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Owner Carrie Bowers:
CFO
Area Central Billing
Office

Self Pay Elective Procedure Policy

PURPOSE

Woodlawn Hospital and any hospital owned clinic is committed to providing reasonable options to persons who have healthcare needs and are uninsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Additionally, it is our intent to be good financial stewards of the resources entrusted to us. To that end, we aim to educate, eliminate surprises and hold the patients accountable to their portion of healthcare expenses.

Policy

Consistent with its mission to provide excellent healthcare services by highly skilled staff in a compassionate and caring manner, Woodlawn Hospital recognizes its responsibility to serve patients, employees, physicians, and the community. Woodlawn Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Woodlawn Hospital will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

According to this policy, anyone without 3rd party coverage seeking elective services, shall be referred to one of the Central Business Office (CBO) Financial Counselors **prior** to being scheduled using the attached Self-pay Elective Procedure Referral Form. The financial counselors will screen patients accordingly, provide an estimate and determine the right course of action. Those with Commercial 3rd party coverage, their insurance will be automatically verified, based upon those receiving services that are scheduled, with an estimate provided based upon their insurance benefits. Anyone may receive an estimate at any time upon request or by accessing our Hospital Pricing page on our hospital's website, WoodlawnHospital.com as our compliance relating to the National Transparency Guidelines.

The CBO offers the following options for self-pay patients:

- Patient Resource Advocate with ClaimAid to facilitate with potential healthcare options.
- Compassionate Care Program – please refer to policy.**
- HELP Financial offers affordable patient financing up to 12 months interest free and up to 36 months for a nominal interest rate.
- 25% Self-Pay discount available, only available for those without insurance coverage.

***Please note: applying for healthcare plans and compassionate care is a longer process and will need additional time during the application and review process.*

Patients who do not qualify for a healthcare plan and/or compassionate care or who wish to opt out of the process, will be asked to make a deposit of **50% of gross charges** of services before being scheduled. This includes those making payment arrangements through HELP Financial. Once upfront collections are made, the financial counselor will refer the patient back to the provider's office to be scheduled.

I. DEFINITIONS

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

Elective: An elective surgery/procedure is a planned, non-emergent procedure. It may be medically required or optional but not subject to a time frame. Elective procedures may extend life or improve the quality of life physically and/or psychologically. Some elective procedures are necessary to prolong life but are not considered emergent.

Compassionate Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Compassionate Care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

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

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

II. PROCEDURES

Once the provider's office has determined there is a need to schedule an elective procedure for a self-pay patient, the provider's office will generate the Self-pay Elective Procedure Referral Form with related check list. The provider's office should email the check list to the CBO using email address: CBO; and inform the patient they've been referred to the CBO and a financial counselor will reach out to the patient within 2 business days.

Once the patient has been screened through the financial options, the financial counselor will log all information on the check list. If the patient is continuing with care, the CBO will refer the patient back to

the provider to schedule services with specific instructions. The financial counselor shall also share with the hospital's Patient Access the financial expectations at time registration for any patient they have screened.

Regulatory Requirements: In implementing this Policy, Woodlawn Hospital management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy to include internal policies relating to Collections.
