

Policy: Financial Assistance (Charity Care)

Type: Departmental

Effective: 01/01/2016

Purpose: To establish guidelines for the financial assistance committee which is comprised of the Director of Patient Financial Services and at least one Billing Analyst to appropriately determine when an account would qualify for a financial assistance adjustment.

1. If applicant is uninsured we request they go through the community health access coalition (CHAC) to determine if they are eligible for insurance through the Medicaid or other marketplace insurance. After their eligibility is determined the application will be reviewed by the FAP committee. Using uninsured guidelines listed below.
2. If the applicant has insurance and is under-insured the application will be reviewed by the FAP committee and the under-insured guidelines will be used to determine financial assistance eligibility.

All applications must be fully completed and returned with supporting financial documentation; including a formal IRS tax return. If a formal IRS tax return cannot be provided because the applicant does not file taxes then we will request they try to obtain and submit a copy of “proof of non-filing” from the IRS. Otherwise a written statement or a patient signed affidavit supplied by War Memorial Hospital will be accepted.

The FAP committee will review application materials provided and consideration will be made based on monthly income and household size. The following tables (established by the 2016 federal poverty levels from the U.S. health and human services) are used to determine eligibility for the financial assistance adjustment.

Inpatient - If the applicant is uninsured and the balance due is for inpatient services and qualifies for 90% or more they will be responsible for 10% of their final amount owing but applicant responsibility will not exceed \$1,000.00.

Outpatient - If the applicant is uninsured and the balance due is for outpatient services and qualifies for 90% or more they will be responsible for 10% or the maximum amount of \$35.00.

2016 Federal Poverty Guidelines

	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	%ADJ
POVERTY	\$980.83	\$1,327.50	\$1,674.16	\$2,020.83	\$2,367.50	\$2,714.16	\$3,060.83	\$2,407.50	90%
110%	\$1,078.91	\$1,460.25	\$1,841.58	\$2,222.91	\$2,604.25	\$2,985.58	\$3,366.91	\$2,648.25	90%
120%	\$1,177.00	\$1,593.00	\$2,008.99	\$2,425.00	\$2,841.00	\$3,256.99	\$3,673.00	\$2,889.00	90%
130%	\$1,275.08	\$1,725.75	\$2,176.41	\$2,627.08	\$3,077.75	\$3,528.41	\$3,979.08	\$3,129.75	85%
140%	\$1,373.16	\$1,858.50	\$2,343.82	\$2,829.16	\$3,314.50	\$3,799.82	\$4,285.16	\$3,370.50	80%
150%	\$1,471.25	\$1,991.25	\$2,511.24	\$3,031.25	\$3,551.25	\$4,071.24	\$4,591.25	\$3,611.25	75%
160%	\$1,569.33	\$2,124.00	\$2,678.66	\$3,233.33	\$3,788.00	\$4,342.66	\$4,897.33	\$3,852.00	70%
170%	\$1,667.41	\$2,256.75	\$2,846.07	\$3,435.41	\$4,024.75	\$4,614.07	\$5,203.41	\$4,092.75	65%
180%	\$1,765.49	\$2,389.50	\$3,013.49	\$3,637.49	\$4,261.50	\$4,885.49	\$5,509.49	\$4,333.50	60%
190%	\$1,863.58	\$2,522.25	\$3,180.90	\$3,839.58	\$4,498.25	\$5,156.90	\$5,815.58	\$4,574.25	55%
200%	\$1,961.66	\$2,655.00	\$3,348.32	\$4,041.66	\$4,735.00	\$5,428.32	\$6,121.66	\$4,815.00	50%
210%	\$2,059.74	\$2,787.75	\$3,515.74	\$4,243.74	\$4,971.75	\$5,699.74	\$6,427.74	\$5,055.75	45%
220%	\$2,157.83	\$2,920.50	\$3,683.15	\$4,445.83	\$5,208.50	\$5,971.15	\$6,733.83	\$5,296.50	40%
230%	\$2,255.91	\$3,053.25	\$3,850.57	\$4,647.91	\$5,445.25	\$6,242.57	\$7,039.91	\$5,537.25	35%
240%	\$2,353.99	\$3,186.00	\$4,017.98	\$4,849.99	\$5,682.00	\$6,513.98	\$7,345.99	\$5,778.00	30%
250%	\$2,452.08	\$3,318.75	\$4,185.40	\$5,052.08	\$5,918.75	\$6,785.40	\$7,652.08	\$6,018.75	25%
	ALL UNINSURED								20%

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	UNDER INSURED								

If an applicant has already received a 20% uninsured discount or 50-75% CHAC discount, the financial assistance discount will not be given in addition to, unless it exceeds the amount of the previously mentioned discounts.

Approved by:

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Kevin Kalchik, CFO

Approved by:

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Jacqueline s. Landis, Director Patient Financial Services