CLAXTON-HEPBURN MEDICAL CENTER
POLICY AND PROCEDURE

SUBJECT: Charity Care

Effective Date: April 4, 2016

Generated by:_____ _____ Date:
Mary Ellen Judware
Director of Patient Financial Services and Registration

Approved by: _____ Date:
Kelley Tiernan Chief Financial Officer

Approved by: _____ Date:
Perrine, Vicki Chief Operating Officer

PURPOSE: Claxton Hepburn Medical Center offers help through our Charity care program for patients with undue hardship in paying for their Essential Healthcare Services. Our goal is to help our patients explore all available options to meet their financial Healthcare cost needs of the services received at Claxton Hepburn Medical Center.

SCOPE: Claxton Hepburn Medical Center staff & patients

POLICY STATEMENT: Claxton-Hepburn Medical Center will provide Charity Care to patients who have been established as having inadequate means to pay for Essential Healthcare Services provided to them by Claxton Hepburn Medical Center The identification of inadequate means will be based on criteria established by the NYSDOH, Patient Financial Services and approved by Administration.

RESPONSIBILITY AND AUTHORITY:
Owner: Director of Patient Financial Services and Admissions
Support: CHMC Staff & Patients

DEFINITIONS:
Essential Health Services: means available medical and dental services and supplies that are deemed to be medically necessary for a patient's health. Essential Health Services include those services that are necessary to prevent, diagnose, or treat conditions in a person that cause acute suffering, endangering of life, or result in illness or infirmity.

Claxton-Hepburn Medical Center provides emergency care and medically necessary, essential health services without regard to the patients source of payment.

Health Care services that qualify as Essential Health Services may be delivered in both inpatient and outpatient hospital settings. Essential Health Services are the most appropriate level of services or supply that can safely be provided to the patient. Essential Health Services are medically necessary services and do not include, for example, medically unnecessary cosmetic surgery, nor services primarily for the convenience of the patient, his/her family or provider. To be considered for financial assistance, applications must be made within 90 days from the date of service.

PROCEDURE: Financial assistance consideration will be given to those patients who demonstrate that they have been unable to secure health care coverage through a publicly sponsored New York State program and are unable to obtain financial help through other private funding resources.

Eligibility is based on the NYSDOH Federal Poverty Guideline and Include:

- **Size of family**
- **Household income**

To receive a charity care application, a patient may call to speak with a Claxton-Hepburn Medical Center financial counselor at (315) 713-5117 or (315) 713-5118.

PROCESS

Step 1: The patient financial services counselor will determine if there are any other sources of payment:

Group Medical Medicare/Medicaid Third Party Liability
Any other government or private agencies for which the patient may be eligible

Step 2: If no method of coverage exists, the financial counselor will refer the patient/guarantor to our contracted facilitated enroller for assistance in applying for publicly sponsored program if the patient wishes to.

Step 3: The patient/guarantor may complete an application for financial assistance with the help of the financial counseling staff. Requested documentation must be provided to the hospital within 25 days of application.

Step 4: Considerations: Family members-persons occupying the same household/dependant and current income.

Step 5: Patient Financial Services will determine eligibility within 30 days of receipt of completed application and all required supporting documentation. Once patient financial services receives an application, the patients bills will be placed on hold and the patient can disregard any bills until the hospital has rendered a decision on their application.

Step 6: Applicant will receive written notice of approval or denial. The approval will state the amount of the discount and the payment plan term and number of installments. The monthly payment will not exceed 10% of the applicant's gross monthly income.

Step 7: Patient's have the right to an appeal process in the case of a denial. Appeals must be made in writing within 20 days from the date of the denial letter. A final determination will be made within 20 days of the date of appeal.

Step 8: Amish patients will follow the same guidelines with the exception of applying for government assistance based on their cultural/religious background.

Step 9: Collection practices

- **CHMC cannot commence collections against any patient who was eligible for Medicaid at the time services were provided.**
- **CHMC must require any contracted collections agencies to comply with the hospital's financial assistance policy.**
- **Contracted collection agencies must provide information to patients on how to apply for financial assistance.**
- **CHMC may not send an account to collections if an application for financial assistance is pending.**
- **Patients must receive notification that an account will be referred to collections at least 30 days prior to referral.**
- **Contracted collections agencies must obtain the hospitals written consent before commencing a legal action.**
- **Hospitals may not force the sale or foreclose of a patient's primary residence to collect on an outstanding bill.**

Assumptions:
Federal Poverty Levels-Adjusted to 300% of FPL $3,960.00 or each additional household member.
Discounts given in equal increments based on income level.

Fee Caps by Patient's Income Level Income less than or equal to 100% FPL
Nominal payment may be requested.

Income between 101% and 150% FPL
Sliding fee scale, in equal increments, up to 20% of Medicare, Medicaid or third-party rate.

Income between 151% and 250% FPL
Sliding fee scale, in equal increments, up to Medicare, Medicaid or third-party rate.

Income between 251% and 300% FPL
No more than Medicare, Medicaid or third party rate.

Financial Assistance chart attached on page 4 and 5 of this policy.

The Patient and/or Guarantor will be responsible for stated percentage of Medicare, Medicaid or third-party rate.

RECORDS:
REFERENCE DOCUMENTATION

Item	Documentation identification	Document owner

CHANGE RECORD

Rev.	Date	Responsible Person:	Description of change	Policy Committee Date or NA
1	3/2014	Director of Patient Financial Services and Admissions	Deleted language to comply with HFAL	
2		Director of Patient Financial Services and Admissions	Updated sliding scale Based on DOH FPL guidelines	
3		Director of Patient Financial Services and Admissions	Updated sliding scale Based on DOH FPL guidelines for 2016	