I. PURPOSE

In accordance with its Charity Care Program, CVPH Medical Center will provide uncompensated health care to all patients that are determined to be uninsured and unable to pay for services. This policy shall be applied in accordance with established procedures and no patient shall be denied health care based upon race, creed, color, sex, national origin, ability to pay, or any other prejudgment. CVPH strives to meet or exceed the minimum standards set by NYS in determining eligibility for financial assistance. A translator will be provided when necessary to communicate with the applicants. A summary of this policy will be placed on the CVPH website. A brochure will be developed and provided to each uninsured patient at the time of registration.

II. PROCEDURE

Eligibility

A. Patient eligibility will be based on the following information:
   - Patient is a U.S. Citizen
   - Patient must reside in CVPH's Services area, Counties of Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren and Washington in New York State.
   - Must be Uninsured or only have Medicare / Medicare HMO Primary Insurance.

B. All inpatient and outpatient accounts are eligible for charity care for services provided by CVPH Medical Center. An application must be filled out by the patient/guarantor. The patient/guarantor has up to 180 days after service date to apply for charity care.

C. Patients without insurance coverage will be encouraged to meet with a Financial Counselor or another representative that can assist in the application for coverage.
through Medicaid, Child Health Plus, Family Health Plus, or other similar programs in effect at the time.

D. Eligibility will be determined by comparing applicant’s income to the Income Eligibility Guidelines, which are updated annually based on the federal poverty guidelines. Applicants must supply the following information:
   1. Income from all sources for individuals responsible for this obligation, listing gross income for the most recent three months period (income from seasonal employment will be based on 12 month average).
   2. Number of exemptions as determined by federal income tax laws.
   3. A copy of the most recent federal income tax return, or proof of income listed under II D 1.

E. All third party resources and non-hospital financial aid programs, including public assistance available through state Medicaid programs, must be exhausted before charity can be requested. A denial from Social Services for "failure to comply" with State/County regulations would disqualify patient/guarantor from application for CARES. A Medicaid denial is required for all services and must be no more than 3 months old. The denial may be waived on a case-by-case basis upon authorization of the Director of Patient Accounting.

III. PROGRAM ADMINISTRATION

The Hospital’s Charity Care Program will be administered according to the following guidelines. Accounts for which charity care has been applied for will not be billed until the application process is complete and a determination has been made. CVPH has the CARES information brochures available at all primary service sites (see brochure attached). All Self Pay Patients are notified on their statements to contact us to see if they are eligible for the CARES program.

A. The application information, along with a copy of the most recent federal income tax return, will be reviewed and verified by the Business Office personnel.

B. After reviewing income, Patient Accounting personnel will determine if the patient/guarantor qualified for charity benefits based on the Income Guidelines within thirty business days of receipt of complete application.

C. The Customer Service Representative reviews the request form and documents the decision regarding approval or disapproval.

D. The Customer Service Representative will then notify the patient in writing of the following:
   1. If the patient/guarantor qualified for 100 percent charity.
   2. If the patient/guarantor qualified for a reduction in liability, he/she will be notified and payment arrangements made for the amount of the remaining obligation.
   3. If not eligible for any reduction in liability.

E. Falsification of application or refusal to cooperate will result in denial of charity benefits.

F. The hospital reserves the right to change benefit determination if financial circumstances have changed. The Patient Accounting Customer Service Representative will not do so without the approval of the Director/Manager of Patient Accounting.

NOTE
CVPH Medical Center may add criteria to the above, which will allow additional persons to be eligible for uncompensated services. Excessive medical expenses or other expenses beyond the control of the patient/guarantor would represent acceptable criteria
for exceptions to this policy. Such criteria is considered by the facility when in the view of hospital management, payment and/or a deferred payment plan would create undue hardship.

IV. DISTRIBUTION

This policy is available in Policy Manager for all employees on an as needed basis.

All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions or problems with the policy within ten days of the issue date to their immediate supervisor. If no questions or problems are stated, it will be assumed that the policy has been read and understood.

All questions regarding this policy or its implementation must be referred to your immediate administrative supervisor.

Attachments