

<b>Title: Carroll Hospice Charity Care and Financial Assistance Policy</b>	Effective Date: 05/21/2019
Document Owner: Regina Bodnar	
Approver(s): _____	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

*This policy may not be materially changed without the approval of the Board of Trustees.*

**THIS POLICY WAS APPROVED BY THE BOARD OF TRUSTEES ON 5/20/19**

I. Policy:

This policy governs the provision of charity care and financial assistance for indigent and uninsured patients by Carroll Hospice to ensure access to hospice services regardless of an individual's ability to pay. Carroll Hospice provides charity care in accordance with the terms of this policy to residents of each jurisdiction that it is authorized to serve.

II. Purpose:

This policy contains the criteria to be used in determining a patient's eligibility for charity care and outlines the process and guidelines that shall be used to determine eligibility for charity care and the completion of the financial assistance application process.

III. Definitions:

- A. Immediate family: A family unit is defined to include all individuals taken as exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household will be considered.
- B. Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income will be considered in relation to the current poverty guidelines published in the Federal Register. The first \$10,000 of monetary assets, and up to \$150,000 in a primary residence is excluded.
- C. Medical debt: Out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs billed by a hospital as defined under Maryland Code, Title 10, Subtitle 37.10.26 – *Patient Rights and Obligations – Hospital Credit and Collection and Financial Assistance Policies.*

IV. Income Scale to Determine Eligibility for Charity Care:

Exhibit A contains the income scale used by Carroll Hospice to determine a person's eligibility for charity care, which includes (1) full charity care (care provided at no charge to the patient), and (2) discounted care (care provided at a reduced fee to low income patients who are not eligible for full charity care but are unable to bear the full cost of services) based on a sliding income scale.

V. Procedure to Determine Eligibility for Charity Care:

A. The following two-step process shall be followed when a patient or a patient's representative requests charity care, applies for Medical Assistance, or both:

**Step One: Determination of Probable Eligibility**

Within two business days following the initial request for charity care, application for Medical Assistance, or both, Carroll Hospice will: (1) make a determination of probable eligibility, and (2) communicate the determination to the patient and/or patient's representative. In order to make the determination of probable eligibility, Carroll Hospice will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance and income. The determination of probable eligibility will be made based solely on the information provided by the patient or patient's representative during the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made. Carroll Hospice will record the information obtained in the interview in the patient's file.

**Step Two: Final Determination of Eligibility**

1. Following a determination of probable eligibility, Carroll Hospice will make a final determination of eligibility for charity care based on income, family size and available resources. Except as provided otherwise in this policy, the patient will be required to complete the Uniform Financial Assistance Application (Exhibit B) and provide supporting documentation of eligibility as described herein. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy.
2. Assessment forms shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources are:

- a. Income from wages
- b. Retirement/Pension Benefits
- c. Income from self-employment
- d. Alimony
- e. Child support
- f. Military family allotments
- g. Public assistance
- h. Pension
- i. Social security
- j. Strike benefits
- k. Unemployment compensation
- l. Workers compensation
- m. Veterans benefits
- n. Other sources, such as income and dividends, interest or rental property.

3. An applicant who qualifies for Medical Assistance will be required to apply for Medical Assistance. While a patient's application for Medical Assistance is pending, the patient will be provisionally deemed to be covered by Medical Assistance and will not be required to complete the Uniform Financial Assistance Application for Carroll Hospice. If the patient's application for Medical Assistance is denied, the patient will be required to complete the Uniform Financial Assistance Application (Exhibit B) and provide documentation as described above.
  
4. The following patients shall not be required to complete the Uniform Financial Assistance Application (Exhibit B) and provide supporting documentation of eligibility as described above: (a) patients deemed presumptively eligible for charity care under Section VI of this policy, and (b) patients referred to Carroll Hospice from Carroll Hospital or another hospital in the LifeBridge Health System who qualified for financial assistance from such hospital.

5. Patient/guarantor shall be informed in writing of the final determination of eligibility for charity care along with a brief explanation. Patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance. An appeal letter, including any additional information that may be applicable, will be reviewed by the Executive Director of Carroll Hospice. After review, a final decision along with the criteria used to reach the decision will be mailed to the patient/guarantor.

B. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.

C. Patients may be determined eligible for charity care through the process described in this Section before, during or after hospice care is rendered.

D. Charity care eligibility determinations shall remain in effect for the duration of the patient's episode of care with Carroll Hospice unless Carroll Hospice is notified of a change in the information provided in the patient's Uniform Financial Assistance Application (Exhibit B) making the patient no longer eligible for charity care under this Policy.

E. In exceptional circumstances where a patient does not meet the criteria for charity care the Executive Director and/or the Board of Trustees may grant financial assistance to a patient and/or guarantor.

VI. Presumptive Charity Care Eligibility:

A. Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances (e.g., homelessness, lack of income, qualification for applicable federal or state programs, etc.). Carroll Hospice will grant full charity care to patients determined to have presumptive charity care eligibility. Carroll Hospice will internally document any and all recommendations from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel to provide presumptive financial assistance discounts.

B. After the Preliminary Determination of Eligibility for Charity Care is made as described in Section V.A above, individuals shall be asked to provide proof of qualification or participation in programs that, by their nature, are operated to benefit individuals with limited financial resources. Patients receiving the following services shall be considered eligible for presumptive financial assistance.

- a. Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.
- b. Patient is homeless.
- c. Patient's family is eligible for and is receiving Maryland food stamps.

- d. Patient's family is eligible for and is participating in subsidized school lunch programs.
- e. The patient's home address and documentation evidencing status in an affordable or subsidized housing development.
- f. Patient/guarantor's wages are insufficient for garnishment, as defined by state law.

VII. Notice of Charity Care Policy, Patient Education and Outreach:

A. Prior to the provision of hospice services, Carroll Hospice shall provide the patient with the Notice to Patients of the Availability of Charity Care (Exhibit C) which summarizes this policy and shall address with the patient or patient's family any financial concerns that they may have.

B. Carroll Hospice shall disseminate information regarding its charity care policy on an annual basis by publishing notice regarding the policy in a newspaper of general circulation in the jurisdictions it serves, which notice shall be in a format understandable by the service area populations.

C. The Notice to Patients of the Availability of Charity Care (Exhibit C) and a copy of this Policy shall be posted in Carroll Hospice's business offices and on its website.

VIII. Medical Financial Hardship.

For patients who are not eligible for charity care but have been deemed to have incurred a financial hardship, Carroll Hospice will provide reduced cost medically necessary care to patients with family income below 500% of the Federal Poverty Level, as set forth in Exhibit A. A financial hardship means medical debt, incurred by a family over a 12-month period that exceeds 25% of family income. Medical debt is defined as out of pocket expenses, excluding copayments, co-insurance, and deductibles, for medical costs billed by an acute care hospital. Services provided by such hospital as well as those provided by hospital-based physicians and billed by the hospital are included in this policy and in consideration for medical financial hardship.

IX. Late Discovery of Eligibility.

Carroll Hospice shall provide a refund of amounts exceeding \$25.00 collected from a patient or guarantor of a patient who, within a 2-year period after the date of service, is found to have been eligible for full Charity Care on the date of service under this policy.

X. Time Payment Plan.

A patient who qualifies for discounted care or medical hardship assistance may request to pay billed charges over time. A time payment plan will require payment of a minimum of \$50 per month with the balance being resolved within 6 months from the start of care.

XI. Reference Documents.

1. *Income Scale for Carroll Hospice Charity Care* (Based on Federal Poverty Guidelines (updated annually) in Federal Register) – Exhibit A
2. *Maryland State Uniform Financial Assistance Application* – Exhibit B
3. *Notice to Patients of the Availability of Charity Care* - Exhibit C

**Exhibit A**

Income Scale for Carroll Hospice Charity Care Based  
on 2019 Federal Poverty Guidelines (A)

Persons in Family/Household	Financial Assistance %	100%	75%	50%	25%
	Income	300%	325%	350%	375%
1	\$12,490	\$37,470	\$40,593	\$43,715	\$46,838
2	\$16,910	\$50,730	\$54,958	\$59,185	\$63,413
3	\$21,330	\$63,990	\$69,323	\$74,655	\$79,988
4	\$25,750	\$77,250	\$83,688	\$90,125	\$96,563
5	\$30,170	\$90,510	\$98,053	\$105,595	\$113,138
6	\$34,590	\$103,770	\$112,418	\$121,065	\$129,713
7	\$39,010	\$117,030	\$126,783	\$136,535	\$146,288
8	\$43,430	\$130,290	\$141,148	\$152,005	\$162,863
For families/households with more than 8 persons, add \$4,420 for each additional person.					

**(A) SOURCE:** Federal Register, Document # 2019-00621 Pgs. 1167-1168

**Exhibit A**

Income Scale for Carroll Hospice Medical Hardship Assistance  
Based on 2019 Federal Guidelines (A)

Persons in Family/Household	Financial Assistance %	100%	75%	50%	25%
	Income	350%	400%	450%	500%
1	\$12,490	\$43,715	\$49,960	\$56,205	\$62,450
2	\$16,910	\$59,185	\$67,640	\$76,095	\$84,550
3	\$21,330	\$74,655	\$85,320	\$95,985	\$106,650
4	\$25,750	\$90,125	\$103,000	\$115,875	\$128,750
5	\$30,170	\$105,595	\$120,680	\$135,765	\$150,850
6	\$34,590	\$121,065	\$138,360	\$155,655	\$172,950
7	\$39,010	\$136,535	\$156,040	\$175,545	\$195,050
8	\$43,430	\$152,005	\$173,720	\$195,435	\$217,150
For families/households with more than 8 persons, add \$4,420 for each additional person.					

Exhibit B

Maryland State Uniform Financial Assistance Application

*Information about You*

Name

\_\_\_\_\_

First Middle Last

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: Single Married Separated US

Citizen: Yes No Permanent Resident: Yes No

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

City State Zip code

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

City State Zip code

Household members:

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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Have you applied for Medical Assistance      Yes      No

If yes, what was the date you applied? \_\_\_\_\_

If yes, what was the determination? \_\_\_\_\_

Do you receive any type of state or county assistance?      Yes      No

*I. Family Income*

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

Monthly Amount

Employment	_____
Retirement/Pension Benefits	_____
Social security benefits	_____
Public assistance benefits, i.e.: food stamps	_____
Disability benefits	_____
Unemployment benefits	_____
Veteran's benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self-employment	_____
Other income source	_____
	TOTAL _____

*II. Liquid Assets*

Current Balance

Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
	-\$10,000 exclusion _____
	Total _____

*III. Other Assets*

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
		Total _____

*IV. Monthly Expenses*

	Amount
Rent or Mortgage	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
	Total _____

Do you have any other unpaid medical bills?    Yes    No

For what service? \_\_\_\_\_

If you have arranged a payment plan, what is the monthly payment? \_\_\_\_\_

Do you have medical debt that has been incurred by your family over a 12-month period that exceeds 25% of your family income? \_\_\_\_\_

If you request that the Carroll Hospice extend additional financial assistance, Carroll Hospice may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify Carroll Hospice of any changes to the information provided within ten days of the change.

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Applicant signature

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Date

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Relationship to Patient

**Exhibit C**  
**NOTICE TO PATIENTS OF THE AVAILABILITY OF CHARITY CARE**

Dear Patient and Family:

Carroll Hospice is committed to providing accessible hospice care to the communities it serves. Hospice care is available to all patients who live in the jurisdictions served by Carroll Hospice regardless of their ability to pay. Carroll Hospice provides hospice care at no cost to eligible patients for whom there is no means of payment by the patient or a third party payor (such as an insurance company or Medical Assistance) and whose household income is at or below 300% of the Federal Poverty Guidelines for the patient’s family size. Carroll Hospice provides hospice care at a discount to eligible patients of limited means whose household income is between 300% and 375% of the Federal Poverty Guidelines for the patient’s family size, based on a sliding scale. Carroll Hospice also offers a time payment plan which allows eligible patients to pay their billed charges over time.

Within two business days of a patient’s request for charity care, application for Medical Assistance, or both, Carroll Hospice will make a determination of probable eligibility and will communicate that determination to the patient and/or guarantor. After making a determination of probable eligibility, Carroll Hospice will make a final determination of the patient’s eligibility for charity care, which will be based on a completed Maryland State Uniform Financial Assistance Application and supporting documentation from the patient. All information obtained from patients and family members in determining a patient’s eligibility for charity care will be held confidential by Carroll Hospice.

If you would like to review a complete copy of Carroll Hospice’s Charity Care Policy (including a copy of the application form), it is posted at [Carrollhospice.org/Financial-Services](http://Carrollhospice.org/Financial-Services) and at Carroll Hospice’s business office at 292 Stoner Avenue, Westminster MD 21157. You may also call Carroll Hospice at 410-871-8000 to have a copy of the Charity Care Policy mailed to you. If you have any questions or would like additional information about the Charity Care Policy, please contact Carroll Hospice at 410-871-8000 to speak to a Social Worker.

Very truly yours,  
 Regina Bodnar  
 Executive Director, Carroll Hospice

**Income Scale for Carroll Hospice Charity Care Based  
 on 2019 Federal Poverty Guidelines (A)**

Persons in Family/Household	Poverty Guidelines	300%	325%	350%	375%
1	\$12,490	\$37,470	\$40,593	\$43,715	\$46,838
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3	\$21,330	\$63,990	\$69,323	\$74,655	\$79,988
4	\$25,750	\$77,250	\$83,688	\$90,125	\$96,563
5	\$30,170	\$90,510	\$98,053	\$105,595	\$113,138
6	\$34,590	\$103,770	\$112,418	\$121,065	\$129,713
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