



## Gilchrist Hospice Care Policy

**TITLE: Billing and Collections**

**POLICY #: 1-204**

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### I. POLICY

- A. It is the goal and the policy of Gilchrist Hospice Care to serve all patients for whom hospice care is appropriate regardless of availability of third-party coverage or ability to pay. In order to accomplish this, third-party payments for service will be rigorously and aggressively pursued. Donations will be solicited to subsidize services where needed.
- B. Patients and families served by Gilchrist Hospice Care will be asked to financially participate in the care in a variety of ways such as designating Gilchrist Hospice Care as the recipient of memorial gifts. Private insurance patients will be asked to contribute the difference between charges submitted and actual collection. Unpaid account balances will not be submitted to a collection agency.

### II. PROCEDURES

- A. There are seven financial categories. At the time of admission the patient shall designate a category on the Service Agreement. The category may be changed at a later time if appropriate.

#### 1. Medicare Hospice

All charges submitted to Medicare. No billing or informational statements are sent to the patient from Gilchrist Hospice Care.

#### 2. Medicaid

All charges submitted to Medicaid. No billing or informational statements are sent to the patient from Gilchrist Hospice Care.

#### 3. Private Insurance

All charges submitted to insurance company monthly. After all bills have been submitted and the insurance company has responded, a statement will be mailed to the patient (or family) showing amounts billed and paid. If the family chooses not to contribute, no further action will be taken.

#### 4. Self-Pay

Patients who have no third-party coverage, and who have the ability and wish to pay for services directly, are in this category. All charges are submitted to patient on a monthly basis. At the discretion of the Director of Clinical Services, special payment arrangements or schedules may be established.

## 5. Reduced and No-Fee Services

- a. Gilchrist Hospice Care will not discriminate due to a patient's financial status. If, at the time of admission, it is determined that the patient may be unable to meet their financial responsibility for payment of services, the patient/family will be consulted to determine their eligibility for reduced or no-fee services. If there are questions regarding eligibility, the Director of Clinical Services or designee may request a medical social work visit to verify the patient's situation. Approval from the Director or designee for reduced or no-fee service will be required. If Hospice is unable to admit the patient due to budgetary constraints, appropriate referrals will be made.
- b. Any patient admitted to Hospice or its programs, without insurance coverage, will be assessed for financial ability to pay for services provided. Any portion of the charges determined to be the patient's responsibility will be billed to the patient and/or family.

### The process includes:

Upon admission of a patient to the Hospice or its programs, if the patient is determined to have no hospice insurance coverage, the patient's social worker will complete a Financial Screening.

A payment plan may be made for the patient's portion of the charges. Any such plan, which extends payments beyond six months, must be reviewed by the Director of Clinical Services or the designee.

After the patient's death, any remaining balance of this amount will be billed to the patient's estate.

- B. Gilchrist Hospice Care **Charity Care pending** patients who have no third party coverage and are unable to contribute to the cost of care are admitted in this category. The social worker in conjunction with the patient's nurse will identify these patients. The Director of Clinical Services will approve patients whose inability to contribute is substantiated. These patients will be accepted within the dollar amount limits specified in the Gilchrist Hospice Care budget. Once approved, the financial status will be changed to Charity Care.

Approved Date: 01/94

Date Reviewed: 05/95, 08/95, 12/99, 12/00, 03/01, 07/02, 01/07

Date Revised: 12/00, 11/08



## Gilchrist Hospice Care Policy

**TITLE: Care Fund Guidelines**

**POLICY #: 1-122**

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### I. PURPOSE:

Gilchrist Hospice Care provides care to all appropriate patients regardless of their ability to pay. Special care funding is available for patients whose limited financial resources prevent them from achieving comfort throughout the progression of their illness or cause a disruption in hospice services.

### II. POLICY (ELIGIBILITY):

Patient will be eligible for financial assistance if the patient and PCG have less than \$500 in disposable income each month as determined by the GHC financial assessment form (Attachment A). The patient's social worker is responsible for completing the financial assessment form and submitting the completed form to their team manager. The social worker is also responsible for pursuing financial assistance from alternate sources, including foundations, agencies, funds, etc.

### III. PROCEDURE:

A. Types of requests. Below is a partial list of the types of requests we expect to receive.

1. Daily supplies – Wipes, Nestle/Ensure/Boost
2. Equipment – shower bench, lift chair (rental), fan/ AC unit
3. Household items – sheets, towels, slippers, pajamas
4. Monetary assistance - BGE bills, gas/bus pass for PCG when patient is at Gilchrist Center or Gilchrist Center Howard County

B. Approval Process.

1. The assigned social worker completes the GHC financial assessment form (Attachment A) and application for special care funding.
2. Both forms and any other required information, i.e. bills, etc., are submitted to the social worker's Team Manager for review and approval.
3. The Team Manager submits the completed set of documents to the Social Work Clinical Lead, who then submits them to the Senior Director of Marketing, Volunteer and Community Services for final approval and processing.
4. Approved forms are submitted to Finance for payment.

Note: The financial assistance fund may not be used to assist with funeral or burial costs or any other expenses not directly benefitting the patient. Payments will not be made directly to patient, patient's family or staff members.

Approved: 07/11

Reviewed: 02/13

Revised: 02/12, 05/14, 02/15

**Gilchrist Hospice Care  
Application for Care Fund**

**Criteria:** Patient will be eligible for assistance if the patient and PCG (PCG's family/support unit) have less than \$500 in disposable income each month, as determined by the GHC financial assessment form. Social worker will complete the financial assessment and obtain a copy of the vendor bill (where applicable), attach to this form, and submit to team manager. Please note that checks will only be made out to approved vendors.

Patient: \_\_\_\_\_ MRN: \_\_\_\_\_

Physician: \_\_\_\_\_

Team and Social Worker: \_\_\_\_\_

**Type of Request:**

\_\_\_\_ Utility/Caregiving Assistance  
\_\_\_\_ Patient supplies  
\_\_\_\_ Other Expense (please name) \_\_\_\_\_

Item/Service needed, including cost and unit of measure (i.e. BGE bill, November 2011):

\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Vendor Submitting Bill (if applicable): \_\_\_\_\_

Vendor Address (if applicable): \_\_\_\_\_

Payment Disposition (ie. Mail to Vendor, Hold for Pick-Up) \_\_\_\_\_

If this is a recurring expense, how will funds be raised once GHC financial assistance has been expended?

\_\_\_\_\_

Previously approved for GHC Financial Assistance funding?

\_\_\_\_ yes                      \_\_\_\_ no

Have other community resources been contacted? State which ones and whether the request(s) has(ve) been approved (and the amount approved) or denied: \_\_\_\_\_

\_\_\_\_\_

**APPROVALS:**

\_\_\_\_\_  
Team Manager

\_\_\_\_\_  
Social Work Clinical Lead

\_\_\_\_\_  
Senior Director, Development