

Marta D. Harting

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May 14, 2018

**VIA ELECTRONIC MAIL
AND HAND DELIVERY**

Ruby Potter, Administrator
Maryland Health Care Commission
Center for Health Care Facilities
Planning & Development
4160 Patterson Avenue
Baltimore, MD 21215

Re: Amedisys Maryland, LLC d/b/a Amedisys Home Health Expansion of Existing Home
Health Agency (HHA License #7048) to Frederick County (D.N. 17-R2-2398)

Dear Ms. Potter:

Enclosed for filing in the above-captioned matter are six (6) copies of a Supplement and Revisions to Modification of Application for Certificate of Need to Expand Home Health Agency Services to Frederick County, Maryland filed by Amedisys Maryland, LLC, d/b/a Amedisys Home Health.

Thank you for your attention to this matter.

Sincerely,



Marta D. Harting

MDH:rlh
Enclosure

**SUPPLEMENT AND REVISIONS TO MODIFICATION OF
APPLICATION FOR CERTIFICATE OF NEED
TO EXPAND HOME HEALTH AGENCY SERVICES TO FREDERICK COUNTY, MARYLAND
FILED BY AMEDISYS MARYLAND, LLC, D/B/A AMEDISYS HOME HEALTH
Docket No. 17-R2-2398**

As requested in the Reviewer's May 3, 2018 Letter, Amedisys Maryland, LLC, d/b/a Amedisys Home Health (the "Applicant") hereby responds to Recommendations 1, 2, 3, 4 and 9 of the Reviewer's March 9, 2018 project status conference summary as set forth below.

1. Revise its Charity Care and Sliding Fee Scale policy and procedures to be consistent with the standard (COMAR 10.24.16.08e: Charity Care and Sliding Fee Scale Standard; Determination of Probable Eligibility).

Applicant Response:

The Applicant has adopted a freestanding, Maryland-specific policy entitled "Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan" (identified as FM-008A) which is attached as Exhibit 7A. This Policy exclusively governs Amedisys home health agencies operating in the State of Maryland. The Applicant has also amended its general charity care policy ("Indigent and Charity" identified as FM-008) (**Exhibit 7**) to make clear that it does not apply in the State of Maryland (please refer the "Purpose Paragraph" in **Exhibit 7**, emphasis supplied):

This Policy FM-008 does not apply to home health agencies in the State of Maryland. Please refer to Policy FM-008A for the Policy governing Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan that applies in the State of Maryland.

In the general charity care Policy FM-008 (**Exhibit 7**), Maryland is no longer included in the "State-Specific Requirements" because Amedisys home health agencies operating in Maryland will now be governed exclusively by the freestanding, Maryland-specific policy (FM-008A) attached hereto as **Exhibit 7A**.

To make absolutely clear that the new freestanding, Maryland-specific policy (FM-008A) (**Exhibit 7A**) applies to Amedisys home health agencies operating in Maryland, it includes a "Scope" provision which states:

This Policy applies to Amedisys home health agencies operating in the State of Maryland, and constitutes the exclusive Policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by Amedisys to determine eligibility.

This Policy also exclusively governs the Time Payment Plan for Amedisys home health agencies operating in the State of Maryland.

To address the Reviewer's concern about the clarity of the terminology used in the policy, the Applicant included a new "Definitions" section in the freestanding, Maryland-specific policy (FM-008A) (**Exhibit 7A**) which defines "charity care" using the definition in the State Health Plan Chapter to mean "care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient." Additionally, the Applicant defined "discounted fee care" based on the language on COMAR 10.24.16.08E to mean "care provided to patients of limited means who do not qualify for charity care but who are not able to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy."

The new freestanding, Maryland-specific policy (FM-008A) (**Exhibit 7A**) also clarifies the income criteria for eligibility for charity care and discounted fee care in the "Eligibility" section, making clear that charity (free) care is available to patients at or below 125% of the Federal Poverty Guidelines for his/her family size, and that discounted fee care is available to patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size, using the Sliding Fee Scale contained in the Policy. The Eligibility section also provides that if an insured patient meets the income criteria, the patient is eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under the insurance coverage.

The new freestanding, Maryland-specific policy (FM-008A) (**Exhibit 7A**) includes a specific Eligibility Determination Procedure in accordance with COMAR 10.24.16.08E. It is a two-step process, explicitly differentiating between the Determination of Probable Eligibility (Step One) and the Final Determination of Eligibility (Step Two). In Step One, "within two business days following a patient's initial request for charity care and/or discounted fee care, application for Medical Assistance, or both, Amedisys will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient's representative." The Policy also makes clear that the determination of probable eligibility is based entirely on an interview with the patient, without any documentation to be requested or required as follows (see **Exhibit 7A**, emphasis supplied):

In order to make the determination of probable eligibility, an Amedisys social worker will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.

Step Two (the final determination of eligibility) will be based on a completed income verification form (which is included in **Exhibit 7A**), in which the patient is asked to attest to available income and family size and to document income with the best available information in his/her possession.

However, if documentation to verify income is not available, local care centers are empowered to approve charity care and/or discounted fee care without such documentation. Specifically, the Policy states:

If documentation to verify income is not available, the Director of Operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances.

(The form that the Director of Operations signs for such a determination is also included in **Exhibit 7A.**)

The freestanding, Maryland-specific policy (FM-008A) (**Exhibit 7A**) also includes the Time Payment Plan for patients who qualify for discounted fee care who want pay for the discounted charges over time.¹

Lastly, the freestanding, Maryland-specific policy (FM-008A) (**Exhibit 7A**) includes internal accounting and recordkeeping requirements related to charity care and discounted fee care for internal use only (internal approvals, required logs, coding, separate accounts to be maintained, and required reporting). In light of the March 9, 2018 project status conference summary highlighting that only care as to which a prospective determination is made is considered charity care, the Applicant clarified the internal procedure that allows a patient to be moved from bad debt to charity under certain circumstances to state that such accounts shall not be reported as charity care in data reporting to the MHCC. (See fifth bullet point under Internal Accounting and Recordkeeping in **Exhibit 7A.**)

2. Revise all applicable forms, notices and information provided to comply with the standard (including all public notices, posted notices, notices to potential clients/families, application, etc. for charity care or reduced fees, and similar documents).

Applicant Response:

Please refer to the Applicant's response to #1 above for a complete description of (1) the new freestanding, Maryland-specific policy (FM-008A) governing charity care, discounted fee care and time payment plan, (2) the Income Verification Form used for the final determination of eligibility only (as stated in the Maryland-specific policy), (3) the Income Attestation Form under which the Director of Operations for the local care center may approve charity care and/or discounted fee care even if a patient does not have documentation of income. All of these documents are included in **Exhibit 7A.**

Additionally, with regard to notices that will be posted and provided to patients and families, the Applicant will post and provide a summary notice entitled "Public Disclosure of the Availability of Charity Care, Discounted Fee Care and Time Payment Plan." See **Exhibit 39.** This notice

¹ The language for the Time Payment Plan in **Exhibit 7A** is the same as was previously part of the general charity care Policy under State-Specific Requirements for Maryland (see Exhibit 7 (Revised) to the April 9, 2018 Modification). The Time Payment Plan was moved into the new, freestanding Maryland-specific policy (**Exhibit 7A** hereto).

summarizes the Maryland-specific policy (FM-008A) governing charity care, discounted fee care and time payment plan. This notice (see **Exhibit 39**) is a cover page to the Maryland policy (FM-008A) which, in its entirety, will be (1) posted in all of the Applicant's business offices in its service area, (2) provided to all potential patients and their families, (3) posted on the Applicant's website, as will be discussed further below in response to #3, (4) provided to the local health departments and other social services agencies in the Applicant's service area, (5) provided to local referral sources in the Applicant's service area (hospitals, nursing homes, etc.), and (6) provided to all local nonprofits or other agencies that the Applicant partners with to provide charity care (including the Frederick Community Action Agency and Heartly House for Frederick County specifically, as described in the Applicant's April 9, 2018 Modification).

Lastly, please refer to **Exhibit 8** for a revised notice that the Applicant will publish in local newspapers in the Applicant's entire service area at least twice a year. To address the concern that the prior notice was confusing, the notice has been revised. It is now titled to precisely match the policy itself ("Public Disclosure of the Availability of Charity Care, Discounted Fee Care and Time Payment Plan"), and provides more detail about the new Maryland-specific policy (FM-008A) governing charity care, discounted fee care and time payment plan. It has also been revised to include a new link to the Maryland-specific policy on the Applicant's website.

3. Post the revised notice and place it in an easily accessible location on its website.

Applicant's Response:

The Applicant has revised the website placement of the notice about the new freestanding, Maryland-specific policy (FM-008A) governing charity care, discounted fee care and time payment plan. As explained in the Application (at 6), the Applicant is a subsidiary of Amedisys, Inc., a national home health and hospice provider that provides home health and hospice care in 36 states. Amedisys, Inc. maintains a single website (www.amedisys.com) for the entire company and subsidiaries. While local care centers do not operate their own websites, patients and their families are able to easily navigate within the Amedisys, Inc. website to find information about local care centers in their areas. Specifically, at the top of the home page www.amedisys.com, there is a tab for "Locations" which generates a drop down list of states. The patient simply drops down to Maryland and checks the box for the type of care (home health, hospice or personal care), and then clicks "Find a Care Center." That brings the patient to a landing page for Maryland that lists all the Amedisys local home health agencies in the State. (The Maryland landing page also includes a map showing all of the local care centers.) From the Maryland landing page, the patient is able to select a local care center (with a tab entitled "More Information") to obtain more information about locations served and services provided. The Applicant has posted a link to **Exhibit 39** prominently on the landing page for each Amedisys home health agency location in Maryland. For example, from the Maryland Landing Page, if a prospective client clicks on "More Information" for the Westminster location, the patient will see a link to **Exhibit 39** (under a tab entitled Charity Care and Other Financial Assistance") on the landing page for the Westminster location. Please see the following links for each care center.

<https://www.amedisys.com/locations/home-health-care-glen-burnie-md>

<https://www.amedisys.com/locations/home-health-care-largo-md/>

<https://www.amedisys.com/locations/home-health-care-rosedale-md>

<https://www.amedisys.com/locations/home-health-care-forest-hill-md>

<https://www.amedisys.com/locations/home-health-care-westminster-md>

<https://www.amedisys.com/locations/home-health-care-cambridge-md>

<https://www.amedisys.com/locations/home-health-care-elkton-md>

<https://www.amedisys.com/locations/home-health-care-salisbury-md>

4. Provide copies of all forms, applications, notices and procedures (as revised or not) regarding charity care, reduced fees, and sliding scale that will apply to a prospective client.

Applicant Response:

Please refer to the Applicant's response to #2 above.

9. Regarding the financial feasibility standard and related CON criteria, the applicant should revise utilization, revenue and expenses, and staffing projections (including clarification of its plans for the proposed branch office) based on the experience of Amedisys-Westminster, not on the experience of other Amedisys providers or patients. Tables 2A, 2B, 3, 4 and 5 should be internally consistent and logical.

Applicant's Response:

The Reviewer's May 3, 2018 letter requests the Applicant to explain or correct incomplete or inconsistent information regarding its revised utilization projections (Tables 2 and 2A) and its revenue and expense projections (Tables 3 and 4). Specifically, the Reviewer notes that, compared to the original Application, the Applicant's number of projected clients and visits in Tables 2A and 2B declined yet gross patient service revenue in Tables 3 and 4 (Years 2019-2021) increased. The Reviewer requests the Applicant to detail its assumptions for Tables 2A, 2B, 3 and 4 and explain how gross patient revenue is projected to increase with a reduction in utilization (clients and visits) and revise as necessary.

In the Applicant's April 9, 2018 Modification, it modified Tables 2A, 2B, 3 and 4 to be based exclusively on the Applicant's experience (Westminster parent only). As a result of basing these projections entirely on the Westminster parent, the number of projected clients and visits declined. However, even though the number of clients and visits declined, the gross patient service revenue increased as a result of relying exclusively on the experience of the Westminster parent. Relying exclusively on the experience of the Westminster parent as requested, revenue per client served increased from approximately \$3,750 per Medicare admission to approximately \$3,770 per Medicare admit. This is because the acuity of the Westminster parent's clients is higher on average than the acuity of Amedisys Home Health's clients statewide. The increase in revenue per Medicare admission increased overall gross patient service revenue in the projections. Specifically, as shown in Table 4, gross revenue increased for the proposed project increased from \$2,173,354 in 2021 to \$2,227,279 in the Modification filed on April 9, 2018 (approximately 2.5%).

Notably, while it serves sicker patients as compared to Amedisys Home Health's average statewide, the Westminster parent maintains a 4.5 Star (out of 5) rating by CMS in its Home Health Compare rating system.

Accordingly, Tables 2A, 2B, 3 and 4 are based entirely on the experience of the Westminster parent as required, and the small increase in gross patient service revenue is accurate based on that experience. Although the projections have not changed, the Applicant noticed that 2021 had not been included in Table 2A (while Tables 2B, 3 and 4 all went through 2021). Accordingly, the Applicant has added 2021 to Table 2A with this filing. The Applicant has attached Tables 2A, 2B, 3 and 4 (and assumptions) again to this filing, but other than the addition of 2021 to Table 2A, these Tables have not changed.

Existing Operations		New CON	
2015	1/1/2015 12/31/2015 Filed		
2016	1/1/2016 12/31/2016 Filed		
2017	1/1/2017 12/31/2017 current year estimated	2017	1/1/2017 12/31/2017 no activity
2018	1/1/2018 12/31/2018 estimated	2018	1/1/2018 12/31/2018 6 months pre-cert/6 months activity
2019	1/1/2019 12/31/2019 estimated	2019	1/1/2019 12/31/2019 Month 7-18 of operations
2020	1/1/2020 12/31/2020 estimated	2020	1/1/2020 12/31/2020 Month 19-30 of operations
2021	1/1/2021 12/31/2021 estimated	2021	1/1/2021 12/31/2021 Month 31-42 of operations
Assume green light for CON 1/1/2018			
Certification from 1/1/2018 - 6/30/2018			
Certified 7/1/2018			

TABLE 2A: STATISTICAL PROJECTIONS – HISTORIC AND PROJECTED HOME HEALTH AGENCY SERVICES IN MARYLAND

	Two Most Current Actual		Projected years – ending with first year at full utilization				
CY or FY (circle)	2015	2016	2017	2018	2019	2020	2021
Client Visits							
Billable	8402	12715	15223	17053	20790	23961	25515
Non-Billable	88	255	0	259	316	365	388
TOTAL	8490	12970	15223	17312	21106	24326	25903
# of Clients and Visits by Discipline							
Total Clients (Unduplicated Count)	426	590	708	820	1055	1233	1307
Skilled Nursing Visits	3459	5014	6015	6986	8550	9884	10480
Home Health Aide Visits	212	1247	1301	1398	1556	1689	1748
Physical Therapy Visits	3604	4358	5257	5755	6921	7903	8461
Occupational Therapy Visits	1102	1942	2237	2739	3501	4153	4431
Speech Therapy Visits	79	348	341	350	474	575	655
-----Medical Social Services Visits	34	61	72	84	104	121	129
Other Visits (Please Specify)	0	0	0	0	0	0	0

TABLE 2B: STATISTICAL PROJECTIONS - PROJECTED HOME HEALTH AGENCY SERVICES IN THE PROPOSED PROJECT

	Projected years – ending with first year at full utilization			
CY or FY (circle)	2018	2019	2020	2021
Client Visits				
Billable	2,058	5,795	8,966	10,520
Non-Billable	31	88	137	160
TOTAL	2,089	5,883	9,103	10,680
# of Clients and Visits by Discipline				
Total Clients (Unduplicated Count)	112	347	525	599
Skilled Nursing Visits	970	2,535	3,869	4,465
Home Health Aide Visits	97	255	388	447
Physical Therapy Visits	498	1,664	2,646	3,204
Occupational Therapy Visits	503	1,264	1,916	2,194
Speech Therapy Visits	9	133	234	314
-----Medical Social Services Visits	12	32	49	57
Other Visits (Please Specify)				

Existing Home Health Agency Services

	Two Most Current Actual		Projected years – ending with first year at full utilization				
CY or FY (circle)	2015	2016	2017	2018	2019	2020	2021
Client Visits							
Billable	8402	12715	15223	14995	14995	14995	14995
Non-Billable	88	255	0	228	228	228	228
TOTAL	8490	12970	15223	15223	15223	15223	15223
# of Clients and Visits by Discipline							
Total Clients (Unduplicated Count)	426	590	708	708	708	708	708
Skilled Nursing Visits	3459	5014	6015	6015	6015	6015	6015
Home Health Aide Visits	212	1247	1301	1301	1301	1301	1301
Physical Therapy Visits	3604	4358	5257	5257	5257	5257	5257
Occupational Therapy Visits	1102	1942	2237	2237	2237	2237	2237
Speech Therapy Visits	79	348	341	341	341	341	341
-----Medical Social Services Visits	34	61	72	72	72	72	72
Other Visits (Please Specify)	0	0	0	0	0	0	0

TABLE 3: REVENUES AND EXPENSES – HISTORIC AND PROJECTED HOME HEALTH AGENCY SERVICES IN MARYLAND (Including proposed project)

CY or FY (Circle)	Two Most Recent Years - Actual		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	2015	2016	2017	2018	2019	2020	2021
1. Revenue							
Gross Patient Service Revenue	1,655,618	2,299,024	2,664,602	2,951,388	3,844,181	4,601,401	4,891,981
Allowance for Bad Debt	-29,650	-22,263	-13,382	-18,100	-24,583	-31,740	-34,495
Contractual Allowance	-83,347	-128,298	-97,446	-109,679	-147,760	-180,058	-192,453
Charity Care				34,509	40,190	41,653	41,363
Charity Care Write-off				-34,509	-40,190	-41,653	-41,363
Net Charity Care Revenue	0	0	0	0	0	0	0
Net Patient Services Revenue	1,532,621	2,148,463	2,553,774	2,825,609	3,671,858	4,389,602	4,665,034
Other Operating Revenues (Specify)	0	0	0	0	0	0	0
Net Operating Revenue	1,532,621	2,148,463	2,553,774	2,825,609	3,671,858	4,389,602	4,665,034
2. Expenses							
Salaries, Wages, and Professional Fees, (Including fringe benefits)	1,364,012	1,721,003	1,983,099	2,406,729	2,826,555	3,283,658	3,495,007
Contractual Services (skilled nursing)	2,360	0	0	0	0	0	0
Contractual Services (physical therapy)	108,423	215,592	307,247	323,829	385,166	435,278	467,803
Contractual Services (occupational therapy)	9,650	0	0	0	0	0	0
Contractual Services (speech therapy)	1,379	13,625	17,994	17,994	17,994	17,994	17,994
Interest on Current Debt	0	0	0	0	0	0	0
Interest on Project Debt	0	0	0	0	0	0	0
Current Depreciation	12,553	14,665	12,129	15,582	16,896	18,123	18,123
Project Depreciation	0	0	0	0	0	0	0
Current Amortization	0	0	0	0	0	0	0
Project Amortization	0	0	0	0	0	0	0
Supplies	16,455	26,455	35,645	43,765	58,719	71,600	78,183
Other Expenses (Specify)	0	0	0	0	0	0	0
- Rent/Facilities	61,852	66,462	60,943	126,232	108,493	110,824	110,824
- Advertising	5,373	10,234	10,500	15,435	23,858	28,997	28,997
- Travel/Training	20,012	27,994	28,112	41,506	40,316	40,316	40,316
- Office Supplies, (phones, IT work, etc)	9,031	12,501	13,068	17,635	20,502	22,696	22,696
	23,444	48,061	76,913	116,599	130,139	138,738	138,738
	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
Total Operating Expenses	1,634,544	2,156,582	2,525,650	3,125,308	3,628,638	4,168,225	4,418,681
3. Income							
Income from Operation	-101,923	-8,119	28,124	-299,698	43,220	221,377	246,352
Non-Operating Income	0	0	0	0	0	0	0
Subtotal	-101,923	-8,119	28,124	-299,698	43,220	221,377	246,352
Income Taxes	n/a – taxes paid at the corporate level and not allocated to individual agencies						
Net Income (Loss)	-101,923	-8,119	28,124	-299,698	43,220	221,377	246,352

[illegible]

TABLE 4: REVENUES AND EXPENSES – PROJECTED HOME HEALTH AGENCY SERVICES FOR PROPOSED PROJECT

	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	2018	2019	2020	2021
1. Revenue				
Gross Patient Service Revenue	286,786	1,179,579	1,936,799	2,227,379
Allowance for Bad Debt	-2,718	-11,181	-18,358	-21,113
Contractual Allowance	-12,233	-50,314	-82,612	-95,007
Charity Care	13,192	18,873	20,336	20,046
Charity Care Write-off	-13,192	-18,873	-20,336	-20,046
Net Charity Care Revenue	0	0	0	0
Net Patient Services Revenue	271,835	1,118,084	1,835,828	2,111,260
Other Operating Revenues (Specify)				
Net Operating Revenue	271,835	1,118,084	1,835,828	2,111,260
2. Expenses				
Salaries, Wages, and Professional Fees, (including fringe benefits)	443,630	863,456	1,320,559	1,531,908
Contractual Services (skilled nursing)				
Contractual Services (physical therapy)	16,582	77,919	128,031	160,556
Contractual Services (occupational therapy)				
Contractual Services (speech therapy)				
Interest on Current Debt				
Interest on Project Debt				
Total	3,453	4,767	5,994	5,994
Project Depreciation				
Current Amortization				
Project Amortization				
Supplies	8,120	23,074	35,955	42,538
Other Expenses (Specify)				
- Rent/Facilities	65,289	47,550	49,881	49,881
- Advertising	4,935	13,358	18,497	18,497
- Travel/Training	13,394	12,204	12,204	12,204
- Office Supplies	4,567	7,434	9,628	9,628
(phones, IT work, etc)	39,686	53,226	61,825	61,825
Total Operating Expenses	599,658	1,102,988	1,642,575	1,893,031
3. Income				
Income from Operation	-327,822	15,096	193,253	218,228
Non-Operating Income				
Subtotal	-327,822	15,096	193,253	218,228
Income Taxes	n/a – taxes paid at the corporate level and not allocated to individual agencies			
Net Income (Loss)	-327,822	15,096	193,253	218,228

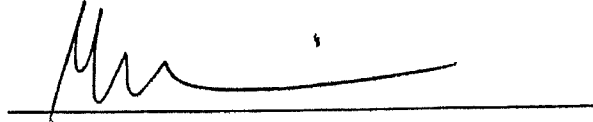
	Projected Years
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Table 4 Cont.	(ending with first full year at full utilization)			
CY or FY (Circle)	2018	2019	2020	2021
4A. - Payor Mix as Percent of Total Revenue				
Medicare	94%	94%	94%	94%
Medicaid/Private	4%	4%	4%	4%
Blue Cross				
Other Commercial Insurance				
PPS Episodic	2%	2%	2%	2%
TOTAL	100%	100%	100%	100%
4B. Payor Mix as Percent of Total Visits				
Medicare	93%	93%	93%	93%
Medicaid	1%	1%	1%	1%
Blue Cross	Do not track for individual payers			
Other Commercial Insurance	5%	4%	4%	4%
Self-Pay				
PPS Episodic	1%	2%	2%	2%
TOTAL	100%	100%	100%	100%

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the May 14, 2018 Supplement to Modification of Application for Certificate of Need to Expand Home Health Agency Services to Frederick County, Maryland filed by Amedisys Maryland, LLC, d/b/a Amedidys Home Health are true and correct to the best of my knowledge, information and belief.

Date: 5/11/18

A handwritten signature in black ink, appearing to read 'G. Abraskin', is written over a horizontal line.

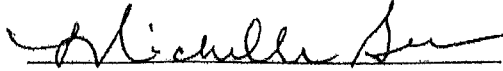
Name: Geoffrey Abraskin, PT, DPT, CWS

Title: Vice President of Operations

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the May 14, 2018 Supplement to Modification of Application for Certificate of Need to Expand Home Health Agency Services to Frederick County, Maryland filed by Amedisys Maryland, LLC, d/b/a Amedisys Home Health are true and correct to the best of my knowledge, information and belief.

Date: May 11, 2018

A handwritten signature in cursive script, appearing to read "Michelle Gee", written over a horizontal line.

Name: Michelle Gee, CPA MS Lic#5379

Title: Regional Director of Financial Operations

EXHIBIT 7

Policy: FM-008	Date(s) Revised:	05/2018
Subject: <i>Indigent and Charity</i>		
Applicable Service(s): Home Health	Page:	Page 1 of 3

PURPOSE:

- To provide a mechanism for obtaining fair reimbursement for services rendered to all patients. To provide guidelines to be considered when establishing patient eligibility for uncompensated or discounted services for uninsured or underinsured indigent and charity patients.
- To establish a framework in which uncompensated or discounted services can be given consideration and mechanisms for approval of such services.
- This Policy FM-008 does not apply to home health agencies in the State of Maryland. Please refer to Policy FM-008A for the Policy governing Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan that applies in the State of Maryland.

PROCEDURE:

1. Requirements for Consideration of Indigent or Charity Services
 - a. The indigent patient must meet the indigent income levels of 125% of the Federal Poverty Guidelines (for appropriate family size) as defined below for the year 2014, or subsequent years as those guidelines are updated by the Federal government.
 - b. The charitable patient must have an income level greater than 125% of the Federal Poverty Guidelines, for his or her family size, but less than 400% of the Federal Poverty Guidelines.
 - c. An indigent or charitable patient has no other source of governmental, insurance or other third-party reimbursement for all or the portion of his or her bill that is written-off or discounted pursuant to this policy. An income qualified indigent or charity patient may be so qualified, however, for services rendered in excess of (or excluded from) that patient's defined benefits under any governmental or insurance coverage.
 - d. The patient and/or staff member working with the patient should document his or her income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level. Persons seeking a discount under this policy should fill out a form that attests to his or her income and family size and the social worker or intake personnel may make his or her own determination whether the income and family size information is accurate and correct, in the absence of documentation of income. The social worker should so indicate in the patient's file that this determination has been made. In the event that Amedisys is prohibited from obtaining detailed information concerning a particular patient, an appropriate staff member may make a determination of the patient's status as an indigent or charity case based on the totality of the patient's circumstances. As applicable, the indigent or charity patient's file shall also retain the income form filled out by the patient, including written documentation of the patient's income, if any.
 - e. The home health agency should provide a copy of it to any patient upon request and to any patient the social worker or intake personnel deems may benefit from it.

Policy: FM-008	Date(s) Revised:	05/2018
Subject: <i>Indigent and Charity</i>		
Applicable Service(s): Home Health	Page:	Page 2 of 3

2. Patients are required to disclose all circumstances surrounding insurance, third party coverage, assets, liabilities, guarantors, and any other factors. Guarantors may include immediate family, relatives, friends, significant others, individuals involved in accidents or liability coverage or the responsible party in the case of a pregnancy.
3. If the patient is eligible for any state or federal assistance and has not applied to the program, application should be made prior to consideration for uncompensated services. Indigent or charity status may be provisionally granted while eligibility for other governmental assistance programs is sought.
4. Patients who fail to cooperate fully in obtaining assistance will be ineligible for uncompensated services and efforts will ensue to collect payment for all services rendered until appropriate income information is obtained to demonstrate qualification for indigent or charity status.
5. Victims of assault must press charges or initiate legal action as appropriate against their assailant to be considered eligible for indigent services.
6. Approval for Indigent Care:
 - Patients meeting guidelines for consideration for indigent or charity care may be prospectively approved by the care center Director of Operations for care up to \$1,000.
 - If the amount of services exceeds \$5,000, the approval of the corporate office or the Senior Vice-President of Operations, or her designee, should be obtained.
 - A log of pre-approved indigent or charity patients and amount of charges for discounted services to such patient shall be maintained.
 - Indigent or charity patients are setup in HCHB with the payer code of Private INDIGENT/Charity. HCHB will automatically mark any visits as non-billable.
 - Separate accounts should be maintained for indigent or charity patients and a patient should not be included in one of these accounts and also in a bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to an indigent or charity account if his income level is determined to qualify for such status at any time prior to legal action being taken against such person.
 - No patient or his or her charges shall be counted as indigent or charity if any legal action has been pursued against such patient, including garnishment, lawsuit, etc., or whose payment history has been submitted to a credit reporting agency. However, collection activities may be pursued that do not involve legal action or credit agency reporting either by Amedisys or third party agents. A determination of income eligibility for indigent or charity status may be made at any time prior to such legal action being taken.
 - Changes in billing or payment practices by an insurer or governmental payer that render a patient ineligible for coverage by such payer may be considered in determining if a patient qualifies for a full or partial discount under this policy.
7. Reporting of Indigent/Charity Care:
 - Where Amedisys has made a minimum indigent/charity care commitment as part of a certificate of need application, indigent and charity care provided by the Company should be credited to the various, respective commitments and reported to the applicable state regulatory agency.
 - In the event that indigent/charity care provided by Amedisys, has not been previously allocated or reported, it may be carried over and applied to subsequent commitment periods.

Income Document Verification

Income Document Attestation

Policy: FM-008	Date(s) Revised:	05/2018
Subject: <i>Indigent and Charity</i>		
Applicable Service(s): Home Health	Page:	Page 3 of 3

State Specific Requirements

EXHIBIT 7A

Policy: FM-008-A	Date(s) Revised: 05/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Home Health (Maryland only)	Page: Page 1 of 3

PURPOSE:

- To ensure access to home health agency services regardless of an individual's ability to pay and provide home health agency services on a charitable basis to eligible indigent and low income persons.
- To provide guidelines to determine a patient's eligibility for charity care and discounted fee care.
- To establish a framework in which requests for charity care and discounted fee care are considered and mechanisms for approval of such services.

SCOPE:

- This Policy applies to Amedisys home health agencies operating in the State of Maryland, and constitutes the exclusive Policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by Amedisys to determine eligibility.
- This Policy also exclusively governs the Time Payment Plan for Amedisys home health agencies operating in the State of Maryland.

DEFINITIONS:

- "Charity care" means care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient.
- "Discounted fee care" means care provided to patients of limited means who do not qualify for charity care but who are unable to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy.

ELIGIBILITY:

- Charity care is provided for patients at or below 125% or of the Federal Poverty Guidelines for his/her family size.
- Discounted fee care is provided for patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size in accordance with the following Sliding Fee Scale:

Poverty Level (at or below)	% Discount
125%	100%
150%	90%
175%	80%
200%	70%
225%	60%
250%	50%
275%	40%
300%	30%
325%	20%
350%	10%
375%	5%
400%	5%

- Insured patients who meet the income criteria above are eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under their insurance coverage.

ELIGIBILITY DETERMINATION PROCEDURE:

- When a patient or patient's representative requests charity care and/or discounted fee care, Medical Assistance, or both, the following two-step process will be followed by Amedisys:

Policy: FM-008-A	Date(s) Revised:	05/18
Subject: Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan		
Applicable Service(s): Home Health (Maryland only)	Page:	Page 2 of 3

• **STEP ONE – DETERMINATION OF PROBABLE ELIGIBILITY**

- Within two business days following a patient's initial request for charity care and/or discounted fee care, application for Medical Assistance, or both, Amedisys will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient's representative.
- In order to make the determination of probable eligibility, an Amedisys social worker will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.

• **STEP TWO – FINAL DETERMINATION OF ELIGIBILITY**

- The final determination of eligibility for charity care or discounted fee care will be based on a completed income verification form and supporting documentation of eligibility.
- The patient or patient's representative will be requested to attest to available income and family size and to document the patient's income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level.
- If documentation to verify income is not available, the Director of Operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances.
- If the patient is eligible for Medical Assistance and has not already applied, the patient will be requested to apply for coverage under this program. Eligibility for charity care or discounted fee care will be provisionally granted pending approval of the application for Medical Assistance.
- A patient and/or patient's representative are required to cooperate fully with Amedisys in obtaining the information to make a final determination of eligibility for charity care or discounted fee care under this policy.

TIME PAYMENT PLAN:

- A patient who qualifies for discounted fee care under this policy may request to pay billed charges over time. Amedisys requests a minimum of \$25 per month with the balance being resolved within 1 year from start-of-care.

INTERNAL ACCOUNTING AND RECORDKEEPING (INTERNAL USE ONLY):

- The care center Director of Operations may prospectively approve charity care or discounted fee care up to \$1,000.
- Approval from the corporate office or the Senior Vice-President of Operations, or her designee, should be obtained if the amount of charity care or discounted fee care services for a patient exceeds \$5,000.
- A log of pre-approved charity care and discounted fee care patients and amount of charges for discounted services to such patients shall be maintained.
- Indigent or charity patients are set up in HCHB with the payer code of Private. INDIGENT/Charity. HCHB will automatically mark any visits as non-billable.
- Separate accounts should be maintained for charity care and discounted fee care patients and a patient should not be included in one of these accounts and also in a bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to a charity account if his income

Policy: FM-008-A	Date(s) Revised: 05/18
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level is determined to qualify for such status at any time prior to legal action being taken against such person; provided, however, that accounts moved from bad debt to charity shall not be reported as charity care in data reporting to the Maryland Health Care Commission.

- Where Amedisys has made a minimum charity care commitment in connection with a certificate of need, charity care provided by the agency should be credited to the various, respective commitments and reported to the Maryland Health Care Commission as required.

INCOME DOCUMENTATION VERIFICATION

I, _____ [Patient name] provide the following information in support of my request for charity care and/or discounted fee care for home health care services rendered to me by Amedisys Home Health. The information I provide will be maintained in the strictest confidence by Amedisys and will be utilized by Amedisys solely to (1) make a final determination of my eligibility for charity care and/or discounted fee care for home health care services rendered to me, and (2) compile aggregated, non-personally identifiable reports to States requiring this information.

ANNUAL INCOME (including income from all sources, including any insurance, third party coverage, guarantors or any other source)

____ \$0-\$12,000 ____ \$30,001-\$40,000 ____ \$60,001-\$70,000 ____ \$90,001-\$100,000
____ \$12,001-\$20,000 ____ \$40,001-\$50,000 ____ \$70,001-\$80,000 ____ \$100,001-\$120,000
____ \$20,001-\$30,000 ____ \$50,001-\$60,000 ____ \$80,001-\$90,000 ____ \$120,001-above

FAMILY SIZE: _____ **PERSONS**

Supporting Documentation Provided (check all that apply)

____ W-2 ____ Tax Return ____ Other (specify)
____ Pay Stub ____ Medical Card
____ None

If you have any other information that you believe would be helpful to Amedisys in making a decision, please attach it to this form.

I hereby attest and certify that the foregoing information is true, accurate and complete to the best of my knowledge, information and belief.

Patient Signature

Date

If you have any questions regarding this form, please contact Amedisys' Chief Compliance Officer at 1-800-466-0020.

TO BE FILLED OUT BY SOCIAL WORKER:

AGENCY LOCATION: _____

PATIENT ID#: _____

The undersigned has made a determination regarding the accuracy and correctness of the foregoing income and family size information or is otherwise satisfied that the above-referenced patient is eligible for charity care or discounted fee care under Amedisys Policy FM-008A (Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan).

Amedisys Social Worker

Date

INCOME DOCUMENTATION ATTESTATION

Where circumstances prevent Amedisys from securing detailed information concerning the income and family size of a particular patient in order to make a final determination of eligibility for charity care or discounted fee care, a Director of Operations is permitted to make a final determination that a patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances reflecting income at or below the eligibility guidelines under Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland.

AGENCY LOCATION: _____

PATIENT ID#: _____

I hereby attest and certify that I have made a reasonable inquiry into the financial situation, including the annual income and family size, of the foregoing patient with respect to the patient's eligibility for charity care and/or discounted fee care as set forth in Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland. I am satisfied that the patient is eligible for charity care and/or discounted fee care under such policy.

Director of Operations

Date

EXHIBIT 8

[AMEDISYS HOME HEALTH LOGO]

**PUBLIC DISCLOSURE OF THE AVAILABILITY OF HOME HEALTH CHARITY CARE,
DISCOUNTED FEE CARE AND TIME PAYMENT PLAN**

Amedisys Home Health provides home health care to residents of Anne Arundel, Baltimore, Carroll, Frederick, Harford and Howard Counties and Baltimore City. Amedisys Home Health is committed to providing accessible home health care to the communities it serves. Home health care is available to all patients regardless of their race, color, national origin, gender or ability to pay. Amedisys Home Health provides charity care at no cost to patients for whom there is no means of payment by the patient or a third party payer (such as an insurer), and is available to a patient whose income is at or below 125% of the Federal Poverty Guidelines for the patient's family size. Amedisys Home Health provides discounted fee care to patients of limited means who are not eligible for charity care, but are unable to pay the full cost of home health care, and is available to a patient whose income is above 125% and up to 400% of the Federal Poverty Guidelines for the patient's family size. A sliding scale is used to determine the amount of the discount that the patient is eligible for based on the patient's income level within that range. Within two business days of a patient's initial request for charity care or discounted fee care, application for Medical Assistance, or both, Amedisys Home Health will make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and will communicate that determination to the patient. Following a determination of probable eligibility, Amedisys Home Health will make a final determination of eligibility for charity care and/or discounted fee care, which will be based on a completed income verification form and supporting documentation from the patient. Amedisys also offers a time payment plan for patients who are eligible for discounted fee care which allows them to pay their discounted charges over time. Please visit [www.amedisys.com/userfiles/Charity Care And Other Financial Assistance.pdf](http://www.amedisys.com/userfiles/Charity_Care_And_Other_Financial_Assistance.pdf) to review Amedisys Home Health's charity care, discounted fee care and time payment plan Policy in full. If you have any questions, or to request a copy of the complete Policy, please contact your local care center. You can find a complete list of Amedisys Home Health local care centers in Maryland by visiting www.amedisys.com/locations/.

EXHIBIT 39

PUBLIC DISCLOSURE OF THE AVAILABILITY OF CHARITY CARE, DISCOUNTED FEE CARE AND TIME PAYMENT PLAN

Amedisys Home Health is committed to providing accessible home health care to the communities it serves. Home health care is available to all patients regardless of their race, color, national origin, gender or ability to pay. Amedisys Home Health provides charity care at no cost to patients for whom there is no means of payment by the patient or a third party payer (such as an insurer), and is available to a patient whose income is at or below 125% of the Federal Poverty Guidelines for the patient's family size. Amedisys Home Health provides discounted fee care to patients of limited means who are not eligible for charity care, but are unable to pay the full cost of home health care, and is available to a patient whose income is above 125% and up to 400% of the Federal Poverty Guidelines for the patient's family size. A sliding scale is used to determine the amount of the discount that the patient is eligible for based on the patient's income level within that range. Within two business days of a patient's initial request for charity care or discounted fee care, application for Medical Assistance, or both, Amedisys Home Health will make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and will communicate that determination to the patient. Following a determination of probable eligibility, Amedisys Home Health will make a final determination of eligibility for charity care and/or discounted fee care, which will be based on a completed income verification form and supporting documentation from the patient. Amedisys also offers a time payment plan for patients who are eligible for discounted fee care which allows them to pay their discounted charges over time.

For additional information, please refer to the complete Amedisys Home Health Policy governing "Maryland Charity Care and Discounted Fee Care -- Availability, Eligibility and Eligibility Determination Process; Time Payment Plan" which follows below, or you may also contact your local Amedisys Home Health Care Provider.

Policy: FM-008-A	Date(s) Revised: 05/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Home Health (Maryland only)	Page: Page 1 of 3

PURPOSE:

- To ensure access to home health agency services regardless of an individual's ability to pay and provide home health agency services on a charitable basis to eligible indigent and low income persons.
- To provide guidelines to determine a patient's eligibility for charity care and discounted fee care.
- To establish a framework in which requests for charity care and discounted fee care are considered and mechanisms for approval of such services.

SCOPE:

- This Policy applies to Amedisys home health agencies operating in the State of Maryland, and constitutes the exclusive Policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by Amedisys to determine eligibility.
- This Policy also exclusively governs the Time Payment Plan for Amedisys home health agencies operating in the State of Maryland.

DEFINITIONS:

- "Charity care" means care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient.
- "Discounted fee care" means care provided to patients of limited means who do not qualify for charity care but who are unable to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy.

ELIGIBILITY:

- Charity care is provided for patients at or below 125% or of the Federal Poverty Guidelines for his/her family size.
- Discounted fee care is provided for patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size in accordance with the following Sliding Fee Scale:

Poverty Level (at or below)	% Discount
125%	100%
150%	90%
175%	80%
200%	70%
225%	60%
250%	50%
275%	40%
300%	30%
325%	20%
350%	10%
375%	5%
400%	5%

- Insured patients who meet the income criteria above are eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under their insurance coverage.

ELIGIBILITY DETERMINATION PROCEDURE:

- When a patient or patient's representative requests charity care and/or discounted fee care, Medical Assistance, or both, the following two-step process will be followed by Amedisys:

Policy: FM-008-A	Date(s) Revised: 05/18
Subject: Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan	
Applicable Service(s): Home Health (Maryland only)	Page: Page 2 of 3

• **STEP ONE – DETERMINATION OF PROBABLE ELIGIBILITY**

- Within two business days following a patient's initial request for charity care and/or discounted fee care, application for Medical Assistance, or both, Amedisys will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient's representative.
- In order to make the determination of probable eligibility, an Amedisys social worker will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.

• **STEP TWO – FINAL DETERMINATION OF ELIGIBILITY**

- The final determination of eligibility for charity care or discounted fee care will be based on a completed income verification form and supporting documentation of eligibility.
- The patient or patient's representative will be requested to attest to available income and family size and to document the patient's income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level.
- If documentation to verify income is not available, the Director of Operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances.
- If the patient is eligible for Medical Assistance and has not already applied, the patient will be requested to apply for coverage under this program. Eligibility for charity care or discounted fee care will be provisionally granted pending approval of the application for Medical Assistance.
- A patient and/or patient's representative are required to cooperate fully with Amedisys in obtaining the information to make a final determination of eligibility for charity care or discounted fee care under this policy.

TIME PAYMENT PLAN:

- A patient who qualifies for discounted fee care under this policy may request to pay billed charges over time. Amedisys requests a minimum of \$25 per month with the balance being resolved within 1 year from start-of-care.

INTERNAL ACCOUNTING AND RECORDKEEPING (INTERNAL USE ONLY):

- The care center Director of Operations may prospectively approve charity care or discounted fee care up to \$1,000.
- Approval from the corporate office or the Senior Vice-President of Operations, or her designee, should be obtained if the amount of charity care or discounted fee care services for a patient exceeds \$5,000.
- A log of pre-approved charity care and discounted fee care patients and amount of charges for discounted services to such patients shall be maintained.
- Indigent or charity patients are set up in HCHB with the payer code of Private. INDIGENT/Charity. HCHB will automatically mark any visits as non-billable.
- Separate accounts should be maintained for charity care and discounted fee care patients and a patient should not be included in one of these accounts and also in a bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to a charity account if his income

Policy: FM-008-A	Date(s) Revised: 05/18
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level is determined to qualify for such status at any time prior to legal action being taken against such person; provided, however, that accounts moved from bad debt to charity shall not be reported as charity care in data reporting to the Maryland Health Care Commission.

- Where Amedisys has made a minimum charity care commitment in connection with a certificate of need, charity care provided by the agency should be credited to the various, respective commitments and reported to the Maryland Health Care Commission as required.

INCOME DOCUMENTATION VERIFICATION

I, _____ [Patient name] provide the following information in support of my request for charity care and/or discounted fee care for home health care services rendered to me by Amedisys Home Health. The information I provide will be maintained in the strictest confidence by Amedisys and will be utilized by Amedisys solely to (1) make a final determination of my eligibility for charity care and/or discounted fee care for home health care services rendered to me, and (2) compile aggregated, non-personally identifiable reports to States requiring this information.

ANNUAL INCOME (including income from all sources, including any insurance, third party coverage, guarantors or any other source)

____ \$0-\$12,000 ____ \$30,001-\$40,000 ____ \$60,001-\$70,000 ____ \$90,001-\$100,000
____ \$12,001-\$20,000 ____ \$40,001-\$50,000 ____ \$70,001-\$80,000 ____ \$100,001-\$120,000
____ \$20,001-\$30,000 ____ \$50,001-\$60,000 ____ \$80,001-\$90,000 ____ \$120,001-above

FAMILY SIZE: _____ **PERSONS**

Supporting Documentation Provided (check all that apply)

____ W-2 ____ Tax Return ____ Other (specify)
____ Pay Stub ____ Medicaid Card
____ None

If you have any other information that you believe would be helpful to Amedisys in making a decision, please attach it to this form.

I hereby attest and certify that the foregoing information is true, accurate and complete to the best of my knowledge, information and belief.

Patient Signature

Date

If you have any questions regarding this form, please contact Amedisys' Chief Compliance Officer at 1-800-466-0020.

TO BE FILLED OUT BY SOCIAL WORKER:

AGENCY LOCATION: _____

PATIENT ID#: _____

The undersigned has made a determination regarding the accuracy and correctness of the foregoing income and family size information or is otherwise satisfied that the above-referenced patient is eligible for charity care or discounted fee care under Amedisys Policy FM-008A (Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan).

Amedisys Social Worker

Date

INCOME DOCUMENTATION ATTESTATION

Where circumstances prevent Amedisys from securing detailed information concerning the income and family size of a particular patient in order to make a final determination of eligibility for charity care or discounted fee care, a Director of Operations is permitted to make a final determination that a patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances reflecting income at or below the eligibility guidelines under Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland.

AGENCY LOCATION: _____

PATIENT ID#: _____

I hereby attest and certify that I have made a reasonable inquiry into the financial situation, including the annual income and family size, of the foregoing patient with respect to the patient's eligibility for charity care and/or discounted fee care as set forth in Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland. I am satisfied that the patient is eligible for charity care and/or discounted fee care under such policy.

Director of Operations

Date