**A&E Hearing Connection Charity Policy**

A&E Hearing Connection (AEHC) is committed to providing charity care to persons who have hearing healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for audiology care based on their individual financial situation.

Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, AEHC strives to ensure that the financial capacity of people who need hearing healthcare services does not prevent them from seeking or receiving care. AEHC will provide without discrimination, care for hearing healthcare to individuals regardless of their eligibility for governmental assistance.

To better serve the community and further the mission of AEHC, AEHC will accept a wide variety of payment methods. AEHC strives to balance needed patient financial assistance with the broader fiscal practice responsibilities to ensure our mission is viable for all we serve in our community.

The purpose of this policy is to define the eligibility criteria for charity care assistance and provide administrative guidelines for the identification, evaluation, classification, and documentation of patient accounts as charity care. We will ensure our policy is effectively communicated to those in need and that all policies are accurately and consistently applied.

Accordingly, this written policy:

* Includes eligibility criteria for financial assistance –discounted (partial charity) care
* Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
* Describes the methods by which patients may apply for financial assistance

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with AEHC’s procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay.

The intent of this policy is to meet the audiology and hearing healthcare needs in our community for those we serve. Nothing herein shall be interpreted in such a way as to conflict with Pennsylvania Medicaid statutes, regulations, or administrative rules. Patients will be expected to participate in this policy.

To manage its resources responsibly and to allow AEHC to provide the appropriate level of assistance to the greatest number of persons in need, AEHC establishes the following guidelines for the provisions of patient charity.

1. **DEFINITIONS**

For the purpose of this policy, the terms below are defined as follows:

**Charity Care:** Audiology services that have been or will be provided but are never expected to result in profitable cash inflows. Charity care results from a provider’s policy to provide hearing healthcare services at a discount to individuals who meet the established criteria.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption.

**Dependent:** According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Household**: Household is defined by Pennsylvania Medicaid statute as people who reside in/on the same property who either 1) are married, 2) share a parent/child relationship, 3) pay for bills that are related to the property and/or structures on the property, and/or 4) buy and prepare meals together.

**Household Income:** Household income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

* Includes earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rent, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
* Noncash benefits (such as food stamps);
* Determined on a before-tax basis;
* Excludes capital gains or losses; and
* If a person lives with a family or another nonfamily member, or meets the definition of household above, includes the income of all individuals in household.

**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities and/or hearing aids are excluded from their insurance policy

**Gross Charges:** The total charges at the organization’s full established rates for the provisions of patient care services before deductions from revenue are applied.

1. **PROCEDURES**

1. **Services Eligible Under This Policy.** For purposes of this policy, “charity” of “financial assistance” refers to audiology services provided by AEHC at a discount to qualifying patients.

1. **Eligibility for Charity.** Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for-profit pricing, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not consider age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
2. **Method by Which Patients May Apply for Charity Care**.
3. Financial need will be determined in accordance with procedures that involve an individual’s assessment of financial need; and may
4. Include an application process, in which the patient or the patient’s guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
5. Include the use of external publicly available data sources that provide information on a patient’s or a patient’s guarantor’s ability to pay (such as credit scoring);
6. Consider the patient’s available assets and all other financial resources available to the patient; and
7. Include a review of the patient’s outstanding accounts receivable for prior services rendered and the patient’s payment history.
8. It is required that a request for charity and a determination of financial need occur prior to rendering care. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known to AEHC.
9. AEHC’s values of human dignity and stewardship shall be reflected in the application process, financial need determination, and granting of charity. Requests for charity shall be processed as quickly as possible upon receipt of a completed application.
10. For determining eligibility, patient responsibilities for providing information for eligibility verification may include, but are not limited to, any of the following methods:
11. Copy of Driver’s License or State ID and Medicaid ID
12. Most Recent Paystubs (need at least 2)
13. Most Recent Income Tax Return (last year or two years)
14. Bank Statement (last 60 days)
15. IRA/Investment Income/401K/Stocks/Bonds or other assets
16. Proof of Residence (utility bill, lease, or other)
17. Proof of Social Security or Disability Income
18. Proof of Unemployment Income
19. Proof of TANF or other Financial Assistance Income or Food Stamps
20. Letter of Referral/Denial of services (Catholic Charities, Matthew 25, Township, or Other)
21. Letter of Denial of Benefits (Medicaid, Insurance, or Other)
22. Proof of outstanding circumstance or Medical Expense
23. Failure to meet the above criteria provides grounds for denial of charity care. Charity care levels of income may be verified for either the previous twelve (12) months or annualization of partial year information. Qualification is valid under either method of calculation. Providing false information or excluding requested information may result in denial of charity. This financial information is considered confidential and is protected to ensure that such information will only be used to assist in enrollment or evaluating eligibility for financial assistance.
24. Once charity care status is determined, it will be applied to all future services provided and will be valid for a period of 12 months from the date of determination.
25. **Presumptive Financial Eligibility.** There are instances when a patient may be presumed eligible for charity care discounts but there is no financial assistance form on the file due to lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient’s eligibility for charity, AEHC could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive eligibility may be determined based on individual life circumstances that may include:
26. Homeless or received care from a homeless clinic;
27. Participation in Women, Infants, and Children program (WIC);
28. Food stamp eligibility;
29. Subsidized school lunch program eligibility; and
30. Low income/subsidized housing is provided as a valid address.
31. **Eligibility Criteria and Amounts Charged to Patients.** Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts AEHC will charge patients qualifying for financial assistance is as follows:
32. Patients whose household income is at or below 100% of the FPL are eligible to receive care at nominal fee;
33. Patients whose household income is above 100% but not more than 250% of the FPL are eligible to receive services at discounted prices based on the sliding fee scale discount chart approved by the board of directors at AEHC.
34. Patients whose household income exceeds 250% of the FPL are not eligible to receive services at discounted rates.
35. AEHC will take into consideration a Maximum Savings/Retirement/IRA/Cash Reserves equation for discounted services. If the household has more than $5,000 in cash reserves and/or savings, a patient who otherwise qualifies for discounted services, will self-pay at 100% of services & fees. If the household has more than $25,000 of accessible finances in Retirement and/or Investments, a patient who otherwise qualifies for discounted services will self-pay at 100% of services & fees.
36. If an adult over age 18 is living in the home and paying rent/sharing expenses (documented), he/she can be classified as a boarder and their portion of rent only will be attributed as income to the household.
37. The financial resources of a parent or guardian will be considered in determining the eligibility of a patient who is dependent on the parent or guardian for any amount of financial support.
38. **Qualified Healthcare Expenses**. To determine an applicant’s income level, subtract any outstanding healthcare expenses such as hospital, doctor, medical devices, or prescriptions. Use a monthly
39. **Communication of the Charity Program to Patients and Within the Community.** AEHC shall publish this charity care policy on facility websites and in brochures available in patient access sites. A request for charity may be made by the patient or a family member, caregiver, close friend, or associate of the patient, subject to applicable privacy laws.
40. **Relationship to Collection Policies.** AEHC management shall develop policies and procedures for internal and external collection practices (including actions the hearing healthcare center may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient’s good faith effort to apply for a governmental program or for charity from AEHC, and a patients good faith effort to comply with his or her payment agreements with AEHC. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted bills, AEHC may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. AEHC will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:
41. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed;
42. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.
43. **Regulatory Requirements**. In implementing this Policy, AEHC management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.