

**North Canyon Medical Center
Gooding, ID**

Policy # PF-405R3

POLICY TITLE: CHARITY CARE

POLICY STATEMENT: North Canyon Medical Center's (NCMC's) Chief Financial Officer (CFO) will budget and fund a reasonable amount of free services on an annual basis to help support the community needs of the indigent. This policy applies to all inpatient and outpatient hospital facility department services, Emergency Room services, and services rendered in the Specialty Clinic. This policy does not apply to North Canyon Family Medicine providers. Federal, county and/or state assistance is available to those who meet the qualifications. Before charity care is considered, all available avenues of Federal, County and/or state assistance and available payments from third-party payor must be exhausted.

PROCEDURE: Patients, their families, or their representatives must request charity care by submitting a Financial Assistance application and other financial documents. The Financial Assistance application may be obtained from NCMC's website, in person from a Financial Counselor at NCMC, or via US mail upon request. This request must be made prior to the account balance being turned over to collections. Only one request per patient account will be accepted. All patients requesting a charity care determination will also be required to complete a Medical Assistance application for that period of hospitalization. Any patients requesting a charity care determination later than ninety (90) days after discharge will be exempt for this statement. Eligibility will be based upon the size of the family unit of the patient and the total family income for the preceding twelve (12) months. The attached poverty guidelines chart indicated the percentage of a discount the patient would be eligible for along with his/her responsibility, per family size and family income. Any amount that the patient would be responsible for, after discount, is to be settled in accordance with payment option available to the patient. To be considered for Charity Care, the following information is to be furnished to North Canyon Medical Center upon request:

1. Financial Assistance application
2. Last Pay stub/ 30 days of income and Employer information
3. Last year's Federal tax returns
4. Current W-2's

Initial charity care determinations will be made by the Financial Counselor within a reasonable period upon receipt of a completed application. A determination will not be made until all third-party payments and state/federal approvals are received. All notes pertaining to the charity application will be documented in the system. The Financial Assistance application will be forwarded along with all supporting documents to the CEO. The CEO will make final determinations within a reasonable period upon receipt of a completed application. The applicant will be notified in writing by the Financial Counselor of the decision made for Charity Care. North Canyon Medical Center reserves the right to limit the amount of charity care approved for any given month and/or fiscal year. North Canyon Medical Center also reserves the right to deny Charity Care to any individual or family it feels is abusing the right to Charity Care. (See attached poverty guidelines chart). Charity Care recipients will not be charged more than the amounts generally billed for emergency or other medically necessary care.

Distribution: Patient Financial Services
Original Date: 3-2006

POVERTY GUIDELINES CHART

FAMILY SIZE	FAMILY INCOME	% OF INCOME		
		125%	150%	175%
1	12,140	15,175	15,210	21,245
2	16,460	18,213	21,855	28,805
3	20,780	25,975	31,170	36,365
4	25,100	31,375	37,650	43,925
5	29,420	36,775	44,130	51,485
6	33,740	42,175	50,610	59,045
7	38,060	47,575	57,090	66,605
8	42,380	52,975	63,570	74,165

- Under the poverty guideline, 100% of the account balance will be written off and patient responsibility will be 0%
- At the poverty guideline to 125%, 75% of the account will be written off and patient responsibility will be 25%
- At 125% of the poverty guideline to 150%, 50% of the account balance will be written off and patient responsibility will be 50%
- At 150% of the poverty guideline to 175%, 25% of the account balance will be written off and patient responsibility will be 75%
- Above 175 of the poverty guideline, 0% of the account balance will be written off and patient responsibility will be 100%