

SYSTEM POLICY



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SUBJECT PAYMENTS FOR SERVICE FROM UNINSURED PATIENTS	
EFFECTIVE DATE December 13, 2005	ORIGINATION DATE August 17, 2004 Revised December 13, 2005
APPROVED BY Catholic Health East Board of Directors	
RESPONSIBILITY Catholic Health East Executive Vice President/Chief Financial Officer	

PURPOSE:

Catholic Health East is a community of persons committed to being a transforming, healing presence in the communities we serve. Aligned with our Core Values, in particular that of Reverence for Each Person, we provide assistance to those who do not have insurance and for whom the financial cost of care received creates a significant burden. The purpose of this policy is to establish guidelines uninsured patients as a result of the amount they are expected to owe “out-of-pocket” for acute care health services.

POLICY:

In assisting those persons who do not have insurance, Catholic Health East (CHE) is committed to respecting the dignity of persons and reflecting responsible stewardship.

For uninsured patients, each Regional Health Corporation (RHC) should balance financial assistance with broader fiscal responsibilities by either:

- Implementing a discount from charges (RHCs should review charges to determine if they are market competitive); or
- Accepting payment from a patient for a service that closely approximates payment the RHC would have received from Medicare, Managed Care or Workers Compensation

It is the intent of this Policy that there is consistent application of any discounts. It is strongly preferred that a RHC make a determination upon scheduling, admission or registration as part of the overall Financial Counseling process as described in the Key Performance Indicator System Policies. Patients who represent increased financial risk as a result of the amount they are expected to owe “out-of-pocket” should be referred to a Financial Counselor for assistance in applying for alternative payment programs including: Medical Assistance, Charity Care, RHC payment plans or other financing arrangements. This policy applies to elective, urgent, and emergent patients.

PROCEDURES:

Administration

Each RHCs administration of the policy should:

- Ensure the dignity of the patient
- Encourage upfront financial counseling
- Be patient-centric and patient friendly
- Be culturally appropriate (provided in prevalent languages used in communities)
- Be widely known
- Be applied consistently
- Be easy to understand
- Be easy to administer
- Serve the emergency health care needs of everyone, regardless of ability to pay
- Reflect reasonable payment terms & discounts
- Balance needed financial assistance for some patients with broader fiscal responsibilities

Each RHC should clearly communicate financial assistance policies to patients so that they understand the program(s), how to access, and whom to contact with questions.

Exclusions:

Excluded from uninsured discounts:

- Guarantors refusing to provide information necessary to process formal applications for assistance
- Individuals eligible for administrative discounts
- Elective cosmetic surgery patients
- Any third parties who may be liable for services
- Specialized High-Costs Services (i.e., clinical trials, transplants, etc.)
- Services that do not create a financial burden
- International Patients

Should any provision of this Policy conflict with the requirement of the law of the state in which the CHE facility operates, state law shall supersede the conflicting policy provision and the facility shall act in conformance with applicable state law.