

Eastern Connecticut Health Network

Policies & Procedures

SUBJECT: Charity Care Write-Offs	EFFECTIVE DATE: 3/10/04
POLICY #: CHARITY CARE	ORIGINAL ISSUE DATE: 3/10/04
DISTRIBUTION: PFS	LAST REVISED: 2/5/09

STATEMENT OF POLICY:

ECHN shall assist patients who are financially unable to pay for services rendered according to established payment guidelines and meet the defined Hospital and charity care criteria. The hospital will rely on the annually published poverty guidelines from the Federal government in determining those patients that may qualify for charity assistance. The hospital will further adhere to all State and Federal regulations regarding the identification and write-off to charity care.

PURPOSE:

To identify those patients that qualify for charitable assistance and to complete write-off procedures that is in keeping with State and Federal regulations.

The following guidelines have been established to assist in determining whether or not an individual is eligible for charity care:

- o Charity Applications cover a (6) six month time span and patient/ Guarantor must re-apply beyond that time frame
- o If application is mailed to patient, the representative who is sending the application needs to sign their name and document on the application that it was mailed. Note must be made in Meditech.
- o Application must be fully completed and signed by the patient/ responsible part and returned to Patient Financial Services.
- o Patient's income is verified by evidence of check stub, W-2, tax return, or at the discretion of Patient Accounts.

PROCEDURE:

Responsible Party **Guidelines/Action Steps:**

PAL or
Follow-up
Representative

1. Identifies Self Pay patients that could potentially be eligible for State or Town Assistance.
2. Works with patients to complete Medicaid Application.
3. Follows up with patients to ensure that all requested documentation is submitted to the State.
4. Upon learning the patient is not eligible for assistance, provides Charity Care application to the patient.

Self Pay
Representative

5. Reviews accounts assigned on worklist on a daily basis.
6. Attempt to collect payment according to procedure entitled "Self Pay Follow-Up".

Charity Care
Processor

7. Determine that guarantor is unable to make payment according to established guidelines due to financial hardship.
8. Contact and assess responsible party prior to providing application to establish if qualifies financially.
9. Request guarantor to complete a "Charity Care Application" to determine if an adjustment can be awarded based on poverty guidelines .
10. Provide or send application to guarantor with a return envelope.
11. Receive completed application back from guarantor.
12. Determine if patient is eligible for assistance according to published guidelines.
13. Contact patient and inform them of the application status. Send out written approval or denial on all Charity applications within 4 business days.
14. Process the approved charity assistance adjustment in Meditech using code ADJ - COMM FINAN ASSIST PROGRMCCFAP.
15. For account with a patient balance the appropriate balance will be dropped to the self pay bucket.
16. Document application in office use only box stating approve, reason, amount and signature of employee making the determination and date the application.

17. Store application in Charity Care file/ folder

Charity Denials

1. If applicant is over guidelines, Charity Care must be denied.
2. Reject reason, either/or, "over assets or over income". Signature of employee making the determination and date the application.
3. Denial letter must be sent to the patient.
4. Choose Charity Denial letter. Send the letter to the patient.
5. File denied application in Charity Care denial folder/file

Patients who meet the Connecticut Department of Health and Human Resources income and resources guidelines, but who are not categorically eligible for Medicaid, will be considered medically needy and eligible for Charity Care.

Income Guidelines (2009):

Income asses:

2009

Federal Poverty Guidelines 100% 125% 150% 175% 200% 250%

% of Write Off	100%	91%	82%	73%	64%	54%
						56%
Family Size						
1	10,830	13,538	16,245	18,953	21,660	27,075
2	14,570	18,213	21,855	25,498	29,140	36,425
3	18,310	22,888	27,465	32,043	36,620	45,775
4	22,050	27,563	33,075	38,588	44,100	55,125
5	25,790	32,238	38,685	45,133	51,580	64,475
6	29,530	36,913	44,295	51,678	59,060	73,825
7	33,270	41,588	49,905	58,223	66,540	83,175
8	37,010	46,263	55,515	64,768	74,020	92,525

MMH
RGH

Assets considered:

1. Real property
2. Automobile
3. Recreational vehicles
4. Bank accounts
5. Rental property
6. Other investments

Notice of Availability for Uncompensated Care

Eastern Connecticut Health Network, Inc. will provide assistance for those patients who fall within the guidelines below.

To be eligible to receive uncompensated care, your family must be at or below the following current guidelines.

Family Gross Income Levels

2009

**Federal
Poverty
Guidelines**

	100%	125%	150%	175%	200%	250%
% of Write Off	100%	91%	82%	73%	64%	54% 56%
Family Size						
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RGH

Add \$3,740 for each additional member.

If you feel you may be eligible, you may request free services at the Patient Counseling Offices. Requests may be made prior to admission, during the stay or at time of discharge. A financial evaluation form and application will be provided for the applicant upon request. The Hospital will make a final determination of your eligibility for uncompensated services.

When Third Party coverage is available (Medicare, State, SAGA, etc) all applicable benefits must be applied first. Patient convenience items such as private room differentials are not covered.

Refusal to take reasonable actions necessary to obtain these available benefits can exclude the granting of uncompensated services.

Source – Federal Register Income Poverty Guidelines

Revised 1/25/2008