

<b>TITLE:</b>		<b>FINANCIAL AID &amp; CHARITABLE CARE FOR SELF PAY PATIENTS</b>			
<b>DEPARTMENT /SERVICE LINE:</b>		<b>Admissions Manual</b>			
<b>LOCATION/REGION/DIVISION:</b>		<b>Z-Drive / Intranet / Organization Wide</b>			
<b>POLICY NUMBER:</b>		<b>AD – 126.0</b>			
<b>EFFECTIVE DATE:</b>	<b>04.15.2024</b>	<b>LAST REVIEW/REVISION DATE:</b>		<b>ORIGINATION DATE:</b>	<b>04.10.2024</b>

## **PURPOSE**

The purpose of this policy is to establish guidelines for assisting self-pay patients with their financial obligations and identifying individuals eligible for charity care at Everest Rehabilitation Hospitals, LLC. (ERH). This policy aims to ensure equitable access to healthcare services for patients who lack the financial resources to pay for their medical care.

## **SCOPE & APPLICABILITY**

Everest Rehabilitation Hospitals system adopts the following policy and procedure for:

Everest Rehabilitation Hospital San Antonio, LLC	Everest Rehabilitation Hospital St. Pete, LLC.
Everest Rehabilitation Hospital Orlando, LLC.	Everest Rehabilitation Hospital Ocala, LLC.
Everest Rehabilitation Hospital Lakeland, LLC.	Everest Rehabilitation Hospital McKinney, LLC.
Everest Rehabilitation Hospital Texoma, LLC.	

## **POLICY**

ERH's Financial Services Department is committed to exploring every avenue available to assist patients with their financial obligations. This policy outlines procedures for identifying self-pay patients, providing information on payment options, offering financial assistance based on indigency or high medical expenses, and determining eligibility for charity care.

## **PROCEDURE**

### **A. PRE-ADMISSION INFORMATION PACKET:**

1. When a referral source calls in an admission request to the Admissions Department, they shall be sent a pre-admission information packet. This packet will include the hospital's payment policy, available options, and information on financial assistance and charity care.

### **B. FINANCIAL COUNSELOR MEETING:**

1. Any patient identified as self-pay shall meet with a Financial Counselor or designee prior to admission.
2. The Financial Counselor shall explain payment options, financial assistance and charity care eligibility to the patient and their family prior to admission.
3. The Admissions Coordinator shall call all self-pay patients to inform them of the planned meeting with the Business Office prior to admission.

### **C. PRE-ADMISSION PACKET:**

1. After receiving approval for patient admission, the Admissions Coordinator shall mail a pre-admission packet to the patient which will include the hospital's payment policy, options and information on financial assistance and charity care.
2. A disclosure statement explaining the possibility of future billings will also be

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included on the invoice.

**D. FINANCIAL FORMS AND DOCUMENTATION:**

1. Patients who request financial assistance or charity care and meet specified financial criteria may apply.
2. Financial Assistance applications, including supporting documentation, shall be collected by the Financial Counselor or designee.
3. Applications reviewed by the Corporate Business Office Manager, with final approval by the CEO.
4. Determinations will be made within 2 business days based on income levels equal to 150% of the Federal Poverty Level Guidelines published yearly in the Federal Register.
5. Efforts to collect a deposit shall be documented in MedHost and in the patient's chart, including the amount requested, responses, and promises made.

**E. PAYMENT OPTIONS:**

1. The Business Office Counselor or designee shall meet with the patient to discuss various payment options, including payment in full, credit card, bank loan, Medicaid, and the Hill-Burton Act.
2. If Collection efforts are unsuccessful, the patient/family shall be referred to the Business Office during regular business hours.
3. A copy of the patient's face sheet and collection notes shall be forwarded to the Business Office for further assistance.

**F. COMMUNITY RESOURCE IDENTIFICATION:**

1. Generally, information will be gathered, and potential community resources identified during the pre-admission process, where available, and while the patient is in the hospital because access to the patient and family is greatest during that period. However, identification can occur at any time sufficient information is available to make the determination, including well into the normal collection cycle.

**G. CLASSIFICATION & NOTIFICATION:**

1. Classification of an account as charity care generally will end efforts to collect the accounts from the patient and in most instances family members.
2. Failure to provide information necessary to complete a financial assessment may result in a negative determination.
3. A determination of eligibility for charity may be made without a complete assessment if eligibility is warranted under the circumstances as determined by ERH.
4. No person shall be excluded from consideration for financial assistance based on race, creed, color, religion, spirituality, sex, national origin, or physical disability. The only exclusion would be if the patient does not meet rehabilitation appropriateness.

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**H. COMMUNICATION & NOTIFICATION PROCESS:**

1. If an account is to be considered charity care under this policy, the patient and guarantor should receive at least one statement indicating the balance due on the account. They should also receive routine follow-up statements and collection letters until such time as the charity care designation is made and it is determined that continuing such mailings will not result in collecting part or all of the account. These statements and collection letters shouldn't indicate that the account is to be designated as charity care.
2. It may be appropriate in some cases to notify a patient or guarantor that the account is classified as charity care, if doing so will enhance the public's understanding of the hospital's charity care or assist in the collection of a portion of the account. If a patient or guarantor is to be notified that the account will be classified as charity care, the notification should be from a member of administration.

**DEFINITIONS**

- Charity Care: Assistance provided to patients who cannot pay for hospital care due to financial limitations as determined by ERH guidelines and criteria.
- Indigent Care: Financial assistance provided based on indigence or high medical expenses for patients who meet specified financial criteria.
- Federal Poverty Level Guidelines: Income thresholds established annually by the federal government to determine eligibility for certain programs and assistance.

**REFERENCES**

- <https://www.ecfr.gov/current/title-32/subtitle-A/chapter-I/subchapter-M/part-220>
- <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-447>