WilmingtonEye

SURGERY CENTER

Charity Care and Financial Assistance Policy

Charity Care Guidelines are used to determine if a patient meets the government defined standards that the facility has adopted to determine eligibility to receive medical care at reduced rate or no charge. These guidelines are universal and should only be superseded by a Certificate of Need (CON) or a Certificate of Public Need (COPN) requirement that is specific to your state license and/or other state specific requirements.

The Wilmington Eye Surgery Center front office or MCG staff may provide the ***Charity Care/Financial Hardship Assistance Application*** when requested. The Clinical Director or MCG management will determine whether the patient meets the guidelines once the completed application is returned.

An indigent patient as defined by the federal government is any person/household whose gross annual family income is equal to 100% of the Federal Poverty Guidelines (FPG). Individual state requirements may extend the definition to 200-300% (or more) of the FPG.

The goal in this policy is to provide quality patient care to all without regard to a patient's financial status. Additionally, it is for the indigent patient to be able to take control of their medical treatment. Finally, it is to financially recover the cost of the supplies used on the medical care.

When determining eligibility, be aware of these state guidelines:

1. Patient must complete and submit the ***Charity Care/Financial Hardship Assistance Application***, a copy of their most recent tax return, and a copy of their most recent check stub preferably prior to services being rendered; however, the determination may be done at any point in the collection cycle.
2. The Clinical Director or MCG management will review the patient's documents to determine if the patient meets the Federal Poverty Guidelines (http://aspe.hhs.gov/poverty/).
    a. Complete the ***Charity Care Eligibility Worksheet*** to determine eligibility.
    b. Each calendar year check the Department of Health and Human Services website for updated Poverty Level Guidelines.
3. Presumptive Assistance Eligibility: There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance application on file due to lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, outside sources can also provide information for determining charity care eligibility and potential discount amounts.

4. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance.
    a. Documentation utilized by other sources must be obtained and kept on file.
    b. Documentation may include a copy of a government issued card or other document showing eligibility or print screen of web page listing patient's eligibility.
    c. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
        - State-funded prescription programs,
        - Homeless or evidence of received care from a homeless clinic,
        - Returned mail (follow additional procedures under the Returned Mail section),
        - Participation in Women, Infant and Children programs (WIC),
        - Food stamp eligibility,
        - Subsidized school lunch program eligibility,
        - Eligibility for other state or local assistance programs that are funded (Medicaid Spend-down),
        - Low income/subsidized housing is provided as a valid address, or
        - Patient is deceased with no known estate.
5. If patient is eligible for reduced or free care, the Clinical Director or MCG management will document on the ***Charity Care Eligibility Worksheet*** the percent of the Federal Poverty Guidelines that the patient's financial status qualifies for.
6. Instructions to complete the ***Charity Care Eligibility Worksheet*** are as follows:
    a. Determine the procedures charge(s) by referring to the Facility Fee Schedule.
    b. Determine the expected payment by referring to the Medicare rate calculator or carrier reimbursement schedule.
    c. Determine what the patient's full out-of-pocket expense would be for the care needed (include co-pays, co-insurance, and deductibles).
    d. Discuss with the patient what they can pay towards the total cost of the treatment.
    e. Make payment arrangements with the patient to collect monthly installments towards their care. The payment arrangement should follow the previously outlined Payment Plan Guidelines.
    f. The Clinical Director or MCG management will provide the approved worksheet to MCG staff for implementation of agreed upon terms.
    g. All supporting documentation will be maintained for audit purposes.
7. The Clinical Director or MCG management will approve the amount of write-off based on the following criteria:
    a. If the patient has insurance or Medicare/Medicaid, the write-off will be determined after receipt of carrier payment for services rendered. The

difference between the full cost and the carrier payment and the patient's payment arrangements will be written off using the reason code Charity Care.

   b. If the patient has no insurance or Medicare/Medicaid, the difference between the full cost of the medical care and the patient's payment arrangements will be written off using the reason code Charity Care.

8. The need for charity care shall be re-evaluated every six (6) months, or at any time additional information relevant to the eligibility of the patient for charity becomes known.
9. MCG reserves the right, on a case-by-case basis and at the discretion of the affiliate Managing Member and/or Clinical Director, to limit eligibility to a shorter period and/or may require periodic reviews to confirm continuing eligibility.
10. Should the patient not meet their obligation on their payment arrangements, MCG management will determine whether to write-off all remaining balances or forward to collections agent in accordance with the Center's policy. This will be determined on a case-by-case basis.