

**Samaritan Medical Center
Watertown, New York
CHARITY CARE**

PURPOSE:

Samaritan shall provide high quality comprehensive and compassionate healthcare services to meet the needs of our civilian and military community regardless of their ability to pay. Our Charity Care program has been developed to clearly communicate and fairly administer assistance to individuals who demonstrate that the cost of the essential medical care they receive will create a financial hardship.

SUMMARY:

N/A

DEFINITIONS:

FPL – Federal Poverty Level

POLICY:

Samaritan is committed to communicating the availability of financial aid in a manner that is clear, understandable, and respectful. Designated staff is provided detailed training so that they can provide information and answer questions about the program.

Eligibility will be based upon the household income and number of people in the home compared to guidelines based on the Federal Poverty Levels for the same size household.

Financial aid is intended to help uninsured and underinsured individuals who meet all financial requirements. Patients are considered ineligible to qualify under the program if the patient or responsible party refuses to apply for government insurance programs after it is determined that the patient or responsible party is likely to be eligible for those programs or if parties refuse to cooperate with any of the terms of this policy.

Financial aid is available for all medically necessary hospital services including:

- Inpatient services
- Ambulatory surgery
- Emergency care
- Outpatient services including clinic services

Non-eligible services include:

- Services which are not medically necessary e.g. cosmetic surgery.
- Discretionary charges e.g. requested private room, TV, etc.
- Non-SMC Physician fees (Emergency/Radiology/Anesthesia/Private Practice)
- Failure to comply with insurance policy requirements

EQUIPMENT:

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N/A

PROCEDURE:

Charity Care applications are processed promptly and determinations are communicated to patients within 5 business days of the decision. The responsible party may request reconsideration of a Charity Care determination by providing additional information (such as explanation of extenuating circumstances) within 30 days of receiving the initial notice. Applications may be accepted immediately before, during or after care is provided. Patients may be approved for Charity Care on an account-by-account basis or for a period of time (for a course of treatment). Patient accounts that have previously been referred to a collection agency more than 60 days prior to date of application are ineligible for financial assistance.

The Financial Counselor and Patient Accounting Collection staff is available to assist in the completion of the application.

The Financial Counselor or Patient Accounting Collection staff review completed applications for the following:

- All available insurance entitlements have been identified and used
- Services are medically necessary

Charity Care will be determined based on household income and the number of people in the home as a percentage of the Federal Poverty Level amounts for same size households. The financial guidelines will be updated annually with the published federal poverty updates. Samaritan reserves the right to reevaluate a patient's eligibility for Charity Care in the event of a change in the patient's financial circumstances or for other appropriate reasons. As this policy cannot cover all variables, on occasion determinations may be made based on available facts and good judgment.

Any bill amount remaining after application of the Charity Care discount is the responsibility of the patient. The patient will be assisted by the Hospital in making short-term arrangements to satisfy any remaining balance on the account(s). The monthly payment shall not exceed ten percent of the gross monthly household income with maximum payment term of six months.

The Financial Counselor will process applications that meet guidelines, apply appropriate credit on patient account(s) when applicable and notify patients of the decision. Reconsiderations and approved applications require signature of one of the following individuals:

- Manager of Registration
- Director of Patient Accounting
- Assistant Director of Patient Accounting
- Chief Financial Officer

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Note: The Financial Assistance Form can be found in the "Forms" section of the Intranet.

RELATED POLICIES:

N/A

RELATED FORMS:

Charity Care Application

REFERENCES:

NYS Budget Bill S.6457C

SS 39-a. Section 2807-K Subdivison 9-a

EFFECTIVE:

03/2006

REVISED:

11/2006

REVIEWED:

11/2006