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February 14, 2018

Ms. Ruby Potter
Health Facilities Coordinator
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: CON Application for a Home Health Agency in Calvert and St. Mary's Counties
Matter No: 17-R3-2402

Dear Ms. Potter,

Correction for Home Health Agency Certificate of Need – Calvert County & St. Mary's County

Please do not hesitate to contact me directly on 240-560-5080 for any questions or additional information.

Sincerely,

Folashade Green RN, BSN, OCN, CM/DN, CRNI,
Administrator

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February 14, 2018

Via Email and Hand Delivery

Kevin McDonald, Chief
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD, 21215

RE: CON Application for a Home Health
Agency in Calvert and St. Mary's Counties
Docket No.: 17-R3-2402

2) Notice of Charity Care and Sliding Fee Scale Policies. Public notice and information regarding the home health agency's charity care and sliding fee scale policies shall be disseminated, on an annual basis, through methods designed to best reach the population in the HHA's service area, and in a format understandable by the service area population. Notices regarding the HHA's charity care and sliding fee scale policies shall be posted in the business office of the HHA and on the HHA's website, if such a

Existing agencies should provide samples of these notices and how they have been promulgated. Aspiring agencies should create these notices and describe plans for dissemination.

Communication of the Charity Program to Patients and Within the Community: *This is a draft of our charity care notice and we are committed to posting it in our brochures, websites, and in the patient bills of rights and by posting notices in the Conditions of Admission form.*

Attention Patients

If you do not have health insurance, you may qualify for financial assistance.

Minerva home health agency has a program to assist uninsured, low-income patient with payment of healthcare bills.

For more information, please ask any of our representative,

or call: 240-560-5080



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site is maintained. Prior to the provision of HHA services, a HHA shall address clients' or clients' families concerns with payment for HHA services, and provide individual notice regarding the HHA's charity care and sliding fee scale policies to the client and family.

Notification about charity available from Minerva home healthcare, which shall include a contact number, shall be disseminated by Minerva home healthcare by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in the Conditions of Admission form, and at other public places as Minerva home healthcare may elect.

Minerva home healthcare also shall publish and publicize a summary of this charity care policy on agency websites, in brochures available in the patient access sites and at other places within the community served by Minerva home healthcare as Minerva home healthcare may elect. Such notices and summary information shall be provided to the population in the Minerva home healthcare's service area, and in a format understandable by the service area population. Referral of patients for charity may be made by any member of the Minerva home healthcare staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

(Cited on bottom page 7 & top page 8 of Charity care and financial assistance policies).

2. The Primary Languages Minerva Home Healthcare shall provide charity care and financial assistance information would be:

- English
- Spanish

EXHIBIT 1

SUBJECT: CHARITY CARE & FINANCIAL ASSISTANCE POLICIES	REFERENCE #6011A
DEPARTMENT: HOME HEALTHCARE	PAGE: 1 OF: 9
APPROVED BY: ADMINISTRATOR	EFFECTIVE: 08/01/2011 REVISED:

PURPOSE

The Charity Care and financial assistance policy provides guidelines and procedures to be followed in determining charity and financial assistance care. The policy will enable Administration to differentiate among the unwillingness of the patient to pay (Bad Debt), inability to pay full amount of payment (financial assistance) and the demonstrated inability of the patient to pay (Charity Care).

POLICY

I. POLICY:

Minerva Home Health Care is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised. Minerva home health care strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Minerva home health care will provide, without discrimination, care for medical necessary conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance – free and discounted (partial charity) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how Minerva home healthcare will widely publicize the policy within the community served.
- Limits the amounts that MHH will charge for medically necessary care provided to individuals

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eligible for financial assistance to amount generally billed (received by) MHH for commercially insured or Medicare patients.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Minerva home healthcare's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. In order to manage its resources responsibly and to allow Minerva home healthcare to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

II. DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines: Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance,

Home Healthcare

Exhibit 1 Minerva Home Healthcare Inc. (240) 560-5080

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veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources; Noncash benefits (such as food stamps and housing subsidies) do not count; Determined on a before-tax basis; Excludes capital gains or losses; and If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Gross charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

III. PROCEDURES

A. Services Eligible Under This Policy: "charity" or "financial assistance" refers to healthcare services provided by Minerva home healthcare without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity: Medically necessary services, evaluated on a case-by-case basis at Minerva home healthcare's discretion.

B. Determination of Eligibility for Charity: Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. Within two business days following a client's initial request for

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charity care services, application for medical assistance, or both, Minerva home health care shall make a determination of probable eligibility for medical assistance, charity care, and reduced fees, and communicate this probable eligibility determination to the client. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Minerva home healthcare shall determine whether or not patients are eligible to receive charity for deductibles, co-insurance, or co-payment responsibilities.

C. Method by Which Patients May Apply for Charity Care:

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a. Include an application process, in which the patient or the patient’s guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - b. Include the use of external publicly available data sources that provide information on a patient’s or a patient’s guarantor’s ability to pay (such as credit scoring);
 - c. Include reasonable efforts by Minerva home healthcare to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - d. Take into account the patient’s available assets, and all other financial resources available to the patient; and
 - e. Include a review of the patient’s outstanding accounts receivable for prior services rendered and the patient’s payment history.

2. It is preferred but not required that a request for charity and a determination of financial need occurs prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was

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completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

3. Minerva home healthcare's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and Minerva home healthcare shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

D. Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a 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, Minerva home healthcare could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. 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. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

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E. Eligibility Criteria and Amounts Charged to Patients: Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by Minerva home healthcare to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Minerva home healthcare will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;
2. Patients whose family income is above 75% but not more than 50% of the FPL are eligible to receive services at amounts no greater than the amounts generally billed to (received by Minerva home healthcare for) commercially insured [or Medicare] patients; [Minerva home healthcare may want to consider a sliding fee schedule as an alternative within this section]; and
3. Patients whose family income exceeds 25% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Minerva home healthcare; however, the discounted rates shall not be greater than the amounts generally billed to (received by Minerva home healthcare for) commercially insured [or Medicare] patients.

1. An assessment of a patient's financial status may be initiated by the patient requesting financial assistance or by a financial counselor as he or she routinely inquires about the patient's resources and plans for absolving his or her account balance. To facilitate the determination of a patient's financial status, the following procedures will be followed.

- The financial counselor will have the patient, guarantor, or a member of the patient's immediate family complete a financial assistance application. The financial

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counselor will discuss the information with the person completing the application. The purpose of the application will be to work out a monthly payment schedule that will be mutually agreeable to Minerva home healthcare and the patient, referral to a federal agency such as the Department of Human Services or grant financial assistance based on the Minerva home healthcare Policy.

2. Clients that are not able to make payment at time of care, must contact Minerva's Social Worker who will render assistance in setting up a monthly payment plan based on income. Minerva will accept payments in the form of check payable to: Minerva Home HealthCare Inc. or Credit Card payment. Payment plans will be made in accordance with the sliding scale below.
3. Notification of Minerva's Charity Services will be published in the patient booklet, and on the company website, with instructions on how to apply for charity services. Application for charity services may be made prior to initiation of services for all new patients. However, patient's who have a hardship during the service period may also apply through Minerva's Social Workers. Proof of hardship must be provided.

F. Communication of the Charity Program to Patients and Within the

Community: Notification about charity available from Minerva home healthcare,

which shall include a contact number, shall be disseminated by Minerva home healthcare by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in the Conditions of Admission form, and at other public places as Minerva home healthcare may elect.

Attention Patients

If you do not have health insurance, you may qualify for financial assistance. Minerva home health agency has a program to assist uninsured, low-income patient with payment of healthcare bills.

*For more information, please ask any of our representative,
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Minerva home healthcare also shall publish and publicize a summary of this charity care policy on agency websites, in brochures available in-patient access sites and at other places within the community served by Minerva home healthcare as Minerva home healthcare may elect. Such notices and summary information shall be provided to the population in the Minerva home healthcare's service area, and in a format understandable by the service area population. Referral of patients for charity may be made by any member of the Minerva home healthcare staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

G. Relationship to Collection Policies: Minerva home healthcare management shall develop policies and procedures for internal and external collection practices (including actions MHH may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Minerva home healthcare, and a patient's good faith effort to comply with his or her payment agreements with Minerva home healthcare. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, Minerva home healthcare may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. Minerva home healthcare will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of

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third-party payment has been identified and billed by MHH;

2. Documentation that Minerva home healthcare has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy

and that the patient has not complied with MHH's application requirements;

3. Documentation that the patient does not qualify for financial assistance on a presumptive basis;

4. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.


H. Regulatory Requirements. In implementing this Policy, Minerva home healthcare management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

EXHIBIT 2

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

A handwritten signature in black ink, appearing to be "A. Brown", written over a horizontal line.

Signature of Owner or Authorized Agent of the Applicant

A handwritten date "02/24/18" in black ink, written over a horizontal line.

Date