UHS OF DELAWARE, INC.

PATIENT FINANCIAL SERVICES

MANUAL: Patient Financial Services **ORIGINATOR: Patient Financial Services**

TITLE: Charity Policy **ISSUED: 7/1/12**
REVISED: 1/1/14

SECTION: PFS – Policy No. 1.31

I. SCOPE

This policy applies to all UHS of Delaware, Inc, Acute Care Hospitals, Patient Financial Services, and Central Business Offices.

II. PURPOSE

To establish a procedure for charity care eligibility verification for non-elective services provided to persons unable to meet financial obligations to UHS of Delaware, Inc. a subsidiary of Universal Health Services (UHS). It is the intent of UHS to provide quality care to patients regardless of their ability to pay.

III. POLICY

UHS recognizes that there are individuals in need of medical services who are unable to pay for such services separate from patients unwilling to pay for services. It is the policy of UHS to assist such patients with the settlement of their portion of the medical bill by properly screening for Charity Care when unable to pay.

IV. TYPES OF APPLICATIONS ACCEPTED

UHS requires one or more of the following be completed:

a) Personal Financial Questionnaire

b) Search America Charity Application/Charity Advisor

c) State/Federal or Local assistance program Application

d) Charity Application

e) Phone Interview

f) Documented notes from an outsource vendor

NOTE: No additional application is required in the case of repeat hospital visits within 12 months unless the patient's circumstances have changed which would warrant an updated determination.

V. PROCEDURE

1. Patient account is registered as FC F I-Plan 910 for Self-Pay when patient registers for services without insurance coverage.

2. Admitting/Financial Counselor, and/or an eligibility representative will interview the patient/guarantor to discuss all potential eligible benefits including; Medicaid, Insurance thru the Health Exchange and/or Charity Care, and initiate the application process based on eligibility and financial resources. Staff will notate all accounts appropriately. If an interview is not possible or conducted, the patient may be given a charity application to complete and return to the facility.

3. Upon completion of the financial screening, the Admitting Department or financial Counselor will revise the account to the appropriate FC and Plan Code depending upon whether the patient may be eligible for potential Medicaid, County or Charity assistance.

4. The Central Business Office (CBO)/Business Office will monitor all accounts to ensure they are appropriately worked by the eligibility vendor and concurrently by internal staff to determine if the patient is eligible for any financial assistance programs or charity.

5. Patients denied for Medicaid coverage will be reviewed for any other financial assistance programs including county, victims of crime, etc. The patient's account will remain in a pending status until the final determination of any program's eligibility is made e.g. county, victims of crime, charity, etc. or self pay.

6. The Charity Care Program will follow the FPG for the current year in verifying eligibility. Any patient/guarantor whose gross income is less than 400% of the Federal Poverty standard when circumstances indicate severe financial hardship or personal loss the patient/guarantor would be deemed eligible for Charity Care in accordance with the UHS Charity Care Income Criteria.

    a) The Search America Charity Advisor can be used as the income verification documentation for Emergency Room services with total charges of no more than $4,500.00. No other income verification documentation will be required from the patient.

    b) Catastrophic consideration applies to patient/guarantors who have health insurance coverage with minimal benefits available such as; used lifetime, used yearly allowance, maxed lifetime benefits or limited coverage or a minimum benefit package. Catastrophic consideration may also apply to patient/guarantors

with no insurance who are not eligible for Medicaid or any other State, County or Federal Programs.

If the total charges meet or exceed 4 times the household's annual gross income, the patient will qualify for the category of <400% of the FPG which means the patient will be responsible for 30% of the total charges. A combination of accounts for the same patient over a 12-month period can be merged to meet this threshold. Situations of extreme hardship that are not included in this policy will be evaluated by facility leadership, on an exception basis.

c) Expired patients may be deemed to be financially indigent provided the CBO/Business Office has verified the patient has no estate and does not qualify for any public assistance programs.

d) If a patient is determined to be homeless and unemployed, the account will automatically qualify for Charity.

e) Patients with Medicare Inpatient Part B Only or Part A benefit coverage exhausted during an Inpatient stay, with limited or no secondary coverage should be screened for potential Charity.

f) The Charity Care eligible portion of the account will be adjusted using adjustment code 88870852 Charity Discount.

7. The CBO/Business Office will scan documentation into Document Imaging and make notes in Invision/SMS.

8. All collection agencies contracted with the CBO/Business Office are to offer a Charity Care application to patients who express financial hardship and will submit them to the CBO/Business Office for review.