



POLICY TITLE	Indigent/Charity Care Policy		
POLICY MANUAL	Financial	POLICY AREA	Patient Access
POLICY OWNER	Patient Access Manager	LAST REVISED	10/16/2024

## OBJECTIVE:

To define Indigent and Charity Care as distinguished from bad debts and to establish procedures to ensure consistent identification and recording at Morgan Medical Center and to define and adjust self-pay balances for discounts, as appropriate.

## POLICY:

The Indigent Care Trust Fund (ICTF) program provides funds to serve the health care needs of our community. Morgan Medical Center will provide indigent and charity care to patients without financial means to pay for hospital services.

### ELIGIBILITY FOR INDIGENT CARE

#### 1. INDIGENT CARE:

- A. A financially Indigent patient is a person who is uninsured and is accepted for care with no obligation or a discounted obligation (Charity Care) to pay for services rendered based on Morgan Medical Center's eligibility criteria set forth in this Policy.
- B. To be eligible for Indigent care, a person's total household income shall be at or below 125% of the current federal poverty guidelines. Morgan Medical Center may consider other financial assets and liabilities for the person when determining eligibility.

#### 2. CHARITY CARE:

- A. A charity care patient is a person who qualifies for discounted care who does not have health insurance, or a patient that is unable to pay for all or part of medical costs due to limited income or financial hardship.
- B. To be eligible for charity care, a person's total household income shall be greater than 125% but less than 200% of the current federal poverty guidelines. Morgan Medical Center may consider other financial assets and liabilities for the person when determining eligibility.
- C. Morgan Medical Center will use the most current federal poverty guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for indigent and charity care. The federal poverty guidelines are published in the Federal Register

in February of each year and for the purposes of this Policy will become effective the first day of the month following the month of publication.

- D. In no event will Morgan Medical Center establish eligibility criteria for financially indigent patients lower than that required for counties under the State Indigent Health Care and Treatment Act, or higher than 125% of the current federal poverty guidelines. Morgan Medical Center may adjust the eligibility criteria from time to time based on the financial resources of Morgan Medical Center and as necessary to meet the indigent and charity care needs of the community.

## **IDENTIFICATION OF INDIGENT AND CHARITY CASES**

All self-pay inpatients will be screened for potential governmental programs and all self-pay outpatients will be screened by the Financial Counselor.

- A. The Financial Counselor will determine through the application and supporting documentation if the patient qualifies for indigent and/or charity care. The Financial Counselor will be sure a completed application is on file prior to approving and adjusting off.
- B. The following information will be required for verification of income:
- Copy of Driver's License, Social Security Card or Birth Certificate
  - Recent paycheck stubs:
    - Paid Weekly – 4 paycheck stubs
    - Paid Monthly or Bi-Monthly – 2 paycheck stubs
    - Paid Cash – Letter from Employer
    - Any current medical bills

## **FACTORS TO BE CONSIDERED FOR INDIGENT AND CHARITY CARE**

### **DETERMINATION:**

- A. The following factors are to be considered in determining the eligibility of the patient for charity care:
- a. Gross Income
  - b. Family Size
  - c. Other financial resources
  - d. Other financial obligations
  - e. The amount and frequency of hospital and other medical bills
  - f. Citizen of the U.S.
- B. The current Federal Poverty Guidelines must be attached to application.

- c. All prospective Indigent and/or Charity accounts must remain in a self-pay financial class and regular collection efforts will continue until the application and documentation is received. These accounts are not to be left active indefinitely but adjusted off to bad debt and referred to a collection agency if the appropriate information is not received in a timely fashion.

### **DOCUMENTATION OF ELIGIBILITY DETERMINATION**

Once the eligibility determination has been made, the results will be documented in the comments section of the patient's account and the financial class changed to reflect the appropriate status. The Financial Counselor will be responsible for adjusting all amounts that qualify under the Indigent/Charity program. A spreadsheet will also be kept of the amounts written off each month. This will be emailed to the Director of Revenue and Patient Access Manager monthly. The approved application will be in effect for a period of six months unless the applicant's financial situation changes. The applicant will be responsible for notifying Morgan Medical Center of any changes.

### **REPORTING OF CHARITY CARE**

Information regarding the amount of indigent and charity care provided by Morgan Medical Center in its fiscal year shall be aggregated and included in the Annual report filed with the Georgia Department of Community Health.

### **ATTACHMENTS:**

No attachments.

### **RESPONSIBILITY:**

The Patient Access Manager is administratively responsible for this policy