



# Beaufort Memorial

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 Responsible Party: Russell Baxley: CEO/  
 President  
 Policy Area: ORG: Leadership  
 Reference Tags:

## Charity Care, LDR 02 01

### PURPOSE:

Beaufort Memorial Hospital (BMH) Sponsored Assistance Program is offered to patients, regardless of race, creed, religion, national origin, or disability, with a demonstrated inability to pay for services that are medically necessary for the health and well being of the patient. Uninsured or under insured patients who do not have the financial means to pay their hospital bill, and who do not qualify for coverage under any other government-sponsored program may apply for consideration under the Hospital Sponsored Assistance Program. Inpatient and Outpatients are eligible for assistance. A person seeking consideration for assistance must complete an application and may be requested to provide verification of information. All patients who are uninsured will be screened for a government-funded program to assist the patient in finding ongoing coverage for hospital services. It is the policy of Beaufort Memorial Hospital to charge all patients, regardless of insurance coverage or ability to pay, the same amount for the same services performed.

### PROCEDURES:

#### Hospital Sponsored Assistance Program

1. Any Patient Access Services (PAS) or Patient Financial Services (PFS) employee may receive a request for charity assistance from a patient or responsible party/guarantor within twelve months of the date of service of the account. The PAS or PFS employee will provide the applicant with the charity application and a date to have the application completed and returned. All applicants will have 30 days to complete the application from the date issued to the applicant. Applicants will be required to complete and sign the application for the Hospital Sponsored Assistance Program. By signing, the applicant certifies that the information provided is correct, and that he/she will assign payment to BMH for any monies received from settlement or liability case or other source of payment. The applicant may be required to provide income verification relative to current income and provide verification of residency. All requested documentation must be returned within 30 days of request in order to be considered for the Hospital Sponsored Assistance Program.
2. All applicants must be screened for all government programs to ensure another payment source is not available. Dual applications can be completed for assistance and government programs during this process. All applications that have been taken on an applicant must be documented in Meditech. Government programs include, but are not limited to, ACA Exchange Plans and Medicaid. Additionally, candidates may be selected for AccessHealth Lowcountry's enrollment process if all other qualifications for assistance have been met.
3. The Patient Financial Services Manager will review all charity applications. Based on the account balance for which the charity application is being reviewed, approval is required as indicated in the table below:

Account Balance	Approving Authority
Up to \$10,000	Patient Financial Services Manager
Up to \$50,000	Revenue Cycle Director
Over \$50,000	Chief Financial Officer

4. BMH recognizes that there may be occasions when supporting documentation is unavailable or unobtainable. BMH reserves the right to adjust any account off to the Hospital Sponsored Assistance Program due to extenuating circumstances. Accounts in this category MUST be fully documented in the Notes/Comments, with a complete description of the situation and reasons for adjusting the account to the Hospital Sponsored Assistance Program.
5. Applicants with income levels below 200% of the poverty level (defined below) will be approved and have all claims for the

past 12 months adjusted off at 100% as charity care. Applicants with an income level between 201% and 400% will be reviewed individually and a portion of the outstanding balance adjusted off to the Hospital Sponsored Assistance program based on the following adjustment table:

Income Level (% of poverty guidelines)	Percent Discount to be Applied to Account
201%-220%	90%
221%-240%	80%
241%-260%	70%
261%-280%	60%
281%-300%	55%
301%-320%	50%
321%-340%	45%
341%-360%	40%
361%-400%	35%

If approved under the 200% poverty level, the "insurance" FAA will be added to the patient account, with an expiration date of six months after the date of approval. The Patient Access Services staff will review the demographic recall information for the patient for future outpatient visits, and will remove the FAA insurance only if the date of service for the new encounter is after the charity approval expiration date. Any patient account with FAA insurance will prorate all balances to a charity care adjustment upon final billing; no additional review or approval will be required. All accounts will be adjusted off an appropriate charity adjustment code for tracking and reporting purposes.

6. All applicants who submit an application for assistance will be notified in writing of the application's determination.
7. The applicant may appeal all denials for assistance by formally submitting a written letter outlining why they feel the reconsideration should be granted. The Revenue Cycle Director will review all appeals and render a decision on the appeal based on the reconsideration letter.
8. If a patient is determined to be homeless, Beaufort Memorial Hospital will attempt to obtain financial assistance application from the patient while they are a patient. If the patient is unable to be located to obtain the financial assistance application, the account balance will be adjusted to charity care.
9. All charity applications will be scanned into the patient folder in Meditech on the patient account for which it was originally approved.

## POVERTY GUIDELINES

FAMILY SIZE	FAA 100	FAA 100	FAA 90	FAA 80	FAA 70	FAA 60	FAA 55	FAA 50	FAA 45	FAA 40	FAA 35
	FPG	200%	220%	240%	260%	280%	300%	320%	340%	360%	400%
1	11770	23540	25894	28248	30602	32956	35310	37664	40018	42372	47080
2	15930	31860	35046	38232	41418	44604	47790	50976	54162	57348	63720
3	20090	40180	44198	48216	52234	56252	60270	64288	68306	72324	80360
4	24250	48500	53350	58200	63050	67900	72750	77600	82450	87300	97000
5	28410	56820	62502	68184	73866	79548	85230	90912	96594	102276	113640
6	32570	65140	71654	78168	84682	91196	97710	104224	110738	117252	130280
7	36730	73460	80806	88152	95498	102844	110190	117536	124882	132228	146920
8	40890	81780	89958	98136	106314	32172	122670	130848	139026	147204	163560

## SOURCE:

Income Guidelines as published in the Federal Register on January 2015

*The policies and procedures set forth in this policy library do not establish a standard to be followed in every case. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. These policies should be considered guidelines with the understanding that departures from them may be required at times. Accordingly, it is recognized that those individuals employed in providing healthcare are expected to use their own judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. If this policy contains reference to clinical literature, the literature cited is only intended to support the reasoning for adoption of certain guidelines contained herein. It is not an endorsement of any article or text as authoritative. Beaufort Memorial Hospital specifically recognizes*

*there may be articles or texts containing other opinions on point that may be helpful and valid which would support other care or actions, given a particular set of circumstances. No literature is ever intended to replace the education, training and experience or exercise of judgment of the healthcare providers.*

**Attachments:**



POVERTY GUIDELINES

COPY