



Charity Care

CHARITY CARE POLICY

I. Mission and Goal

As written in the Charter of the Friends Asylum for the Insane dated April 7, 1888, it is the mission of Friends Hospital:

'To provide for the suitable accommodation of persons who are or may be deprived of the use of their reason, and the maintenance of an Asylum for their reception, which is intended to furnish, besides the requisite medical aid, such tender, sympathetic attention and religious oversight as may soothe their agitated minds, and under the Divine Blessing facilitate their recovery.'

It is a goal of Friends Hospital to maintain the resources necessary for the effective pursuit of the Hospital's mission.

II. General Patient Charity Care and Financial Assistance Policy

It is the policy of Friends Hospital to provide a portion of its services to patients who qualify for Charity Care or Financial Assistance while still ensuring its financial stability to meet its mission. Friends Hospital believes that the Hospital's mission can be best served by providing or extending treatment to those patients who qualify for Charity Care and Financial Assistance, in addition to providing or extending treatment to those patients who do not so qualify, and recognizing the Hospital's reasonable financial limitations.

Friends works closely with the local mental health community to ensure, to the best of its ability, that the community is aware of the Hospital's commitment to provide mental health services to Uninsured Patients and Underinsured Patients, in accordance with this policy.

Behavioral health services are provided to qualified patients without charge or at reduced charges as provided in this policy.

Friends is committed to treating patients with emergency medical conditions, to the extent required by applicable laws and by the Hospital's license, regardless of their ability to pay.

III. Definitions

"Charity Care" means the ability to receive free behavioral health care. Patients who are Uninsured Patients or Underinsured Patients, who are ineligible for government or other insurance coverage, and who have family incomes not in excess of 200% of the Federal Poverty Level will be eligible to receive free behavioral health care for the relevant medically necessary services (not otherwise covered by insurance). (See attached Schedule A).

"Financial Assistance" means the ability to receive care at a discounted rate. Patients who are Uninsured Patients or Underinsured Patients, who are ineligible for government or other insurance coverage, and who have family incomes in excess of 200%, but not exceeding 500%, of the Federal Poverty Level, will be eligible to receive Financial Assistance in the form of a partial discount for the relevant medically

necessary behavioral health services (not otherwise covered by insurance). (See attached Schedule A). "Uninsured Patient" means an individual who does not have any third-party healthcare coverage by: (a) a third-party insurer, (b) an ERISA plan, (c) a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP and TRICARE), (d) Workers' Compensation, (e) Medical Savings Accounts or other coverage for all or any part of the bill, including claims against third parties covered by insurance to which Friends Hospital is subrogated, but only if payment is actually made by such insurance company. "Underinsured Patient" means an individual whose insurance benefits are not sufficient to cover medically necessary services provided at Friends Hospital, leaving a substantial patient financial responsibility beyond the patient's means to pay.

IV. Patient Procedures

At admission, the admission team will advise the patient of the availability of Charity Care and Financial Assistance for eligible patients. Also, the admission team will work with the patient to determine health care coverage availability, such as Federal Medical Assistance, CHIP or Adult Basic Insurance Program. While in-house, the Patient Financial Services department will work with the patient to determine if there is Charity Care or Financial Assistance available to cover the uninsured portion of their liability, and/or whether an installment plan or other payment arrangement is appropriate to cover such uninsured portion. Post discharge, Patient Financial Services department will work with the patient to determine if there is Charity Care or Financial Assistance available to cover the uninsured portion of their liability, and/or whether an installment plan or other payment arrangement is appropriate to cover such uninsured portion. Friends Hospital works with patients to establish installment plans or other payment arrangements to cover the unpaid portion of their liability, as appropriate.

The Friends Hospital complaint system is available to all patients who believe that they have been inappropriately denied Charity Care or Financial Assistance.

V. Eligible Services

All medically necessary behavioral health services are eligible for consideration for Charity Care or Financial Assistance.

VI. Eligibility Criteria

Consideration for Charity Care and Financial Assistance is given without regard to race, color, religious creed, handicap, ancestry, national origin, age or sex or sexual orientation.

Eligibility for Charity Care and Financial Assistance is evaluated based on individual and/or family income based on family size and compared to the most recent published federal poverty level guidelines (see attached Schedule A for current guidelines), and family assets, as appropriate.

Specific income and other eligibility criteria as defined herein are reviewed periodically and may be revised.

Determination of eligibility for assistance is made on the basis of a patient's inability or limited ability to pay for services, not unwillingness to pay; however, patients who do not provide the requested information necessary to completely and accurately assess their financial situation and/or do not cooperate with efforts to secure governmental health care coverage may not be eligible for Charity Care or Financial Assistance.

VII. Documentation

Documentation is required to complete the financial screening process for each period of patient service, for example, income tax returns; Medical Assistance eligibility or denial notice; proof of income, such as pay stubs, W-2 statements, Social Security checks; bank statements, etc., including from a parent or guardian as appropriate. Certain documentation requirements may be waived or delayed based on the need for a preliminary determination in order to expedite or authorize the admission or treatment of a patient.

All documentation used for determination of eligibility for Charity Care or Financial Assistance is retained

in the patient's account file.

Information received on the patient's application may be verified by the Hospital (a patient's signature will typically be adequate for approval if the balance is under \$1,000 and the information appears to be accurate and complete).

Patients who are eligible for Financial Assistance or who agree to an installment plan or other arrangement for paying a due balance shall be required to sign a written agreement to pay the amount of the bill remaining after deducting the discount.

VIII. Approval

Responsibility for reviewing, screening and submitting documentation for approval of Charity Care or Financial Assistance is specified herein. The review, screening and approval process shall be completed in a timely manner, typically within five days of the initiation of the application.

All applications shall be approved by the Chief Financial Officer or his or her designee.

IX. Notification

The patient, treatment team and attending physician shall all be informed of the outcome of the request for Charity Care or Financial Assistance.

X. Debt Collection

The following guidelines shall apply to all patients, whether or not the patient has established eligibility for Charity Care or Financial Assistance. All internal employees and outside vendors (including law firms) shall be bound by these collection policies.

- a. Payment will not be pursued in a manner that would make the patient indigent if successful. Generally, absent significant available assets, annual patient payments towards billings that are unreasonable in relation to patient income shall not be sought.
- b. Lawsuits shall not be instituted unless adequate written opportunity to resolve the unpaid balance has been ignored or rejected.
- c. The placing of a lien on or the seizure of property, or the garnishment of wages, shall not be permitted where there is no reasonable belief that there is either income or assets available to fulfill the payment obligation.
- d. Where appropriate, under applicable law, debt collection may be pursued against financially responsible family members.

Schedule A

Friends Hospital Charity Care and Financial Assistance Table"

Persons in Household	100% FPL	200% FPL	500% FPL
1	\$12,140	\$24,280	\$60,700
2	\$16,460	\$32,920	\$82,300
3	\$20,780	\$41,560	\$103,900
4	\$25,100	\$50,200	\$125,500
5	\$29,420	\$58,840	\$147,100
6	\$33,740	\$67,480	\$168,700
7	\$38,060	\$76,120	\$190,300
8	\$42,380	\$84,760	\$211,900

9+	If your household is larger than 8 people, add \$4,320 for each additional person	
<ul style="list-style-type: none">• This Table shall be adjusted In accordance with annually released changes to the Federal Poverty Levels.		
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