**TITLE:** Charity Care Policy

**SCOPE:** Business Office Staff,Business Office Manager or Coordinator, Administrator, VP of Operations, CBO

**PURPOSE:** The Center may provide free or reduced-cost health care services and supply from time to time to uninsured or underinsured patients who are unable to pay for these services. To do so, the Center has established this Policy on Charitable Care (the “Policy”) to ensure that the decision to provide free or reduced-cost health care services and supplies is based upon uniform and objective criteria.

Charitable Care shall refer to the provision of free or reduced-cost health care services and supplies by the center. Charitable Care shall not include cash payment in any form, such as the payment of any individual’s health insurance premiums, or fee goods not otherwise furnished in the ordinary course of the Center’s operations.

The Center also has established this Policy to verify that recipients of Charitable Care receive these free or reduced-cost health care services and supplies in compliance with the Center’s charitable intent.

**POLICY:** Under no circumstances will the Center’s employees, or anyone acting on behalf of the Center, offer any Charitable Care to the Center’s patients or potential patients unless specifically authorized under this Policy.

The decision to commit the Center to provide Charitable Care shall be made on a case-by-case basis by the Center’s Administrator/Compliance Officer, who is responsible for ensuring that any request for Charitable Care is approved in accordance with this Policy.

Patients requesting Charitable Care will be considered on a first-come, first-served basis.

All questions regarding this Policy on Charitable Care shall be directed to the Center’s Administrator/Compliance Officer.

**CHARITY CARE POLICY (continued):**

**PROCEDURE:**

1. **Charitable Care Request Form**
   1. To ensure that the decision to provide Charitable Care is based upon uniform, objective criteria, and to verify that Charitable Care is furnished to recipients per the Center’s charitable intent, everyone requesting Charitable Care from the Center (the “Applicant”) must be interviewed by the Business Office Manager using the Charitable Care Interview form as a guide
   2. All information obtained during the interview will be kept confidential by the Center’s employees. Upon completion of the interview, the Business Office Manager may ask the applicant to complete a “Patient Attestation for Charity Care” Form.
   3. Under no circumstances shall the Center’s employees complete a “Patient Attestation for Charity Care” form on behalf of any Applicant, nor shall the Center’s employees direct a healthcare provider to complete the “Patient Attestation for Charity Care” Form on behalf of any applicant.
   4. All completed Charitable Care Request Forms first must be submitted by the Applicant directly to the Center Business Office Manager for review. The Business Office Manager and the Administrator shall evaluate the request based on the criteria set forth below.
   5. If the Administrator determines that the Applicant does not qualify for Charitable Care, then the Administrator shall document the denial of care and the reason for denial on the Charitable Care Approval/Denial Form.
   6. If the Administrator determines that the Applicant qualifies for Charitable Care, then the Administrator will approve by signing the Charitable Care Approval/Denial Form.
2. **Obligations of Center Personnel**
   1. The Center’s employees shall not advertise the availability of Charitable Care in any way, except to advise individual clients or physicians of the availability of such care upon inquiry.
   2. Such advice by an employee shall be limited to a statement that Charitable Care is available at the Center, but only under the strict criteria outlined in this Policy, and that for further information, the patient or physician should contact the Administrator/Compliance Officer.

**CHARITY CARE POLICY (continued):**

1. **Charity Care Application Procedure**
   1. Completed application (and supporting documents) is reviewed and a determination of eligibility is made within 30 days. Written notice of determination is forwarded to the guarantor/patient. Copies of all documents are kept in the patient chart.
   2. Charity Care charges are entered into the patient accounting system and then written off at the same time. The comment section of the patient accounting system should document this occurrence and the reasons for the anticipated charity handling.
   3. If the patient is Medicaid eligible, an application to Medicaid must be completed and eligibility determined before consideration for assistance.
   4. Current account balances will be the basis for consideration for assistance, previous balances that have resulted in bad debt classification will not be considered.
   5. Each application is effective for accounts listed as well as future services that occur within 180 days of the last approved application. A complete application would have to be completed for services that occur after the 180-day limit.
   6. Applications are considered confidential in nature, the property of Horizon Surgery Center Beaches, and will be retained for a period of seven years.

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