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## **DEPARTMENTAL POLICY**

TITLE: Non-Emergent Patient Responsibility Policy

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### **POLICY**

Patients with outstanding patient responsibility (including limited benefit plans, copays, deductibles, self pay, and co-insurance) seeking care at an Ascension St. Vincent's hospital entity will be screened to determine their ability to pay for their healthcare services. Patient Access, Financial Counseling and Patient Financial Services staff will assist in determining the patient responsible portion of the hospital bill and explore options to include but not limited to third party liability, federal/state/local programs, uninsured discounts and mutually agreeable payment arrangements.

### **PROCEDURE:**

Patients seeking healthcare services from Ascension St. Vincent's (either on a future date or at the current time) should be requested to pay for their estimated patient responsible portion in full prior to or at the time of service. Patients should also be requested to pay any outstanding self-pay accounts receivable or bad debt balances prior to receiving additional services.

Non-Emergent patients who state they are unable to pay their portion should be screened to determine if services could be rescheduled until payment can be made. Input from patient's order, patient's physician office staff and clinical staff should be utilized in making this determination.

If services are urgent, medically necessary or emergent according to the Physician's Order, then, patient should proceed in scheduling and receive financial screening to determine if they qualify for:

1. Medicaid, Medicaid Disability or governmental programs
2. Insurance Exchanges through the Affordable Care Act
3. Third Party and/or Liability Coverage
4. HCRA – (Healthcare Responsibility Act)
5. Crimes Compensation
6. Cobra
7. All other potential funding sources not referenced above

The following CPT Code ranges have been determined to be exempt from this non-emergent patient responsibility policy.

- Pacemaker or Pacing Cardioverter Defibrillator (33202-33249; 33262-33264)
- Cardiovascular Procedures (92920-92979)
- Cardiac Catheterization (93600-93662)

Patients who do not qualify for any of the programs listed herein are classified as having the ability/responsibility to pay and will be processed as follows:

1. An “uninsured or self-pay discount” will be system generated and applied toward their total billed self-pay charges. The self-pay discount is based on the current Ascension St. Vincent’s Jacksonville discount, patients will receive a **58%** discount.
2. If patient is unable to pay in full, then a deposit of 50% of the estimated patient responsible amount should be requested and the remaining balance should be paid in full via payment arrangements.
3. If patient is unable to pay deposit of 50%, escalation to Patient Access Manager for review and determination of payment
4. Patient Access or applicable areas should utilize patient account notes in the R1 Hub to enter the amount patient was quoted for procedure(s) as well as any other important information.

Any exceptions to the above must be reviewed and approved by a Manager or Director of Revenue Cycle. A credit report, medical status and/or other financial information may be used to assist in determining patient’s ability or inability to pay according to the above guidelines.