

KIDSPACE POLICY

Title: Charity Care	Chapter: Corporate
Policy Number: CORP.815	Subsection: Finance
Initiating Authority: Kathryn Sena, Manager Patient Accounts	Supersedes: FI.CORP.B.15
Origination Date: January 22, 2007	Implementation Date: February 4, 2016
Approving Authority: Michael Collier, Chief Financial Officer (CFO)	

POLICY STATEMENT

provide Behavioral Health Care Services to all clients regardless of their ability to pay for services.

II. PURPOSE

This Charity Care Policy applies to un-funded/under-funded and under-funded/under-insured clients who are unable to pay for services.

Whereas, the U.S. Department of Health and Human Services Poverty Guidelines are used to determine client eligibility for Charity Care.

This Charity Care Policy applies to all clients based on the U.S. Department of Health and Human Services Poverty Guidelines current at the time of consideration. In some cases, the entire Client Responsibility Amount may be waived.

Client income is defined as 100% of the Federal Poverty Guidelines. Clients who are unable to pay for services and who have documented extreme hardship or demonstrate extenuating circumstances will have their charges for care reduced to the client responsibility amount.

In cases of documented extreme hardship, and upon the approval of the KidsPeace Executive Vice President, the Client Responsibility Amount may be waived for clients whose gross income is more than 100% of the FPLI. Such a waiver is subject to the satisfaction of an client's obligations.

III. SCOPE

KidsPeace Corporation and all affiliated entities, including Adoptions, Patient Accounts, Pharmacy, and other departments.

IV. GENERAL

Definitions:

- Charity Care** – an option allowing un-funded and/or under-funded clients to participate in a process to evaluate the client's ability to pay for services.
- Client Responsibility Amount** – The payment amount expected from uninsured or under-insured clients.

Provisions:

All clients indicating an inability to pay will be covered for liability for the Medical Assistance Program and referred to the Company's Medicaid application contractor when necessary to help facilitate completion of the Medicaid Application.

All applicants will be screened without prejudice and without discrimination.

Client who do not qualify for Medicaid Assistance will be considered for charity care under the Corporation's financial screening application and Payment Forgiveness Guidelines.

Information provided by clients and their families to obtain Medical Assistance and consideration for Charity Care will be used for that purpose only and will remain confidential.

References:

Admissions Department:

Attachment A: Application for Reduced Cost of Care;

Attachment B: Income Guidelines & Sliding Fee Scale for Reduced Cost Care;

Attachment C: Determination Notice for Reduced Cost Care;

V. POLICY

A. Program Admissions and/or other persons associated will assist in funding (e.g. lack insurance) and/or under-funded (e.g. state insurance) clients with payment processing of their care bills.

B. Program and/or Admission associates will make a determination on a client's lack of necessary funding and/or absence of funding during their placement or continuation of care protocol (See corporate policy Continuation of Care for Unfunded Clients.)

Program and/or Admission associates will determine if a client is eligible for medical assistance and if not, financial responsibilities and/or are not meeting the criteria for medical assistance will be referred for evaluation and consideration for reduced cost care under this policy.

C. Program and/or Admission associates will communicate to the parent and/or legal guardian information about the existence and action of Charity Care assistance at KidsPeace.

Program and/or Admission associates will determine the obligation of the client.

2. Program and/or Admission associates will instruct the client/applicant to complete the

The Finance Department will determine if client qualifies for reduced cost care and approves.

Cost Care Payment Forgiveness Guidelines. Health and Medical saving Accounts, if any will be

1. Once eligibility is determined, all the clients related family income gross income greater than 400% of the Federal Poverty Level may have all or substantial portions of their client responsibility amount forgiven. In some cases, the entire patient responsibility amount is forgiven.

2. Clients whose gross income is greater than 400% of the Federal Poverty Level and who provide documented support or hardship or documented other unusual circumstances, may have their charges considered for reduction.

3. All approved Charity Care applications will be reviewed Semi-annually for continuation of clients.

4. In cases of documented extreme hardship, and upon the approval of KidsPeace's Executive Vice President and CEO, an amount less than that calculated per the guidelines amount (for clients whose gross income is more than 400% of FPL) may be accepted by the Corporation in satisfaction of a client's obligation.

5. Accounts for un-funded and/or under-funded clients qualifying for Uncompensated Care/Reduced Cost Care will be written off using the appropriate charge master code.

F. The Executive Vice President and CEO and Patient Accounts Manager will counter sign the approval for account write-off.

G. The Finance Department will inform the program and/or Admission associate on the approval

and/or verify on a client's application within 10 days of receiving a completed and duly executed application.



ATTACHMENT A

CHARITY CARE AND FINANCIAL ASSISTANCE APPLICATION

the patient's family to apply for any state or federal financial assistance programs, should a family not qualify for state or federal programs, KIDSPeace will assess any family that is a member of a household whose gross income, documented hardships and family size to consider reduced financial responsibility.

Instructions: Please complete the form in its entirety. All copies of supporting documentation should be attached to avoid processing delay. An application cannot be processed unless all documentation is received

Patient Demographics:

Guarantor/Parent Information

1. Guarantor/Parent Name _____ Date of Birth: _____

Guarantor/Parent Social Security # _____

Relationship to Patient: _____ Employer: _____

Full Address: _____ Home _____

Phone: _____ Cell Phone: _____

2. Guarantor/Parent Name _____ Date of Birth: _____

Guarantor/Parent Social Security # _____

Relationship to Patient: _____ Employer: _____

Full Address: _____ Home _____

Phone: _____ Cell Phone: _____

Size of Family _____ First Name(s) of all Family Members: _____

Please circle all forms of income received within the last six months:

Public Assistance	Net Rental Income	Annuities	Interest income
Child Support	Other		



DANCING DISCOUNTS

Name _____ Checking Acct # _____ Savings Acct # _____

Name _____ Checking Acct # _____ Savings Acct # _____

financial matters involving or related to the patient and family.

By signing this, you are attesting that all of the information provided is true and correct.

Date: _____

Responsible Party Signature

Date: _____

Responsible Party Signature

T. D. Campbell, D.D. Kids Dance Business Office

Parent Account Number(s) _____

Data More Information Requested:	Data More Information Received:
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Total Monthly Income:	Approved / Not Approved
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Manager Approval Signature: _____ Date: _____

Date Child Data Updated: _____

4085 Independence Drive
Schnecksville, PA 18078

800-25-PEACE

www.kidspace.org



KidsPeace®

(DATE)

(APPLICANT)

(ADDRESS-LINE ONE)

(CITY, STATE, POSTAL ZIP CODE)

RE: DETERMINATION NOTICE FOR REDUCED COST OF CARE
(CLIENT NAME) (PATIENT ACCOUNT NUMBER)
(DATES OF SERVICE)

We have processed your application for reduced/waived costs.

At this time your application has been:

APPROVED

DENIED

\$ _____ . If you feel this information is not correct, you are welcome to appeal the decision. If you

Sincerely,

(KIDSPACE EMPLOYEE NAME)

(KIDSPACE EMPLOYEE TITLE)

4005 Independence Drive
Schnecksville, PA 18078

610-799-8000
610-799-8318

900.05 DEFACE www.kidspeace.org



Dear Parent/Guardian:

KidsPeace is committed to providing excellent care regardless of a patient's family ability. We recognize that this can be a difficult and trying time not only for the child but also for the family. You are receiving this packet because you indicated a financial hardship exists with paying your medical bills.

Without prejudice and discrimination. Based on the information provided, you may qualify to be partially forgiven or fully forgiven of the amount outstanding. If your child is in care for an extended period of time, we request this process to be completed every six months to ensure your financial situation has not changed.

For the last six months. Instructions are detailed on the application. For your convenience, a checklist of items needed is provided below. Any missing information will delay the application process.

Application- completed to its entirety, signed, dated

Copies of all income- for the last 6 months, including but not limited to:

Doctors (if self employed provide your most recent year's tax return)

Pension paystubs/printouts

Military Benefits paystubs/printouts

Unemployment paystubs/printouts

Social Security Income (SSI) paystubs/printouts

Workers Compensation paystubs/printouts

Net Rental Income

Annuities

Interest Income

Other- any other source not listed here

In addition, if there is a significant financial hardship that you are currently facing, you are welcome to include any supporting documentation with your application, but it is not a requirement to process the application.

If you have any questions, please contact me directly at Kathryn.Senn@kidspeace.org or 610.799.8540. Once we have your complete application, we will process it and make a determination within 7 business days. Requests of

Sincerely,

Kathryn Senn