guidelines

(FPG), the EES will predict indigency. The EES may use resources from the Credit Bureau, demographics, property values, mortgage loans, credit card usage/load. The Hospital Billing System's (PHS) Score Levels denotes the patients prior payment history with the Health System; Score Level 1 and Score Level 2 are the scores the facility has sent to bad debt and/or written off as uncollectible. The patient's declaration statement is a statement from patient as to family size and annual income without any supporting or collaborative data. The Financial Assistance Application (FA) is the formal application that requires supporting documentation. In some cases, conflicting data may result from using the EES, PHS, and/or Patient Self Declaration process and require patient to complete and provide financial or residency documents to substantiate indigency. In these cases assets may be considered in addition to income to determine indigency.

- e. The patient may be informed of eligibility in writing by UHM upon determination or as reflected on the bill.
- f. A full copy of the Indigent Care Policy (8310-123) and/or Plain Language Summary is available on the University website at www.universityhealth.org/indigentcare Summary or for the calculation for the Charity Care Discount go to the website at www.universityhealth.org/charitycare or call Patient Accounting Service Center at 706-828-2333. A patient may also choose to have a copy emailed by requesting a copy by email to: Careline@uh.org or a patient can request a copy through the US Postal service by mailing a request to the at University Hospital Care Line, 1350 Walton Way, Augusta, GA 30901. The patient must note in the request if the policy is needed in Spanish; otherwise the Policy will be provided in English

2. **Residency and US Citizenship Requirements:** A formal indigent care application will be accepted for hospital services for any US Citizen who is a resident of the State of Georgia. Proofs of residency may be requested to verify six (6) months residency in the State of Georgia. Below are examples of acceptable proofs of residency:
 - Employment check stubs showing patient's (or responsible household members) address during the last 6 month's period
 - Utility bills or payment stubs showing current county address (one current and one at least 6 months old)
 - Rent receipts for the last six months, a lease, or a statement by a rental agency or established real estate business that the patient has resided in Georgia for the last 6 months
 - If a student, grade reports covering the last 6 months

- If homeless: Bring statements of residency for the last 6 months from the patient and two other people, one of whom must be a minister with a Georgia congregation or the Director of a private relief organization such as the Salvation Army
- Valid Georgia driver's license, showing a Georgia address, issued at least 6 months previously
- Other appropriate proofs of residency may be considered in addition to or in lieu of those stated above.
- US Citizen proof may consist of State government issued Certified Birth Certificate or Passport, Certification of Citizenship, etc.

3. **Responsible household members will be determined as follows:**

Persons legally married, legally responsible parents/guardians for children, parent(s) and relative(s) of students who are living at the home during school breaks, and other individuals who provide living arrangements for the applicant. Separated spouses must provide proof of legal separation to be considered as single applicant. . If applicant claims separation from spouse to exclude spouses income, the separation can not exceed 1 year, in order to exclude spousal income from consideration in financial assistance application

4. **Income Determination and Payment Classification:** Total gross income for the previous twelve months (12) and/or total gross income for the previous three (3) months will be used to determine annual income. (Gross Income is defined as total cash received from all sources before taxes or other deductions for all the responsible household members. Examples of commonly overlooked income include child support, social security, unemployment income, alimony, interest earned, insurance or annuity payments, trust funds, etc.). Applicants who have no income must provide evidence of how they are surviving day-to-day.
5. **Notification of Payment Classification:** Patients may be notified upon approval for indigent services through the US Postal Service mail and/or the Indigent/Charity Care Adjustment reflected on the patient's hospital bill.
6. **Assets:** In cases where the EES data appears in conflict assets may be reviewed to assist with the determination. When assets are reviewed patients will be required to provided requested data. The following will be used in reviewing assets. Real property value must not exceed 10 times the monthly poverty level for the appropriate household size. An individual's assets will be assessed to realistically determine the extent to which personal resources can help pay a hospital bill. While it is not our intent to strip a person of his/her resources to pay hospital bills, resources will be used as far, as is reasonable to avoid becoming a burden to other patients.

Applicant's assets will be determined as follows: Applicants must list all assets on applications. The amount of \$125,000 will be allowed for primary residence (per county tax assessment) and \$15,000 for combination of all vehicles (trucks/cars/motorcycles) using the Kelly Blue Book for value determination. Excess value over these amounts will be used in the asset calculation. All household assets will be taken into consideration including but not limited to: checking and savings accounts, ownership of homes and properties, vehicles, boats, ATV's, planes, livestock, IRAs, trust funds, retirement accounts, estates in probate, investments, etc. Failure to disclose all assets may result in a denial of the application and applicant can be held responsible for any service dates previously approved for ICCP.

NOTE: When applicant transfers asset(s) to another, if transfer of asset more than 3 years prior to application then process as if asset was not patient's and if transfer of asset less than 3 years prior to application process then process as though asset was patient's.

7. ***Co-Payments:** The co-payment serves three useful purposes: 1) It helps prevent abuse of the system for providing uncompensated care to needy patients, 2) It allows the patient to maintain a measure of dignity by sharing in the cost of his/her care, and 3) It aligns the Indigent program with the Medicaid Program.

Federal Poverty Guideline 200 %

Inpatient:	\$ 25
Emergency Room	\$ 25
(no request for payment until after service)	
Clinic	\$ 5
Other Services	\$ 5

*Unless otherwise specified by other program participation (example: Ryan White)
Patient is asked to pay but patient will not be billed for Co-insurance.

8. **Collection Services:** ICCP applications will be processed by the UH Collections Department, and inquiries regarding such accounts should be referred to UH's Patient Financial Services office at the Business Center. Patients may be determined eligible for uncompensated services even though collection action has been initiated. Patients have 240 days from discharge to apply/request ICCP application. See Hospital Policy 8310-125 for complete Collection Services details.
9. **Elective Admissions/Procedures:** Indigent care write-offs for elective admissions/procedures will be denied if not covered by a third party source or if the patient is unable to make satisfactory payment arrangements Hospital Policy 8310-125). All elective admissions/procedures will be classified as "Full Pay". An elective admission/procedure is a procedure or admission that would not be covered by

Georgia Medicaid if the patient was a Georgia Medicaid beneficiary; this includes services that Georgia Medicaid requires pre-certification, as well.

NOTE: Persons with third party insurance who elect not to bill insurance for a hospital service will be considered self-pay for that service; however, patient will not be eligible for ICCP since they have a health insurance plan.

10. **Denials, Appeals and Re-applications:** If the EES determines patient not eligible for ICCP and patient does not agree with determination then patient may appeal UH's decision. All appeals for indigent care consideration should be received in writing sixty (60) days from the discharge date to the Director of Collections, 1350 Walton Way, Augusta, GA 30901 or his/her appointed staff. Applicant will need to provide additional supporting information to be considered along with the appeal. .
11. **Reporting of Indigent Care:** Reports may be produced on request to identify patients receiving indigent care. Reports will identify patient, account number, date of service, type of service received, total charges, third party payments, co-payments, amount of indigent care write off, patient's county of residence, and employer (if any). Once patient has received Indigent Status and taken advantage of UHM's Indigent policy, patient cannot refuse consent for use of Health Information. If patient refuses consents or withdraws consent then account will be reactivated and full collection efforts will begin. In addition patient may be barred from future participation in indigent care program.
12. **Policy Compliance:** In all instances, this policy is intended to comply with all requirements of the Indigent Care Trust Fund and related guidelines.

D. AMOUNTS GENERALLY BILLED (AGB)

1. Non-insured (Self-pay) patients, regardless of their State of residence, will be eligible for the Hospital's "Charity Care/Self pay Discount" as defined in the Patient Protection & Affordable Care Act further defined by the IRS Form 990 Schedule H Part V and the 501r4 Final Regulations. The inclusion of this "write-off" as Catastrophic coverage (Hospital Policy 8310-124) 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 "Charity Care/Self pay Discount" will be determined and updated no later than April 1st of each year. The "Charity Care/Self pay Discount" percentage will be calculated using the "Look Back method" as the average of amount the hospital expects to be paid by insurance companies and Medicare for both inpatient & Outpatient unweighted. Note: Self-pay patients who comply and are eligible for ICCP (Hospital Policy 8310-123) may have the "Self-pay" discount reversed and ICCP discount applied. For explanations of Charity Care/Self pay Discount calculation see Section C Part 1 (f) for details on were to request data.

E. ETHICAL AND FAIR BILLING PRACTICES (See Hospital Policy 8310-125 for complete billing practice)

1. **Payment of Hospital Charges:**

- a. UHM will provide needed medically essential services to any patient regardless of his/her ability to pay.
- b. The “Consent Form for Medical Treatment” will outline to the patient or responsible party the Hospital’s expectations regarding payment of bill.

2. **Payment Resources:**

- a. Patients who express inability to pay or who request assistance will be informed of payment resources by the appropriate individual, including, but not limited to, the following: Continuation of Insurance under COBRA Laws, auto medical pay benefits, or other liability type insurance, State Cancer Aid funding, Vocational Rehabilitation Program, Maternal & Infant Care Grant program, Medicaid, or other available local, state or federal programs.
- b. UH Collection Department on behalf of UHM will engage an EES, DFCS, or other contractors to identify eligibility for such payment resources and will assist the patient with applications to the extent possible.

3. **Financial Assistance - Uncompensated Care:**

- a. Patients who express an inability to pay will be evaluated to determine eligibility for uncompensated care. (See Section C above).
- b. Uncompensated Care Policy is intended to support the Georgia Medicaid program with requesting a minimum co-pay amount.
- c. Patients who believe they were unfairly denied uncompensated care may appeal the decision as outlined in Section F below.

4. **Payment Arrangements – Payment Plans or Other Charity Care:**

- a. Patients who are financially able to pay their bills, but who cannot pay the full amount at one time will be informed of alternative payment methods (Policy 8310-125) and Catastrophic Charity (Policy 8310-124) for partial discounts of bill.
- b. Charge card, a monthly payment plan, or a payroll deduction plan if employer allows may make payment of the bill.

5. **Explanation of Charges or Cost:**

- a. Explanation of charges for services is provided on request and every reasonable effort is made to respond to any concerns by patients about billing.
- b. In compliance with state and federal regulations, incorrect charges or charges not supported by medical record documentation will be removed from the patient's bill. Patient accounts are routinely audited to review the accuracy of charges and to protect against systemic billing issues.
- c.
- d. An itemized statement of charges to include description of service and the date service was provided will be given to patient's and third party payers upon request.

6. **Billing / Charging Complaints (See Hospital Policy 8310-125 for Extra-ordinary Collection Action):**

- a. Patients are mailed monthly statements which provide the Customer Service department's phone number as a point of contact for assistance with questions, billing problems, etc.
- b. The patient's initial statement as well as the monthly statements contain information outlining the procedures to follow with regard to suspected errors, charges, or questions about their bill.
- c. Immediate effort is taken by staff of the appropriate Patient Accounting Services to address all inquiries or complaints originating from patients.
- d. The staff member will communicate with the patient by telephone or written correspondence to reach a satisfactory resolution of the patient's concern without negating the hospital's interest.

7. **Statement of Account:**

- a. A monthly statement will be mailed to each patient when any amount is due from the patient. ICCP patients will receive at least two bills while awaiting the EES to determine indigent status.
- b. The monthly statement will contain a dunning message as outlined in the Patient Accounting System. The statement also contains information outlining the procedures to follow with regard to errors, charges, or general questions about their bill.

- c. Patients may elect at this time to contact hospital to request ICCP determination. Patients have 240 days from discharge date to apply/request ICCP application and consideration.

8. **Accounts Transferred Out-for-Collections:**

- a. Before any account is transferred out for collection, a “final notice” will be mailed to the patient warning that the account is about to be placed with an outside agency.
- b. Full collection efforts will be exercised to attempt payment.

9. **Privacy:**

- a. The right of the patient to personal visual and auditory privacy will be honored at all times during admission, outpatient registration, and /or financial interviews.
- b. The patient may have a family member or other representative present during any financial interviews conducted by UHM staff.
- c. Individuals not involved with the patient’s finances will not be present during any interview without the patient’s consent.

10. **Confidentiality:**

- a. The right of the patient to confidentiality will be honored, within the limits of the law at all times.
- b. The patient’s bill, medical records, or other documents related to the patients’ finances or treatment will not be released to any third party except as permitted or required by law.
- c. Patient information will not be shared in an unauthorized manner and will be maintained in the strictest confidence and utilized only by hospital employees and business associates authorized to review and act on such information.

11. **Internal Error Reporting:**

- a. Any UHM employee who discovers an error or inaccuracy in any claim for payment of healthcare services submitted to a patient, governmental

program or other payer should alert his/her supervisor immediately, or call the UHM's Integrity Hotline at 774-8536.

- b. The Board of Directors for University Health Care System assures the protection of all employees against any type of reprisal for good-faith reports of suspected or actual violations of our billing system.

F. INDIGENT APPEALS

All patients have the right to an appeal process if they feel UHM has denied services, or financial requirements are too stringent. In the event of medical care denial of indigency status the patient should make appeal in writing sixty (60) days from discharge date to the Patient Financial Services Department.

The Director of Patient Financial Services or his/her appointed staff will review and may request the patient to provide a financial statement/ applications in order to make a determination on the appeal. The Appeal determination will be communicated to the patient by mailing a written determination to the address provided by the patient.

G. USE OF INDIGENT PATIENT DATA

1. The financial Assistant/Patient Accounting Staff may/will keep a record of all amounts written off to Indigent Care.
2. Reports may be produced on request to identify patients receiving indigent care. Reports will identify patient name, account number, date of service, type of service received, total charges, co-payments, third party payments, amount of indigent care write off, patient's county of residence, and employer (if any) or any additional information the Hospital is required to provide to State or Federal agencies.
3. Once patient has received Indigent Status and taken advantage of UHM's Indigent policy, patient cannot refuse consent for use of Health Information for reporting to State/Federal agencies UHM's Indigent Care. If patient refuses consent or withdraws consent then account will be reactivated and full collection efforts will begin.