



2301 Dorsey Road, Suite 207, Glen Burnie, MD 21061

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January 18, 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

1. conferences is embedded below to reinforce MHCC's expectations.

**E. Charity Care and Sliding Fee Scale.**

Each applicant for home health agency services shall have a written policy for the provision of charity care for indigent and uninsured patients to ensure access to home health agency services regardless of an individual's ability to pay and shall provide home health agency services on a charitable basis to qualified indigent and low income persons consistent with this policy. The policy shall include provisions for, at a minimum, the following:

Policy submitted with this response: Exhibit A



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<p>(1) <u>Determination of Eligibility for Charity Care and Reduced Fees.</u> Within two business days following a client's initial request for charity care services, application for medical assistance, or both, the home health agency shall make a determination of probable eligibility for medical assistance, charity care, and reduced fees, and communicate this probable eligibility determination to the client.</p>	<p><b>B. Determination of Eligibility for Charity:</b> 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 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. (Cited on bottom page 3 &amp; top page 4 of Charity care and financial assistance policies).</p>
<p>2) <u>Notice of Charity Care and Sliding Fee Scale Policies.</u> 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</p>	<p><i>Existing agencies should provide samples of these notices and how they have been promulgated.</i></p> <p><i>Aspiring agencies should create these notices and describe plans for dissemination.</i></p> <p><b>Communication of the Charity Program to Patients and Within the Community:</b> <i>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.</i></p>



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and sliding fee scale policies shall be posted in the business office of the HHA and on the HHA's website, if such a 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.

#### *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](tel:240-560-5080)*

*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 in the primary languages spoken by the population serviced by Minerva home healthcare. 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.*



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	(Cited on bottom page 7 & top page 8 of Charity care and financial assistance policies).
<p>(3) <u>Discounted Care Based on a Sliding Fee Scale and Time Payment Plan Policy.</u> Each HHA's charity care policy shall include provisions for a sliding fee scale and time payment plans for low-income clients who do not qualify for full charity care, but are unable to bear the full cost of services.</p>	<p>Provide the specific language from the policy that describes the provisions for the sliding fee scale and time payment plans...also provide a citation to the location within the policy where the language can be found.</p> <p><b><i>E. Eligibility Criteria and Amounts Charged to Patients:</i></b> <i>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:</i></p> <ol style="list-style-type: none"> <li><i>1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;</i></li> <li><i>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</i></li> <li><i>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.</i></li> </ol>



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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 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, patients who have a hardship during the service period may also apply through*



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	<p><i>Minerva's Social Workers. Proof of hardship must be provided.</i></p> <p><i>(Cited on page 6 &amp; top page 7 of Charity care and financial assistance policies).</i></p> <p><i>(Cited on DISCOUNTED CARE ON A SLIDING FEE SCALE AND TIME PAYMENT PLAN POLICY).</i></p>
<p>(4) <u>Policy Provisions.</u> An applicant proposing to establish a home health agency or expand home health agency services to a previously unauthorized jurisdiction shall make a commitment to, at a minimum, provide an amount of charity care equivalent to the average amount of charity care provided by home health agencies in the jurisdiction or multi-jurisdictional region it proposes to serve during the most recent year for which data is available. The applicant shall demonstrate that:</p> <p>(a) Its track record in the provision of charity care services, if any, supports the credibility of its commitment; and</p> <p>(b) It has a specific plan for achieving the level of charity care to which it is committed.</p>	<p>Must commit to and show in projected budget an amount of charity care equivalent to the average amount of charity care provided by home health agencies in the jurisdiction or multi-jurisdictional region it proposes to serve. If an existing HHA, show track record of charity care.</p> <p>Discuss plan for achieving the charity care proposed.</p> <p><i>Note: comparative data is available in the raw data in the Public Use Data Set; questions 31a,b,c.</i></p> <p>The metric should be the number of charity care visits divided by the number of total visits (to arrive at a percentage of charity care visits) compared to that cumulative percentage in the jurisdictions you are applying to serve.</p> <p><i>The specific plan for achieving that level of charity care:</i></p> <p><i>Minerva home healthcare has a specific plan for achieving the level of charitable care provision to which it is committed. MHHC is committed to providing home healthcare services at reduced fees or bill forgiveness to persons with financial hardship. The Financial Assistance Policy and Program, is noted in the previous corrected application submitted August 24, 2017.</i></p> <p><i>Plan for Achieving the Level of Charitable Care Provision MHHC has a specific plan for achieving the level of charitable care provision to which it is committed. These activities include direct outreach, indirect outreach, community-based outreach, and relationship or</i></p>





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*collaboration building. While outreach is an ongoing effort, some of the activities accomplished, planned for, or currently underway are described below.*

*Direct Outreach: The first indication that a patient may demonstrate financial hardship is at the hospital, when a patient arrives for initial treatment. Therefore, all patients receive a copy of the Financial Assistance FAQ sheet, from the receptionist, along with other general patient registration materials. If home healthcare is deemed necessary, a trained coordinator personally reviews fee estimates with the patient and discusses financial concerns. At this time, the written Financial Assistance Program and application are provided when it appears the patient may benefit from the program, or if the patient requests an application. One-on-one counseling about the Financial Assistance Program and support completing the application are available upon request. Medicare, private insurance and other patient billing and payment history are currently documented in the facility's secured electronic billing system.*

*The system provides the opportunity to record and archive relevant financial information provided by persons who meet the eligibility requirements, and or who have applied for financial assistance. Some patients present as self-pay (meaning they pay for services with cash or credit card) and many are uninsured or underinsured. Effective January 2018, all patients identified as self-pay are provided information about the program and enrolled, if they meet eligibility qualifications.*

*Indirect Outreach Notices about the program and policy are listed on our website. Printed Financial Assistance Program FAQ sheets are available throughout to the hospital case managers and discharge planners. All associate providers with MHHC are provided the same materials and encouraged to post and provide the materials in the same manner.*



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*Direct and paid advertisement about the program will also be included in this resource guide, that is made available free of charge throughout St. Charles and St. Mary's counties. MHHC will continue to identify local publication sources in which to publish the program and policy, and in languages appropriate for the service area population. Public notice and information regarding MHHC's financial assistance program is provided on the MHHC website (<http://www.minervahomehealthcare.com>).*

*Community-Based Outreach MHHC is collaborating with Mountain of Fire Ministries Church located in PG County to connect with uninsured and undocumented persons. This collaboration aligns MHHC services with persons who are otherwise underserved and at risk for permanent and debilitating conditions. Many members of this church identify as "self-pay" and are assumed eligible for the Financial Assistance Program. The program was discussed with church leaders and written information was provided for dissemination to their membership. MHHC continues to work with church leadership to ensure translators are present throughout the patient care experience and to strengthen outreach efforts. This outreach effort is being replicated and will expand to other faith-based organizations in MHHC's service area. MHHC plans to participate in the St. Charles and St. Mary's County sponsored Senior Expo, when scheduled. Attendance at this event is usually small. With Medicare approximately 40% of MHHC's payer-mix, this provides the opportunity to reach members of the community and connect with those needing home health care. In the service area, MHHC made contact with Maryland Health Connection to enroll their provider's as resources under "Find a Home Health". For other outreach, associate providers have their practices around the MHHC service area. This casts a wide net for reaching persons living in areas with higher poverty levels.*

*Relationship and Collaboration Building MHHC is in the early stages of outreach to St. Charles and St. Mary's County Office of Veterans*





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*and Military Families, to ease access to care for veterans and their families. Letters describing the Financial Assistance Program will be mailed to the veterans' office, with instructions to circulate among the veteran community. Veterans that meet the program income requirements will receive care for free or reduced fee care. MHHC will be connecting with St. Charles and St. Mary's County Social Services. While direct promotion is not permitted in a government organization, materials about the Financial Assistance Program can appropriately be provided as a resource to case managers and social workers. Materials will be circulated to case managers by the end of 2017. MHHC is contacting individual geriatric case managers who work outside of the government system. Networks are being created to promote the program and provide opportunities that ensure persons requiring quality scheduled care are connected directly with a provider. Each month, MHHC's office will prepare a report of charity care provided to the targeted population, (persons living at or below the poverty level). Quarterly, a summary report will be provided to MHHC's Board of Directors, responsible for monitoring and ensuring MHHC is meeting, at minimum, the obligation for charitable contributions per Maryland Health Plan and facility policy and requirements. Annually, charitable contributions will be recorded in the annual report. MHHC commits to meeting the minimum charity requirements and will report annually on MHCC survey. Information will also be made available to the public, upon request.*



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	2018	2019	2020	2021
<b>Client Visits By Discipline</b>				
Skilled Nursing Visits	30	51	114	207
Home Health Aide Visits	60	164	226	260
Physical Therapy Visits	15	32	70	85
Occupational Therapy Visits	0	28	55	60
Speech Therapy Visits	0	18	28	42
Medical Social Services Visits	0	12	18	25
Other Visits - Infusions	6454	6754	7342	7828
Charity Provision	44	47	52	57