

**Northwood Deaconess Health Center
Policy and Procedure**

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It is the Policy of NDHC to provide Charity Care above and beyond the Financial Assistance Program.

If a patient has no insurance and falls within 200% of the Federal poverty guidelines, they will be eligible for the FAP (see FAP program for further details). In addition to the FAP reduction, further reductions may also be taken according to the Charity Care Program. Charity Care is available for FAP-eligible patients as well as patient who do have insurance coverage and fall within the 200% of the Federal poverty guidelines. Charity Care may be applied to the private pay balances following FAP reduction or following insurance payment. Charity care discount will be determined based on percentage level of Federal Poverty Guideline- see FPG Table.

Patients must fill out a Charity Care application to be considered for additional discounts. Patients may use FAP application if applying for both programs. Charity Care applications may be for services already rendered, not yet rendered, or both. Approvals for discounts on future services will be no longer than 12 months, at which time patients may reapply for a Charity Care discount. Patients will be notified in writing of their Charity Care determination, discount amount (if any), and effective dates of the discount.

- Acceptable forms of verification of income include:
 - (1) Current state and federal tax documents.
 - (2) Two or more current paycheck stubs
 - (3) Social Security Benefit Letter (Available through the local Social Security office)
 - (4) Unemployment benefit letter (Available at Job Services)
 - (5) Other documentation verifying the applicant's gross income
 - (6) Letter denying unemployment benefits.
- Acceptable forms of verification of no income include:
 - (1) College students must include their college ID, class schedule, and a financial aid letter
 - (2) Brief letter from an individual familiar with the applicant's circumstances. The letter must include the signature, valid telephone number and the address of the individual.
 - (3) Termination notice or letter from applicant's former employer stating when his/her employment ended. The notice/letter must include the signature, valid telephone number and the address of the individual.
 - (4) Copy of applicant's monthly bank statement, if he/she is living on savings.
 - (5) Other documentation indicating the applicant does not have household income.

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Patient family size will be reviewed based on how taxes are filed. For example, if a spouse applies for Financial Assistance/Charity Care, income from the other spouse, if applicable, will be factored into the determination. Additionally, if a dependent applies for Charity Care and are still claimed on someone else's tax return, the income from the claimer(s) of the dependent must be factored into the Charity Care application and determination.

Assets will not be factored into a Charity Care application, except for Health Savings Account. If an applicant has a Health Savings Account, copies of the two most current statements must be submitted. If there are available funds in a HSA/FSA account, it is expected that they will be depleted before a discount is awarded. If the funds are being used as part of a payment plan for another facility, proof of payment plan must be presented (i.e. statement showing payment plan, recent payment receipts, or letter from facility).

In the event a patient is enrolled in out of state Medicaid, there will be an attempt to process the claim. If the claim is denied, the patient responsibility will be written off as the patient falls within 100% of Federal Poverty Guidelines. The same claim process will be followed for out of state

Medicaid Expansion plans. For Expansion plans, patient responsibility will be discounted to 60%. Additional discount may be granted if patient completes Charity Care application.

Denials for assistance from North Dakota Medical Assistance, Healthy Steps and the Caring Program for Children should be included in the documentation, if applicable.