

AMEDISYS HOSPICE OF GREATER CHESAPEAKE

PUBLIC DISCLOSURE OF THE AVAILABILITY OF CHARITY CARE, DISCOUNTED FEE CARE AND TIME PAYMENT PLAN FOR HOSPICE SERVICES

Amedisys Hospice of Greater Chesapeake (“Amedisys”) is committed to providing accessible hospice care to the communities it serves. Hospice care is available to all patients regardless of their race, color, national origin, gender or ability to pay. Amedisys provides charity care at no cost to patients for whom there is no means of payment by the patient or a third party payer (such as an insurer), and is available to a patient whose income is at or below 125% of the Federal Poverty Guidelines for the patient’s family size. Amedisys provides discounted fee care to patients of limited means who are not eligible for charity care, but are unable to pay the full cost of home health care, and is available to a patient whose income is above 125% and up to 400% of the Federal Poverty Guidelines for the patient’s family size. A sliding scale is used to determine the amount of the discount that the patient is eligible for based on the patient’s income level within that range. Within two business days of a patient’s initial request for charity care or discounted fee care, application for Medical Assistance, or both, Amedisys will make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and will communicate that determination to the patient. Following a determination of probable eligibility, Amedisys will make a final determination of eligibility for charity care and/or discounted fee care, which will be based on a completed income verification form and supporting documentation from the patient. Amedisys also offers a time payment plan for patients who are eligible for discounted fee care which allows them to pay their discounted charges over time.

For additional information, please refer to the complete Amedisys Policy governing “Maryland Charity Care and Discounted Fee Care -- Availability, Eligibility and Eligibility Determination Process; Time Payment Plan” for hospice care, which follows below, or you may also contact your local Amedisys hospice provider.

Policy: FM-008-A	Date(s) Revised: 08/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Hospice (Maryland only)	Page: Page 1 of 3

PURPOSE:

- To ensure access to hospice services regardless of an individual's ability to pay and provide home health agency services on a charitable basis to eligible indigent and low income persons.
- To provide guidelines to determine a patient's eligibility for charity care and discounted fee care.
- To establish a framework in which requests for charity care and discounted fee care are considered and mechanisms for approval of such services.

SCOPE:

- This Policy applies to Amedisys hospice agencies operating in the State of Maryland, and constitutes the exclusive Policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by Amedisys to determine eligibility.
- This Policy also exclusively governs the Time Payment Plan for Amedisys hospice agencies operating in the State of Maryland.

DEFINITIONS:

- "Charity care" means care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient.
- "Discounted fee care" means care provided to patients of limited means who do not qualify for charity care but who are unable to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy.

ELIGIBILITY:

- Charity care is provided for patients at or below 125% or of the Federal Poverty Guidelines for his/her family size.
- Discounted fee care is provided for patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size in accordance with the following Sliding Fee Scale:

Poverty Level (at or below)	% Discount
125%	100%
150%	90%
175%	80%
200%	70%
225%	60%
250%	50%
275%	40%
300%	30%
325%	20%
350%	10%
375%	5%
400%	5%

- Insured patients who meet the income criteria above are eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under their insurance coverage.

ELIGIBILITY DETERMINATION PROCEDURE:

- When a patient or patient's representative requests charity care and/or discounted fee care, Medical Assistance, or both, the following two-step process will be followed by Amedisys:

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- **STEP ONE – DETERMINATION OF PROBABLE ELIGIBILITY**
 - Within two business days following a patient’s initial request for charity care and/or discounted fee care, application for Medical Assistance, or both, Amedisys will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient’s representative.
 - In order to make the determination of probable eligibility, an Amedisys social worker will conduct an interview with the patient and/or patient’s representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.
- **STEP TWO – FINAL DETERMINATION OF ELIGIBILITY**
 - The final determination of eligibility for charity care or discounted fee care will be based on a completed income verification form and supporting documentation of eligibility.
 - The patient or patient’s representative will be requested to attest to available income and family size and to document the patient’s income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level.
 - If documentation to verify income is not available, the Director of Operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient’s circumstances.
 - If the patient is eligible for Medical Assistance and has not already applied, the patient will be requested to apply for coverage under this program. Eligibility for charity care or discounted fee care will be provisionally granted pending approval of the application for Medical Assistance.
 - A patient and/or patient’s representative are required to cooperate fully with Amedisys in obtaining the information to make a final determination of eligibility for charity care or discounted fee care under this policy.

TIME PAYMENT PLAN:

- A patient who qualifies for discounted fee care under this policy may request to pay billed charges over time. Amedisys requests a minimum of \$25 per month with the balance being resolved within 1 year from start-of-care.

INTERNAL ACCOUNTING AND RECORDKEEPING (INTERNAL USE ONLY):

- The care center Director of Operations may prospectively approve charity care or discounted fee care up to \$1,000.
- Approval from the corporate office or the Senior Vice-President of Operations, or her designee, should be obtained if the amount of charity care or discounted fee care services for a patient exceeds \$5,000.
- A log of pre-approved charity care and discounted fee care patients and amount of charges for discounted services to such patients shall be maintained.
- Indigent or charity patients are set up in HCHB with the payer code of Private. INDIGENT/Charity. HCHB will automatically mark any visits as non-billable.
- Separate accounts should be maintained for charity care and discounted fee care patients and a patient should not be included in one of these accounts and also in a bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to a charity account if his income

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level is determined to qualify for such status at any time prior to legal action being taken against such person; provided, however, that accounts moved from bad debt to charity shall not be considered or reported as charity care for purposes of Maryland Health Care Commission requirements or reporting.

- Where Amedisys has made a minimum charity care commitment in connection with a certificate of need, charity care provided by the agency should be credited to the various, respective commitments are reported to the Maryland Health Care Commission as required.

INCOME DOCUMENTATION VERIFICATION

I, _____ [Patient name] provide the following information in support of my request for charity care and/or discounted fee care for home health care services rendered to me by Amedisys Home Health. The information I provide will be maintained in the strictest confidence by Amedisys and will be utilized by Amedisys solely to (1) make a final determination of my eligibility for charity care and/or discounted fee care for home health care services rendered to me, and (2) compile aggregated, non-personally identifiable reports to States requiring this information.

ANNUAL INCOME (including income from all sources, including any insurance, third party coverage, guarantors or any other source)

____ \$0-\$12,000 ____ \$30,001-\$40,000 ____ \$60,001-\$70,000 ____ \$90,001-\$100,000
____ \$12,001-\$20,000 ____ \$40,001-\$50,000 ____ \$70,001-\$80,000 ____ \$100,001-\$120,000
____ \$20,001-\$30,000 ____ \$50,001-\$60,000 ____ \$80,001-\$90,000 ____ \$120,001-above

FAMILY SIZE: _____ **PERSONS**

Supporting Documentation Provided (check all that apply)

____ W-2 ____ Tax Return ____ Other (specify)
____ Pay Stub ____ Medicaid Card
____ None

If you have any other information that you believe would be helpful to Amedisys in making a decision, please attach it to this form.

I hereby attest and certify that the foregoing information is true, accurate and complete to the best of my knowledge, information and belief.

Patient Signature

Date

If you have any questions regarding this form, please contact Amedisys' Chief Compliance Officer at 1-800-466-0020.

TO BE FILLED OUT BY SOCIAL WORKER:

AGENCY LOCATION: _____

PATIENT ID#: _____

The undersigned has made a determination regarding the accuracy and correctness of the foregoing income and family size information or is otherwise satisfied that the above-referenced patient is eligible for charity care or discounted fee care under Amedisys Policy FM-008A (Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan).

Amedisys Social Worker

Date

INCOME DOCUMENTATION ATTESTATION

Where circumstances prevent Amedisys from securing detailed information concerning the income and family size of a particular patient in order to make a final determination of eligibility for charity care or discounted fee care, a Director of Operations is permitted to make a final determination that a patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances reflecting income at or below the eligibility guidelines under Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland.

AGENCY LOCATION: _____

PATIENT ID#: _____

I hereby attest and certify that I have made a reasonable inquiry into the financial situation, including the annual income and family size, of the foregoing patient with respect to the patient's eligibility for charity care and/or discounted fee care as set forth in Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland. I am satisfied that the patient is eligible for charity care and/or discounted fee care under such policy.

Director of Operations

Date