

Pushmataha Hospital BUSINESS OFFICE	Subject: CHARITY CARE Policy Number: Page: 1 of 5
Approved by:	Generated by: Donna Millsap
Approved by:	Effective date: 09/01/2016
Approved by:	Revised date: 03/13/2019
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1. Purpose

The purpose of this policy is to establish guidelines for Charity Care for indigent patients who incur significant financial burden as a result of the amount they are expected to owe “out-of-pocket” for acute health care services. Pushmataha Hospital exists to promote, improve and restore health. We provide care for individuals who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the expenses incurred in receiving healthcare.

2. Definitions

- A. “Charity Care” means inpatient and outpatient medical treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for the care according to Pushmataha Hospital guidelines as established in this policy. Such treatment is provided by this facility without expectation of payment. Charity Care does not include bad debt or contractual allowances from government programs or insurance contracts, but may include insurance co-payments, co-insurance and unpaid deductible amounts. Once a patient is determined to be eligible for Charity Care, he/she *should not be issued a bill* and will be deemed indigent; however, an invoice will be prepared and then “written off” to Charity Care cost adjustments.
- B. “Bad Debt” is defined as expenses resulting from treatment for services provided to a patient who, having the requisite financial resources to pay for health care services, has chosen not to do so. This would include the patient’s guarantor.

3. Policy

A. Non-discrimination

Pushmataha Hospital shall render **medically necessary** services to all persons who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial Charity Care will be based on the patient’s ability to pay and that determination will not be influenced because of age, sex, race, creed, disability, sexual orientation or national origin.

B. Charity Care Services

All **medically necessary** health care services shall be available to all individuals under this policy. Charity Care is intended solely for the benefit of the patient and does not relieve third parties of their liability for payment.

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C. Eligibility

The patient must currently maintain his/her domicile in Pushmataha County, Oklahoma and must have done so for one year prior to the medical services related to this application. He/she must be unable to afford to pay (as defined in this policy under Section 5.A.i) for **medically necessary** services.

D. Determination of Eligibility

The determination of Charity Care should be made **before** providing non-emergency services, if at all possible. If complete information on the patient's insurance or financial situation is unavailable at the time of service, or if the patient's financial condition changes, the designation of Charity Care may be made after rendering services. All efforts will be made to establish whether the patient is eligible for Charity Care before leaving the Hospital.

E. Confidentially

The need for Charity Care may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy should be guided by these values. No information obtained in the patient's Charity Care Application may be released unless the patient gives express permission for such release.

F. Staff Information

All Pushmataha Hospital employees in patient accounting, billing, registration, and emergency areas will be fully versed in Pushmataha Hospital's Charity Care policy, have access to the application forms, and be able to direct questions to the appropriate Pushmataha Hospital representatives.

G. Patient Accounts Representative

Pushmataha has designated the Business Office Manager to process Charity Care Applications, coordinate outreach efforts and oversee Charity Care practices.

H. Staff Training

All staff with public and patient contact will be trained to understand the basic information related to Pushmataha Hospital's Charity Care policy and procedures and are to provide patients with printed material explaining the Charity Care Program.

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4. Application Process

A. Application

The attached application (**Appendix B**) will be used by patients to apply for Charity Care from Pushmataha Hospital. Patients who do not have insurance may qualify for Charity Care based on their monthly or annual income and their family size. Patients having insurance may also be eligible for Charity Care for the portion of their bill that is not covered by insurance, including deductibles, coinsurance, and non-covered services.

B. Application Assistance

Pushmataha Hospital's Patient Accounts Representative (as provided under §3.G) will offer and provide application assistance to all patients.

C. Requests for Information

Pushmataha Hospital shall send (or hand deliver) an application packet (**Appendix A, B, C, D**) to anyone who requests information regarding Pushmataha Hospital's Charity Care Program. The policy and application are also available on the hospital's website.

D. Timing

All attempts should be made by Pushmataha Hospital personnel to have the patient fill out a Charity Care Application at or before the time services are rendered. Failing that, the application should be completed within 240 days of discharge. Failure to return the completed Charity Care Application within 240 days will result in not being eligible for charity.

5. Application Review Process

A. Eligibility Criteria

i. Charity Care Review

Upon review of the patient's financial and employment situation as recorded in the Charity Care Application, Pushmataha Hospital will determine whether the patient qualifies for Charity Care. To qualify for Charity Care, a patient's medical expenses must outweigh the ability to pay, constituting a medical hardship (**Appendix C**) or a patient's monthly or annual income must be 150% or less of the **2018** federal poverty guidelines (**Appendix D**).

The patient may be eligible for discounted services if Pushmataha Hospital's bill is 15% of the patient's annual income. These discounts

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are based on a sliding scale (**Appendix D**).

ii. Financial Information

Pushmataha Hospital retains the right to offer charity discounts only if the patient completes a Charity Care Application and supplies other information as requested by Pushmataha Hospital. Patients may use a variety of information to substantiate financial circumstances, such as paycheck stubs or employment verification from the patient's employer, W-2 forms, income tax returns, documentation of unemployment, or disability statements.

B. Approval

- i. Approval and authorization of individual charity care write-off will require two signatures and Pushmataha Hospital's decision will be made by the following individuals:

Amount to be Written Off as Charity Care	Proper Authorization
\$0 to \$5,000	Business Office Manager and one of the following: Controller or Chief Executive Officer
\$5,001 and higher	Business Office Manager & Chief Executive Officer

ii. Approval Notification

The patient shall be notified in writing within thirty (30) working days after receipt of the Charity Care Application and any supporting materials as to whether the patient qualifies for the Charity Care Program. The patient will be notified that she or he is eligible for Charity Care by letter (**Appendix E**).

C. Denial

If a patient is denied Charity Care, the patient shall be informed within thirty (30) working days of the denial. All reason(s) for denial shall be provided at that time and the patient shall be informed of the appeal process under Section 5.D (**Appendix F**).

D. Appeal

Each patient denied Charity Care may petition Pushmataha Hospital within

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thirty (30) days for reconsideration based on extenuating circumstances. The patient will be notified of the appeal process in the correspondence informing the patient of the Charity Care denial and he may appeal using the Charity Care Appeal Form (**Appendix G**). The appeal form will be mailed along with the denial letter.

6. Publication

A. Publication Inside Pushmataha Hospital

The application for Charity Care at Pushmataha Hospital can be obtained from the Business Office, Outpatient Clerk, Emergency Room Clerk.

7. Notification

A. Patient Notification Inside Pushmataha Hospital

Pushmataha shall provide all patients with oral or written notice of Pushmataha Hospital's Charity Care Program at the patient's request.

8. Recordkeeping

A. Internal Recording

All Charity Care applications will be logged in the Charity Care control log (**Appendix H**) and will be given a sequential control number. The completed applications will be kept on file for seven (7) years.

B. Accounting

Charity care shall be recorded using the direct write-off method and shall comply with all accounting regulations by the American Institute of Certified Public Accountants.

9. Reporting

Pushmataha Hospital shall report the amount of Charity Care provided in cost and charges in its annual financial statements.

10. Attachments

Appendix A, B, C, D, E, F, G, H