



CHARITY CARE COVERAGE AND FINANCIAL ASSISTANCE POLICY

ELIGIBILITY CRITERIA:

The following patients residing in Connecticut Behavioral Health Hospital primary service area will be eligible to qualify for Charity care Coverage.

1. Any uninsured patient presenting qualifying evidence that his or her household's income is between 0-125% of the federal poverty guidelines applicable for the year prior to the year that service was provided.
2. Any Medicaid or Medicaid Managed eligible patient who has exhausted his or her benefits.
3. Any Medicare recipient who meets the income criteria.

A patient qualifying for charity care coverage will receive a 100% discount of the patient's hospital bill not covered by insurance.

An "uninsured patient" is an individual having no third-party coverage by a commercial insurer, a Federal Health Care Program (CHAMPUS), or other coverage for all or any part of his or her bill.

For the purpose of this policy and the corresponding procedures, Connecticut Behavioral Health Hospital's Board of Directors establishes the following Community Benefit guidelines for the provision of patient Financial Assistance and the terms are defined as follows:

DEFINITIONS:

FINANCIAL ASSISTANCE: Healthcare services that have or will be provided but are never expected to result in cash inflows. Financial assistance care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

FAMILY: Using the United States Census Bureau definition, a group of two or more people (one of whom is the householder) related by birth, marriage, or adoption and residing together. Families are considered mother, father, and dependent children under the age of 18. Other adults in the household, even though related, are considered separately.

INCOME: Earnings, unemployment compensation, worker's compensation,

social security, supplemental security income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, public assistance, child support, and any other assistance from outside the household.

UNINSURED: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations. These patients will receive a 40% uninsured discount off their total charges. Connecticut Behavioral Health Hospital utilizes a look back method by reviewing the average payment of commercial payers over a 12-month period to arrive at this percentage.

UNDERINSURED: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

ELIGIBILITY TERM: Once approved, the patient remains eligible for financial assistance for 6 months; unless additional information relevant to the eligibility of the patient's financial assistance application becomes known, such as a change in income or new eligibility for insurance coverage.

Patient's eligibility will be reviewed after 6 months and will be referred to a Connecticut Behavioral Health Hospital's insurance Navigator to see if patient qualifies for becoming eligible for Medicaid.

"Household income" is all income from active or passive activities for all members of the household.

EVIDENCE OF FINANCIAL ELIGIBILITY:

Connecticut Behavioral Health Hospital will accept the following documentation as evidence of financial eligibility for charity care coverage.

1. Copy of the patient's tax return for the year prior to the year the service was provided.
2. Acceptable verification from employer(s) of the patient's household income at or below 200% of the applicable federal poverty level for the year prior to the year the service was provided.
3. Signed notarized letter stating that patient's household had no income in the year prior to the year the service was provided; or
4. If the patient is a dependent of another person, that person's information as listed in items 1, 2, and 3 above.

BASIS FOR CHARGES

1. Connecticut Behavioral Health Hospital bills eligible patients based on the "Amounts Generally Billed" calculated using the "Look-Back Method."
2. The Look-Back Method by reviewing the average payment of commercial payers over a 12-month period to arrive at this percentage. Contact Financial Services at 860-523-3909.

CRITERIA FOR DISSEMINATION:

1. Any uninsured patient admitted as an inpatient will be given a charity care application by the admitting office free of charge.
2. Any patient identified as uninsured after admission will be given an application free of charge.
3. Any patient who in a phone call states that he or she is unable to pay the hospital charge may be told that he or she may apply for charity care coverage by completing the application and attaching the appropriate evidence of financial eligibility.
4. The application is available online, at request from the Financial Counselor.

UP-FRONT CHARITY APPROVAL

1. Uninsured patients who present at registration for non-urgent outpatient services are not eligible for up-front charity approval.

PROCESS:

- I. A patient requesting charity care coverage will be asked to complete the Application for Charity Care Coverage and provide the information described under "Evidence of Financial Eligibility" above.
2. Using the Eligibility Criteria above as a guide, the Connecticut Behavioral Health hospital Charity Committee will evaluate the patients' Applications for Charity Care Coverage monthly.
3. Connecticut Behavioral Health Hospital personnel will use the federal poverty level information available for the year prior to the year that the service was provided in determining a patient's eligibility to receive charity care coverage.
4. Connecticut Behavioral Health Hospital will perform a third-party review of all Private Pay accounts registered the previous month monthly, to check for patients who are eligible for charity care. Patients identified as eligible, will have their account balance adjusted to charity.
5. Connecticut Behavioral Health Hospital will perform a third-party review of all Private Pay accounts returned as uninsured after billing monthly, to check for patients who are eligible for charity care. Patients identified as eligible, will have their account balance adjusted to charity.
6. Connecticut Behavioral Health Hospital will notify all patients who fill out the Charity application and are approved for Charity Care in writing within 14 days of receipt of the completed application.
7. This policy applies to uninsured patients without regard to the patient's race, gender, or creed.
8. Connecticut Behavioral Health Hospital will periodically review this policy and procedure to determine whether the charity care coverage is permissible under federal and state law. Connecticut Behavioral Health Hospital will strive to keep this Charity Policy consistent with all governmental guidelines applicable to our facility.

PROVIDERS EXCLUDED AND INCLUDED FROM THE CHARITY CARE POLICY:

The Internal Revenue Service (IRS) regulations defined under 26 CFR Parts 1, 53, and 602 (Federal Register Volume 79, 250) require Connecticut Behavioral Health Hospital to list all providers excluded from the Charity Care Policy for Connecticut Behavioral Health Hospital. In accordance with this requirement, the providers **excluded** from the Charity Care Policy for Connecticut Behavioral Health Hospital are as follows:

- All services provided by Connecticut Mental Health Specialists,
- All hospitalists provided by Dr. Martin Cooper
- All services provided by Elin Alfin, APRN
- All services provided by Jill Jaccomini, APRN
- All services provided by TridentCare, Diagnostic
- All services provided by Griffin Health, Lab Services

Providers included in the Charity Care Policy for Connecticut Behavioral Health Hospital, are as follows:

- All other services provided by providers who are employed by Connecticut Behavioral Health Hospital
- On the website at http://www.hebrewseniorcare.org/financial_assistance

Non-Payment

For insurance carriers, a claim denial will be appealed if justified. If the policy has been cancelled, the balance will be billed privately to the responsible party for the resident, patient, or client. A co-insurance balance not covered by an insurance policy will be billed to the responsible party.

Statements are mailed each month to the responsible party. If payment is not made, and there is no contact with the Accounts Receivable Supervisor, then collection steps will be taken, as outlined below:

- Private pay balances over 30 days will generate a telephone call.
- If no response, a letter will be sent after the account reaches 60 days.
 - If no response or attempt to make arrangements, at 90 days the account is escalated to a stronger letter sent via registered mail with a request for payment. The letter identifies that the next step is that the account will be sent to an attorney, along with an attached statement.
 - If sent to the attorney firm, a demand letter will be forwarded to the responsible party by the firm.
 - The response or lack of a response will determine the next action taken by the attorney firm, upon authorization by the facility.
 - Attempts will be made to reach a reasonable settlement before proceeding to more extreme measures.

Special consideration is made on a case-by-case basis if the resident, patient, or client qualifies for charity care, or financial assistance after disclosure of financial information.