

**COLUMBUS COMMUNITY HOSPITAL  
POLICY/PROCEDURE MANUAL**

**DIRECTIVE NO.** Indigent1 jcah  
**ORIGINATING DEPT.** Bus. Office  
**CR:**

Effective Date: 9-89

Revised:1-95:1-98:5-06:5-12:4-14:  
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Reviewed: 5-15:5-16:4-17:4-18:3-20

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Department: Business Office

Category: Policy/Procedure

Subject: Charity Care and Financial Assistance

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**SCOPE:**

The scope of this policy encompasses Columbus Community Hospital. Changes reflected in this Charity Care and Financial Assistance Policy are a formalization of procedures which have been followed to qualify a patient for charity care or financial assistance.

**PURPOSE:**

Columbus Community Hospital ("CCH") provides inpatient, outpatient, emergency, and Physician Services. CCH may provide charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay, for medically necessary care based on their individual financial situation. CCH strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

**DEFINITIONS:**

For the purpose of this policy, the terms below are defined as follows:

**Charity Care:** Discounted care provided to patients who are uninsured for the relevant medically necessary service, ineligible for government or other charity care benefit, and unable to pay. CCH maintains two types of charity care for the purposes of this policy, Financially Indigent and Medically Indigent.

**Financially Indigent:** The patient is uninsured and the yearly household income is less than or equal to 300% percent of the Federal Poverty Guidelines (FPG) based on the number of persons in the household.

**Medically Indigent:** The patient's medical or hospital bills from Columbus Community Hospital and related providers, after payment by all third parties, exceeds 50 percent of his or her yearly household income and patient is unable to pay the outstanding patient account balance.

**Uninsured:** The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The patient has some level of insurance or third-party assistance but still has out of pocket expenses that exceed his/her financial abilities.

**POLICY:**

***Overview***

This written policy:

- Includes eligibility criteria for financial assistance
- Describes the method by which patients may apply for financial assistance
- Describes how CCH may publicize the policy within the community served

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with CCH procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on the individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for overall personal health, and for the protection of his or her individual assets. Eligible individuals will not be charged more than generally billed amounts for emergency or other medically necessary services. You may also call 979-732-2371 and request the eligibility department

In order to manage its resources responsibly and to allow CCH to provide the appropriate level of assistance to the greatest number of persons in need, the Hospital has established the following guidelines for the provision of patient charity.

***Eligibility Criteria and Amounts Charged to Patients***

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity may be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Services eligible under this Policy may be made available to the patient in accordance with financial need, as determined in reference to FPG in effect at the time of the determination. Once a patient has been determined by CCH to be eligible for financial assistance, that patient shall not receive any future bills for the approved accounts.

1. Patients who are uninsured and whose family income is at or below 300% of the FPG are eligible to receive care at a fully discounted rate.
2. Patients who are uninsured or underinsured and whose family income exceeds 300% of the FPG may be eligible to receive discounted rates

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on a case-by-case basis based on the patient's specific circumstances, such as catastrophic illness or medical indigence, at the discretion of CCH.

**PROCEDURE:**

***Method by Which Patients May Apply for Charity Care***

1. Financial need may be determined in accordance with procedures that involve an individual assessment of financial need and may include but not limited to:
  - a. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need
  - b. The use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay
  - c. Reasonable efforts by CCH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs
  - d. Taking into account the patient's available assets, and all other financial resources available to the patient
  - e. A review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history
2. It is preferred, but not required, that a request for charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance may be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

***Presumptive Financial Assistance Eligibility***

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide

sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, CCH could use outside agencies in determining estimate of income amounts for the basis of determining charity care eligibility. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off

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of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include, but are not limited to:

1. State-funded prescription programs
2. Homeless or received care from a homeless clinic
3. Participation in Women, Infants and Children programs (WIC)
4. Food stamp eligibility
5. Subsidized school lunch program eligibility
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
7. Low income/subsidized housing is provided as a valid address
8. Patient is deceased with no known estate
9. Medicaid Program participants where coverage is denied for maximum confinement, or non-covered services
10. Bankruptcy declared and confirmed within the prior (12) months of hospital services being rendered
11. Any uninsured account returned from a collection agency as uncollectable
12. Participation in Temporary Assistance for Needy Families (TANF) Program
13. Participation in Children's Health Insurance Program (CHIP)
14. Participation in Free lunch program at children's respective school
15. Participation in County Indigent Health Care programs
16. Hospital services provided with no history of payment
17. Other factors that are useful in formation an expectation of payment

Patients who provide false information or who do not cooperate will not be eligible for charity care or discounted care assistance.

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### ***Communication of the Charity Program to Patients and Within the Community***

Notification about charity care available from CCH shall be disseminated by CCH by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at admitting and registration departments, and patient financial services offices that are located on CCH's campuses, and at other public places as CCH may elect. CCH may also provide a summary of this charity care policy on facility websites, in brochures available in-patient access sites and at other places within the community served by the hospital as CCH may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by CCH. Referral of patients for charity may be made by any member of the CCH's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for charity.

The following providers participate in the hospitals Financial Aide Program:

Dr. Christian Freeman, Dr. Saima Ghazal, Dr. Eslam Elhammady, Dr. Rob Katz, Dr. Bart Klaus, Dr. Rene Melendez, Dr. Troy Millican, Dr. Thomas Mueller, Dr. David Neisner, Jessica Radley FNP, Kelly Randermann FNP, Yvonne Wagner ANP

The following providers do not participate in the hospital's Financial Aide program:

Concord Medical Group, Huffman Anesthesia, Dr. Rosemary Buckle, Nicole Ches, General Surgery of Texas, Dr. Bahm, Columbus Eye Associates, Dr. Salzer, Dr. Wright

To view the hospital's Accounts Receivable Policy, click one the links below:

- [Accounts Receivable Policy](#) | [Text Version](#)

