

UNION GENERAL HOSPITAL

POLICY

SUBJECT: Collection Policy

DATE: April 28, 2009

REVISED: February 16, 2010
April 4, 2011
October 6, 2015
June 29, 2016
September 26, 2016
September 20, 2017
November 5, 2018

APPROVAL:


Chief Executive Officer


Chief Financial Officer

POLICY: Charity Care Policy

As a part of the Hospital's mission to serve the healthcare needs of the community, UGH will offer charity care to patients without financial means to pay for hospital services. It is the policy of UGH to distinguish charity care from bad debt expense.

Charity care will be provided to all patients who present themselves for care at UGH, without regard to race, creed, color, or national origin, who qualify according to the Hospital's eligibility system.

Charity care is defined as medical care provided to patients with a demonstrated inability to pay for those services. Bad Debt Expense is defined as write-offs due to a patient's unwillingness to pay for medical care provided.

PROCEDURE:

Inpatients and Emergency Room patients at UGH without third party coverage, with Medicaid Insurance that have non-covered charges, or with third party coverage that has an annual deductible of \$5,000 or more, will be eligible to be evaluated and screened for charity care coverage for 100% discount of their Hospital services. Our basis for Charity Care assistance is 100% of Gross Charges. Charity care is not available for patients seeking elective services and/or procedures. To qualify for charity care, a patient must not qualify for any federal, state, or local payment program(s), other than accounts with Medicaid non-covered charges that were mentioned above, for the charges incurred at UGH, and must be a resident of Union Parish. The charity care program will only be used as a last resort.

A patient must complete an Application for Charity Care Assistance (attached Exhibit A) for UGH to determine eligibility for its charity care program. Our Financial Counselor will

be available to patients to answer questions or assist in completion of the Charity Care Assistance Application Form. To be eligible for charity care, a patient/family's income shall be compared with the attached chart (Exhibit B), using the column which is approximately 250% of the federal poverty guidelines. The patient/family's income must be at or below the corresponding amount based on family size. If a patient with Medicaid coverage has non-covered charges, no additional screening will be required to qualify for Charity Care. Patients with third party coverage that have deductibles of \$5,000 or more must have an account balance due of at least \$1,000, that was caused by an unmet deductible to qualify. The hospital may consider other financial assets and liabilities of the person when determining eligibility.

The screening process to determine a patient's eligibility for the Hospital's charity care program will begin as soon as possible following admission to UGH. Once a patient account has been determined to qualify for UGH's charity care program, no additional collection efforts will be made on that account. A list of emergency and other medical providers that are either covered or not covered by UGH's charity care program is attached (Exhibit C).

Once a patient has been discharged, monthly statements will be sent on all accounts, except for accounts with Medicaid primary coverage. Accounts will remain in self-pay status for at least 120 days with no payment activity. Once the account has been in a self-pay status for at least 120 days with no payment activity, it will be reviewed by the Business Office to determine next steps for the account, which include garnishment, referral to a collection agency, legal action, and/or reporting to a credit agency.

Business Office Manager may approve Charity Care write-offs of up to \$1,000 per patient. Any Charity Care write-offs exceeding \$1,000 per patient or exceeding one (1) Hospital admission (Inpatient or Emergency Room) per household per hospital fiscal year require the approval of the Chief Financial Officer. UGH reserves the right to close the charity care program at any time if the set budget for charity care has been exceeded.

**UNION GENERAL HOSPITAL
APPLICATION FOR
CHARITY CARE ASSISTANCE
EXHIBIT A**

Please complete the following application to determine eligibility for the Union General Hospital Charity Care Program. The Hospital will assist patients with the completion of an application for Medicaid benefits where applicable. If you do not qualify for Medicaid, please attach a copy of your letter of "Notice of Decision on Your Medical Assistance Application" from the Medicaid Program or if your services are not covered by the Medicaid Plan (take charge). Patients with commercial insurance may apply for charity application only if they have a pending deductible of \$5,000 or more.

If you have any questions or need assistance completing the application, please call the Business Office at Union General Hospital.

Completed applications should be submitted to the Business Office Manager at Union General Hospital.

GENERAL INFORMATION

Applicant's Name: _____
(Please Print) (Last Name) (First Name) (MI)

Social Security Number _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parish of Residence: _____ (**must be resident of Union Parish**)

Home Phone: _____ Work Phone: _____

Date of Birth: ____ / ____ / ____ Sex: _____ Marital Status: _____

Number of members in household: _____

Employment Information

Applicant Employer (or most recent employer)

Spouse Employer (or most recent)

Employer Name: _____

Employer Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Has a Medicaid application been completed? _____ (If patient/guarantor does NOT qualify for Medicaid, please attach a copy of the Medicaid Denial Letter to this application or documentation that services not covered (take charge coverage only)

If the patient has Medicaid coverage, do Medicaid **NON-COVERED** charges make up the outstanding account balances(s)? _____ If YES, No TAX return information is required.)

Does patient have commercial insurance? _____ (If patient does have commercial insurance, we must have documentation showing that deductible is over \$5,000 and patient's out of pocket will be in excess of \$1,000.

Provide two (2) most recent year's W-2 and IRS Form 1040 Income Tax Return

Information provided? _____

Provide Proof of residency (At least one recent utility bill)

Information provided? _____

I understand that the information that I submit is subject to verification by Union General Hospital. I certify that the information provided as part of this Application for Charity Care Assistance is true and correct to the best of my knowledge.

Applicant Signature: _____

Date: _____

*Please be sure to include all requested information before submitting your application. The application will not be processed if all requested information is not included.

For Union General Hospital use only

Does the applicant qualify for Charity Care assistance? _____

If YES, \$ balance of Patient Account: \$ _____ Pt Acct # _____

UGH Authorized Signature: _____ **Date:** _____

UNION GENERAL HOSPITAL
 CHARITY CARE POLICY
 2018 FEDERAL POVERTY GUIDELINES
 EXHIBIT B

PERSONS IN FAMILY OR HOUSEHOLD	100% * TOTAL HOUSEHOLD INCOME	250% TOTAL HOUSEHOLD INCOME
1	\$12,140	\$30,350
2	\$16,460	\$41,150
3	\$20,780	\$51,950
4	\$25,100	\$62,750
5	\$29,420	\$73,550
6	\$33,740	\$84,350
7	\$38,060	\$95,150
8	\$42,380	\$105,950
For each additional person, add	\$4,320	\$10,800

* SOURCE: Federal Register Notice, Vol 83, January 18, 2018, pp. 2642-2644