CHARITY CARE POLICY

Objective:
Consistent with Good Samaritan Hospital Medical Center’s (the Medical Center) mission of providing care to needy persons and underserved persons in a manner that preserves the dignity of the individual, this Charity Care Policy (the Policy) describes the policies and procedures relating to the provision of charity care to persons who are unable to pay for all or a portion of their bill. No individual will be denied medically necessary hospital services based on a demonstrated inability to pay for those services.

Purpose:
To describe the Medical Center’s policy related to the provision of charity care to persons who are unable to pay for all or a portion of their bill. No person will be denied medically necessary hospital services based on a demonstrated inability to pay for those services. It is not the intention of the Medical Center to collect amounts that exceed an individual’s ability to pay, as set out in the Good Samaritan Hospital Medical Center’s Self-Pay Collection Policy, a copy of which is attached and incorporated herein by reference.

Policy:

General: The Medical Center offers as part of its mission, medically necessary care to those individuals not covered under a third party insurer or government program or who do not have resources to pay all or a portion of their bills.

Charity Care Services: Emergency services are always provided without regard to the patient’s ability to pay. In addition, all non-emergent healthcare services, inpatient and outpatient, shall be available to all individuals under this policy, except as outlined in number 3 below.

Specific Exclusions: Charity care will not be available to patients for services that are not medically necessary, including, but not limited to, implants, cosmetic surgery, orthodontics and lens ocular implants. Procedures inconsistent with the Ethical and Religious Directives as interpreted and applied by the Bishop of the Diocese of Rockville Centre are specifically excluded from the Medical Center’s Charity Care Policy. In addition, non-essential services and services that are not appropriate to a hospital setting may also be excluded from this policy.

Family Income: Family income includes earnings, unemployment compensation, workers’ compensation, Social Security, supplemental security income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) do not count. Family income is calculated before taxes and excludes capital gains or losses.

Patients qualify for 100% charity care if their family income is at or below 300% of the Federal poverty guidelines. (Attached)

Patients are responsible for 20% to 80% of their bill if their family income is between 301% and 400% of the Federal poverty guidelines. Please refer to the current charity care income guidelines (attached) for sliding scale eligibility percentages.

Except as provided in the next sentence, in cases in which a person is uninsured, not eligible for Medicaid and otherwise qualified for charity care under this Policy, the discounts described...
in items 5 and 6 above will be applied to the table of rates from the Medical Center's lowest paying third party insurer payable. The applicable rates for emergency-related services will be those of the Medical Center's lowest table of rates of the managed care company. For purposes of this paragraph 7, a person will be deemed to be uninsured to the extent that the person (a) has exhausted his or her insurance benefit, (b) is fully responsible for payment of their bill, and (c) qualifies for charity care under this Policy. This paragraph 7 will not apply to co-payment obligations in cases in which a person is insured.

Procedures:

General:

1. Confidentiality: The need for charity care may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure should be guided by these values. No information obtained in the patient's charity care application may be released unless the patient gives expressed permission for such release, except to bona fide governmental agencies requesting aggregate data.

Patient Notification:

1. Since it is the duty of the Medical Center to ensure that every patient is made aware of the existence of its Charity Care Policy, all employees in the scheduling, patient access, patient financial services and emergency departments will be fully versed in the Charity Care Policy, have access to the charity care application forms, and be able to direct questions to the appropriate Medical Center representatives.

2. The Medical Center shall post multilingual notices as to any policies on charity care in several prominent locations within the Medical Center including, but not limited to, the emergency department, billing office, waiting rooms for purposes of admissions, and the inpatient and outpatient registration area. Said notices shall be published in at least the following languages: English and Spanish, and shall be clearly visible to the public from the location at which they are posted.

3. The Medical Center shall provide patients, in a timely manner, a summary of its Charity Care Policy upon request. The summary, at a minimum shall provide specific information as to income levels used to determine eligibility and the means of applying for assistance. This summary shall be written at or below a sixth grade reading level.

4. The Medical Center shall post its Charity Care Policy summary on their Internet website.

5. The Medical Center shall provide all patients interpreters to assist them in understanding its Charity Care Program in the language spoken by the patient during any pre-admission, admission, and discharge process.

6. On all bills and statements sent to patients, a statement will be included regarding the availability of various financial assistance programs, including charity care, and a contact number to call to obtain further information. This information will be available at or below a sixth grade reading level.

Application for Financial Assistance:

1. Patients requesting financial relief from their bill will be provided with an application for charity care. Application materials shall include a notice to patients that upon submission of a completed application, including any information or documentation needed to determine eligibility, the patient may disregard any bills until the Medical Center has rendered a decision on the application.

2. Completed charity care applications with supporting documentation will be returned to the Medical Center’s patient access department for verification. Applications for inpatient services should be accompanied with a Medicaid denial. Renewal applications for dental and other
outpatient recurring services should also be accompanied with a Medicaid denial.

3. Patients who do not provide the requested information necessary to completely and accurately assess their financial situation in a timely manner and/or who do not cooperate with efforts to secure governmental healthcare coverage may not be eligible for charity care.

4. Charity care eligibility will be determined by the attached guidelines and reviewed by the Medical Center's Chief Financial Officer or other designated individual.

5. The Medical Center may provide discounts for patients who are unable to pay, but the criteria used will apply equally to all patients regardless of payor. However, applications that do not meet all of the established criteria may be approved based upon extraordinary circumstances with the documented approval of the Medical Center's Chief Financial Officer.

6. The Medical Center will notify the patient of its determination in writing within thirty (30) days of receipt of the application.

7. If the patient has applied and obtained charity care within the last twelve (12) months and the patient's financial circumstances have not changed, the patient shall be deemed eligible for charity care without having to submit a new charity care application.

8. All applications shall be maintained on file by the Medical Center.

Payment of Outstanding Balances:
1. Please refer to the attached Medical Center's Self-Pay Collections Policy for specific policies and procedures regarding acceptable collection practices for self-pay accounts, including but not limited to the upfront collection of deposits and/or co-payments, the establishment of reasonable payment terms, annual collection limits, specific prohibitions and third party collection agent standards.

Annual Review, Monitoring and Reporting:
1. The Catholic Health Services (CHS) Board of Directors' Mission & Ministry Committee, as part of an annual mission report, shall review its Hospital Charity Care Policy annually and the CHS Board of Directors shall approve all revisions.

2. The Medical Center shall develop a mechanism to measure its compliance with this Policy.

3. Compliance with these policies will be monitored semi-annually by the Medical Center’s Compliance and Audit Committee, and be reported to the CHS Compliance and Audit Committee.

4. The Good Samaritan Hospital Medical Center Charity Care Policy shall be provided to the Suffolk County Department of Health Services upon request.

5. The Medical Center shall comply with all governmental reporting requirements.