

Charity Care

Jacobson Memorial Hospital Care Center is a 501 (c) 3 charitable organization, making the organization exempt from federal and state taxes. As a condition of its 501 (c) 3 status, JMHCC shall develop and implement a Charity Care Program (CCP) to provide discounted services to uninsured patients or underinsured eligible patient (uninsured services) who are unable to pay for some or all of their services provided directly and billed by JMHCC due to genuine financial need. The CFO and his/her designee shall have general responsibility for the CCP.

Eligible Services: Services eligible for discounted services include those services provided directly and billed by JMHCC. Eligible services generally include: acute inpatient care; observation care; emergency room services; medical outpatient services; inpatient and outpatient laboratory, radiology and EKG services; inpatient and outpatient rehabilitation services including cardiac rehab; same day surgery; and primary care services provided through the rural health clinics. Services not eligible for free or discounted services include: swing bed care and skilled nursing facility care.

JMHCC will communicate information about the CCP program to its patients and those living within its primary service area, identify potential applicants and assist as appropriate to qualify for free or discounted services per the CCP policies and procedures. JMHCC shall inform the general public within its primary service area of the availability of Charity Care through the following: include in the Patient/Resident Payment Policy provided to all patients at the point of service or admission; posted notice on community bulletin boards within the JMHCC facilities; posted notice and information on the JMHCC website; general information released at least annually in the legal newspaper located within JMHCC's primary service area; and other as deemed appropriate by the Administrator.

All patients presenting to the hospital emergency room will be served regardless of the patient's ability to pay. Non-emergency medical care will be provided to all patients regardless of the patient's ability to pay consistent with established JMHCC policies and procedures and consistent with JMHCC's financial resources to provide free or discounted services to the patient.

JMHCC will submit claims for payment to insurance and other third-party payers as appropriate consistent with JMHCC Patient/Resident Payment Policy, and will pursue payments from the patient/guarantor for all deductibles, co-pays, coinsurance, and/or services not covered by insurance or other third-party payer(s).

A determination of whether or not a patient is eligible for discounted services will be made for services already provided or prior to services being incurred. Services shall be specific regarding future services.

Prior to granting discounted services the patient/guarantor must meet the following eligibility requirements: be a current resident of JMHCC's primary service area; fully cooperate with JMHCC in the completion of the CCP application form; provide timely and accurate information; and fully cooperate with JMHCC in determining eligibility for other forms of federal, state or other insurance programs for future services. Additionally, JMHCC shall establish its financial ability to provide discounted services on an on-going basis and reserves the right to accept or reject any applications, regardless if the applicant meets all eligibility criteria.

The JMHCC Governing Board shall assess its financial ability to provide discounted services provided through the CCP and establish a maximum amount of discounted care it feels it can provide on a fiscal year end basis. This amount may increase or decrease during the course of the year depending on ability of JMHCC to provide the discounted care for services provided. The CFO and Finance Committee shall make appropriate recommendations to the Governing Board.

The JMHCC Governing Board – Finance Committee shall be responsible to review and approve all CCP completed applications and recommendations of the CFO.

Patient/guarantor requesting Charity Care must complete, date and sign the Confidential Financial Assistance Application (CFAA) and provide supporting information as requested. Information provided on the CFAA will be used to make a determination in providing discounted services. Application forms shall be made available at the Business Office.

The CFO or his/her designee shall be responsible to review, investigate and evaluate the CFAA to determine whether or not the patient/guarantor qualifies for the CCP. Consideration will be given to the following criteria: residence of patient; patient income; assets; amount owed JMHCC and other health care providers; cost of routine monthly necessities (required for health or safety), including prescriptions; patient's previous efforts to pay any portion of balance owed; financial and personal consideration of others in the household; and applicant cooperation. Part of the evaluation process will be for the patient/guarantor and the CFO or his/her designee to meet to determine eligibility for other insurance or payment programs. Willingness of the patient/guarantor to participate and follow through on this process will be a determinant of whether or not to process the CFAA and consider the patient/guarantor for the CCP. This step is important to determine qualification for insurance or other payment programs to assist the patient in meeting their financial obligations for future services provided by JMHCC.

The CFO shall generally have 90-days to evaluate the application, make a determination of eligibility, make appropriate recommendation to the Finance Committee and inform the patient/guarantor of their eligibility for discounted services. The basis for determining the amount of discounted services shall be consistent with the attached Discount Sliding Fee Schedule which is based on the Federal Poverty Income Guidelines. This schedule shall be reviewed and updated within 30-days of any change in Federal Poverty Income Guidelines.

Following action of the Finance Committee the CFO or his/her designee will inform the patient/guarantor in writing of the determination made by JMHCC regarding discounted services. An administrative file shall be maintained by the CFO and/or his/her designee to include the original application, letter of determination and other appropriate information. Additionally, an on-going confidential master list shall be maintained of all applicants, status, amounts, etc. relating to the CCP.

Throughout the application, evaluation and determination process the patient/guarantor will continue to receive monthly statements and any collection efforts in process will be placed on hold pending a determination.

The CFAA application and determination shall apply as follows: to balances owed by the patient/guarantor prior to submitting the application; and balances for future planned services no more than one year following the determination of eligibility. New applications will be required at least every 12 months following the date of eligibility determination or if prior eligibility requirements change. The CFO or his/her designee shall be responsible to send a notice, if applicable, to all currently approved CCP recipients informing them of their status at least 90-days prior to the end of the 12 month period.

If a determination is made to provide discounted services the patient/guarantor must agree to and comply with any agreed to payment plan for remaining balances. Failure to comply with a payment plan may result in JMHCC rescinding discounted care with the full balance then payable to JMHCC and JMHCC will continue with previous collection efforts or begin new collection efforts.