Guadalupe Regional MEDICAL CENTER				
		Approved Date:	10/22/2019	Page **1** of **4**
		Last Reviewed Date:	2/20/2018	
		Originating Date:	07/01/2005	
Subject:	**Charity Care and Financial Assistance Policy**	**Originating Position:**	Administration	
Category:	Polices, Financial Services	**Rationale:**		

POLICY:

Guadalupe Regional Medical Center provides health care services 24 hours per day, seven days per week in a manner which equitably treats all patients with dignity, respect, and compassion. All emergent and urgent health care needs are met, regardless of the patient's ability to pay. Financial counselors are available to assist patients who cannot pay for all or part of the care they receive, but must act responsibly in collecting for services rendered. GRMC reserves the right to deny or reverse charity care/financial assistance/uninsured discount in all cases, including those involving information falsifications, availability of other resources from a Responsible Party or otherwise, and past history of non-payment of amount assessed as patient responsibility.

Public Assistance:

Uninsured patients may qualify for public assistance through programs such as Medicaid, CHIP, Victims of Crime, or Texas Rehabilitation. A Financial Counselor is available to discuss these possibilities, and may be reached by calling (830) 401-7217.

Indigent Health Care:

Assistance through the Indigent Health Care Program is available for uninsured patients whose family's gross income is below the current poverty level established by the U.S. Department of Health and Human Services. Eligibility may be retroactive for a maximum of 90 days. Those wishing to establish eligibility for Indigent Care should contact the Indigent Health Care Coordinator at (830) 401-7217. A completed Application for Health Care Assistance, Form 100, and the documents necessary to make an eligibility determination are required.

Charity Care:

Patients who are uninsured who do not meet the qualifications for Public Assistance or Indigent Health Care may qualify for GRMC Charity Care. If the family's annual gross income is less than or equal to 200% of the federal poverty level, the patient qualifies for free or discounted care (certain elective services excluded). Patients who are insured or underinsured may be eligible to receive Charity consideration for deductibles, co-insurance, or copayment responsibilities as long as the requirements in this Policy are met. On a case by case basis, Financial Counselors may qualify certain other patients for free or discounted care. A Financial Counselor may be contacted at (830) 401-7217.

It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent visit if the last financial evaluation was completed more than 6 months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

Presumptive Charity Eligibility:

GRMC understands that certain patients may be unable to complete a financial assistance application, comply with requests for documentation, or are otherwise non-responsive to the application process. As

a result, there may be circumstances under which a patient's qualification for financial assistance is established without completing the formal assistance application. Under these circumstances, GRMC may utilize other sources of information to make an individual assessment of financial need. This information will enable GRMC to make an informed decision of the financial need of the non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

GRMC may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for GRMC financial assistance under the traditional application process.

The electronic technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted, allowing GRMC to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from the electronic eligibility review will constitute adequate documentation of financial need under this policy.

Charges provided to patients who are eligible for Medicaid and other indigent healthcare programs and are not covered by those programs will be written off as presumptive charity, unless the patient is informed in writing and accepts financial responsibility in advance.

Point of Service Collections:

Emergency Room patients are asked to pay any applicable co-payments or deposits after the patients are stabilized. Inpatients and other outpatients are asked to pay deposits and/or make adequate financial arrangements prior to services being rendered. Those admitted through the Emergency Room or those who are unable to pay the deposit may visit with a Financial Counselor to discuss payment options or assistance prior to discharge. Assistance may be obtained by calling (830) 401-7217. Elective services may be postponed if financial arrangements are not made before services are rendered.

Discounts for the Uninsured:

A self-pay discount of 30% will be applied to the accounts of all eligible uninsured patients. An additional discount of 20% (prompt-pay discount) will be applied if the bill is paid in full within 5 days of service/discharge. Uninsured patients are not required to apply for the self-pay discount as it is automatically applied to the patient accounts. Certain services, such as Imaging, common Laboratory tests, and Maternity services, are offered at a discount greater than 30% if payment is made at the time of service. Arrangements may be made with the Registrar, Financial Counselor, or Cashier. GRMC accepts cash, check, Visa, Mastercard, and Discover.

Payment Plans:

Patients who are unable to meet their financial obligations may contact the Patient Account Representative at (830) 401-7874 to set up interest-free payment plans subject to established parameters.

Referral of Accounts to Collection Agencies:

The Medical Center sends monthly statements for each visit. Itemized bills are available upon request. Accounts with no payment activity are referred to collection agencies for further collection efforts. Agencies, as well as GRMC Financial Counselors, are authorized to negotiate fair and adequate settlements on accounts. Collection agencies are authorized to report unpaid debts to debt reporting services.

Notification:

This Policy and the Financial Assistance Application form are located on the GRMC website at www.grmedcenter.com

After all needed documentation for Indigent or Charity Care qualification is received, the Financial Counselor will notify the applicant by mail within 14 days.

Definitions:

Charity Care – Healthcare services that have been or will be provided but are never expected to result in cash inflows, including free or discounted services.

Emergent Care – emergent care includes medically necessary services provided for an emergency medical condition. The term "emergency medical condition" means

(A) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part, or

(B) With respect to a pregnant woman who is having contractions

1. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
2. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Urgent Care – Urgent Care services include medically necessary services provided after sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably

expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent care services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health, but prompt medical services are needed.

Elective Services – Elective services include medical services that do not meet the definition of Emergent or Urgent above. Typically, these services are either primary care services or medical procedures scheduled in advance by the patient or by the health care provider.

Responsible Party - any of the following:

1. A Tortfeasor individually
2. A Tortfeasor's insurance company.
3. Any underinsured/uninsured automobile insurance coverage that provides benefits to a patient.
4. No fault insurance coverage.
5. Any award, settlement or benefit paid under any worker's compensation law, claim or award.
6. Any indemnity agreement or contract.
7. Any other payment for a patient as compensation for injuries sustained or illness suffered as a result of the negligence or liability of any individual or entity.

Tortfeasor - means any person or entity that caused any injury to, or illness or condition of, a patient which resulted in the treatment at the facility. This term applies regardless of whether or not said person or entity disclaims responsibility.

Uninsured – A person who does not have insurance, third-party coverage, or available resources from a Responsible Party or otherwise, and who does not qualify for Medicaid or other state assistance. A patient may be classified as "uninsured" if the patient is insured, but the insurer refuses to pay for medical services rendered for reasons such as pre-existing conditions, out-of-network provider, not a benefit of the plan, etc.

Underinsured – Those patients with insurance coverage who are unable to satisfy their out-of-pocket expenses.

Regulatory Requirements:

In implementing this Policy, GRMC management shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

Financial Assistance will be based on financial need and will not take into account race, sex, age, religion, national origin, sexual orientation, gender identity, disability, or veteran status.