PETERSON REGIONAL MEDICAL CENTER & AMBULATORY SURGERY CENTER

BUS - Charity Care Policy - PL

Reference # 5919
Version 4

STATEMENT OF POLICY:

To establish a methodology for identifying uninsured or underinsured patients who qualify for charity care.

DEFINITIONS:

Uninsured: A person who does not have insurance, third party coverage and who does not qualify for any County, State or Federal programs.

Underinsured: A person with insurance coverage who is unable to satisfy their out of pocket expense.

Emergent: A condition that could result in the loss of life or limb.

Medically Necessary: A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

Presumptive Eligibility: Immediate and temporary eligibility based on Kerr County's average median household income up to 400% federal poverty level.

Medically Indigent Patient: A person whose medical bills, after payment by any third-party, exceeds fifty percent of the person's annual gross income and is unable to satisfy patient balance.

EQUIPMENT:

PROCEDURE:

A. Eligibility for financial assistance for uninsured and underinsured patients is based on federal poverty guidelines, income of the patient's household and personal assets. The two levels of financial assistance are:

   1. Level I – 100% charity for uninsured individuals who qualify up to 200% of the Federal Poverty Income Level (FPIL). Level I charity care covers emergent services only.

      a. Patient must be a resident of Kerr County or surrounding counties to be eligible.

      b. Upon receipt of a patient's completed financial assistance application, proof of income and all other required documentation Peterson Regional Medical Center will determine eligibility. Patients will receive written notification of eligibility determination within 30 days.

         1) Patients must be screened by Peterson Regional Medical Center's in house eligibility vendor to determine potential eligibility for any third party payer source. Any patient who does not comply with the screening or application process will automatically be denied for level I charity care.

      c. Approved applications will cover emergent services for a 90 day period beginning the date the application was approved. Eligible accounts will be adjusted at 100% of total charges.

d. Application and all supporting documentation must be received within 240 days from the patient's first statement notification upon post discharge.

2. Level II – Charity discount for uninsured and underinsured individuals who do not meet the criteria for level I charity care but are unable to pay full billed charges at the time of service. These individuals will receive a presumptive eligibility charity discount to be based on the median income for Kerr County when payment in full is made prior to, at the time of or within 10 days of service. Level II charity care covers all medically necessary services.

   a. Patient must be a resident of Kerr County or surrounding counties to be eligible.

   b. A financial assistance application is not required for level II charity care. Presumptive eligibility charity discounts will be applied as follows:

      1) Outpatient Lab services: Discount of up to 200% of Medicare rates

      2) Outpatient Radiology services: Discount of up to 150% of Medicare rates

      3) All other Non Evasive Outpatient services: Discount of up to 200% of Medicare rates approved by Director of Patient Access, Director of Business Office and Senior Director of Revenue Cycle.

      4) Emergency room department: Discount of up to 200% of Medicare rates for room charge.

      5) Surgical Procedures: Procedure specific discounted amounts approved by Director of Patient Access, Director of Business Office and Senior Director of Revenue Cycle.

      6) Inpatient/Observation hospitalization: Visit specific discounted amounts approved by Director of Patient Access, Director of Business Office and Senior Director of Revenue Cycle.

      7) Peterson Community Care Clinic: $10.00 office visit co-pay

3. Level III – Pediatric outpatient rehab services (PT, OT and SLP) that are not covered by a third party payer will be considered charity if income guidelines are met:

   a. Patient must be a resident of Kerr county or surrounding counties to be eligible

   b. Self pay will be considered at 100%

   c. Active Medicaid that has denied this line of service will be considered at 100%

   d. Active coverage by a commercial insurance that has denied this line of service will be required to pay $15 per day co-pay for one line of service and $25 per day co-pay for two plus lines of service. The balance after these co-pays will be considered at 100%. Co-pays are expected at the time of service but no later than 30 days after.