

Appendix A: SIBLEY MEMORIAL HOSPITAL (ONLY) FINANCIAL ASSISTANCE PROVISIONS SPECIFIC TO DC REGULATIONS

APPENDIX A

SIBLEY MEMORIAL HOSPITAL (ONLY)

FINANCIAL ASSISTANCE PROVISIONS SPECIFIC TO DC REGULATIONS

PURPOSE:

The purpose of this APPENDIX is to state the additional provisions which are applicable to Sibley Memorial Hospital for compliance with the District of Columbia's uncompensated care requirements as described in Title 22, Chapter 44 of the DC Municipal Regulations. For those patients that do not meet the eligibility criteria for Uncompensated Care, Sibley Memorial Hospital (SMH) will provide financial assistance through the application of sliding scale adjustments to total charges pursuant to Policy PFS035.

POLICY:

SMH will put forth a good faith effort to provide uncompensated services at the annual compliance level required by section 4404 of Chapter 44 of the District of Columbia Municipal Regulations, Title 22 "Provision of Uncompensated Care."

In no event will SMH deny emergency services to any person on the basis that the person is unable to pay for services. SMH may discharge a person who has received emergency services or may transfer the person to another facility when, in the reasonable judgment of appropriate medical personnel, such action is clinically appropriate and in the best interest of the patient and the hospital.

SMH will provide Uncompensated Care pursuant to Section 4400.2 of Chapter 44 of the District of Columbia Municipal Regulations, Title 22, "Provision of Uncompensated Care," to eligible persons. The uncompensated care to be provided shall be based upon these rules or contractual obligations between Sibley and the District of Columbia Government, whichever standard provides the higher dollar value

Uncompensated Care is defined in the law governing certificate of needs (DC Code 44-401 in the definitions section). The law defines Uncompensated Care as the cost of health care services rendered to patients for which the health care facility does not receive payment. The term "Uncompensated Care" includes bad debt and charity care, but does not include contractual allowances.

Bad debt means an account receivable based on physician and hospital medical services furnished to any patient for which payment is expected, but is regarded as uncollectible, following reasonable collection efforts; and not the obligation of any federal, state, or local governmental unit. The term bad debt does not include charity care.

Charity Care means the physician and hospital medical services provided to persons who are unable to pay for the cost of services, especially those persons who are low- income, uninsured and underinsured, but excluding those services determined to be caused by, or categorized as, bad debt.

UNCOMPENSATED CARE ELIGIBILITY CRITERIA

A person is eligible for uncompensated care if the person is unable to pay for health services and satisfies the following requirements:

1. Is not covered, or receives services that are not covered, under a third party insurer or governmental program;

2. Has an annual individual or family income that is not greater than 200% of the Federal Poverty Level (FPL); and
3. Requests services.

Financial eligibility for Uncompensated Care shall be calculated by either of the following methods:

1. Multiplying by four (4) the person's individual or family income, as applicable, for the three (3) months preceding the Request for Uncompensated Care; or
2. Using the person's or family's actual income, as applicable, for the twelve (12) months preceding the Request for Uncompensated Care.

AMOUNTS GENERALLY BILLED

The amounts generally billed to individuals with insurance "AGB" will be calculated using the "look-back method" which is defined as all claims for emergency and other medically necessary care that have been paid in full to the hospital by Medicare and all private health insurers together as the primary payers of these claims, in each case taking into account amounts paid to the hospital in the form of coinsurance or deductibles. SMH will calculate the AGB percentage(s) at least annually by reviewing all claims paid in full during a preceding 12 month period. Once determined, the AGB percentage(s) will be implemented no later than 45 days after the end of a 12 month period.

Individuals eligible for financial assistance will not be expected to pay more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

UNCOMPENSATED CARE ANNUAL REQUIREMENT

For the purpose of this policy and APPENDIX, at SMH Uncompensated Care to be provided shall be calculated as follows:

Annual compliance level:

1. An amount not less than three (3%) percent of SMH's annual operating expense, less the amount of reimbursements it receives from Titles XVIII and XIX of the Social Security Act (Medicaid and Medicare), without regard for contractual allowances. In addition, SMH shall comply with any uncompensated care obligations required pursuant to the Act in a previous CON.
2. If in any fiscal year SMH fails to meet its annual uncompensated care obligation, then it shall endeavor to provide uncompensated care in an amount sufficient to make up the deficit in a subsequent year or years, pursuant to a compliance plan approved by the State Health and Planning Development Agency (hereafter SHPDA) but not later than three (3) years after the year in which the deficit occurred.
3. If SMH provides uncompensated care during a fiscal year in an amount exceeding its annual compliance level, SMH may request that the Director apply the excess amount as a credit towards an existing deficit or its annual compliance level for any subsequent fiscal year. To be eligible for a credit, the excess dollar value above the annual compliance level must have been provided pursuant to the requirements of this chapter.

WRITTEN DETERMINATION OF ELIGIBILITY FOR UNCOMPENSATED CARE

1. SMH will give written notice of its determination of eligibility for Uncompensated Care in response to each request for Uncompensated Care to the person requesting care. Notice shall be given in person at the time Uncompensated Care is requested or by regular mail to the address the person requesting service provided. If the person is not available to receive notice in person and has not provided an address, SMH may post at its facility, in a conspicuous place, a notice that the person's eligibility status is available in the administrative office of Sibley.
 1. The Senior Vice President/ Chief Financial Officer is responsible for implementing this policy. He/she shall prepare an allocation plan that meets the requirements of the regulations and monitor its implementation. The Senior Vice President/ Chief Financial Officer will prepare a report to the SHPDA within 120 days after close of each fiscal year. Documents that support Sibley's determination shall be made available to the public and reported to SHPDA. Such documents shall be maintained by the Senior Vice President/ Chief Financial Officer for a period of five (5) years

- from the date of the last entry for a particular fiscal year. The President and the Treasurer of the Board shall be kept informed on a periodic basis of Sibley's compliance with the policy.
2. If an application is submitted prior to the provision of service, SMH shall make an eligibility determination for Uncompensated Care within five (5) business days of a complete request for an outpatient service or before discharge for an inpatient service. If the application is submitted after an outpatient services is rendered by the SMH or after the discharge of an inpatient, SMH shall make eligibility determination before the completion of the next billing cycle. Normally, the notice of determination will be made within 5 days of the next scheduled meeting of the Community Assistance Committee. SMH may issue a conditional eligibility determination. Such determination shall state the conditions that the person requesting uncompensated care must satisfy to be eligible.
 3. Each written determination of eligibility for Uncompensated Care shall be made promptly to the applicant. Each determination of eligibility for Uncompensated Care shall include the following statements:
 1. That SMH will, will with conditions, or will not provide Uncompensated Care;
 2. That there will be no charge for Uncompensated Care;
 3. The date on which the person requested care;
 4. The date on which the determination was made;
 5. The annual individual or family income, as applicable, and family size of the person who requested Uncompensated Care;
 6. The date on which services were, or will be, provided; and
 7. The reason for denial, if applicable.

PUBLISHED NOTICE OF UNCOMPENSATED CARE OBLIGATION:

Before the beginning of its fiscal year, SMH will publish a notice of availability of its uncompensated care obligation in a newspaper of general circulation in the District of Columbia. Sibley will also submit a copy of such notice to SHPDA. The Senior Vice President/ Chief Financial Officer is responsible for the publishing and submission of this notice. The notice shall include:

1. The dollar value of uncompensated care that SMH intends to make available during the fiscal year or a statement that SMH will provide uncompensated care to all persons unable to pay for treatment who request uncompensated care;
2. An explanation of the difference between the amount of uncompensated care SMH proposes to make available and the annual compliance level for Sibley, if any; and
3. A statement indicating whether SMH has satisfied all outstanding uncompensated care obligations from previous reporting periods, or a statement indicating that it will, during a specific period, satisfy any outstanding obligation.

POSTED NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE:

A notice announcing the availability of uncompensated care shall also be posted in plain view in the patient registration sites, Admissions Department, the Business Office and the Emergency Department. SMH shall post the following notice:

1. "Under District of Columbia law, this health care provider must make its services available to all people in the community. This health care provider is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source income, or place of residence or business, or because a person is covered by a program such as Medicare or Medicaid."
2. "This health care provider is also required to provide a reasonable volume of services without charge or at a reduced charge to persons unable to pay. Ask the staff if you are eligible to receive services either without charge or at a reduced charge. If you believe that you have been denied services or consideration for treatment without charge or at a reduced

charge without good reason, contact the Admissions or Business Office of this health care provider, and call the State Health Planning and Development Agency through the Citywide Call Center at 202-727-1000.”

3. “If you want to file a complaint, forms are available from the State Health Planning and Development Agency.”

This notice shall also include a summary of Sibley’s eligibility criteria for uncompensated care. Such notice shall be published in English and Spanish and in any other language which is the usual language of households of ten (10%) percent or more of the populations of the District of Columbia, according to the most recent figures as published by the Bureau of Census. Sibley shall communicate the contents of the posted notice to any person who Sibley has reason to believe cannot read the notice.

WRITTEN NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE:

In any period during a fiscal year in which uncompensated care is available at SMH, SMH shall provide written notice of the availability of the services to each person who seeks services from the hospital on behalf of himself or herself or on behalf of another. SMH will provide this written notice before providing services, except where the emergency nature of services makes prior notice impractical. In emergency situations, SMH shall provide the written notice to the patient as soon as practical, or to the next of kin. Such notice shall be given not later than when presenting the first bill of services. This individual written notice shall provide the following:

1. “Under the District of Columbia law, this health care provider must make its services available to all people in the community. This health care provider is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source of income, or place of residence or business, or because a person is covered by a program such as Medicare or Medicaid.”
2. “This health care provider is also required to provide a reasonable volume of services without charge or at a reduced charge to persons unable to pay. Ask the staff if you are eligible to receive services either without charge or at a reduced charge. If you believe that you have been denied services or consideration for treatment without charge or at a reduced charge without a good reason, contact the Admissions or Business Office of this health care provider, and call the State Health Planning and Development Agency through the Citywide Call Center at 202-727-1000.”
3. “If you want to file a complaint, forms are available from the State Health Planning and Development Agency.”

This notice shall also include a summary of Sibley’s eligibility criteria for uncompensated care, the location of the office where any person seeking uncompensated care may request uncompensated care, and state that Sibley shall make a written determination regarding whether or not the person will receive uncompensated care and the date by, or period within which, the determination will be made.

DEFINITION OF SMH'S COMMUNITY:

SMH makes its services, including services required under the District of Columbia statutory uncompensated care requirements “to all persons in the community.” This community extends to those persons living or working in the hospital’s service area or requiring emergency services while otherwise visiting within the service area. Specifically excluded from the Community Assistance Program are those persons requesting elective services who clearly reside outside of the hospital’s service area. The hospital’s service area encompasses the District of Columbia and most of Maryland and Virginia, with limited services provided to residents of West Virginia, Delaware and Pennsylvania. The hospital may request the applicant to provide documentation demonstrating compliance with the hospital’s definition of community.

REFERENCE:

DC Municipal Regulations Title 22 Sections 4404,4405, and 4406