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I. PURPOSE

- A. The purpose of this Policy is to define the eligibility criteria and application process for financial assistance for patients who receive healthcare services at DCH Healthcare Authority (DCH) and who are uninsured or underinsured. DCH also seeks to describe the types of financial assistance available and ensures patients have access to information about these programs.

II. POLICY

- A. DCH

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organizations, foster care payments, or disaster relief assistance) are not counted as income for making an eligibility determination for financial assistance;

3. Includes capital gains or losses determined on a before-tax basis; and
 4. A person’s family income includes the income of all adult family members. For patients under 18 years of age, family income includes that of the parents and/or step-parents, unmarried or domestic partners, or caretaker relatives.
- F. **Federal Poverty Guidelines:** Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>
- G. **Financial Assistance:** Assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medically-necessary services provided by DCH and who meet the eligibility criteria for such assistance. Under this Policy, Financial Assistance is Charity Care.
- H. **Guarantor:** An individual who is responsible for payment of the patient’s bill.
- I. **Gross Charges:** The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.
- J. **Healthcare Services:** Medically necessary hospital services.
- K. **Special Circumstances Financial Assistance** Financial assistance that

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2. Reasonably expected to, prevent the onset of an illness, condition, injury or disability, or is routine, generally accepted preventive care; or
3. Reasonably expected to reduce or improve the physical, mental or developmental effects of the patient’s illness, condition, injury or disability; or
4. Will assist the patient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the patient and those functional capacities that are appropriate for the patient’s age.

M. **Presumptive Charity:** Determination of eligibility for Financial Assistance based upon socio-economic information specific to the patient that is gathered from market sources.

N. **Proof of Income:** For purposes of determining Financial Assistance eligibility, DCH will review annual family income from the prior two (2) pay periods and/or the prior tax year as shown by recent pay stubs or income tax returns and other information from all members of household. Proof of earnings may be determined by annualizing the year-to-date family income, taking into consideration the current earnings rate.

O. **Reasonable Payment Plan:** An extended interest free payment plan that is negotiated between DCH and the patient for any patient out-of-pocket fees. The payment plan shall take into account the patient's income, essential living expenses, assets, the amount owed, and any prior payments.

P. **Uninsured Patient:** An individual having no third-party coverage by a

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the patient may be eligible. In addition, the patient will be asked to fill out a Financial Assistance Application.

5. Any patient who applies for Charity Care must make every reasonable effort to provide DCH Proof of Income and health benefits coverage. If a patient files an application and fails to provide information that is reasonable and necessary for DCH to make a determination as to eligibility for Charity Care, DCH may consider that failure in making its determination. The DCH Patient Counselor will inform patients of the consequences of failure to provide complete information on a timely basis.
6. In the event DCH denies Charity Care to a patient who has fulfilled the application requirements set forth in this Policy, the patient may seek review of that determination by contacting the Patient Financial Accounting department at 205-343-8321.
7. Unless a patient is informed otherwise, Financial Assistance provided under this Policy shall be valid for the Eligibility Qualification Period as defined above. However, DCH reserves the right to reevaluate a patient's eligibility for Financial Assistance during that one-year time period if there is any change in the patient's financial status.

B. Presumptive Eligibility for Charity Care:

DCH recognizes that not all patients, or patients' Guarantors, are able to complete the Financial Assistance application or provide requisite documentation.

For patients, or patients' Guarantors, who are unable to provide required documentation but meet certain financial need criteria C200003>900490052005560003002960



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V. NOTIFICATION ABOUT FINANCIAL ASSISTANCE

To make information readily available about its Financial Assistance Policy and program, DCH will do the following:

Post this Policy, a summary, and the DCH Financial Assistance Application on the DCH website.

Conspicuously post notices on the availability of Financial Assistance in emergency departments, urgent care centers, admitting and registration departments, Patient Financial Services, and at other locations that DCH deems appropriate.

Make paper copies of the FAP, FAP application form and the plain language summary of the FAP available upon request and without charge both by mail and in public locations.

Notifying patients by offering a paper copy of the summary as part of intake or discharge process.

Including conspicuous written notice on billing statements about the availability of financial assistance including the phone number of the hospital office that can provide information about the FAP and application process, and the website address where the FAP is posted.

Provide notices and other information on Financial Assistance to all patients in the primary language of 5 percent or more of the primary community served by the hospital.

Make available its Financial Assistance Policy or a program summary to appropriate community health and human services agencies and other organizations that assist people in financial need.

Include information on Financial Assistance, including a contact number, on patient billing statements and through oral communication with uninsured and potentially underinsured patients.

Provide financial counseling to patients about their DCH bills and make the availability of such counseling known. (Note: it is the responsibility of the patient or the patient's Guarantor to schedule assistance with a financial counselor.)

Provide information and education on its Financial Assistance and collection policies and practices available to appropriate administrative

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