

**SPRINGHILL MEDICAL CENTER / SMC DOCTORS CLINIC /
NORTH WEBSTER MEDICAL CLINIC**

CHARITY CARE AND PATIENT ASSISTANCE FUND ADMINISTRATIVE POLICY

Springhill Medical Center Inc. Hospital Administrative Policy Manual

Title: Charity Care and Patient Assistance Fund*

Length: 4 Pages

Reviewed 8/2007

Revised 2/28/2018

I. Scope

This policy applies to services provided by Springhill Medical Center hospital and hospital-based clinics that are wholly-owned by Springhill Medical Center.

II. Purpose

To establish guidelines and procedures for identifying patients who are not fully covered by insurance or other third-party payer and who are unable to pay for some or all of their healthcare services due to genuine financial need.

III. Policy

In support of our values of integrity, trust, respect, compassion and stewardship, Springhill Medical Center Hospital and hospital based clinics are providing a discount on billed charges to patients for medically necessary care delivered to those who are uninsured and ineligible for government programs, or are otherwise medically indigent.

Springhill Medical Center Hospital and hospital based clinics strive to ensure that the financial capacity of people who need medically necessary services does not prevent them from seeking or receiving care. The discount program is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with the procedures to obtain the discount and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health and protection of their individual assets.

- A. All patients presenting for emergency care will be served regardless of residence or ability to pay. Nonemergent medically necessary care will be provided to all patients within the Hospital's service area without regard to ability to pay and consistent with the Hospital's financial resources.
- B. The Hospital will pursue payment from the patient/guarantor for all deductibles, co-pays, coinsurance, and/or services not covered by insurance or other third-party payer.
- C. The Hospital has a Financial Assistance Policy established to provide financial support to uninsured/underinsured patients who are unable to meet personal payment responsibilities and who meet established criteria. The determination that a patient or patient's guarantor needs Charity Care or the Financial Assistance for these financial responsibilities may be made before or after services are rendered.
- D. The Hospital will pursue all possible forms of third-party payment such as insurance, state Medicaid programs, and county indigent care programs before granting Charity Care or Financial Assistance. Patients/guarantors are expected to assist with all such efforts to obtain third-party payment.
- E. The key elements of this policy will be communicated to the public through such vehicles as the Hospital's web site and information packets distributed at registration.

IV. Procedure

A. Charity Care

1. Patients requesting Charity Care assistance must complete the Confidential Financial Assistance income statements.
2. The Patient Accounting Coordinator will review, investigate, and evaluate the application. If the patient has a household income of less than 138% of the federal poverty level they will qualify for the Healthy Louisiana under the Louisiana Medicaid Expansion that was effective July 1, 2016. The patient will then be asked to schedule an appointment with one of our Medicaid Representatives for completion of the Medicaid application.

3.

4. 138 % of the Federal Poverty Level for 2017

Household Size	Weekly	Bi-Weekly	Monthly	Yearly
1	349	698	1,396	16,753
2	474	947	1,893	22,715
3	598	1195	2,390	28,676
4	722	1444	2887	34,638
5	846	1692	3,383	40,600
6	970	1940	3,880	46,561

5. If the determination has been made that the patient does not qualify for the Healthy Louisiana under the Louisiana Medicaid Expansion program but the patient falls between 138% - 200% of the Federal Poverty guidelines they will be eligible for the Financial Assistance Program. Once eligibility is determined the Collections Manager will review and sign off.
6. Key criteria for determining eligibility for Financial Assistance are:
 - a. Income between 138% and 200% of the federal poverty guidelines
 - b. Limited assets
 - c. Amount owed to Springhill Medical Center and to other healthcare providers
 - d. Cost of routine monthly necessities (required for health or safety), including prescriptions
 - e. Patient's effort to pay any portion of dollars owed
 - f. Financial and personal consideration of others in the household
4. Payment expectations will be based on the federal poverty guidelines:
 - a. Payment of zero is expected for patients whose income is below 138% of the poverty guidelines.
 - b. Payment of 25% of the amount owed is expected for patients whose income is at 138% of the poverty guidelines.
 - c. Payment of 50% of the amount owed is expected for patients whose income is at 158% of the poverty guidelines.
 - d. Payment of 75% of the amount owed is expected for patients whose income is at 178% of the poverty guidelines.

- e. Payment of 100% of the amount owed is expected for patients whose income is at 200% of the poverty guidelines or above.

5. The Chief Financial Officer will review the monthly Financial Assistance approvals and sign off.

6. Exceptions to the policy require the approval of the Chief Financial Officer and/or the Chief Executive Officer.

B. Communication of the Discount Program to Patients and the Public

1. Information about available Financial Assistance shall, at a minimum, include a toll free contact number, the publication of notices on collection letters and by posting notices in the Emergency and Admitting Departments.
2. Such information shall be provided in the primary languages spoken by the populations served by the site.
3. Referral of patients for evaluation of eligibility for Financial Assistance and the Uninsured
4. The patient, or a family member, a close friend or other person assisting the patient may make a request for evaluation of eligibility for financial assistance and the Uninsured Discount Program.

C. Policy Changes – This policy may be revised at any time as business needs require.

V. Definitions

Hospital Based Clinics – Includes clinics in which the physicians are employed by a hospital and either provides services in the hospital or through a hospital based clinic. The hospital based clinic is included under the hospital's license.

Uninsured – Patients without medical insurance. Patients who register as “self pay” or become “self pay” during the billing process and remain “self pay” at the conclusion of the billing and collection process.

Medically Indigent - Patients whose health insurance coverage does not provide full coverage for all medically necessary care and who, due to their financial resources and in some instances due to the size of their medical bills, are not able or expected to pay the full amount charged.

Uninsured Discount – A discount to an uninsured patient's billed charged for medically necessary inpatient/outpatient hospital services and hospital-based clinic services in accordance with the guidelines of this policy.

Annual income threshold by sliding fee discount pay class and percent of poverty 2018

Persons In Family	Minimum Fee	Pay 25%	Pay 50%	Pay 75%	Pay 100%
Poverty	100%	138%	158%	178%	200% & >
1	12,140	16,753	19,181	21,609	24,280
2	16,460	22,715	26,007	29,299	32,920
3	20,780	28,676	32,832	36,988	41,560
4	25,100	34,638	39,658	44,678	50,200
5	29,420	40,600	46,484	52,368	58,840
6	33,740	46,561	53,309	60,057	67,480
7	38,060	52,523	60,135	67,747	76,120
8	42,380	58,484	66,960	75,436	84,760
For each additional person - add	4,320	5,962	6,826	7,690	8,640

Monthly income threshold by sliding fee discount pay class and percent of poverty 2018

Persons In Family	Minimum Fee	Pay 25%	Pay 50%	Pay 75%	Pay 100%
Poverty	100%	138%	158%	178%	200% & >
1	1,012	1,396	1,598	1,801	2,023
2	1,372	1,893	2,167	2,442	2,743
3	1,732	2,390	2,736	3,082	3,463
4	2,092	2,887	3,305	3,723	4,183
5	2,452	3,383	3,874	4,364	4,903
6	2,812	3,880	4,442	5,005	5,623
7	3,172	4,377	5,011	5,646	6,343
8	3,532	4,874	5,580	6,286	7,063

APPROVAL


 Chief Financial Officer

02/28/18
 Date