

 POLICY / PROCEDURE	Title: Charity Care / Financial Assistance
	Original Creation Date: 01/01/2000
Department: Business Office	Date Approved: 08/31/2018
Approver(s): * Format Reviewer (Document Control Administrator), Connie Elam (Business Office Manager), Jerry Brantz (CEO / CFO)	Version No.: 6
APPROVAL: I find, to the best of my knowledge and ability, that this information is relevant and appropriate for the persons and settings addressed, is ethical and legal, and it meets the standards of patient care, professional practice and current scientific knowledge.	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To establish a policy that insures uniform allocation of charity care based on financial need to all persons without discrimination based on race, color, religion, national origin, sex, sexual orientation, age, disability, citizenship, or ability to pay. Our Charity Care Policy includes some items applicable to the Sliding Fee Scale that do not apply to SMC Clinic and SMC Emergency Room patients.

SCOPE/RESPONSIBILITY:

Business Office, Patients, Employees of Shoshone Medical Center

POLICY:

Any persons who can prove that payment of their hospital bill would be an unbearable hardship may apply for charity care to cover all or part of their outstanding account balance. Applicants must agree to complete the application in full for uncompensated care and assist the Business Office staff to obtain the information needed.

(The following does not apply to SMC Family Medicine or Emergency Department patients.)

The applicant will be expected to exhaust all other payment resources as a condition of approval.

Payment resources include but are not limited to stocks, bonds, Checking / Savings / Money Market Accounts, Medical assistance and County assistance.

PROCEDURE:

- A. The Business Office will use the poverty guidelines published annually by the US Department of Health and Human Services as an aid in determining income level, which will qualify an applicant for charity. The guidelines are updated annually.
- B. Income must be verified by obtaining pertinent documentation, including:
 - 1. Copy of Bank Statement for the last 3 months.
 - 2. Copy of pay stubs for the last 3 months, from place of last employment.
 - 3. IRS income tax form from previous year, if applicable.
 - 4. SMC Financial assistance application completed.
 - 5. Denial from State of Idaho Medical Assistance program.
 - 6. Denial from the County Assistance Program (County in which the person applying for assistance resides).

These are not applicable to SMC Clinic and Emergency Department patients:

7. Bank Loan Denial on Official Letter head.
 8. Disclosure of available credit on all credit cards.
-
- C. To qualify for charity care, the applicant's income must be less than 200% of the poverty guidelines amount for the same size family. An unborn child may be considered a family member. Determining charity care is based in large on information supplied by the patient or someone acting on the patient's behalf. If there is not sufficient information to fully evaluate all criteria and the ability to pay cannot be reliably determined: the case should be reviewed jointly by the Business Office Manager and the CEO/CFO.
 - D. The Business Office Manager will administer this policy. Accounts should be classified as charity care and transaction code 430 will be used. A review of the patient's account should be made and final classification determined. Approval from CEO/CFO required on all accounts.
 - E. Approvals will be in written form and contained on the original application for uncompensated care. Charity care amounts will be based on the schedule listed below.
 - F. Applicants who are approved must be re-certified every 6 months.
 - G. All medically necessary hospital services are available as uncompensated care.
 - H. Should the applicant not monetarily satisfy their claim, the portion written off will be adjusted back on the total unpaid portion and the bill will be sent to the appropriate collection agency.
 - I. Patients that do not comply with Shoshone County Application/Medicaid will be denied for Shoshone Medical Center's financial assistance and accounts will be processed according to SMC's Collection Agency Submission/Bad Debt Write-off and Approval Policy.

J. Sliding payment scale is based on Federal Poverty Guidelines 2018 (Reference Chart)

Family Size	Poverty Guideline	100%	75%	50%	25%
1	\$12,140.00	0-\$15,175.00	\$15,176.00- \$18,210.00	\$18,211.00- \$21,245.00	\$21,246.00- \$24,280.00
2	\$16,460.00	0-\$20,575.00	\$20,576.00- \$24,690.00	\$24,691.00- \$28,805.00	\$28,806.00- \$32,920.00
3	\$20,780.00	0-\$25,975.00	\$25,976.00- \$31,170.00	\$31,171.00- \$36,365.00	\$36,366.00- \$41,560.00
4	\$25,100.00	0-\$31,375.00	\$31,376.00- \$37,650.00	\$37,651.00- \$43,925.00	\$43,926.00- \$50,200.00
5	\$28,420.00	0-\$35,525.00	\$35,526.00- \$42,630.00	\$42,631.00- \$49,735.00	\$49,736.00- \$56,840.00
6	\$33,740.00	0-\$42,175.00	\$42,176.00- \$50,610.00	\$50,611.00- \$59,045.00	\$59,046.00- \$67,480.00
7	\$38,060.00	0-\$47,575.00	\$47,576.00- \$57,090.00	\$57,091.00- \$66,605.00	\$66,606.00- \$76,120.00
8	\$42,380.00	0-\$52,975.00	\$52,976.00- \$63,570.00	\$63,571.00- \$74,165.00	\$74,166.00- \$84,760.00
For each additional person, add	\$4,320.00	\$5,400.00	\$6,480.00	\$7,560.00	\$8,640.00

DEFINITIONS:

- A. None

RELATED DOCUMENTS / INFORMATION:

- A. [SMC Financial Assistance Application](#)
 B. State and County Financial Assistance Application – see attached
 C. [Collection Agency Submission / Bad Debt Write-Off and Approval](#)

REFERENCES:

- A. Federal Poverty Guidelines – Reference Chart Above

PREVIOUS REVISIONS:

11/1, 01/11, 09/10, 07/10, 05/09, 11/05, 11/05, 12/04, 04/04, 05/00