

ALBERT EINSTEIN HEALTHCARE NETWORK POLICY AND PROCEDURE MANUAL

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Subject: **Charity Care**

PURPOSE:

Albert Einstein Healthcare Network (“AEHN”) is a system of not-for-profit healthcare institutions that provides inpatient, outpatient, and emergency services whose mission includes improvement of the overall health status of the community it serves. AEHN is committed to providing high quality healthcare for patients who seek services, including those individuals in the AEHN community who lack the means to pay for such services. This policy sets forth the policy, process, and guidelines by which such patients can access Charity Care.

POLICY and SCOPE:

To fulfill its mission of providing compassionate, high quality healthcare to the patients it serves, AEHN must provide such services in a financially responsible manner. Therefore, it is the policy of AEHN to maintain a system for proper identification of patients eligible for Charity Care.

This policy covers medically necessary health care services provided by AEHN and does not include any services provided by outside vendors, including, but not limited to, non-employed physicians.

It is the policy of AEHN to differentiate between uninsured patients who are unable to pay from those who are unwilling to pay for all or part of their care. AEHN will provide Charity Care to those uninsured patients who are unable to pay based upon the eligibility criteria set forth herein. In order to conserve scarce healthcare resources, AEHN will seek payment from uninsured patients who do not qualify for Charity Care. While qualification for Charity Care is ideally determined at the time of service, AEHN will continue to review such determinations as potential insurers or other financial resources are discovered during the billing and collection process.

This policy does not apply to patients who are “underinsured” as opposed to uninsured. For example, it is not the intent of this policy to provide free or discounted care to patients who have health insurance with deductibles and/or coinsurance.

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This policy does not apply to those patients seeking care who reside outside of the AEHN immediate service area unless the patient has received ongoing care with AEHN in the year prior to the date of service.

Services provided by non-employed physicians and other services provided by outside vendors are not covered by this policy and patients seeking a discount for such services should be directed to call the physician or outside vendor directly.

DEFINITIONS:

1. **Financial Counselor.** An individual trained to assist patients in identifying sources of healthcare coverage, determining eligibility for such coverage, and assisting in completing necessary applications. Financial counselors may either be employees of AEHN or a third party engaged by AEHN to assist in its billing and collections processes.
2. **Charity Care.** Charity Care is free care provided to patients who are uninsured for the relevant, medically necessary service and who are ineligible for governmental or other insurance coverage. A patient will be eligible for Charity Care if the patient's family income does not exceed 200% of the Federal Poverty Level. In the case of those patients who are treated and released from the emergency room and do not complete a Charity Care application, AEHN may assume the patient qualifies for Charity Care if the patient resides in a zip code where the average household income does not exceed 200% of the Federal Poverty Level. All expenses incurred as a result of providing healthcare services to those who qualify for Charity Care are absorbed by AEHN, except for personal charges incurred by the patient such as telephone, television, and other services incidental to their health care services.
3. **Immediate Service Area.** For the purposes of this policy, AEHN's immediate service area is defined as those zip codes that comprise the primary and secondary service areas of Albert Einstein Medical Center .
4. **Self-Pay Patient.** Those patients who are uninsured patients (as defined below) and who are not eligible for Charity Care. Self-pay patients are eligible for financial assistance at a discounted rate, in accordance with AEHN's Uninsured Discount Policy, which sets forth a discounted Self-Pay Fee Schedule.

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5. **Uninsured Patient.** A patient who does not have any third party health care coverage by either (a) a third party insurer, (b) an ERISA plan, (c) A federal health care program (including without limitation Medicare, Medicaid, SCHIP, and TRICARE), (d) Workers' Compensation, Medical Savings Account, or other coverage for all or any part of the bill, including claims against third parties covered by insurance to which an AEHN entity is subrogated, but only if payment is actually made by such insurance company.
6. **Governmental Health Care Coverage.** Any health care program operated or financed at least in part by the federal, state or local government.

PROCEDURE:

The financial counselor will determine a patient's eligibility for Charity Care using a Charity Care Worksheet. Patients whose family incomes are below 200% of the Federal Poverty Level (according to appropriate family size) will qualify for Charity Care.

The financial counselor will assist uninsured patients in obtaining health insurance coverage through Medical Assistance, Children's Health Insurance Program, Special Care, COBRA, or other Governmental Health Care Coverage. The financial counselor will give the patient a brochure on Hospital Billing Guidelines and be directed to the sections on Charity Care and No Insurance.

Patients who do not provide the requested information necessary to completely and accurately assess their financial situation or who do not cooperate with efforts to secure Governmental Health Care Coverage will not be eligible for Charity Care or other financial assistance.

Once a patient has been approved for Charity Care, the patient must disclose any change in financial or family situation that may affect eligibility for Charity Care. The patient will be asked periodically to disclose any change in status or to update the financial and family information and may be asked to reapply for Charity Care.

1. **Outpatient and Elective Inpatient Procedures.** Except for patients referred for services from the AEMC Emergency Room (as set forth below), patients requesting non-emergent admissions or outpatient services will not be scheduled for services until the patient has:

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- a. provided evidence of insurance coverage;
- b. been deemed eligible to receive Medical Assistance or other coverage;
- c. made alternate payment arrangements in accordance with the self-pay fee schedule in the Uninsured Discount Policy; or
- d. qualified for Charity Care.

Patients referred for services from the Emergency Room shall be scheduled for services and arrangements for payment for such services shall be made as set forth below.

At the time of scheduling, pre-registration, or registration (whichever are applicable), the patient will be asked for insurance coverage, and the patient will be informed of any co-payments that will be expected at the time of payment. If the patient is an uninsured patient, the patient will be informed of the Uninsured Discount Policy and Charity Care Policy. If the patient wishes to apply for Charity Care, he or she will be given or mailed an application. If the patient does not wish to apply for Charity Care, the patient will be informed of the amount due in accordance with the self-pay fee schedule at the time of registration. A patient may not qualify for Charity Care until he or she has completed the Charity Care application.

After completing the Charity Care application (including supporting documentation), the patient is expected to return to AEHN and meet with a Financial Counselor. The Financial Counselor will assess the application and determine whether the patient qualifies for Charity Care or any other Governmental Health Care Coverage.

If the patient is likely to qualify for other Governmental Health Care Coverage, a Financial Counselor will assist the patient in applying for appropriate coverage or refer the patient to the county assistance office.

If a patient is unlikely to qualify for Governmental Health Care Coverage, and the patient does not qualify for Charity Care (in accordance with the completed Charity Care worksheet), appropriate payment arrangements must be made with the Financial Counselor based upon AEHN's self-pay fee schedule. Should the patient subsequently qualify for Governmental Health Care Coverage or any other health insurance, any payments received will be refunded less any co-payments due.

2. **Patients Treated and Released from Emergency Department.** All patients will be treated in accordance with the requirements of the Federal Emergency Medical Treatment and Labor

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Act. All patients will be triaged and, if medically necessary, receive a medical screening exam by Emergency Department staff prior to registration or obtaining information on insurance coverage.

Any uninsured patient will be informed of the Charity Care Program and the self-pay fee schedule. The patient will also be given a brochure on Hospital Billing Guidelines and be directed to the sections on Charity Care and No Insurance. If the patient wishes to apply for Charity Care, the registrar will provide a Charity Care application. The patient shall be instructed to complete and return the application to the financial counselor.

If an uninsured patient has been referred from the Emergency Room to an AEHN clinic or other outpatient department for follow-up treatment, the patient will be informed that, at the time of the appointment, payment or a completed Charity Care application will be expected. Based on the information provided in the completed Charity Care application, eligibility for Medical Assistance or other Governmental Health Care Coverage may also be considered.

As applicable, the treating Emergency Department physician will complete the 1663 Employability Assessment Form to be submitted with each patient's Medical Assistance Application or other governmental sponsored programs.

3. **Inpatients Admitted through the Emergency Department.** Within one business day following admission, a financial counselor will arrange a meeting with uninsured patients, to be held during the inpatient admission. The financial counselor will work with patients and their families to obtain information necessary to complete a Medical Assistance application and Charity Care worksheet. If the Medical Assistance application and Charity Care worksheet cannot be completed during the patient's admission, the financial counselor will follow up with the patient by telephone and request additional information. Alternatively, patients may make an appointment with the County Assistance Office to complete the Medical Assistance application.

Medical Assistance applications will be completed and forwarded to the Pennsylvania Department of Public Welfare. If the Medical Assistance application is approved, the patient's financial status will be updated and Medical Assistance will be billed. If a patient is denied Medical Assistance (or if it is determined that an application is not appropriate), the patient's case will be reviewed for Charity Care. If the patient does not qualify for Charity

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Care, appropriate payment arrangements must be worked out with the Financial Counselor based upon AEHN's self-pay fee schedule.

4. **Continuing Treatments.**

Self-pay patients may receive continuing outpatient treatment after the initial outpatient visit or admission only if the treating physician advises the Financial Counselor that such treatment is medically necessary and the patient qualifies for Charity Care or the patient has made all payments in accordance with arrangements made under AEHN's Self-Pay Policy.

To monitor this policy, Management will produce Charity Care reports on a periodic basis that identify Charity Care activity by clinical service, geographic area, and other measures.