POLICY: To have a formal Charity Care Program for patients to apply for reduced-payments for health care services based on income levels and family size. The program will include a formal application process for review and approval by Hospital administration.

PURPOSE: To provide reduced payments for health care services for persons meeting eligibility criteria established by the Hospital. Eligibility criteria will be based on the annual update of the Health and Human Services Poverty Guidelines published in the Federal Register.

PROCEDURE: 1. Patients can request and receive applications from various people at the Hospital including Patient Account Representatives, Administrative Staff, Program Managers, Case Managers, and Social Workers.

2. Applications are returned to the Fiscal department for processing. When a completed application is received in the Fiscal department staff will complete a review of the information and calculate the appropriate reduced payment.

   2.1 Start a worksheet for tracking the application

   2.2 Note the date the application is received

   2.3 Verify services provided

   2.4 Check application for complete information:

      2.4.1 Name
      2.4.2 Address
      2.4.3 Family size, names and ages of family members
      2.4.4 Income Verification (one of the following):

         2.4.4.1 Original or copies of pay stubs;
         2.4.4.2 Statement from employer on company letterhead, signed with title, gross income of applicant;
         2.4.4.3 Confidential Report of Benefits from Social Security;
         2.4.4.4 Determination notice from Town or State;
         2.4.4.5 Computer printout of benefits from the Unemployment office;

Approved by – Senior Vice President Finance, CFO & Treasurer: 8/17/10
Replaces Procedure of 3/30/10
HOSPITAL FOR SPECIAL CARE
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CHARITY CARE

2.4.4.6 Bank Statements showing monthly interest payments;
2.4.4.7 Signed statements of support from person living in same household;
2.4.4.8 Signed statement from absent family member providing support to family;
2.4.4.9 Copy of financial aid award for college student;
2.4.4.10 W-2 or income tax forms;
2.4.4.11 For self-employed persons, the prior years’ income tax return will be utilized.

2.4.5 Asset verification (copies of):

2.4.5.1 Bank statements;
2.4.5.2 Stocks, bonds, U.S. Savings bonds;
2.4.5.3 Deeds of owned property;
2.4.5.4 Motor Vehicles titles; and
2.4.5.5 Proof of pending lawsuits, Worker’s Compensation or No Fault insurance Claims.

2.4.6 All information provided may be verified with a credit agency.
2.4.7 Assets will be considered in determining eligibility.

2.5 Review the request for approval and respond within five (5) working days.

2.6 Calculation of income:

2.6.1 Based upon three (3) months preceding the application (ie. for April applications use January, February, and March).

2.6.1.1 If both the 3-month and the 12-month information is available, use the lower amount of the two provided.
2.6.1.2 To project the 12-month information when only 3 months is provided, multiply the 3-month total gross income by four (4).

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Replaces Procedure of 3/30/10
3. If the application is incomplete the applicant should be notified in writing within two (2) working days of the review. Applicant will have five (5) working days to provide the information.

4. If the application is complete, eligibility is calculated utilizing; the poverty guidelines issued by the US Department of Health & Human Services, which are updated periodically in the Federal Register.

4.1 Sign, date and enter final determination on the worksheet. The Charity Eligibility Guideline is expressed as a percentage of the total charges that will be written off the account by Hospital for Special Care.

4.2 The Charity Care approval for the reduced payment will be effective for the duration of continuous services. Subsequent patient related admissions will require a new application be completed and submitted for review.

5. The charges to an individual who qualifies for financial assistance under the Charity Care Program will not be greater than the amounts generally charged to individuals who have insurance coverage.

6. Submit the worksheet to the Manager of Billing and Reimbursement and/or Vice President for Finance for final approval or denial.

6.1 A denial will be issued when:

6.1.1 The family is over the eligible income level;
6.1.2 Incomplete information is provided and patient does not respond to request for additional information within required timeframe;
6.1.3 Patient is deemed to have significant assets to meet debts.

7. Patient may request an appeal of the Committee’s:

7.1 Denial or;
7.2 Approved level of Charity Care.

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Replaces Procedure of 3/30/10
7.2.1 Appeal form is sent to requesting patient.

7.2.1.1 Appeal form must be filed with HSC within thirty (30) days of original decision. Patient will receive notification of receipt of appeal within two (2) weeks.

7.2.1.2 Appeal Committee will meet within two (2) weeks of receipt of appeal and re-determine, if necessary. The Appeal Committee will consist of a Social Worker, a Fiscal Representative, a Case Manager, and Program Manager. Outcome of committee decision will be sent to the patient within ten (10) working days.

8. All determinations will be in writing and on printed forms.

8.1 Charity Care Allowances are listed by account number on a detailed allowance form prepared by Patient Account Representative. This form will be signed by Manager of Billing and Reimbursement at the end of each month.

8.2 The Accounts Receivable Associate will enter the Charity Care allowance on the patient’s account within two (2) days of receipt using the proper transaction code for reporting.

9. The Patient Accounts Representative will keep a record of all Charity Care approved, denied and appealed.

10. The Manager of Billing and Reimbursement or their designee will reconcile the Charity Care accounts quarterly to ensure the accuracy of the amounts approved as documented in the folder, completed allowance forms, and the amounts in the general ledger.

These functions will be carried out by the Patient Accounts Representative and Manager of Billing and Reimbursement.

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Replaces Procedure of 3/30/10
11. The Hospital’s Financial Assistance Policy will be posted on HSC’s web site.

RESPONSIBILITY: Senior Vice President of Finance and CFO
HOSPITAL FOR SPECIAL CARE
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Hospital for Special Care
Charity Care Eligibility Guidelines

- Charity Care is available to cover hospital charges for patient related services.
- Applications for Charity Care may be completed for review prior to the delivery of services or after the services have been provided.
- To be eligible for the Hospital for Special Care Charity Care Program, the applicant must meet the financial criteria established for the program by the Hospital.
- Applicants must meet with a Patient Account Representative, Social Worker, or Program Manager to determine financial resources, income, assets, and ability to pay. The Patient Account Representative, Social Worker, or Program Manager will use this information to recommend a plan which will be reviewed by the Manager of Billing and Reimbursement and/or the Vice President for Finance.
- Patients are required to provide personal and financial information in order to determine eligibility for the program.
- Documents and information to support income and asset verification must be attached to the completed application. Incomplete applications will not be processed.

When an application is approved for reduced payments under the Charity Care Program, the rate to be charged will be the applicable percentage in the chart below applied to the amount identified in #5 above.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
<th>90%</th>
<th>80%</th>
<th>70%</th>
<th>60%</th>
<th>50%</th>
<th>40%</th>
<th>30%</th>
<th>20%</th>
<th>10%</th>
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<tr>
<td>1</td>
<td>$10,830</td>
<td>$12,996</td>
<td>$15,162</td>
<td>$17,328</td>
<td>$19,494</td>
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<td>$23,826</td>
<td>$25,992</td>
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<td>17,484</td>
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<td>23,312</td>
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<td>32,054</td>
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<td>39,690</td>
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</tr>
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For family sizes exceeding eight (8) add $3,740 per additional person.


For an application or additional information about the Hospital for Special Care’s Charity Care Program call (860) 827-6237.

Approved by – Senior Vice President Finance, CFO & Treasurer: 8/17/10
Replaces Procedure of 3/30/10

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