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	Originating Date: 07/01/2005	
Subject: Collection Policy	Originating Position: Administration	
Category: Policies, 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.

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 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. Verification of gross income for the last 12 months, along with the most recent income tax return and W-2 form are required.

Charity Care

Patients who are uninsured or underinsured 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 care (certain elective services excluded). If the family’s gross income is between 201% and 300% of the federal poverty level, the patient qualifies for a discount of 50%. If the patient’s gross family income is greater than 300% of the federal poverty level, and his/her hospital bills exceed 25% of the family’s annual income, the patient qualifies for a discount of 40%. On a case by case basis, Financial Counselors may qualify certain other patients for charity care. A Financial Counselor may be contacted at (830) 401-7217 for eligibility determination. Payment plans are available.

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 uninsured patients. If discounts have already been applied based on income guidelines, then self-pay discounts do not apply. An additional discount of 10% will be applied if the bill is paid in full within 5 days of service/discharge. Arrangements

may be made with the Registrar, Financial Counselor, or Cashier. Guadalupe Regional Medical Center 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) 401-7221 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 collections 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.

Definitions

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.

Presumptive Charity Eligibility – Guadalupe Regional Medical Center 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 on the financial need of 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. This allows GRMC to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

Charges for services that are provided to Medicaid eligible patients and are not covered by the program will be written off as presumptive charity, unless the patient is informed in writing and accepts financial responsibility in advance.

Uninsured – A person who does not have insurance or third-party coverage 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, etc.

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