

**KIDSPEACE POLICY**  
**“Copyright, KidsPeace Corporation, 2005”**

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

**I. POLICY STATEMENT**

Consistent with the mission statement and the values of the KidsPeace Corporation, it is our intent to 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/uninsured and under-funded/under-insured clients who participate in the process to evaluate their ability to pay for services. The corporation will employ the Federal poverty guidelines published in the Federal Uncompensated Care and Uncompensated Services Program Bulletin issued annually by the U.S. Department of Health and Human Services in the evaluation process.

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 forgiven under this policy. Once eligibility is determined, all clients whose related family gross income is under 400% of the Federal Poverty Level may have all or substantial portions of their responsibility amount forgiven.

Clients whose gross income is greater than 400% of the Federal Poverty Level and who provide documented support of hardship or demonstrate other unusual 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 and CFO, an amount less than that calculated per the guidelines appearing on the U.S. DHHS Poverty Guidelines, or less than the client responsibility amount (for clients whose gross income is more than 400% of the FPL), may be accepted by the Corporation in satisfaction of an client’s obligation.

**III. SCOPE**

KidsPeace Corporation and all of its subsidiaries, including Admission, Patient Accounting, Finance, Utilization Management, and Program associates

**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 screened for eligibility 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

Clients who do not qualify for Medical Assistance will be considered for charity care using 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:**

Copies of the following documents can be obtained from any member of the Patient Accounting or the 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 corporate associates will assist un-funded (e.g. lack insurance) and/or under-funded (e.g. under-insured) 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,).
- C. Client cases will be reviewed based on medical necessity and those clients not able to meet 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.
- D. Program and/or Admission associates will communicate to the parent and/or legal guardian information about the existence and option of Charity Care assistance at KidsPeace.
  1. Program and/or Admission associates will forward the Application For Reduced Cost Of Care to the clients' parent and/or legal guardian.
  2. Program and/or Admission associates will instruct the client/applicant to complete the form, in its entirety, and return to the KidsPeace Finance Department for review and consideration.
- E. The Finance Department will determine if client qualifies for reduced cost care and approves, partially approves, or denies reduced cost care depending upon the criteria stated in the Reduced Cost Care Payment Forgiveness Guidelines. Health and Medical saving Accounts, if any, will be applied to client balances prior to applying the Guidelines.
  1. Once eligibility is determined, all the clients/related family whose gross income is under 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 forgiven.
  2. Clients whose gross income is greater than 400% of the Federal Poverty Level and who provide documented support of hardship or demonstrate other unusual circumstances, may have their charges considered for reduction.
  3. All approved Charity Care applications will be reviewed Semi-annually for continuation of benefits.
  4. In cases of documented extreme hardship, and upon the approval of KidsPeace's Executive Vice President and CFO, an amount less than that calculated per the guidelines appearing on Payment Forgiveness Guidelines, or less than the client responsibility 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 charity write-off code by the Patient Accounting Department.

- F. The Executive Vice President and CFO 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 denial of a client's application within three (3) days of receiving a completed and fully documents application.



**ATTACHMENT A**

**CHARITY CARE AND FINANCIAL ASSISTANCE APPLICATION**

KidsPeace provides medically necessary services to patients regardless of their ability to pay. It is the responsibility of the patient's family to apply for any state or federal financial assistance program. Should a family not qualify for State or Federal programs, KidsPeace will assess any family that is uninsured or underinsured based on 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:**

**Patient Name:** \_\_\_\_\_ **Patient Date of Birth** \_\_\_\_\_

**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 Names of all Family Members:** \_\_\_\_\_

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

Wages	Pension	Unemployment Compensation	Social Security
Child Support	Alimony	Disability Benefits	Workers Compensation
Public Assistance	Net Rental Income	Annuities	Interest income
Child Support	Other		

*\*Please attach supporting documentation for any of the above income categories that apply for the most recent six month period.*





Attachment B

Federal Poverty Guidelines  
Sliding Fee Scale  
Effective November 2015

Size of Family Unit	100% Discount		101% - 133% Discount		133% - 200% Discount		201% - 300% Discount		301% - 400% Discount		401% Discount	
	0% Pay	100% Pay	80% Pay	20% Pay	60% Pay	40% Pay	80% Pay	40% Pay	60% Pay	20% Pay	80% Pay	100% Pay
1	\$ -	\$ 11,770.00	\$ 11,771.00	\$ 15,654.00	\$ 15,655.00	\$ 23,540.00	\$ 23,541.00	\$ 35,310.00	\$ 35,311.00	\$ 47,080.00	\$ 47,081.00	Over \$ 47,081.00
2	\$ -	\$ 15,930.00	\$ 15,931.00	\$ 21,187.00	\$ 21,188.00	\$ 31,860.00	\$ 31,861.00	\$ 47,790.00	\$ 47,791.00	\$ 63,720.00	\$ 63,721.00	Over \$ 63,721.00
3	\$ -	\$ 20,090.00	\$ 20,091.00	\$ 26,720.00	\$ 26,721.00	\$ 40,180.00	\$ 40,181.00	\$ 60,270.00	\$ 60,271.00	\$ 80,360.00	\$ 80,361.00	Over \$ 80,361.00
4	\$ -	\$ 24,250.00	\$ 24,251.00	\$ 32,253.00	\$ 32,254.00	\$ 48,500.00	\$ 48,501.00	\$ 72,750.00	\$ 72,751.00	\$ 97,000.00	\$ 97,001.00	Over \$ 97,001.00
5	\$ -	\$ 28,410.00	\$ 28,411.00	\$ 37,785.00	\$ 37,786.00	\$ 56,820.00	\$ 56,821.00	\$ 85,230.00	\$ 85,231.00	\$ 113,640.00	\$ 113,641.00	Over \$ 113,641.00
6	\$ -	\$ 32,570.00	\$ 32,571.00	\$ 43,318.00	\$ 43,319.00	\$ 65,140.00	\$ 65,141.00	\$ 97,710.00	\$ 97,711.00	\$ 130,280.00	\$ 130,281.00	Over \$ 130,281.00
7	\$ -	\$ 36,730.00	\$ 36,731.00	\$ 48,851.00	\$ 48,852.00	\$ 73,460.00	\$ 73,461.00	\$ 110,190.00	\$ 110,191.00	\$ 146,920.00	\$ 146,921.00	Over \$ 146,921.00
8	\$ -	\$ 40,890.00	\$ 40,891.00	\$ 54,384.00	\$ 54,385.00	\$ 81,780.00	\$ 81,781.00	\$ 122,670.00	\$ 122,671.00	\$ 163,560.00	\$ 163,561.00	Over \$ 163,561.00
Each Adm'l member	\$4,160		\$5,200		\$6,240		\$7,280		\$8,320		\$	\$ 8,321.00

4085 Independence Drive  
Schnecksville, PA 18078

800-25-PEACE

www.kidspeace.org



ATTACHMENT C

(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)

Dear Mr. /Mrs. /Ms. (APPLICANT'S LAST NAME);

We have processed your application for reduced/waived costs.

At this time your application has been:

APPROVED.

Your approved waived amount is \_\_\_\_\_%.

DENIED.

You were denied because your gross income exceeded 400% of the Federal Poverty Guidelines published at time of application. We calculated your total household gross annual income at \$\_\_\_\_\_ for a family size of \_\_\_\_\_. Based on the guidelines a family size of \_\_\_\_\_ must not exceed 400% or \$\_\_\_\_\_. If you feel this information is not correct, you are welcome to appeal the decision. If you have additional questions, please contact Gerard Gleeson at 610-799-8038.

Sincerely,

(KIDSPACE EMPLOYEE NAME)  
(KIDSPACE EMPLOYEE TITLE)

4085 Independence Drive  
Schnecksville, PA 18078

610-799-8000  
610-799-8318

800-25-PEACE

www.kidspeace.org



Dear Parent/Guardian:

KidsPeace is committed to providing excellent care regardless of a family's ability to pay. 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.

Attached please find our Charity Care Application. All completed applications are processed in confidence and are screened 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.

Before we can process your application you must attach supporting documentation showing **all income sources for everyone in your household** 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:
  - \_\_\_\_\_ Paystubs (if self employed provide your most recent year's tax return)
  - \_\_\_\_\_ Child support printouts
  - \_\_\_\_\_ Alimony paystubs/printouts
  - \_\_\_\_\_ Pension paystubs/printouts
  - \_\_\_\_\_ Military Benefits paystubs/printouts
  - \_\_\_\_\_ Unemployment paystubs/printouts
  - \_\_\_\_\_ Social Security Income (SSI) paystubs/printouts
  - \_\_\_\_\_ Disability Benefits paystubs/printouts
  - \_\_\_\_\_ Workers Compensation paystubs/printouts
  - \_\_\_\_\_ Public assistance documentation (cash, food stamps, etc)
  - \_\_\_\_\_ Net Rental Income
  - \_\_\_\_\_ Annuities
  - \_\_\_\_\_ Interest Income
  - \_\_\_\_\_ Other- any other source not listed here

Additionally, 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.Sena@kidspeace.org](mailto:Kathryn.Sena@kidspeace.org) or 610-799-8549. Once we have your complete application, we will process it and make a determination within 7 business days. Regardless of the decision, you will be notified.

Sincerely,

Kathryn Sena  
Manager, KidsPeace Patient Accounts Department