



Financial Assistance Policy

POLICY TITLE:	Financial Assistance Policy
LAST REVISION/REVIEW DATE:	Jan 17, 2019
PREVIOUS UPDATE:	June 30, 2018
DATE OF ORIGIN:	April 1, 2007

Policy:

Christiana Care is dedicated to improving the health of all people in the communities it serves through its medical services, education and research. Christiana Care extends financial assistance to eligible patients who are unable to pay for their care in accordance with this policy. This policy sets forth the eligibility requirements and the procedures for obtaining financial assistance in compliance with applicable federal, state and local laws.

Purpose:

Uninsured Discounts, payment options and financial assistance programs are offered to eligible patients. These offerings apply to all hospital inpatient, outpatient and Emergency Department services, including dental services that require hospitalization, as well as medical services provided by any employed physician.

Scope:

All Christiana Care medically necessary services, including the services rendered by the employed physicians are within the scope of this policy. This includes dental services that require hospitalization. Services not eligible for support and excluded from this policy are cosmetic procedures, bariatric services and liability cases.

Procedure:

- The Financial Assistance Policy is applicable to Delaware residents as well as residents of our four neighboring counties. This would include Cecil, Salem, Delaware and Chester Counties. This population will be referred to as “residents” for the purpose of this policy.
- Christiana Care will allow financial assistance applications for up to one (1) year after receipt of the first patient statement

- Christiana Care shall widely publicize the availability of financial assistance through pamphlets; signage; online notices on the Christiana Care website and in patient service areas. Applications are available in English, Spanish, Mandarin and Cantonese. (See Attachment 1.)
- Translation assistance to complete necessary forms is available for anyone not proficient in reading, writing or speaking English. This assistance is available Monday through Friday from 9 a.m. to 4 p.m. by calling 302-623-7440.
- Christiana Care has determined the language translations required for the Limited English Proficiency (LEP) populations we serve. They are Spanish, Cantonese and Mandarin. Christiana Care has obtained this LEP data from the Department of Justice website at www.lep.gov/maps/lma/Final.
- Questions regarding our Financial Assistance Program may be answered by visiting with a customer service representative at the Corporate Finance Center at 200 Hygeia Drive, Newark, Delaware 19713. Patients also can reach us for financial assistance at 302-623-7440, Monday through Friday between 9 a.m. and 4 p.m.
- Once contacted by a patient, we will pre-screen the patient for financial assistance and, if appropriate, send a financial assistance application.
- Patients identified at time of intake or discharge who are uninsured or underinsured and who indicate their inability to pay for medically necessary services shall receive a Plain Language Summary describing our Financial Assistance Policy. (See Attachment 2.)
- Christiana Care shall adhere to an established methodology for determining eligibility for financial assistance. The methodology shall consider whether health care services are medically necessary. Once deemed medically necessary, household income and family size will then be evaluated for any patients meeting the residency status.
- All available financial resources shall be evaluated before a determination regarding financial assistance is made. Christiana Care shall consider the financial resources of the patient as well as other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse or sponsor). Household income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rent, business income, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources of income.
- Copies of documents to substantiate income level shall be provided by the patient/guarantor (e.g. W-2, tax returns, pay stubs, bank statements). The patient/guarantor shall be required to provide information sufficient for Christiana Care to determine whether they are eligible for benefits available from insurance such as Medicare, Medicaid, Workers' Compensation, third party liability and other federal, state or local programs.

- If Christiana Care determines that the patient may qualify for other coverage, financial counseling will be provided to assist patients in applying for the available coverage. Financial assistance will be denied to patient/guarantors who do not fully cooperate with this process.
- If a patient has a claim (or potential claim) against a third party from which the hospital's bill may be paid, the hospital will defer its financial assistance adjustment pending disposition of the third party claim.
- Eligibility for financial assistance is determined based on Federal Poverty Level Guidelines as published annually in the Federal Register. (See Attachment 3.)
- Patients who previously qualified for financial assistance will not be presumed eligible for financial assistance if their qualification date was more than one year ago. They will need to reapply.
- Eligibility for financial assistance will extend for one year from date of eligibility and will also be retroactive for one year. Any patient payments received against a balance that is determined to be eligible for financial assistance will be refunded if payments were received within the last year.
- Patient/guarantors shall be notified in writing when Christiana Care makes a determination concerning financial assistance.
- Patients seeking financial assistance for services not covered under the Christiana Care Financial Assistance Policy should contact the non-Christiana Care physician or other provider directly. (See Attachment 4 for a list of Practices that honor our current Financial Assistance Policy.)

All information obtained from patients and guarantors shall be treated as confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- Christiana Care has a separate Billing and Collections Policy. Patients may request to review the Collections Policy by calling 302-623-7440.
- All uninsured patients receive an automatic discount of 15% for hospital and employed physician services. In addition, patients whose family income is up to 200% of the Federal Poverty Guidelines (see Attachment 3) may qualify for full financial assistance upon submission and approval of their application.
- Christiana Care will not use Extraordinary Collection Activities (ECA) until a patient has failed to pay their bill or has failed to establish a payment plan within 180 days of receiving notification from a collection agency. The collection agency placement does not take place until at least 105 days from the time the patient receives their first patient statement.

The following are additional situations which would qualify a Delaware resident or a resident of our four neighboring counties (Cecil, Chester, Salem and Delaware counties) for Financial Assistance or other discounts:

A. Bankruptcy - If Christiana Care receives notice by the United States Bankruptcy Court that a patient has an unpaid balance with us and has filed for bankruptcy under Chapters 7, 11 or 13, we are required by law to forgive the debt as of the date in the court notice.

B. Medicaid-eligible patients who receive medically necessary services not covered by Medicaid may receive financial assistance when the income guidelines for their Medicaid program are within our financial assistance thresholds.

C. Medicaid-eligible patients who receive services before their coverage starts may receive financial assistance for services up to one year before their effective coverage date. Their Medicaid program must have income requirements that would qualify for our financial assistance program. If a patient receives services from Christiana Care when they are no longer eligible for Medicaid, the patient must complete the standard Christiana Care financial assistance application to be re-considered for financial assistance.

D. Patients who are Wards of the State are granted financial assistance when Christiana Care receives documentation from proper authority that a patient is a ward of the state.

E. All pre-screened Medicaid applicants who meet the income and residency criteria required for financial assistance will have their account balances adjusted pending approval of their Medicaid application.

F. Bills of deceased patients with no estate will have their account balances adjusted based on proper documentation from the executor/executrix, including death certificate and proof of residency.

G. Patients eligible for the Ryan White Access Program, who are identified by Christiana Care's HIV department as being a resident and having income less than 200%, are referred to Patient Financial Services for a charitable adjustment based on federal grant guidelines.

H. Patients of Westside Health and Henrietta Johnson who are identified by Christiana Care as being a resident under this policy and having income less than 200%

Compliance Monitoring:

Internal audit, contracted external auditing firms and federal/state auditors may periodically conduct audits to ensure compliance with this policy.

Policy Oversight:

The Executive Vice President and Chief Financial Officer of Christiana Care Health Services is authorized on behalf of and in the name of this Corporation to sign and execute any and all

documents reasonably necessary and needed for the transaction of business by this Corporation, including the Financial Assistance Policy. A Board resolution supporting this authority was adopted by the Board of Directors on November 6, 2015 and ratified at a meeting held on November 9, 2015.

Attachments:

Attachment 1: The Financial Assistance Application is available to the public and used by Christiana Care staff to determine patient eligibility after at patient has submitted the application and appropriate documents. The document is available by calling 302-623-7440 or at www.christianacare.org.

• English • Spanish • Cantonese • Mandarin

Attachment 2: The Financial Assistance Program Plain Language Summary is available to the public. It explains in plain language our Financial Assistance Program. It is available by calling 302-623-7440 or online at www.christianacare.org.

• English • Spanish • Cantonese • Mandarin

Attachment 3: The Federal Poverty Guidelines and Financial Assistance Scale is available to the public and presents the income and household thresholds that are used by Christiana Care to determine a patient's eligibility for Financial Assistance. The document is available by calling 302-623-7440 or at www.christianacare.org.

• English • Spanish • Cantonese • Mandarin

Attachment 4: The Financial Assistance Program Practice List is available to the public and will be updated at least quarterly. It presents those health care practices that honor our Financial Assistance Program. The document is available by calling 302-623-7440 or at www.christianacare.org.

• English • Spanish • Cantonese • Mandarin

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