



Clifton Park & Halfmoon Emergency Corps

POLICY STATEMENT

Title	Charity Care Payment Program		
Policy Number	ADM 13-001	Approved	01/2006
Related Forms	ADM-009, ADM-010	Revised	04/16/2015
CAAS#	104.03.01	Reviewed	04/16/2015

Purpose:

- 1) It is the mission of Clifton Park & Halfmoon Emergency Corps Inc. (CPHM) to provide emergency medical treatment and transportation services to individuals within its operating territory in need of emergency care or transport, without regard to the source of payment for such services or the patient's ability to pay for those services.
- 2) CPHM shall implement a charity care program that will assist the Corps in meeting the health care needs of those in need while ensuring financial wellbeing of the ambulance service and funding stability to the supporting community.

Rationale:

- 1) CPHM is a not-for-profit organization whose charitable purpose is to provide ambulance services to the communities in its operating territory, including the provision of emergency medical services to residents and others found within its territory in need of such care.
- 2) CPHM recognizes that, under certain circumstances, it may be called upon to provide care to those who are without the ability to pay for emergency medical services.
- 3) In recognition of CPHM's dedication to the community, and in furtherance of CPHM's charitable purpose, the *Charity Care Payment Program* will support and assist the Corps in achieving this purpose by permitting the Corps to offer sliding-scale discounts based on the applicant's demonstrated financial need.

Procedure:

Notice

- 1) CPHM, or its billing agents, shall provide notice (*ADM-010 - Charity Care Payment Program Notice*) of the availability of this Charity Care Payment Program to eligible persons who have been provided ambulance services by the Corps and request such consideration, or during the final mailing to collect on services in accordance with the approved billing process with CPHM.
- 2) The notice specifies that patient eligibility for the Charity Care Program is determined by measuring family gross income against the current poverty income guidelines established by the United States Department of Health and Human Services and published annually in the Federal Register.
- 3) Individuals, who believe they may be eligible under this policy and wish to be considered for it, are urged to contact the designated billing agent or CPHM Business Office for an application or arrange for an appointment to make application (*ADM-009 - Charity Care Payment Program Application*).

Eligibility Criteria

- 1) Complete Application (*ADM-009 - Charity Care Payment Program Application*). Please note that the more complete an application with accurate information, the great the potential for it to be appropriately acted on. Incomplete or poorly documented proof of hardship may be grounds for refusal.
 - a) Answer all application questions.
 - b) Provide all pertinent information and required documentation.
 - c) Present acceptable identification.
 - d) Sign and date application.

2) Other Program Coverage

The Corps' *Charity Care Payment Program* is not intended to replace any third party payments or other program coverage; therefore, the Corps reserves the right to obtain assignment of all of the applicant's insurance prior to final determination of eligibility.

3) Time frame for Determination

A determination of eligibility under this policy will be made within ten (10) working days from the date of the completed application, including all required documentation.

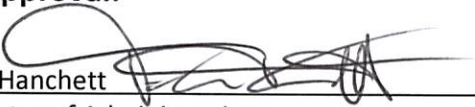
Determination of Eligibility in the CPHM Charity Care Payment Program

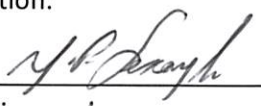
- 1) Current Income levels and household size guidelines can be requested from CPHM business office or found at <http://aspe.hhs.gov/poverty/15poverty.cfm> and are updated annually. This may be determined by presentation of a statement of wages, tax returns, or by other recognized means of verification.
- 2) Income will include wages, interest, dividends, rents, pension, social security, unemployment benefits, court ordered payments and any other monies that may accrue to the applicant or members of the applicant's household. Gross annual income will be calculated using corroboration between
 - Income for the last three months (4 weeks) times thirteen (wage/income/pay stubs).
 - Actual income for the last year (Tax Return Information).


Approval


- 1) All determinations will be made by the Director of Administration.
- 2) Any appeal shall be determined by the Executive Director.

Policy Approval:


Eric Hanchett
Director of Administration:


Michael Seney
Director of Operations:


Leah Ferrone
Director of Community Development:


Joe Santiago
Executive Director:



Clifton Park & Halfmoon Emergency Corps Inc.

P.O. Box 1469 • Clifton Park, N.Y. 12065 • (518) 371-3880 • Fax: (518) 371-7623



Charity Care Payment Application

The Clifton Park & Halfmoon Emergency Corps Charity Care Payment Program helps patients and families who are unable to pay all of their medical bills related to services.

You may qualify for a discount through the Charity Care Payment Program if:

- You do not have health insurance
- You are not eligible for Medicaid or some other type of insurance
- You meet the financial hardship criteria

If you have any questions about completing this form, please call (518) 588-7666 Ext. 113

Patient Name: _____ **Date of Birth:** _____

Social Sec. #: _____ - _____ - _____ **Date of Service:** _____

Patient's Name/Address: _____

Phone#: _____

Responsible Party's Name/Address: _____

Such as parent, guardian, or power of attorney

Phone#: _____

Number of People in the household: _____

Charity Care is based on total Gross Income of the household, please list all sources of income.

(Please include copy of wage statement/pay stubs for the past 2 pay periods)

Employer and address: _____ **Pre-Tax Salary:** \$ _____ **per week**

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- Other Income:**
- Child Support** \$ _____ per month
 - Disability** \$ _____ per month
 - Alimony** \$ _____ per month
 - Unemployment** \$ _____ per month
 - Other** \$ _____ per month

Please include copy of previous year's tax return of responsible party.

If patient is claimed as a dependent on someone's tax return, include that tax information also.

INSURANCE STATEMENT: (Please check all that apply. Attach copies of all notices)

1) Have / Have Not applied for Medicaid to cover these services. If not, please explain reason:

2) Have / Have Not been rejected by Medicaid. Reason for rejection:

3) Have / Have Not applied insurance through the Health Care Exchange (www.healthcare.gov)

General Comments and Additional Considerations:

I understand that the information that I provide to Clifton Park & Halfmoon Emergency Corps is confidential and will be used to determine my eligibility for uncompensated services under the Charity Care Payment guidelines established.

Completed By: _____ Relationship: _____

Signature of patient or responsible party: _____ Date: _____

Please do not forget to include all supporting documentation

Please return completed form to: Clifton Park & Halfmoon Emergency Corps Inc.
Director of Administration
PO Box 1469
15 Crossing Blvd.
Clifton Park, NY. 12065



Charity Care Payment Program Notice

Clifton Park & Halfmoon Emergency Corps is committed to serving our community by working together to identify and adopt best practices that benefit our patients and their families. In order to fulfill our charitable mission and purpose, we maintain a charity care payment policy for patients who are unable to pay for all or part of their care for various reasons.

Charity care is not available to patients who are able to pay for their care. For those patients who are able to pay for their care, arrangements can be made as to the timing of payment, such as by payment plans. Payment plans are available regardless of income and situational status.

It is not the intent of this policy to provide charity care to patients who are either underinsured or have high deductibles or copayments.

Clifton Park & Halfmoon Emergency Corps Charity Care Program is designed to apply the most appropriate level of payment for those patients requesting charity care consideration:

Options may include:

- Provide full Charity Care Program reduction to low income or patients in financial need earning **less than** the Federal Poverty Income Guideline (FPIG).
- Provide partial Charity Care Program reduction amount to low income or patients in financial need earning **more than** the Federal Poverty Income Guideline (FPIG) but **less than 150%** of the FPIG.
- Provide extended payment plans with no interest charges to our patients in financial need.

Patients must contact us or our designated billing agent (found on your statement) and must provide the following information on the CPHM Charity Care Payment Application (ADM-009):

- 1) Assurance that they do not have insurance coverage, or evidence of what coverage they do have and the applicable patient obligations;
- 2) Assurance that they do not qualify for governmental insurance programs (Medicare / Medicaid);
- 3) Assurances of their income and/or employment status permitting us to make a reasonable judgment as to whether Charity care is available to them.

All information received by us will remain confidential. Any patient providing misleading information may be reassessed the full total of the bill for services.