

THE WILLIAM W. BACKUS HOSPITAL

Patient Business Services Policy

Subject: Charity Care Financial Assistance

Origination Date: 10-01-2003

Revision Date: 10-05-2011

Policy: It is the policy of The William W. Backus Hospital that medically necessary health care services should be available to all individuals, regardless of their ability to pay.

Procedure:

1) Eligibility Criteria

- a) Full charity care usually will be provided to a responsible party with gross family income at or below 250% of Federal Poverty Guidelines (FPG).
- b) A sliding-fee scale will be used to determine charity care discounts when gross family income is above 250% of FPG to 400% FPG.
- c) Notification of charity care determinations will be mailed to the responsible party. Reasonable payment arrangements consistent with the responsible party's ability to pay will be extended for amounts owed.
- d) Determination of Eligibility
 - i) All patients identified as potential Charity Care recipients should be offered the opportunity to apply for Charity Care. If this evaluation is not conducted until after the patient leaves the facility, or in the case of outpatients or emergency patients, a Patient Financial Services representative will mail a Charity Care application upon request to the patient for completion. When no representative of the patient is available, the facility should take the required action to have a legal guardian/trustee appointed.

2) Notification to Patients

- a) Signage indicating the availability of charity care will be posted in English and Spanish in Patient Accounts, Admitting, Social Services and the Emergency Department, as well as on The William W. Backus Hospital website. Summaries of the programs will also be available in those areas.
- b) Financial Counselors will attempt to visit all inpatients registered as self pay patients. A summary explaining charity care will be given to the patient when this visit occurs.
- c) Patients with no insurance will receive an initial letter post discharge informing them that the hospital considers them "insured" per the Connecticut General Statutes Section 19a-673. It is the responsibility of the patient to advise the hospital if they believe they qualify as "uninsured" (at or under 250% of the FPG).
- d) A collection cycle with a minimum of four statements will then be sent. Each statement will remind the patient of the availability of charity care.

3) *Gross Family Income*

- a) For the purposes of determining gross family income and qualifying accounts for free bed funds and charity care, the following rules apply:
 - i) Family members are only immediate family members, which includes applicant, spouse, and children and stepchildren. Other individuals meeting the IRS guidelines as a legal dependent will also be considered.
 - ii) Unmarried couples do not qualify as a family. Only the applicant's income will be looked at for qualification for funds and only the applicant's accounts will be awarded free bed or charity care funds if qualified.

4) *Eligibility Determinations*

- a) The provision of emergency health care will never be delayed pending an assistance determination.
- b) Requests for charity care may be made at any point, during or after the provision of care.
- c) Charity care requests may be proposed by sources other than the patient, groups, social services or hospital personnel.
 - i) Request for Charity Care may be received from:
 - (1) The patient or guarantor
 - (2) Church sponsored programs
 - (3) Physicians or other care givers
 - (4) Various intake departments of the hospital
 - (5) Administration
 - (6) Other approved programs that provide for primary care of indigent patients
- d) Consideration for charity care will occur once the applicant supplies a completed Financial Assistance Application with supporting documents to the Financial Counseling Unit.
- e) The William W. Backus Hospital will make every attempt to make charity care determinations within 20 days of receiving a completed Financial Assistance Application.
- f) Acceptable verification of income includes the following
 - i) Most recent federal tax return or W-2
 - ii) Recent payroll check stub or any verification of income
 - iii) Copies of any pension, alimony or other sources of income
 - iv) Copies of Social Security earnings if applicable
 - v) Any other information that may be pertinent
- g) Charity care may be denied if the application is not completed and returned to The William W. Backus Hospital Patient Accounts Department within 20 days of receipt by the responsible party.
- h) Charity care will not be considered without a completed Financial Assistance application unless sufficient like information can be obtained that allows for a final determination without an application. In extenuating circumstances, where it can support a financial hardship exists, The William W. Backus Hospital may offer charity care at its own determination.

- i) Charity Care Guidelines*
 - i) To be eligible for 100% reduction from the patient portion billed charges, a financially indigent patient's family income must be at or below 250% of the current Federal Poverty Guidelines.*
 - ii) To be eligible for 25% to 75% reduction of the patient portion of billed charges, a financially indigent patient's family income must be within 275% to 400% of the Federal Poverty Guidelines.*
 - iii) The Charity Care Committee will consider applications for financial assistance on a case-by-case basis.*
 - iv) Individuals who are deemed eligible by the State of Connecticut to receive assistance under the Violent Crime Victim's Compensation Act or the Sexual Assault Victims Compensation Act shall be deemed eligible for charity care at a level to be determined on a case-by-case basis by the Charity Care Committee.*
 - v) Charity Care applications will be considered for 1 year or until a change in patient financial status is determined.*
 - vi) After the charity care adjustment has been computed the remaining balance will be treated in accordance with Patient Financial Services policies regarding self-pay balances. Payment terms will be established on the basis of disposable income. No interest charges will accrue to the account balance while established payments are being made.*
- j) Charity care may not be granted for some procedures, such as elective procedures or some special situations, such as that of an individual who is eligible for insurance but has refused to apply or funds are available through another source for payment (i.e. settlements, State Funded programs).*
- k) Falsification of application or refusal to cooperate will result in the denial of charity care benefits. The patient will be deemed "insured" and will be transferred to the self-pay collection process.*
- l) The William W. Backus Hospital reserves the right to change benefit determination if financial circumstances change.*

5) Appeals

Responsible parties may appeal a charity care determination by providing additional information, such as insurance verification or an explanation of extenuating circumstances to Patient Accounts within 30 days of receiving notification of the appeals outcome. Collection follow-up on account balances will be pended during the appeal process.