

HELPING PATIENTS RECEIVE MEDICAL BENEFITS

Collaboration between Hospitals and Legal Services Assists Providers and Low-Income Kansans

BY ROGER L.
McCOLLISTER, JD, &
JOHN H. HOLMGREN



Mr. McCollister is chief executive officer of Kansas Legal Services, Inc., and Mr. Holmgren is former executive director of the Catholic Health Association of Kansas, Topeka, and a healthcare consultant.

Enhancing the availability of healthcare for the poor is central to the mission of Catholic healthcare organizations. However, growth in the number of uninsured and underinsured patients has made it increasingly difficult to generate adequate resources to achieve this fundamental goal. The Catholic Health Association of Kansas (CHAK) and Kansas Legal Services, Inc. (KLS), are addressing these problems by helping patients obtain assistance from public benefit programs.

KLS is a not-for-profit, public-interest law firm dedicated to assisting economically disadvantaged Kansans. Through its 12 field offices statewide, KLS provides public benefits assistance and civil legal advice and representation to more than 20,000 low-income Kansans annually. CHAK is a not-for-profit membership organization that includes all the Catholic hospitals in Kansas. The association cooperates closely with the Kansas Catholic Conference of Bishops, the Kansas Hospital Association, and other healthcare organizations. Both KLS and CHAK have furthered their common goal of improving access to health-

care for low-income patients through the newly developed Hospital Patient Assistance Program, a collaborative effort.

THE PROJECT'S PURPOSE

The purpose of the Hospital Patient Assistance Program is to help uninsured or underinsured persons obtain any public medical assistance available to them. Marilyn Harp, managing attorney of Legal Services of Wichita, says the hospital project maximizes the amount hospitals receive for treating low-income people, thus "keeping hospital doors open to this population." In addition, she says, "Practicing preventive law avoids collection actions against our clients who would otherwise be unable to pay their hospital bills."

Since the program began in March 1990, it has grown to include approximately 49 church-related and community hospitals statewide, the majority of which are Catholic hospitals. By July 1993 new medical cards were obtained for approximately 2,200 persons.

Medical cards may be obtained by income-eligible individuals or families who file an application with the state's welfare department for

Summary In Kansas, legal services lawyers have teamed up with Catholic healthcare administrators to help uninsured and underinsured hospital patients receive healthcare benefits from programs for which they may be eligible.

The project—Hospital Patient Assistance Program—provides comprehensive assistance in establishing a patient's eligibility for medical benefits.

Hospital participation in the program is simple. When business office or admissions staff discover that a self-pay patient has been registered with the program, they refer the patient to Kansas Legal

Services, Inc. (KLS). KLS staff members try to determine if the patient is eligible for benefits from any of a number of programs, including Medicaid, Medicare, and Crime Victims Assistance. If KLS finds no programs for which the patient is eligible, it does not accept the case and notifies the hospital.

Hospitals participating in the program have found that many accounts they previously wrote off as not collectible can be paid. Since the program began in 1990, participating hospitals have realized almost \$8 million in payments from various benefit sources.

Medicaid, MediKan (a state-funded medical assistance program), Aid to Families with Dependent Children, or other government programs. The medical services available to the holder of a medical card vary by program. Card holders present the card to participating hospitals, just like they would a regular insurance card. The state is billed for the service. In most cases there is a deductible or copayment required of card holders.

The hospitals participating in the program have realized nearly \$8 million in payments from various benefit sources as a result of the new medical cards obtained for patients.

An additional benefit of the program is the discovery of patients' non-health-related legal problems. The program provides assistance to patients seeking public housing, protection from abuse, and other services related to their basic needs. The program, in effect, serves as a legal assistance outreach vehicle for low-income patients.

How It Works

Participating hospitals' involvement in the Hospital Patient Assistance Program is simple. When the business office or admissions staff discover that a self-pay patient has been registered with the program, they refer the patient to KLS to explore possible medical benefit options. When possible, KLS meets with each patient while he or she is still in the hospital. KLS staff contact outpatients by telephone or letter and visit them at home whenever possible.

KLS staff members attempt to determine if each patient is eligible for any of a host of programs, including Medicaid, Medicare, Crime Victims Assistance, COBRA, Veteran's Administration benefits, Social Security Disability, and MediKan.

The first step in the process is the client interview to obtain asset and income information. If KLS finds no programs for which the patient is eligible, it does not accept the case and notifies the hospital. If KLS accepts the case, it provides comprehensive assistance in establishing the patient's eligibility for medical benefits. A staff member completes public benefits applications,

Many accounts hospitals wrote off as not collectible can now be paid.

attends required hearings or meetings at the Kansas Department of Social and Rehabilitation Services, obtains required documentation, anticipates deadlines, files appeals, and ensures that the hospital can bill all claims.

THE PROJECT'S VALUE

The Hospital Patient Assistance Program frees hospital staff to concentrate on patients' physical and emotional needs. The

application process for Medicare, Medicaid, and other assistance programs is often complicated and cumbersome. Many potential beneficiaries are mistakenly not approved, give up during the process, or are unaware of what benefits are available. Hospital staff cannot always help indigent patients with public benefits applications. Left on their own, after discharge these patients may be forced to wander through the public benefits maze without adequate guidance. When that happens, patients are less likely to gain eligibility for medical assistance programs and hospitals are less likely to be paid for services provided.

Hospitals participating in the Hospital Patient Assistance Program have discovered that many accounts they previously wrote off as not collectible can be paid, at least in part, with the help of experienced attorneys and paralegals. One large hospital that recently began participating had previously written off an account for more than \$700,000, believing that no payment was possible. The hospital referred the case to the project, which obtained a medical card for the patient, and the hospital received more than \$300,000 on this so-called noncollectible account through the Hospital Patient Assistance Program.

The difficulties encountered by low-income patients applying for public or private medical assistance benefits are not unique to Kansas. KLS, through its subsidiary Midland Professional Associates, is considering taking the expertise it has gained in Kansas and applying it in neighboring states. The need for this kind of medical assistance for low-income patients will no doubt continue to grow as the number of uninsured Americans increases and as state and national health insurance programs evolve. □