

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Charity Care

Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Previously: Financial Assistance Policy	Origin:	PFS
Reviewed:	02/09	Authority:	EC
Revised:	05/09, 06/09, 10/09, 06/15/10, 3/2/11,8/13	Page:	1 of 4

SCOPE

This policy applies to the following Adventist HealthCare facilities: Shady Grove Adventist Hospital, Washington Adventist Hospital, Adventist Behavioral Health, and Adventist Rehabilitation Hospital of Maryland.

PURPOSE:

To provide a systematic and equitable way to ensure that patients (or their guarantors) who are uninsured, underinsured, have experienced a catastrophic event and lack adequate resources to pay for services have access to medically needed care at our institutions consistent with our mission and values while also complying with Maryland State regulations.

BENEFITS:

Enhance community service by providing quality medical services regardless of a patient's (or their guarantors') ability to pay. Decrease the unnecessary or inappropriate placement of accounts with collection agencies when a charity care designation is more appropriate.

OUR VALUES:

Respect: we recognize the infinite worth of each individual and care for the whole person.

POLICY:

All patients, regardless of race, creed, gender, age, sexual orientation, national origin or financial status, may apply for Charity Care. Printed public notification regarding the program will be made annually in Montgomery County, Maryland and Prince George's County, Maryland newspapers and will be posted in the Emergency Departments, the Business Offices and Registration areas of the above named facilities,.

Probable eligibility will be communicated to the patient within 2 business days of the submission of an application for Charity Care.

Each application for Charity Care will be reviewed, and a determination made based upon an assessment of the patient's (or guarantor's) ability to pay. This could include, without limitations; the needs of the patient and/or guarantor, available income and/or

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other financial resources. It is part of Adventist HealthCare's mission to provide necessary medical care to those who are unable to pay for that care. The Charity Care program provides for care to be either free or rendered at a reduced charge to those most in need, (i.e., individuals who have income that is less than or equal to 600% of the federal poverty level), and the absence of other available financial resources. However, this policy encourages a patient or their guarantor to cooperate with, and avail themselves of all available programs (including Medicaid, workers compensation, and other state and local programs) which might provide coverage for the services related to the request for Charity Care.

The Charity Care policy applies to charges for medically necessary patient services that are rendered by one of the above referenced Adventist HealthCare facilities. A patient (or guarantor) may apply for Charity Care at preadmission, admission, or any time during or after medical care. Pre-approved charity for scheduled medical services is approved by the appropriate staff based on criteria established in this policy. Services not covered by the Charity Care policy include, but not limited to:

1. Services not charged and billed by an Adventist HealthCare the facility listed above are not covered by this policy.
2. Cosmetic, other elective procedures, convenience and/or other Adventist HealthCare facility services which are not medically necessary, are excluded from consideration as a free or discounted service.
3. Patients or their guarantors who are eligible for County, State, Federal or other assistance programs will not be eligible for Charity Care for services covered under those programs.
4. Patients or their guarantors where the electronic income estimator provides advice that the patient/guarantor has the means to pay their medical services, provided, however, that such advice from the estimator does not bar the submission of an application for Charity Care under this policy.

PROCEDURE:

- A. Financial Counselor(s), Registration, Collection and Patient Communication staff will be trained and familiar with the criteria and process for Charity Care.
- B. An individual notice regarding the Adventist HealthCare Charity Care policy shall be provided at the time of preadmission or admission to each person who seeks services at the above mentioned facilities and will be available at community

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outreach events. This notice will be posted in the Emergency Departments, Business Offices and Registration areas of each of these facilities.

- C. Patients being admitted will be prescreened and notified of probable Charity Care eligibility, using the questions found in the Registration process and the electronic income estimator.
- D. All inpatients with no means to pay and who may be eligible for Medicaid will be referred to the Government Services Vendor by the Admitting Office Staff to complete a Medicaid application.
- E. All applications for Charity Care will be sent to the Patient Financial Services (PFS) Office. The application should include all information necessary to evaluate the application. **Manager of Collections and Customer Service (or designee) will take the following actions based on the AHC decision rules (please see decision rules in document AHC 3.19.0) and will inform the patient of probable eligibility within two business days of the application:**
 - 1. Review application to ensure that all required information is complete and if necessary, contact patient/guarantor via mail or phone specifying what information is still needed.
 - 2. If the patient/guarantor is deemed ineligible according to this policy, then a denial letter will be sent to the patient/guarantor specifying that they are ineligible. The patient may submit a letter of appeal for reconsideration.
 - 3. If the patient/guarantor qualifies according to the applicable standards as described above, the electronic income indicator and the Registration process questions, the Customer Service Manager (or designee) will query the patient accounting system to identify all of the patient or guarantor's accounts, and determine which are eligible for Charity Care. A letter of eligibility will then be sent to the patient.
 - 4. Once a patient or their guarantor is deemed eligible for Charity Care, any account pending review by an insurance carrier or the Government Services Vendor for payment or determination of Medicaid eligibility will be held until a final determination of payment is made. If the claim is denied, the account will then be processed according to policy for Charity Care.

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5. The Manager (or designee) will then complete an adjustment form, using the Charity Care adjustment code, 23001 or 33001 and note all accounts where a charity application has been received.
6. The Manager (or designee) will notify any collection agencies that hold accounts for the patient/guarantor of the determination of Charity Care eligibility.
7. The application will then be forwarded to imaging to be scanned into the patient folder.

AUTOMATED CHARITY PROCESS - Accounts sent to outsourced agencies:

The collection process uses software to determine a patient or guarantor's Payment Predictability Score (PPS). Where the PPS meets criteria for Charity Care, an adjustment will be made to the Patient's Account in lieu of a completed application by the patient, see "C" above. Adjustments will be processed electronically via an electronic report sent to the PFS Regional Director or designee for review and final approval. The approved accounts are automatically determined to be Charity Care by PFS per the amount of Charity Care applied to each account. Supporting Documents for these Charity Care donations are kept in Electronic Files on the PFS – "N" Drive, by Vendor.