

SUBJECT: CHARITY CARE POLICY

POLICY

Chesapeake Urology is committed to ensuring that all patients, including those uninsured and underinsured within the communities we serve, have access to emergency and medically necessary care. For those individuals who qualify as “medically indigent patients”, i.e., those with no or inadequate means of paying for needed care under current methods of financing health care services, the following policy shall apply:

ELIGIBILITY CRITERIA:

Charity care is secondary to all other financial resources available to the patient, including group or individual medical plans, workers’ compensation, Medicare, Medicaid or other medical assistance programs, other state, federal, or military programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In those instances where no primary payment sources are available, patients shall be considered for full or partial sliding-scale financial assistance under this policy based on the following criteria as calculated for the twelve (12) months prior to the date of the request:

- 1. Free Care**
The self-pay non-covered charges will be considered for a 100% charity care discount for any patient whose gross family income is at or below 100% of the current federal poverty guidelines (as listed in Federal Register for current year) (“FPL”). Procedures that are discretionary in nature or cost intensive due to the cost of required supplies, disposables or implants shall not be eligible for financial assistance as outlined under this policy.
- 2. Reduced Cost-Care**
Partial Financial Assistance for medically necessary care provided to uninsured patients with a household income between 101% to 300% of the Federal Poverty Level (FPL). (Based on Reduced Cost Sliding Scale Financial Assistance.)
- 3.** Summit may choose to grant charity care based solely on a request received from an acute care facility or from Chesapeake Urology Associates (“Chesapeake”), based solely on their evaluation of the patient’s financial need. In such cases, the acute care facility of Chesapeake will complete full verification or documentation of any request.
- 4.** Summit may also discount as charity care for patients that are not eligible for Medicaid when circumstances indicate severe financial hardship or personal loss (i.e., catastrophic charity care).



All information below will be required for consideration.

ELIGIBILITY CRITERIA FOR CHARITY CARE / FINANCIAL ASSISTANCE

1. Free Care (100% Financial Assistance) will be available to uninsured patients with household incomes between 0% and 100% of the FPL. FPL's will be updated annually.
2. Reduced Cost-Care will be available to uninsured patients with household incomes between 101% and 300% of the FPL. Reduced Cost-Care will be available base on a sliding-scale as outlined below. Discounts will be applied to amounts usually billed (usual customary rates UCR). FPL's will be updated annually.
3. Ineligibility will applied to patients with household incomes above 300% of the FPL. FPL's will be updated annually.

Federal Poverty Level Guidelines and Chart

Are You Eligible for Federal Benefits in 2023?

- The federal poverty level is the indicator the U.S. government uses to determine who is eligible for federal subsidies and aid.
- The Department of Health and Human Services issues new poverty guidelines each January. It must update the poverty levels to account for inflation.
- HHS issues guidelines for each household size. For example, the poverty level for a household of four is an annual income of \$24,600.
- To get the poverty level for larger families, add \$4,480 for each additional person in the household. For smaller families, subtract \$4,480 per person.

Number of People in Household	48 States & DC
One	\$14,580
Two	\$19,720
Three	\$24,860
Four	\$30,000
Five	\$35,140
Six	\$40,280
Seven	\$45,420
Eight	\$50,560

Financial Assistance Level/Charity Care	
Adjusted Percentage of Poverty Level	Free/Reduced-Cost care
0% to 100%	100%
101% to 150%	40%
151% to 200%	30%
201% to 250%	20%
251% to 300%	10%
More than 300%	0%

ELIGIBILITY DETERMINATION:

Charity care forms and instructions shall be furnished to patients when charity care is requested, when need is indicated, or when financial screening indicates potential need. All applications should be accompanied by documentation to verify income and asset amounts indicated on the application form. Notification to patient of qualification of eligibility must be completed and communicated to the patient with in two (2) business days once the Charity Care application and required documentation has been received. See Procedure for Charity Care.

1. W-2 withholding statements for all employment during the relevant time period
2. Pay stubs from all employment during the 12 months prior to the date of request
3. An income tax return from the most recently filed calendar year
4. Forms approving or denying Care Credit and/or other Healthcare financing organizations.
5. Forms approving or denying eligibility for Medicaid and/or state-funded Medical Assistance
6. Forms approving or denying unemployment compensation for relevant time period
7. Written statements from employers (if no proof of income exists) or welfare agencies to validate income or assistance.
8. Evidence of excessive monthly expenses including medical costs, gas, electric, phone, mortgage or rent statement or eviction or foreclosure notice.



In the absence of the information required to determine eligibility, the process will be discontinued and the patient will be responsible for payment of services rendered. Income shall be annualized from the date of the application based upon documentation provided and upon verbal information provided by the patient. The annualization process will also take into consideration seasonal employment and temporary increases and/or decreases to income.

Denials for charity care will be written and will include reasons for denial. If additional verification or documentation of financial need is received to support charity care, the case will be reviewed and reconsidered per the above guidelines.

PRESUMPTIVE ELIGIBILITY

1. Patients already enrolled in certain means-tested programs based on FPL are deemed eligible for free care on a presumptive basis. Examples of such means-tested programs would include but are not limited to:
 - a. Maryland Supplemental Nutritional Assistance Program (SNAP)
 - b. Maryland Temporary Cash Assistance (TCA)
 - c. Documented Medicaid Spend Down amounts as documented by Dept. of Social Services
 - d. Other Maryland programs based on FPL

Presumptively eligible categories will require documentation to verify eligibility for the above referenced programs.

DOCUMENTATION & RECORDS:

1. Confidentiality: All information relating to the application will be kept confidential. Copies of the documents that support the application will be kept with the application form.

HHS POVERTY GUIDELINES - CURRENT YEAR

The Health and Human Services Poverty Guidelines are a simplification of the poverty thresholds for use for administrative purposes--for instance, determining financial eligibility for certain federal programs. They are published annually by the Assistant Secretary of Planning and Evaluation, U S. Department of Health and Human Services.