

**Silverton Health
GENERAL MANUAL**

TITLE: CHARITY/COMMUNITY CARE PROGRAM

**PAGE: 1 of 3
Policy No: GEN-LEA-110**

Date Issued: March 2000

Source/Reference: Joint Commission, Standard LD.04.03.07

Date Reviewed: December 2001,
April 2002, December 2009,
August 2013

Date Revised: January 2006,
December 2014

Departments Affected: Business Office, Administration

Author: Chief Financial Officer

PURPOSE: Within our means, Silverton Health (SH) will provide quality healthcare services at a reduced rate to our patients in the community who are eligible for our Charity/Community Care Program.

POLICY STATEMENT:

- It is the philosophy of SH that medically necessary health care services should be available to all individuals regardless of their ability to pay.
- SH assists persons with financial needs by waiving all or part of the charges for uninsured services provided by SH.
- This policy is a guideline to protect the dignity and rights of our patients, to ensure that the SH Community Care Program is administered in a fair, consistent and objective manner, and to operate in a fiscally prudent manner. Application to the Charity/Community Care Program is not restricted because of race, creed, color, sex, national origin, age, handicap, or sexual orientation.

PROCEDURE:

Eligibility Criteria:

Medically Necessary Services Definition: "Medically Necessary" refers to inpatient or outpatient health care services provided by SH for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms which, if otherwise left untreated, would pose a threat to the patient's ongoing health status; services must be clinically appropriate and within generally accepted medical practice standards; and represent the most appropriate and cost effective supply, device or service that can be safely provided and readily available at SH, with a primary purpose other than patient or provider's convenience. Expressly excluded from medically necessary services are health care services that are cosmetic, experimental or part of a clinical research program, professional services provided by a physician that is not employed by SH, and services and/or treatments not provided by SH.

Income Level Requirement:

1. Financial assistance is secondary to all other financial resources available to the

**Silverton Health
GENERAL MANUAL**

TITLE: CHARITY/COMMUNITY CARE PROGRAM

**PAGE: 2 of 3
Policy No: GEN-LEA-110**

patient, including insurance, government programs, third-party liability, and assets.

2. Full financial assistance will be provided to a patient/responsible party with gross family income at or below 200% of Federal Poverty Guidelines.
3. A sliding fee scale will be used to determine financial assistance discounts when gross family income is above 200% but below 300% of the Federal Poverty Guidelines.

Residency Requirement:

1. Charity Care provided by SH is intended to aid the resident members of communities served by the Hospital.
2. A community resident is someone who lives within the primary service area of the Hospital or is receiving ongoing care from a referring SH medical staff member.
3. In order to be considered a resident, a patient will have lived within the Hospital's primary service area for a minimum of six months prior to receiving services. The six month requirement will not apply to patients who reside outside the Hospital's primary service area but who require emergency treatment while traveling, visiting or temporarily working within the Hospital's primary service area.

Eligibility Determination Procedures:

1. The provision of health care will never be delayed pending a financial assistance determination.
2. Requests for financial assistance may be made at any point before, during or after the provision of care.
3. Financial Counselors and Business Office personnel are available to help a patient/responsible party identify financial options or assistance programs.
4. Financial assistance requests may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social services, or hospital personnel.
5. Any patient/responsible party desiring consideration for financial assistance from SH will be given a Financial Questionnaire, which includes instructions on how to apply.
6. Consideration for financial assistance will occur once the applicant supplies a completed Financial Questionnaire with supporting documents to the Silverton Regional Business Office or Financial Counselor.
7. Considerations for assistance include a review of the responsible party's annual household income, number of people in the home, assets, credit history, existing debt and other indicators of the party's ability to pay. Note that these are guidelines; each individual situation will be reviewed independently. Allowances may be made for extenuating circumstances.
8. Acceptable verification of income includes the following: the most current 90

**Silverton Health
GENERAL MANUAL**

TITLE: CHARITY/COMMUNITY CARE PROGRAM

**PAGE: 3 of 3
Policy No: GEN-LEA-110**

days' worth of payroll stubs; a copy of the most current year's IRS tax return; verification of Social Security or unemployment benefits. In the absence of income, a letter of support from individuals providing to the patient's basic living needs will be accepted.

9. SH may, at its own expense, request a credit report to further verify the information on the application.
10. Financial assistance will not be considered without a completed Financial Questionnaire unless sufficient like information can be obtained that allows for a final determination without an application. As an example, financial obligations released through bankruptcy proceedings will be classified as charity care. A release through bankruptcy will be considered adequate documentation that the guarantor qualifies for charity care. In extenuating circumstances, where a financial hardship exists and can be reasonably confirmed, SH may offer financial assistance at its own determination.
11. SH will notify patient of financial assistance determination within 21 days of receiving a completed Financial Questionnaire.
12. Notification of financial assistance 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.
13. Incomplete applications may be denied and returned with a statement of what information is needed and how to reapply.
14. Financial Questionnaires may be denied if not completed and returned within 20 days of receipt by the responsible party.
15. SH will keep all applications and supporting documentation confidential.
16. Financial assistance is not granted for some cases, such as when an individual is eligible for insurance coverage, but who has refused or is unwilling to apply for it. A Financial Counselor should be consulted in these special situations.

Appeals Process: Responsible parties may appeal a financial assistance determination by providing additional information, such as income verification or an explanation of extenuating circumstances, to the Patient Accounting Manager within 30 days of receiving notification of denial. The Patient Accounting Manager and the Regional Director of Oregon Patient Business Services will review all appeals. The responsible party will be notified of the appeals outcome. Collection follow-up on accounts will be pended during the appeal process.

Approvals: Policy Review Team 2/5/15, Governing Board 4/29/15

Related Policies: