



Revenue Cycle - Policy and Procedure Manual

Category/Section: Charity Care & Financial Assistance

Policy Number: RC-001

Title: Charity Care & Financial Assistance

Policy Origination Date: 04/01/2014

Policy Revision #:

Last Date Reviewed: 08/02/2017

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Effective Date of Current Revision: 09/01/2017

POLICY:

As part of our not-for-profit mission, St. John's Episcopal Hospital provides charity care and/or financial assistance to those who are unable to afford to pay for hospital care, and who have not qualified for other coverage alternatives for medically necessary hospital services rendered.

PURPOSE:

To qualify and make available to the St. John's Episcopal Hospital patient population charity care and/or financial assistance when no other coverage alternatives are available to cover the cost of medically necessary hospital services.

ATTACHMENTS:

Addendum A – Financial Aid Eligibility Chart/Charity Care, Gross Income Categories

Addendum B – St. John's Episcopal Hospital Charity Care (St. John's Choice) & Financial Assistance Process.

DEFINITIONS:

Charity Care – refers to free or low cost care by hospital to uninsured or underinsured patients.

RESPONSIBILITIES:

AVP of Revenue Cycle will update the policy annually upon Federal Poverty Level publication, and intermittently (as needed) when DOH provides any updates to existing DOH policy.

Financial Counselor(s) or equivalent staff will determine patient eligibility based on information and documentation provided by the patient and/or patient representative. The determination will be communicated to the patient in writing and recorded accordingly in the hospital's billing system.

Patient Accounts management will review appeals to charity denial notification(s) and confer with AVP of Revenue Cycle to provide final disposition to appeal submitted. Management is also responsible for auditing the Charity Care Application process to ensure compliance with existing policy.

PROCEDURES/GUIDELINES:

1. *Patient is interviewed by Financial Counselors or equivalent staff (includes staff from all intake areas: ER, Clinics, Patient Accounts, etc.).*
2. *Financial Counselors or equivalent staff determines if Patient is Insured, Uninsured or Underinsured (i.e.: has excessive income and not Medicaid eligible).*
3. *Financial Counselors advise the patient of available government insurance programs, such as Medicaid. For all patients who meet eligibility criteria, a Medicaid application will be prepared and submitted to the Medical Assistance Program.*
4. *Financial Counselors will advise patient of St. John's Choice (Charity Care option). Financial Counselors will obtain basic required information, such as household composition and income. Financial Counselors will assist patient in completing the Charity Care Application and secure the patient's signature to attest to the accuracy of information provided on the form.*
5. *The form with the patient's signature will be scanned into the patient's account.*
6. *The Financial Counselors, using the information present on the signed Charity Care Application will review the Poverty Level Schedule/Fee Scale chart, and determine the patient's responsibility. The Financial Counselors will notify the patient of their ultimate financial responsibility.*
7. *The Financial Counselor shall prepare the "Notice of Reduced Fee Determination" and either give it or send it to the patient.*
8. *The Financial Counselors will then make the adjustment to the applicable open accounts. Based on the poverty level guidelines patient balance will appear and the account will be in a Charity Care Insurance plan. The remaining balance of the bill will be written off as a Charity Care adjustment. Patient balances listed in the Charity Care Insurance plan shall be operationally handled like any other insurance plan including sending it to Bad Debt for the remaining patient responsibility. In sending these cases to Bad Debt they can only be referred for the amount that was reduced and was the patient's responsibility. In addition, the patient responsibility will include the applicable NYS HCRA Surcharge (9.63%).*
9. *While every effort should be made to document the information on the Charity Care application, the final decision of the patient's responsibility can be based solely on the information contained on the signed Charity Care Application.*
10. *If Patient Accounts receives documentation that differs from the information on the Attestation Form, a new Charity Care fee scale agreement will be calculated based on the new information received.*
11. *The hospital will make a written determination of eligibility no more than thirty days (30) after receiving and reviewing the completed application and the information submitted to support the household income reported. If based on income and family size, it is determined that patient may qualify for Medicaid benefits, an Affordable Care Act insurance program or other similar programs, eligibility determination will be not be made until such applications are completed and submitted.*
12. *This charity care program does not cover Physicians or Anesthesiologist whose billing is independent from that of the hospital.*
13. *See Addendum A for Poverty Level Schedule / Fee Scale.*

14. Application and patient letters are available in both English and Spanish.
15. The Charity care application is valid for 12 months (from January 1st through December 31st); patients are required to be re-screened for eligibility every year – on or after January 2nd of the year financial assistance would apply to.

RELEVANT REFERENCES:

Public Health Law 2807-k(9-a) – Financial Aid

2017 Poverty Guidelines

<https://www.gpo.gov/fdsys/pkg/FR-2017-01-31/pdf/2017-02076.pdf>

RELATED POLICIES:

None

LIST OF REVISIONS:

Revision No.	Date of Change	Additions/Amendments
1	11/20/2014	<ol style="list-style-type: none"> 1. Added Charity Care definition. 2. Added Public Health Law 2807-k (9-a) – Financial Aid to Relevant References section of policy. 3. Added notice stating that hospital will follow its collection policy on outstanding balances after applicable charity care adjustments (page 3 of Addendum B). 4. Added notice to patient to disregard hospital bills upon submission of a completed Charity Care Application and related documents until the hospital decision on said application is received by the patient or patient representative (Page 3 of Addendum B). 5. Added DOH contact information to denial of charity eligibility notification (page 20 & 21 of Addendum B). 6. Removed dollar amounts from Other Assets/Resources section of Addendum B (page 10).
2	02/23/2016	<ol style="list-style-type: none"> 1. Added 2016 Poverty Guidelines link to Relevant References section of policy. 2. Updated facility logo on Addendum A. 3. Updated respective year to reflect 2016 on Addendum A. 4. Updated effective date on Addendum A. 5. Updated dollar amounts on Addendum A. 6. Updated Poverty Guideline Source on Addendum A. 7. Updated revised date on Addendum B (cover page). 8. Updated page 6 & 7 of Addendum B to reflect AVP Revenue Cycle's signature, name and title. 9. Updated page 11 with current year (2016), dollar amounts for 2016 Poverty Guidelines and link for respective information. 10. Updated contact telephone number on page 12, 13, 16, 17, 20, & 21.

3	04/14/2017	<ol style="list-style-type: none"> 1. Added 2017 Poverty Guidelines link to Relevant References section of policy. 2. Updated facility logo on Addendum A. 3. Updated respective year to reflect 2017 on Addendum A. 4. Updated effective date on Addendum A. 5. Updated dollar amounts on Addendum A. 6. Updated Poverty Guideline Source on Addendum A. 7. Updated revised date on Addendum B (cover page). 8. Updated page 11 with current year (2017), dollar amounts for 2017 Poverty Guidelines and link for respective information.
4	08/02/2017	<ol style="list-style-type: none"> 1. Revised Last Date Reviewed to reflect 8/2/2017. 2. Revised Effective Date of Current Revision to reflect 9/1/2017. 3. Updated item# 15 to further define the "12 months" period as January through December, and indicated that patients are required to be re-screened every year on or after January 2nd. 4. Updated Addendum A to reflect Effective for dates of service starting 9/1/2017; revised Clinic & Emergency Room rates; removed "Sliding Scale Fees" & "Radiologist" from exclusion section (right side of document), and revised "Non-ER Group" to reflect "Non-P.C."; also revised note at bottom of addendum to specify the P.C.s associated with Clinic and ER groups. 5. Updated Addendum B to reflect "Revised August 2, 2017"; revised page 6 & 7 "CP156" to "T5-33" and hours of operation; also revised page 20 & 21 "T178" to "CP153".

TITLE, POLICY OWNER:

Bertrand Batista, AVP of Revenue Cycle

RECOMMENDED/APPROVED BY:

AVP of Revenue Cycle

FINAL APPROVAL BY: _____

Bertrand Batista, AVP Revenue Cycle

DISTRIBUTION:

- Nursing Staff
- Medical Staff
- Department Heads
- All Employees
- Other _____