

CORRY MEMORIAL HOSPITAL

POLICY AND PROCEDURE

EFFECTIVE DATE: April 14, 1997

REVIEW DATE(S): June 2004, July 2010, January 2011, June 2016

REVISION DATE(S): June 2004, May 2006, April 2009, Dec 2011, January 2013, June 2016

APPROVED BY: Approved by Board of Trustees Oct 17, 2007; Approved by Board, December 2, 2016
(Signatures of multidisciplinary personnel involved in policy and procedure development.)

SUBJECT: CMH Community Care (Charity Care) Financial Assistance Policy (FAP)

POLICY:

Corry Memorial Hospital (CMH), a non profit organization, was established to serve the healthcare needs of the citizens of Corry and the surrounding areas. The Hospital is committed to providing medical services to patient regardless of their ability to pay. It is also the policy of CMH to charge every patient for services rendered. However, CMH does recognize that all patients do not have the financial resources to pay their hospital bill. The purpose of this policy is to define and outline charity care options, via CMH Community Care Financial Assistance Policy (FAP), for patient's lacking other financial resources.

CMH will calculate the amount to charge patients by the look-back method to determine the Amount Generally Billed. (ABG) The ABG% is 60% of charges which was calculated by taking the average reimbursement from all contracted payers.

After the determination of FAP eligibility the FAP – eligible individual may not be charged more than the ABG for emergency or other medically necessary care.

A financial counselor is available Monday – Friday from 8:00am- 4:30pm, excluding holidays, as well as other appointments as necessary to assist in applying for financial assistance. The Financial Counselor can be reached by calling (814) 664-4641 ext. 1138 and is located in the billing office at the main hospital campus.

APPLICABILITY:

CMH and Corry Medical Services (CMS)

DEFINITIONS:

FAMILY UNIT: A FAMILY UNIT IS DEFINED AS ONE OR MORE PERSONS RELATED BY BIRTH, MARRIAGE, OR ADOPTION WHO LIVE TOGETHER.

INCOME INCLUDES: WAGES AND SALARIES BEFORE DEDUCTIONS, NET INCOME FROM SELF-EMPLOYMENT, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT COMPENSATION, WORKER'S COMPENSATION, DISABILITY COMPENSATION, PENSIONS, STRIKE BENEFITS, PUBLIC ASSISTANCE, ALIMONY, CHILD SUPPORT, DIVIDENDS, INTEREST, RENTAL INCOME, GAMBLING AND LOTTERY WINNINGS.

LIQUID ASSETS INCLUDES: ASSETS SUCH AS BANK ACCOUNTS, CD'S AND INVESTMENTS IN PUBLICLY TRADED SECURITIES (STOCKS, MUTUAL FUNDS, ETC), ANNUITIES AND/OR TRUST FUNDS MAY ALSO BE CONSIDERED WHEN DETERMINING ELIGIBILITY UNDER THIS PROGRAM.

INCOME VERIFICATION: INCOME VERIFICATION SHALL INCLUDE COPIES OF PAY STUBS, TAX RETURNS, BANK STATEMENTS AND OTHER RECORDS THAT MAY BE

REQUESTED TO VERIFY INCOME

WRITE-OFF AMOUNT: THE TOTAL WRITE-OFF AMOUNT SHALL BE BASED ON A SLIDING FEE SCALE FOR GROSS CHARGES OF ALL SERVICES, COVERED THROUGH THE CMH COMMUNITY CARE POLICY (FAP), AND WITH DATES OF SERVICE WITHIN THE DEFINED CMH COMMUNITY CARE (FAP) APPROVAL PERIOD.

PROCEDURES:

1. **PATIENT HANDOUTS:** All patients requesting consideration under the CMH Community Care (FAP) policy will be presented with the “CMH Community Care Qualification Process”, “CMH Community Care Guidelines” AND the “CMH Community Care – Patient Financial Application.”
2. **APPLICATION TIMEFRAME:** Application must be completed and received by the hospital within 45 days from receipt by patient.
3. **PREREQUISITES:** An uninsured patient who is not able to pay for services will be eligible to apply for CMH Community Care. A determination of a patient’s ability to pay will be determined during the financial counseling process or review of the completed application with supporting documentation. Eligibility requirements will be based on the following patient criteria:
 - Medical Assistance Denial (a)
 - Family Income Guidelines related to number of dependents in family and/or assets
 - Medical necessity of services
 - a) The Financial Counselor will provide assistance in completing the Medical Assistance application via COMPASS and assist in obtaining forms necessary for determination by the Department of public Welfare. Financial Counselor will also assist in applying for other types of insurance programs such as CHIPS.
 - b) A Medical Assistance denial is not required for a patient who ceases to breathe while in the hospital. Additionally, any uninsured patient who expires within 60 days of the date of service will be evaluated to determine if a Medical Assistance application is necessary for CMH Community Care approval.

Please note: Any patient who does not cooperate in all efforts to obtain other available assistance will waive his or her rights to CMH Community Care program.

4. **APPLICATION REVIEW:** Completed applications should be forwarded to the Patient Finance Department for determination of eligibility and are reviewed by the end of month following of the receipt of the completed application.
5. **PATIENT FINANCE REVIEW:** Patient Finance will review the CMH Community Care (FAP) APPLICATION, complete the “Hospital Use Only” section, prepare the appropriate adjustment worksheets (for approved applications – see approval process below), and notify the patient of the determination.
6. **CMH COMMUNITY CARE APPROVAL TIMEFRAME AND EXCLUSIONS:** Approvals for CMH Community Care will be effective for accounts related to the current course of treatment, not to exceed 90 days. The approval is limited to medically necessary services provided by CMH or CMS and *does not apply* to private physician services, dental services, cosmetic services, prescriptions, or personal items such as television or telephone, etc. CMH Community Care approval for private physicians must be approved by the applicable physician office.
7. **APPROVAL PROCESS:**

All Applications	Manager, Patient Finance
CFO Approval	Greater than \$5,000
CEO Approval	Greater than \$10,000
8. **CMH COMMUNITY CARE CAP:** The hospital reserves the right to determine the maximum amount of CMH Community Care benefits granted in a given fiscal year.

9. **INCOME GUIDELINE TABLE:** Exhibit A will be utilized to determine the amount of Community Care. Setting forth these Community Care guidelines will be updated annually to coincide with the Federal Poverty levels as published in the Federal Register.

10. Other supporting files for this policy:

<i>File Name</i>	<i>Documents included:</i>
CMH Community Care Guidelines (two)	CMH Community Care Guidelines (Handout)
CMH Community Care App and Letters (three)	CMH Community Care – Patient Financial Appl.
CMH Community Care – Approval Letter	CMH Community Care - Denial Letter

11. Nonpayment –In the event of nonpayment the hospital may take action to obtain payment including, but not limited to, any extraordinary collection actions (ECA’s). The public may obtain a copy of the Credit and Collection Policy by contacting the billing department at (814) 664-4641 or on the hospital website at www.corryhospital.com.



CORRY MEMORIAL HOSPITAL

965 Shamrock Lane, Corry, PA 16407-9121
(814) 664-4641

CMH COMMUNITY CARE GUIDELINES

You may be eligible to receive services at Corry Memorial Hospital at no charge if your family unit meets the following requirements:

- Medical Assistance Denial
- Family Income Guidelines related to number of dependents in family and/or assets
- Medical Necessity of services

Your family unit income must be at or below the amount listed in the table to be eligible for a reduction in service cost. CMH reserves the right to deny Community Care if in its discretion it appears that the family assets are sufficient to provide resources to pay for services rendered.

Family Unit: A family unit is defined as one or more persons related by birth, marriage, or adoption who live together.

Income: All income from all sources such as wages and salaries before deductions, net income from self employment, social security, retirement income, unemployment compensation, worker's compensation, disability compensation, pensions, strike benefits, public assistance, alimony, child support, dividends, interest, rental income, gambling, lottery winnings, etc.

Assets: Includes cash, savings and checking accounts, certificate of deposits, securities (stocks, bonds, mutual funds, etc.), annuities and/or trust funds, pension accounts, residence (fair market value), all other real estate (FMV), automobiles (make, model, year), etc.

Eligible services are those services not covered by any other third party insurance coverage. If you feel that you may be eligible for services under the CMH Community Care program, please complete the attached second page of application and present it to any registration representative or mail it to the Patient Finance Department.

INCOME GUIDELINES based on Poverty Guidelines (EFFECTIVE February 6, 2017, in the Federal Register)

FAMILY SIZE	150% of poverty Full allowance	200 % of poverty 75% allowance	250% of poverty 50% allowance	300% of poverty 25% allowance
1	\$ 18,090	\$ 24,120	\$ 30,150	\$ 36,180
2	\$ 24,360	\$ 32,480	\$ 40,600	\$ 48,720
3	\$ 30,630	\$ 40,840	\$ 51,050	\$ 61,260
4	\$ 36,900	\$ 49,200	\$ 61,500	\$ 73,800
5	\$ 43,170	\$ 57,560	\$ 71,950	\$ 86,340
6	\$ 49,440	\$ 65,920	\$ 82,400	\$ 98,880
7	\$ 55,710	\$ 74,280	\$ 92,850	\$111,420
8	\$ 61,980	\$ 82,340	\$103,300	\$123,960
FOR EACH ADDITIONAL FAMILY MEMBER, ADD:	\$ 6,270	\$ 8,360	\$ 10,450	\$ 12,540

Applications with assets are subject to management approval on a case by case basis.

CMH Community Care Exclusions: The approval of CMH Community Care is limited to medically necessary services provided by Corry Memorial Hospital or Corry Medical Services and does not apply to private physician services (this includes but is not limited to radiologist and pathologist services), dental services, cosmetic services, prescriptions, or personal items such as television or telephone, etc.