Boulder City Hospital Quality care close to home	**SUBJECT: Charity Care**	
	ADMINISTRATION DEPARTMENT	
APPROVED BY: Tom Maher	**REFERENCE #** BCH 1000	**PAGE: 1 of 1**
EFFECTIVE: 9-1-2011	**REVISED: 11-16-11, 9-20-2017**	

POLICY:
Boulder City Hospital (BCH) is committed to provide financial assistance for patients unable to meet eligibility requirements of state or federal programs for uninsured, under-insured or patients who are unable to meet their financial obligations based upon determination of need. Charity care is not to be utilized in lieu of the patient's personal responsibility, but a partnership between BCH and the patient to obtain the required documentation in order to obtain assistance.

PROCEDURE

Eligibility:

- Eligibility will be determined by financial need. BCH will not include the following as determining factors:
  - Age
  - Gender
  - Race
  - Immigration Status
  - Sexual Orientation
  - Religious Affiliation

Financial Need Determination:

- Financial Need is assessed through the following:
  - Financial assistance guidelines, application process and supporting documentation
  - Third party sources to confirm financial need
  - Reasonable assistance of BCH staff in the process to determine if other forms of assistance are available
- Guidelines:
  - Assistance may be requested prior to or after services are rendered. It is the preference of BCH to address assistance prior to service.
  - Assistance may be determined on a service by service basis for all medically necessary service types up to a year prior request of assistance from date of discharge.
  - Patient residing in Henderson, Las Vegas and Boulder City may apply for charity care assistance. The geographical requirement may be expanded at the discretion of BCH Administration.
  - Patient did not leave Against Medical Advice
  - Underinsured patients may still receive charity care based upon financial need as outlined in the current Sliding Fee Scale based upon current Federal Poverty Line.

- Patients with Medicare coverage will not qualify for charity care if the remaining account balances are Medicare co-payment or deductible amounts, unless a catastrophic event has occurred.
    - Catastrophic events can be related to income change, social security change, chronic illnesses with large out of pocket expenses (refer to catastrophic care assistance), and environmental disaster.
    - Any Medicare coinsurance or deductible that has been adjusted for catastrophic care assistance cannot be claimed as part of Medicare bad debt on the cost report. It must be calculated as part of charity care.
- Charity care may be partial or full balance dependent upon financial need as outlined in the Sliding Fee Scale based upon current Federal Poverty Line
- Catastrophic care assistance may be provided in the event patient's medical expenses exceed 30 percent of his or her family income
- Patients with income at or below 200% of the Federal Poverty Line are eligible for discounts. Discounts dependent upon FPL can decrease patient liability by 100%
- Deceased without an estate, bankruptcy and homeless (general delivery) may be eligible for assistance.
- Patients with a balance of $5,000.00 or above in checking or $25,000.00 or above in savings will not be considered for charity care.
- Patient charity care applications with an outstanding third party claim will be pended until settlement is received for denied and settlement information is received by BCH
- Patients that have filed a third party liability claim must submit any settlement amount to BCH if charity care has been awarded. BCH has the write to reverse charity care if TPL settlement amounts are withheld by the patient.
- Accounts deemed eligible for charity care that are currently in collections within a year of application can be recalled and returned to active A/R for charity care processing.
- Proof of Income documentation required:
  (Refer to charity care application for full detail of income verficiation)
    - Tax Return or letter stating reason for no filing
    - Payroll Vouchers and/or Unemployment Voucher
    - Last two months bank statements
    - Photo ID of all residents
    - Notarized sworn statement of income or other evidence

- Application Process
    - Financial need for medically necessary procedure is identified
    - Denial received or indication of ineligibility determined for other assistance
    - Financial Counselor assists patient in completing the appropriate application
    - Patient provides supporting documentation as outlined above
    - Charity Care Calculation Worksheet is completed
    - Worksheet, proof of income and supporting documentation will be compiled and taken to the PFS Director for review and approval.
        - PFS Director-Up to $25,000.00
        - CFO-$25,000.00--$50,000.00
        - CEO-$50,000.00 and above

- Any accounts that do not meet criteria but the patient has had a recent change or hardship can be taken to Admin Council for review. Admin Council will make the final determination of approval and level of assistance.
    - Admin Council approval is not on a revolving basis, but a case by case request basis. The PFS Director will be the liaison for any case by case review needing Admin Council approval.
- Process Timeline (from day need identified/requested (ineligible for other coverage)
    - 0-30 days
        - 0-7 days Financial Counselor – 1st call set up appointment
        - 8-14 days – Application Meeting
        - 15-30 – Fin. Counselor Assist Patient with Application Process
    - 31-45 Fin. Counselor 2nd call -Follow Up for Application

      If Application Status is:
        - Complete - Charity Care meeting to obtain approval
        - Incomplete or not received- Financial Counselor 3rd Call Follow Up for Application
    - 46-60-If Application Status is:
        - Approved – Notify patient, Enter appropriate adjustment into Cerner Revenue Cycle System.
        - Denied – Notify patient, establish payment per collections policy
        - Incomplete- Notify patient
- The patient charity care application and documentation will be scanned to the patient encounter in Cerner and also kept in a hard copy binder in Patient Financial Services.

Approval

- Patient Financial Services Director may approve up to $ 25,000.00 per account not to exceed $ 50,000 per month.
- Balances $ 25,000.00-$50,000.00 must have dual approval from the Patient Financial Services Director and CFO.
- Balances above $50,000.00 must have triple approval from the Patient Financial Services Director, CFO and CEO.
- Any accounts that do not meet criteria but has experienced a recent change of income or hardship can be taken to Admin Council for review. Admin Council will make the final determination of level of assistance.