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| Subject: | Charity Care Policy | | Formulated: | 1/2015 |
| Manual: | Patient Financial Services | | Reviewed: | 1/2016, 3/2017, 10/2018 |
| Governing Board Approval | | Date: | Revised: 10/2018 | 1/2016, 3/2017, 10/2018 |

Policy:

Garden City Hospital will offer a charity care program for those patients who meet the eligibility tests described below and comply with the requirements of the state of Michigan.

Procedure:

1. Eligibility for Participation In Charity Care Program

A. Self-Pay Patients

A patient qualifies for the Charity Care Program if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid as determined and documented by the hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the patient's family income does not exceed 350% of the Federal Poverty Level; **and** (4) the patient has monetary assets of less than \$10,000.00.

B. Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for the Charity Care Program, but may qualify for the Discount Payment Program if certain conditions are met.

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C. Other Circumstances

The Director of the Hospital's Patient Financial Services, (PFS) Department shall also have the discretion to extend charity care or a discount to patients under the following circumstances:

(i) The patient qualifies for limited benefits under the State's Medicaid Program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital.

(ii) The patient qualifies for a Medically Indigent Adult Program offered by a county other than the one in which the Hospital is located.


(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity or a discount, i.e., homeless;

(iv) A Third Party Collection Agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that charity care or a discount be offered.

D. Definition of Patient's Family & Determination of Family Income

The "patient's family" means the following: (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative.

Documentation of family income shall be limited to recent pay stubs or tax returns.


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In determining a patient's monetary assets, the hospital shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred compensation plans, the first ten thousand dollars (\$10,000.00) of monetary assets, and fifty percent (50%) of the patient's monetary assets over the first ten thousand dollars (\$10,000.00).

E. Federal Poverty Levels

The measure of 350% of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's family or household. The current Federal Poverty Levels are as follows:

| The 2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia | | |
|---------------------------------------------------------------------------------------|--------------------|-----------------------|
| Persons in family | Poverty Guidelines | 350% of Poverty Level |
| 1 | \$12,760.00 | \$44,660.00 |
| 2 | \$17,240.00 | \$60,340.00 |
| 3 | \$21,720.00 | \$76,020.00 |
| 4 | \$26,200.00 | \$91,700.00 |
| 5 | \$30,680.00 | \$107,380.00 |
| 6 | \$35,160.00 | \$123,060.00 |
| 7 | \$39,640.00 | \$138,740.00 |

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| 8 | \$44,120.00 | \$152,005.00 |
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For Families with more than 8 persons, add \$4,480 for each additional person

Source: Federal Register Document Number:2020-00858 Page 3060-3061 Document Citation: 85 FR 3060 Dated: January 14, 2020

2. Charity Care

The patient balances for those patients who qualify to participate in the Charity Care Program, as determined by the hospital, shall be reduced to a sum equal to \$0 with the remaining balance eliminated and classified as charity care.

3. Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed and resolved by the Hospital's Chief Financial Officer.

4. Notices

In order to ensure that patients are aware of the existence of the Charity Care Program, the following actions shall be taken:

A. Written Notice to Patients

Each patient who is seen at Garden City Hospital, whether admitted or not, shall receive the notice attached hereto as Exhibit 1. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

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B. Posting of Notices

The notice attached hereto as Exhibit 2 shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; and (4) Other Outpatient Settings.

The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

C. Notice to Accompany Bills To Potentially Eligible Patients

Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the hospital and the notice attached hereto as Exhibit 3. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

5. Efforts to Obtain Information Regarding Coverage & Applications for Medicaid

Garden City Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient including, but not limited to, the following:

(1) Private health insurance; (2) Medicare; and/or (3) the Medicaid program, or other state-funded programs designed to provide health coverage.

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If a patient does not indicate that he/she has coverage by a third party payer or requests a discounted price or charity care then the patient shall be provided with an application for the Medicaid program, or other governmental program prior to discharge.

6. Collection Activities

Garden City Hospital may use the services of an external collection agency for the collection of patient debt. No debt shall be advanced for collection until the Director of the Hospital PFS or his/her designee has reviewed the account and approved the advancement of the debt to collection. Garden City Hospital shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements of Michigan State laws/regulations.

Neither Garden City Hospital nor any collection agency utilized by Garden City Hospital shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after the initial billing if the patient lacks third party coverage or for a patient that provides information that he or she may qualify for the Charity Care Program.

In addition, if a patient is attempting to qualify for eligibility under Garden City Hospital Charity Care Program or the Discount Payment Policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, Garden City Hospital shall not send the unpaid bill to any collection agency unless that entity has agreed to comply with Michigan State laws/regulations.

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Garden City Hospital shall not, in dealing with patients eligible under the Charity Care Program or the Discount Payment Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.


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EXHIBIT 1

Charity Care & Discounted Payment Program

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Garden City Hospital PFS Designee, at the Hospital may be contacted at **734-458-4436** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **866-898-7139** for further information.


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Exhibit 2

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

PATIENTS WHO LACK INSURANCE OR HAS INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. PATIENTS SHOULD CONTACT GARDEN CITY HOSPITAL PFS DESIGNEE, at **734-458-4436** TO OBTAIN FURTHER INFORMATION. THE EMERGENCY DEPARTMENT PHYSICIANS, WHO ARE NOT EMPLOYEES OF THE HOSPITAL, MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS. PLEASE CONTACT **866-898-7139** FOR FURTHER INFORAMTION.


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Exhibit 3

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid, or other similar programs. If you have such coverage, please contact our office at **734-458-4436** as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid, Garden City Hospital's Discounted Payment Program, or Charity Care. For more information about how to apply for Medicare, Medicaid, or other similar programs, please contact Garden City Hospital PFS Designee at **734-458-4436** who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact Garden City Hospital or PFS Designee, at **734-458-4436** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **866-898-7139** for further information.