

SUBJECT: CHARITY CARE	PAGE: 1 OF: 6
DEPARTMENT: All Departments within the Organization	ORIGINATION DATE: 10/23/2014
POLICY MANUAL: ADMINISTRATIVE	REVISION DATE: 05/03/2019

**POLICY:**

It is the policy of Evans Memorial Hospital (EMH) to provide emergency care to all patients regardless of ability to pay. EMH shall allocate resources to identify charity cases and provide uncompensated care based upon the information submitted at the time of application for charity care by the patient or their representative or through the use of other criteria-based methods to determine charity eligibility.

**DEFINITION OF TERMS:**

Family Unit Size - The applicant (patient, if applicable), spouse, and all legal dependents as allowed by the Federal Government. If patient/applicant is a minor, the family unit will include parent(s)/legal guardian(s) and all household dependents as allowed by the Federal Government.

Family Unit Income - The gross income for all members of the family unit for the last three months or the last calendar year, whichever is the lesser amount. Examples of income are retirement, veteran’s administration, workers compensation, sick leave, disability compensation, welfare, social security retirement (SSI not included in income determination), alimony, child support, stock/certificate dividends, interest, or income from property.

Medically Indigent - An uninsured person who is not eligible for other health insurance coverage such as Medicare, Medicaid, or other private insurance. Those that are “medically indigent” make too much to qualify for Medicaid but too little to purchase health insurance or health care.

Service Area – Residents of Evans and Tattnall counties

Uninsured patients - Patients without third party insurance coverage for health services.

**PROCEDURE:**

- A. Charity adjustments may only be granted to patients receiving non-elective care. Charity adjustments may be applied to approved accounts for uninsured patients based on the patient’s total gross family income and the patient’s willful cooperation in applying for Medicaid or other available coverage.
- B. In order to ensure the funds for uncompensated care are not abused and will be available for those in need within EMH's service area, EMH will make reasonable attempts to assist eligible candidates to become covered under any available assistance programs in the community.
- C. EMH proactively makes reasonable efforts to determine whether a patient is eligible for financial assistance before engaging in any collection activities.

SUBJECT: CHARITY CARE	PAGE: 2 OF: 6
DEPARTMENT: All Departments within the Organization	ORIGINATION DATE: 10/23/2014
POLICY MANUAL: ADMINISTRATIVE	REVISION DATE: 05/03/2019

D. Eligibility Criteria:

1. Charity care is secondary to all other financial resources available to the patient. Insured patients are eligible for charity if their family income is 200% or less of the Federal Poverty Guidelines and they meet all other criteria. Patients who are insured and their family income is more than 200% of the Federal Poverty Guidelines are ineligible for the charity program but will be considered under the catastrophic provision should the remaining balance for which they are responsible exceed 25% of the family's annual gross income.
2. Determination of eligibility of a patient for charity care shall be applied regardless of the source of referral and without discrimination as to race, color, creed, national origin, age, handicap status, or marital status.
3. Patient care that is cosmetic, experimental, or deemed to be non-reimbursable by traditional insurance carriers and governmental payors shall not be considered eligible for charity care under the Charity Care Program. EMH will make an effort to notify the patient in advance of the lack of eligibility of such care under the Charity Care Program.
  - a. Charity care will be provided to uninsured patients when net available assets are not sufficient and gross family income is between 0 and 300 percent of the Federal Poverty Guidelines adjusted for family size.
  - b. Charity care will be provided to insured patients when net available assets are not sufficient and gross family income is between 0 and 200 percent of the Federal Poverty Guidelines adjusted for family size.
4. The financial obligations that remain once the charity payment has been applied must be satisfied according to EMH's Organizational Administrative Policy Payment Arrangements.
5. A patient who does not qualify for charity care, but whose patient responsibility incurred for medical care at EMH, even after payment by third-party payers, significantly exceeds the patient's ability to pay the balance in full (25% or more of the patient's gross income, considering all assets and resources) may be considered for a catastrophic charity adjustment.

E. Eligibility Determination

1. Charity eligibility can be determined once a completed application has been received along with **ALL** supporting documentation or through other criteria-based methods to determine charity eligibility. Should documentation not be supplied or should the application remain incomplete, charity will **NOT** be granted. In these instances, the account(s) will be noted as uncooperative and will be subject to the normal account flow process of self pay collection statements and outsourcing to bad debt collection agencies as well as debt collection attorneys as appropriate.
2. The practice group, Southland MD, aka, Southland Evans Emergency Medical Services, contracts with the hospital to provide emergency medical services. The hospital facility charges rendered in the emergency department will be considered for charity care.

SUBJECT: CHARITY CARE	PAGE: 3 OF: 6
DEPARTMENT: All Departments within the Organization	ORIGINATION DATE: 10/23/2014
POLICY MANUAL: ADMINISTRATIVE	REVISION DATE: 05/03/2019

However, the physician charges rendered by Southland MD are independent from the hospital and will not be considered for charity care.

3. Patient should be a resident of one of the counties in EMH's service areas. There are no requirements for residency for emergency care service. Patients who live outside the service area but require emergency care while traveling within the service area will also be considered for charity care. Listed below are examples of acceptable proof of residency:
  - a. County property tax assessment statement.
  - b. Utility bill showing current county address.
  - c. Rent receipt(s) showing evidence of county of residence.
  - d. County food stamp letter.
  - e. Voter registration card.
  - f. Valid Georgia driver's license.
  - g. Senior Citizen picture I.D. with local residence address.
4. Cases for consideration may be requested by the patient, the patient's family, the patient's physician, EMH personnel who have been made aware of the financial need of the patient, or recognized social agencies.
5. In instances where charity eligibility has been determined through the use of other criteria-based methods, a member of the Patient Financial Services team will follow up with the patient directly to assist the patient in providing the paperwork required for charity approval.
6. Following the initial request for charity care, EMH will pursue other sources of funding, including Medicaid and/or state programs. If a patient refuses to pursue any other source of funding, the patient will be ineligible for the Charity Care Program. All outstanding accounts will be notated as uncooperative and will be subject to the normal account flow process of self-pay collection statements and outsourcing to bad debt collection agencies as well as debt collection attorneys if appropriate
7. Forms and instructions will be furnished to the responsible party when charity care is requested, when need is indicated, or when financial screening indicates potential needs. Refusal to complete the forms will result in denial of charity care and will subject the account to the normal escalation process including self pay collection statements and outsourcing to bad debt collection agencies as well as debt collection attorneys.
8. The responsible party will be given fifteen (15) business days or a reasonable time as required by the person's medical condition to complete the required forms and furnish proof of income and assets.
9. Designations of charity care, while generally determined at the time of application, may occur at any time prior to judgment upon learning of facts that would indicate financial need. If a responsible party pays a portion or all of the charges related to medical care and is subsequently found to have met the charity care criteria at the time of application, the amount that will be eligible for charity care will be the balance due on the patient's account at the time of reapplication.
10. Approval for charity is granted for periods of six (6) months. If it has been longer than 6 months since an application and financial documentation have been supplied to EMH, a

SUBJECT: CHARITY CARE	PAGE: 4 OF: 6
DEPARTMENT: All Departments within the Organization	ORIGINATION DATE: 10/23/2014
POLICY MANUAL: ADMINISTRATIVE	REVISION DATE: 05/03/2019

new application and required documentation must be provided for reconsideration of charity care.

11. If the patient/responsible party's financial situation changes after charity has been approved and awarded, EMH reserves the right to reverse their decision at the discretion of the Revenue Cycle Director in accordance with the Chief Financial Officer. Examples include but are not limited to a payout from court settlement, lottery, etc.

#### F. Application Process

1. All patients desiring consideration under EMH's Charity Care Program must apply for assistance in writing disclosing financial information that is considered pertinent to the determination of the patient's eligibility for charity care. Persons requesting assistance will be given a Charity Care Application form. The patient will authorize EMH to make inquiries of employers, banks, credit bureaus, and other institutions for the purpose of verifying statements made by the patient in applying for assistance.
2. When returned, the financial statement shall be accompanied by one or more of the following types of documentation as needed for purposes of verifying income:
  - a. Payroll check stubs for the last three months.
  - b. IRS tax return forms from the most recently completed calendar year.
  - c. Forms denying unemployment or worker's compensation benefits.
  - d. Income shall be annualized, when appropriate, based upon documentation provided and upon verbal information provided by the patient. This process will take into consideration seasonal employment and temporary increases and/or decreases of income.
3. All applications, supporting documentation, and communications will be treated with proper regard for patient confidentiality. EMH will exercise reasonable care to maintain supporting documents with the application form.
4. Additional information may be requested to complete the application.

#### G. Calculations

1. The calculation of the discount for uninsured patients qualified for a charity care adjustment will be based on our Medicare reimbursement rate. This discount will be updated annually when new Medicare rates are received. Uninsured patients (i.e. those patients without third party coverage for health care services) qualify for a charity adjustment on a sliding scale as follows:
  - a. Family income of 150% or less of the Federal Poverty Guidelines qualifies for a 100% charity adjustment, which means that their services are free.
  - b. A family income between 151%-185% of the Federal Poverty Guidelines qualifies for an adjustment based on the Medicare reimbursement rate plus an additional 40%.
  - c. A family income between 186%-235% of the Federal Poverty Guidelines qualifies for an adjustment equivalent to the hospital's Medicare reimbursement rate plus an additional 20%.

SUBJECT: CHARITY CARE	PAGE: 5 OF: 6
DEPARTMENT: All Departments within the Organization	ORIGINATION DATE: 10/23/2014
POLICY MANUAL: ADMINISTRATIVE	REVISION DATE: 05/03/2019

d. A family income between 236%-300% of the Federal Poverty Guidelines qualifies for an adjustment equivalent to the hospital's Medicare reimbursement rate.

Example of the calculation: if a patient's gross charges for services are \$1,000, the charges will be discounted to the Medicare reimbursement ( $\$1,000 \times 26.22\% = \$262.20$ ). The patient with an income of 236%-300% of the Federal Poverty Guidelines would be responsible for \$262.20.

2. The calculation of the discount for insured patients qualified for a charity care adjustment will be based on the Federal Poverty Guidelines for indigent and charity classification. This discount will be updated annually based on any changes to the Federal Poverty Guidelines.

The insured patients (i.e. those patients with third party coverage for health service but family income is 200% or less of the Federal Poverty Guidelines) qualify for a charity adjustment on a sliding scale as follows:

- a. Family income of 125% or less of the Federal Poverty Guidelines qualifies for a 100% charity adjustment, which means that their patient liability will be zero.
- b. A family income between 126%-175% of the Federal Poverty Guidelines qualifies for an 80% adjustment of their patient liability.
- c. A family income between 176%-200% of the Federal Poverty Guidelines qualifies for a 70% adjustment of their patient liability.

Example of the calculation: if a patient's gross charges for services are \$1,000, the insurance company pays \$500, and the contractual adjustment is \$200, the patient liability is \$300. The patient with an income of 175% of the Federal Poverty Guidelines would be responsible for \$60 ( $\$300 \times 20\% = \$60$ ), the patient liability with an 80% discount.

3. Insured patients or uninsured patients who are not eligible for charity and the patient's responsibility exceeds 25% of the annual gross family income may qualify for a catastrophic charity adjustment of up to 75% of the patient's account.

#### H. Notification

1. EMH will make reasonable efforts to notify the patient of the final determination within fifteen (15) working days of receipt of financial statement with related documented materials (proof of income, etc.).
2. The notification will include a determination of the amount for which the responsible party will be financially accountable.
3. Denials will be written and include instructions for reconsideration.

- I. The responsible party may request reconsideration of eligibility for charity care by providing additional verification of income or family size to the Financial Counselor within thirty (30) calendar days of receipt of notification. The Revenue Cycle Director will review all requests for reconsideration and will make the final determination. If the determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor.

SUBJECT: CHARITY CARE	PAGE: 6 OF: 6
DEPARTMENT: All Departments within the Organization	ORIGINATION DATE: 10/23/2014
POLICY MANUAL: ADMINISTRATIVE	REVISION DATE: 05/03/2019

- J. In the event of non-payment by a patient for their portion of their account, EMH or its representative will send two collection letters before sending the account to a collection agency. The collection agency will continue collection activities, which include reporting to the credit bureau and the use of bad debt collection attorneys when appropriate.
- K. EMH will make concerted efforts to promote the Charity Care Program. The program is promoted on EMH's web site, and provided at registration to any patient inquiring about the Charity Care Program.

Approval History:  
06/29/2018