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Policy Area: Patient Accounts
References:

Charity Care Guidelines

PURPOSE:

Provide detailed steps to determine a patients' eligibility for financial assistance under Grant Memorial Hospital's Charity guidelines.

POLICY:

Grant Memorial Hospital (GMH) recognizes that not all uninsured or under insured patients meet eligibility requirements for federal and state programs. Additionally, the Marketplace may provide insurance coverage; however, high dollar patient responsibilities may not be affordable to some patients. Therefore, in addition to assisting patients in determining eligibility for these programs and being consistent with its mission and values, GMH offers financial assistance (Charity Care) to eligible individuals and families.

- Completed application must be returned by the patient within 30 calendar days from date of service.
- Charity determination must be returned to applicant within 15 calendar days of receipt of completed application and supporting documentation form. Determination is valid for 6 consecutive months. After the initial 6 month period, a new application and determination is required.
 - *NOTE: Applications received for 2013 services may not cover 2014 services as uninsured patients should obtain coverage through the Medicaid Expansion program or the Marketplace. However, it is possible that patient obtaining insurance via the Marketplace may apply for charity care as an underinsured patient.*
- Assistance is based on income levels and savings at the time of the initial application. If the applicant's income level changes during the 6 month period, and updated application is required.
- Charity application may be retroactively approved for dates of service 6 months prior to the date of the current application. Proof of income for the entire period covered is required with the application.
- For uninsured patients, GMH will require patient to apply for Medicaid and submit a denial letter. Exception, patients receiving Medicare and those whom do not live in the state of West Virginia.
- Certain medical procedures are excluded; some examples include all types of cosmetic surgery, bariatric surgery, sterilization reversal and other procedures not deemed medically necessary.
- GMH's charity assistance may include certain physicians' charges, as well as Hospital services. GMH does not have the authority to waive any charges from physicians or other health professionals who are not employed by GMH.
- Certain financial situations do not require an application.
- The hospital reserves the right to: 1) determine the maximum amount of Charity Care benefits granted in a given fiscal year and 2) utilize charity funds to pay patient Cobra payments.

PROCEDURE:

A. Process as Follows:

1. Patients may request a determination for charity assistance prior to treatment, throughout the course of treatment and/or up to the resolution of the account through the billing process.
2. Patients must complete a Financial Information Sheet (FIS) for GMH and provide supporting documentation of income. Acceptable documentation includes:
 - Copies of paychecks, validating income for the month of service/discharge plus 2 prior months; or
 - Copies of Social Security Administration Letter, pension, disability, workers compensation or unemployment checks
 - Verification of alimony and/or child support payments for three months; or
 - In rare situations, signed federal or state tax returns may be substituted for income verification. Also, notarized letters from their employer may be used with approval; or
 - Letter of support if the basic living needs and expenses are being provided by another party, contingent on verification (i.e. a notarized statement); or
 - Copies of the past two months checking and savings accounts.
 - Patients applying for Charity Care consideration must provide proof of United States citizenship. Acceptable forms of proof include driver's license, military identification, birth certificate and passport.
3. Applicants will have 15 calendar days to respond to any request for additional information. Charity assistance may not be approved, if no response is received. The financial counselor assigned to the account will evaluate the documentation for completeness and will work with the applicant to secure any documentation missing.
4. Once all documentation is complete, the financial counselor will compute the income, family size of the applicant and other relevant information. If the applicant falls within the criteria, all accounts within the time frame and approval levels specified in the guidelines will be written off. A letter will be sent to applicant outlining the approved assistance.

B. The Charity Care Income Guidelines Table will be adjusted annually to coincide with the poverty guidelines as published annually in the Federal Register and be raised as illustrated below:

1. Patients with Gross Annual Family Income Less Than or Equal to 138% of the Current HHS Poverty Guidelines:
 - a. These patients should qualify and apply for Medicaid. However, if the patient refuses to apply for Medicaid, the patient should not qualify for charity care and should be handled as a self pay patient. Exceptions may apply and the Hospital reserves the right to determine if exceptions will be granted.

C. Patients with Gross Annual Family Income of 139% - 300% of Current Poverty Guidelines:

- 75% Charity if income is < or = 200%
- 25% Charity if income is 201% - 300%

1. Patients with coverage in the marketplace may be approved for charity care as under insured patients for coverage of patient liabilities determined after insurance claim processing.

- Payment Plan Guidelines
 - A. This assistance is contingent on a payment plan agreed to according to GMH payment plan guidelines. See The Financial Clearance Policy for Payment Plan.
- Catastrophic Events, Deceased Patients and Bankruptcies
 - A. Grant Memorial Hospital will consider financial assistance for hardship cases that involve, but are limited to:
 - Extraordinary medical bills, extended unemployment that does not result in satisfying other income criteria, or projected, continued chronic medical care. Such cases must be approved by the entity's Chief Financial Officer or designee.
 - Deceased patients with no means for payment and uncooperative or no family to assist qualify for charity care.
 - Notices of bankruptcy qualify the patient and associated accounts balances as charity care.

Attachments:

No Attachments

	Approver	Date
	Joe Barnes: CFO	01/2011
	Larry Cantu: Board of Trustees	01/2011
	Stephen Thompson: MD	01/2011
	Eleanor Berg: NP	01/2011
	Joe Barnes: CFO	03/2012
	Larry Cantu: Board of Trustees	03/2012
	Stephen Thompson: MD	03/2012
	Eleanor Berg: NP	03/2012
	Joe Barnes: CFO	03/2014
	Robert Chehi: Board of Trustees	03/2014
	Stephen Thompson: MD	03/2014
	Eleanor Berg: NP	03/2014
	Joe Barnes: CFO	05/2014
	Robert Chehi: Board of Trustees	05/2014
	Stephen Thompson: MD	05/2014
	Eleanor Berg: NP	05/2014