

**LONG BEACH MEDICAL CENTER  
FINANCIAL AID & CHARITY CARE  
POLICY & PROCEDURE  
MANUAL**

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POLICY AND PROCEDURE MANUAL**

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# **SECTION I:**

## **INTRODUCTION**

**(To be given out to patients)**



**Interested in Medical Assistance?**

**WE WOULD LIKE**

**\$ TO HELP YOU! \$**

1. Would you like to apply for medical assistance, “Medicaid?”

2. Would you like to check if you qualify for assistance based on ability to pay?

If you have answered yes to either of the above questions and would like more information regarding Long Beach Medical Center’s Charity Care policy and Medicaid assistance, please complete this questionnaire and give it to the Registrar or call the Patient Accounts Coordinator at

(516) 897-1030.

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Parent/Guardian’s Name

\_\_\_\_\_  
Patient’s Social Security Number

\_\_\_\_\_  
Patient’s Account Number

Patient’s Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Visit \_\_\_\_\_



## FINANCIAL ASSISTANCE/CHARITY CARE PROCESS

Dear Patient:

Long Beach Medical Center is a not for profit organization that recognizes that its mission is to render medical care to all persons in need of medical care, regardless of their ability to pay, and that it may not discriminate against a patient because of the source of payment for their services.

To assist patients who are unable to pay either their hospital bill or a portion of their hospital bill, the Medical Center has several employees who are available to assist in reviewing individual situations to determine if the patient qualifies for government assistance, qualifies to establish a payment plan (typically over a twelve month period), or is eligible for Charity Care.

We urge you to arrange a time to meet with our Patient Accounts Coordinator. Just call (516) 897-1030, or stop by the Patient Accounts Department, located at 249 E. Park Ave in Long Beach, during normal business hours (9:00a.m.- 5:00p.m.), or we recommend you speak to the staff at the department where you seek care. In preparation for your meeting with one of our Financial Counselors, or even if you cannot come to the hospital for this meeting, please fill out the enclosed financial information form (Application for Financial Assistance) and return it to us as quickly as possible.

This will allow us to begin finding the most appropriate way to help you gain assistance for your hospital bill. If you would like more information about Long Beach Medical Center's policy of providing charity care to patients when the patient's financial and time condition warrants such treatment for the need of medical care regardless of their ability to pay, please read the enclosed information: **"Long Beach Medical Center's Charity Care and Financial Assistance Process."**

At Long Beach Medical Center, we strive to provide our patients with the finest staff and medical technology available. By maintaining a balance between quality, access, and cost, we are able to fulfill our mission of improving the health of the people in our community. By filling out and returning the enclosed form, you can assist us in our efforts to provide top quality care to everyone who comes through our doors.

Sincerely,

Barry Stern  
Chief Financial Officer



## **LONG BEACH MEDICAL CENTER'S CHARITY CARE AND FINANCIAL ASSISTANCE PROCESS**

**The process to apply for charity care from Long Beach Medical Center is as easy as A-B-C:**

As part of our non-profit mission, Long Beach Medical Center provides charity care to patients who are unable to afford to pay for medically necessary, basic hospital care. Please contact our Patient Accounts Coordinator in our Patient Accounts Department or the staff in the department where you seek your care for information about the options available to help with your hospital bill. Confidential information and assistance, including language translation services, are available with advance arrangements.

- A. Please arrange a visit with the Patient Account Coordinator in our Patient Accounts Department or the department where you seek your care.
- B. Our Financial Counselors will confidentially review your situation to see if you qualify for some form of government or other financial assistance.
- C. We will confidentially review your income and assets to determine your charity care needs, or whether other forms of assistance are available. If you cannot qualify for government assistance and we determine you qualify for charity hospital care, we will provide you with a letter stating that you will not need to pay for your (recent or planned) hospital care.

Please Note: Long Beach Medical Center can only provide charity hospital services. You must arrange for other health services (such as physician care, dental care, eyeglasses, or prescription drugs) with individual doctors or other non-profit or government agencies for those services.

### **CHARITY HOSPITAL CARE: GUIDING PRINCIPLES OF UNDERSTANDING AND RESPONSIBILITIES**

In order to keep charges to all patients at the lowest prudent level, non-profit hospitals appropriately seek payments for services from patients, insurers, government programs and other resources. "Charity" services are ultimately absorbed into the bills of other patients. The willingness of other patients, managed care companies, insurers, employers and others to pay higher fees directly impacts a hospital's ability to provide charity care.



Long Beach Medical Center's policy assures that patients receive medically necessary basic hospital services, regardless of their ability to pay. Physician's services, outpatient medications and other non-hospital health services are not controlled by Long Beach Medical Center and therefore are outside our hospital's policy. It is recognized that Long Beach Medical Center and other hospitals have limited abilities to absorb rising levels of free and under-reimbursed care. For example, transplant cell procedures are outside of the hospital's ability to provide this service free of charge. The patient shares a responsibility to work cooperatively with the hospital's billing office, insurers, and government agencies to reimburse the hospital for the services the patient receives. When reasonable payment means are not available, the hospital shall inform a qualified patient that his or her bill has been forgiven.

The following points further clarify the principles of understanding regarding the hospital and patient's shared responsibilities.

1. Having "no insurance" does not mean the person automatically qualifies for charity care. Similarly, having some level of coverage does not automatically preclude the hospital from writing off some of or the entire uncovered portion of patient's bill as charity care.
2. The charity care application process will include an agreement by the applicant to cooperate with the hospital to pursue all appropriate funding options in a timely manner. Based upon a patient's circumstances, the options could include:
  - County Indigency Program
  - Medicaid/Medicare/Supplemental Security Income via Social Security Disability
  - CHCEP (Catastrophic Health Care Emergency Program)
  - Other entitlements
  - Assignments of any hospital services reimbursement received through other sources, lawsuits, etc
  - Payment plans
  - Charity care (full/partial)

**Note:** *The county Indigency Program could apply a lien against your property to secure its repayment provisions.*
3. The patient will agree to provide accurate information and respond quickly to calls or letters requesting needed information. The submission of an application is 90 days from the date of service. In addition the patient is given 20 days from the receipt of application materials, for a total of 110 days.
4. The charity care application process can be initiated prior to a planned hospitalization, during or after the patient's stay, or even once a past patient has begun a payment plan.
5. The charity care application process shall be streamlined as is feasible while providing a full consideration of income and assets available to cover the bill. Needed assistance will be provided by Long Beach Medical Center to help patients complete any necessary forms. This shall include the assistance of a language translator, should the need arise.
6. Debt write-offs shall be considered to be part of the hospital's provision of charity care. The hospital requires all contracted collection agencies to comply with the hospital's financial assistance policy. The agencies will provide information to patients on how to apply for financial assistance.

7. At the present time, Long Beach Medical Center does not charge interest on accounts being paid through payment plans. Long Beach Medical Center may require a deposit from financial aid eligible patients, such deposit provisions will consider the applicant's ability to pay and will not be an undue obstacle to the financial aid eligible applicant's access to services.
8. Long Beach Medical Center's open door policy and charity care application process shall be clearly posted in public areas and in admission materials.
9. Arrangements with physicians for their services are the responsibility of the patient.
- 10 All hospital staff that interacts with patients, billing and collection receives training about the hospital's financial aid policies and procedures.

Revised 05/13/09

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**SECTION I-A:**

**INTRODUCTION**

**SPANISH**

**(To be given to patients)**



## ¿Interesado en Asistencia Médica?

### QUEREMOS

**\$ ¡AYUDARLE! \$**

1. ¿Le gustaría aplicar por asistencia Medica, “Medicaid?”
2. ¿Le gustaría saber si cualifica por asistencia financia basada en su habilidad de pagar?

Si su respuesta ha sido “si” a cualquiera de las preguntas y quiere mas información sobre asistencia de caridad, por favor llene este simple cuestionario y entréguelo al departamento de registro o llama al Coordinador de Cuentas del Paciente al (516) 897-1030.

---

Nombre del Paciente

---

Nombre del Padre ó Persona Encargada del Paciente

---

Número de Seguro Social del Paciente

---

Número de su cuenta

Edad de Paciente: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

Dirección: \_\_\_\_\_

Código De Área: \_\_\_\_\_

Número de Teléfono: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fecha de Visita Médica: \_\_\_\_\_

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Estimado/a Paciente:

Long Beach Medical Center es una organización sin lucro que reconoce que su misión es render atención médica a toda persona en necesidad, no importa su habilidad de pago y no discrimina al paciente por la forma de pago de los servicios rendidos.

Para ayudar a aquellos que no pueden pagar su cuenta, tenemos empleados a la disposición del paciente para ayudarle a revisar su situación individual y determinar si el paciente califica para asistencia financiera del gobierno, o establecer un plan de pago (usualmente un periodo de 12 meses), o si es elegible para ayuda caritativa.

Se le sugiere al paciente que haga una cita con la Coordinador de Cuentas del Paciente. Solamente necesita llamar al teléfono (516) 897-1030, o visítanos a la oficina de Cobros y Cuenta ubicada en el 249 East Park Avenue en Long Beach, de 9:am a 5:pm, lunes a viernes. También le recomendamos hablar con los empleados en el departamento que fueron atendidos. En preparación para su cita con uno de nuestros consejeros o aun si no puede asistir al hospital para su cita, por favor llene la aplicación con los documentos necesarios, lo más pronto posible.

Esto nos permitirá encontrar el sistema más apropiado para ayudarle con sus cuenta. Si desea más información sobre la reglas de Long Beach Medical Center con respeto a la ayuda financiera de los pacientes cuando el estado financiero y condición requiere atención medica sin la habilidad de pago favor de leer la información adjunto: **“Ayuda Caricativa y Proceso de Asistencia Financiera de Long Beach Medical Center.”**

Long Beach Medical Center se esfuerza para proveer los mejores empleados y también la mejor tecnología de medicina para nuestros pacientes. Al mantener un balance entre buena calidad y costos, podemos lograr nuestra misión de mejorar la salud de las personas en nuestra comunidad. Llenando y completando la aplicación adjunta usted puede ayudarnos en nuestro esfuerzo de proveer y darles la mejor atención a todo aquel que entre por nuestras puertas.

Sinceramente,

Barry Stern

Revised 05/13/09



## **LONG BEACH MEDICAL CENTER'S PROCESO DE ASISTENCIA Y AYUDA FINANCIERA**

### **La aplicación de asistencia o ayuda financiera es tan sencilla como A-B-C.**

Como parte de nuestro servicio a la comunidad, El Centro Medico de Long Beach provee asistencia médica de hospital, a aquellas personas con bajos recursos que no pueden pagar sus necesidades medicas. Por favor contacte a nuestro gerente de Crédito & Colección en el departamento de cuentas del paciente, o con los empleados de donde usted recibe su cuidado medico, para información de las distintas opciones disponibles para asistencia o ayuda financiera. Su información y asistencia es confidencial, incluyendo traducción a su propio idioma, estamos disponibles haciendo citas con anticipación.

- A.** Por favor haga cita con la gerente de Crédito y Colecta en nuestro departamento de Cuentas del Paciente o en el departamento donde esta siendo atendido.
  
- B.** Nuestros Consejeros Financieros, revisaran su caso de manera confidencial, para ver si califica para asistencia gubernamental u otra clase de ayuda.
  
- C.** Revisaremos confidencialmente su ingreso y pertenencias para determinar su nivel de ayuda o si hay otras clases de ayuda para su disposición. Si usted no califica para asistencia gubernamental , El Centro Medico de Long Beach, determinara si UD. puede calificar por ayuda medica en el hospital, le haremos una carta especificando que no tiene que pagar por su (reciente o planeado) cuido en el hospital.

**POR FAVOR NOTE:** El Centro Medico de Long Beach solamente puede proveer servicios de caridad en el hospital. Usted debe hacer arreglos con sus otros proveedores de salud, (como cuidado medico, dental, espejuelos, recetas médicas) doctores individuales u otras agencias gubernamentales para esos servicios.

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## **Ayuda Financiera Médica: Guia de principios de entendimiento y sus responsabilidades.**

En orden de mantener cargos bajos a un nivel prudente para todos los pacientes, los hospitales sin lucro buscan un pago apropiado ya sea del paciente, compañías de seguro, programas de gobierno u otros recursos. “Los servicios de Caridad” son disueltos en las cuentas the otros pacientes. La disponibilidad de otros pacientes, compañías administrativas de caridad, asegurados, empleados y otros que pagan mayores tarifas, impacta la habilidad de los hospitales para proveer caridad.

El Reglamento del Centro Medico de Long Beach, asegura que los pacientes reciban servicios basicos de hospitalización, sin importar su estado financiero. Servicios medicos, medicinas y otros servicios de salud no son controlados por el Hospital de Long Beach , y por eso estan fuera de nuestro reglamento. Se sabe que el Hospital de Long Beach y otros hospitales tienen pocas formas de absorber los altos niveles de cuidado gratis y reembolsos bajos. Por ejemplo, el hospital no puede absorber el transplante de celulas. El paciente comparte la responsabilidad de trabajar cooperativamente con el departameto de cuentas, compañías de seguro o agencias del gobierno, para lograr que el hospital reciba su reembolso por los servicios que fueron proporcionados al paciente. Cuando no haya forma razonable de pagar por estos servicios, el hospital informara a aquellos pacientes que califica si su cueta no tiene que ser pagado.

Los siguientes puntos ayudaran a clarificar y entender un poco más las responsabilidades que ambas partes comparten.

1. El hecho de que “no tenga seguro medico” no significa que la persona automaticamente califica para caridad. Igualmente, tener un seguro parcial, no impide al hospital de cancelar parte o la cuenta completa como una cuenta de caridad.
2. La aplicación para ayuda financiera incluye un acuerdo por el aplicante, de cooperar con el hospital en encontrar una forma de pago apropiada en determinado tiempo. Basado en las circunstancias del paciente, las opciones pueden incluir:
  - Programa de indigencia en su condado.
  - Medicaid/ Medicare/ Ingreso Suplementario del Seguro por medio de Incapacidad del Seguro Social.

- CHCEP ( Programa de ayuda financiera en casos de emergencia).
- Otros derechos.
- Asignacion de cualquier otro reembolso de servicio de hospital recibido por otros recursos, ejemplo: demandas, etc.
- Planes de pago.
- Ayuda caritativa ( Entera o Parcial).

Page 4A



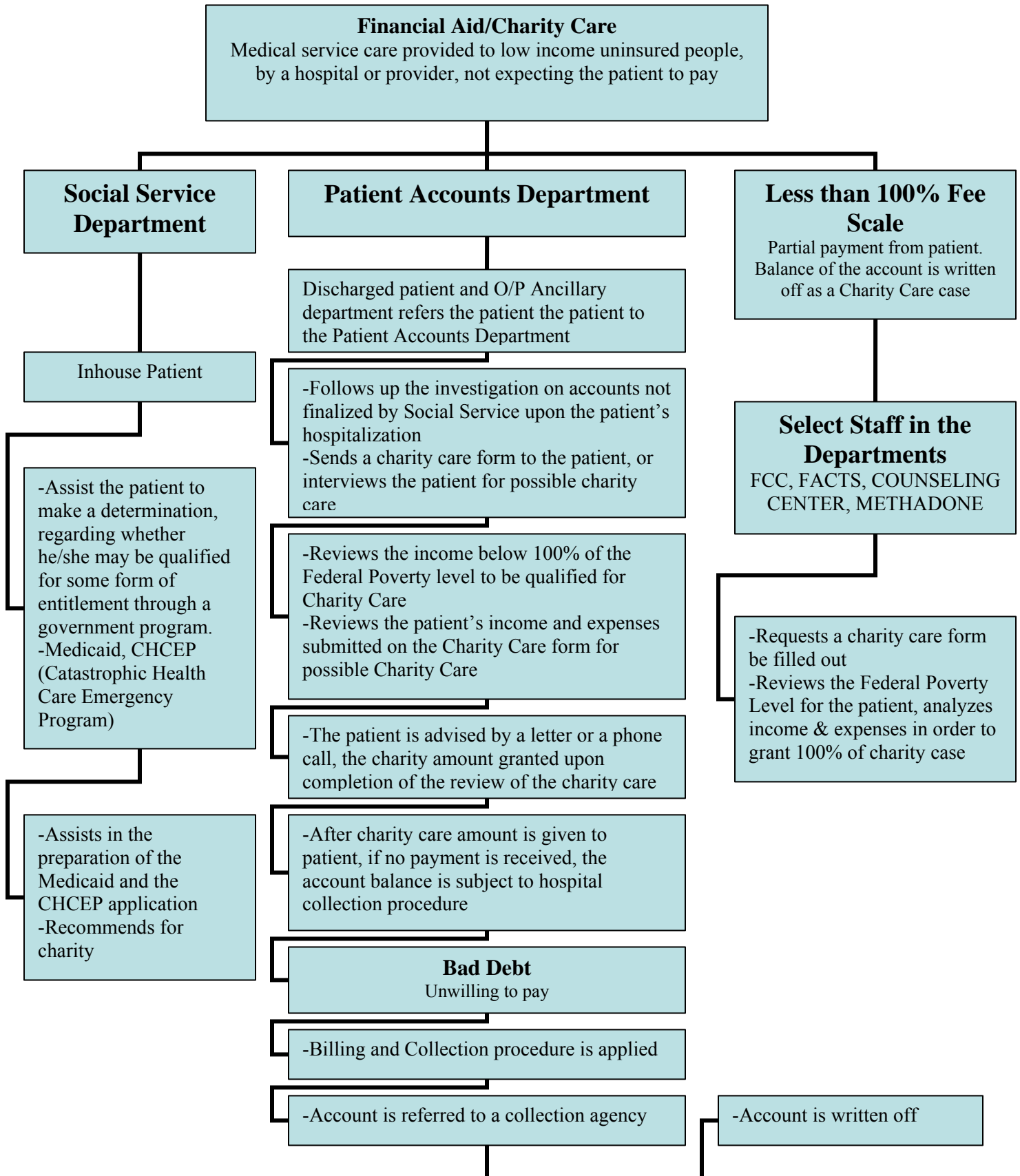
*Nota: El programa de indigencia en su condado puede aplicar un derecho de retención sobre su propiedad para asegurar sus provisiones de pago.*

3. El paciente se compromete a proveer información exacta y a responder de manera rapida a las llamadas o cartas que solicitan información necesaria.
4. El proceso de la aplicación para ayuda financiera, puede ser iniciado antes de su hospitalización planeada, estando el paciente en el hospital, o aun cuando el paciente a comenzado su plan de pago.
5. El proceso de la aplicación sera revisado cuidadosamente, a la misma vez se tomara una llena consideración del ingreso, y de propiedades para cubrir la cuenta. Asistencia sera proveido por El Centro Medico de Long Beach para ayudar al paciente a llenar las aplicaciones necesarias. Esto puede incluir la provicion de un translador a su propia idioma, si esta necesidad se presenta.
6. La deuda que fue borrada puede ser considerada como parte de provision del hospital de ayuda financiera.
7. En el tiempo presente, El Centro Medico de Long Beach, no cobra interes en cuentas que estan siendo pagados atravez de planes de pago.
8. La poliza de puertas abiertas del Centro Medico de Long Beach y aplicación de servicio de ayuda sera puesto claramente en areas publicas y materiales de admición.
9. Arreglos con los doctores por sus servicios son la responsabilidad del paciente.

**SECTION II**

**CHART**





Page 6	Medicaid Title XIX	Child Health Plus A (Medicaid Kids) Title XIX	Family Health Plus Title XIX	Child Health Plus B Title XXI
Description	<p>Medicaid is available to the following individuals: adults and children receiving cash assistance benefits under Temporary Assistance to Needy Families (TANF) or the Safety Net Assistance (SNA) programs. Persons receiving Supplemental Security Income (SSI) benefits are automatically eligible for Medicaid.</p> <p>Medicaid-only benefits are also available to individuals not receiving cash assistance, who meet the eligibility criteria and whose income and resources are at or below allowable levels.</p>	<p>Program for children under age 19 eligible for Medicaid. Rules and benefits are the same as for Medicaid but program is referred to as “Child Health Plus A (CHPlus A)”</p>	<p>Family Health Plus (FHP) is a Medicaid expansion for uninsured adults between 19 and 64 with incomes too high to qualify for regular Medicaid. Family Health Plus is available to single adults, couples without children, and parents with limited income who are residents of New York State and are United States citizens or fall under one of many immigration categories.</p>	<p>Unlike CHPlus A, CHPlus B is an insurance program available to children under the age of 19 who are residents of New York State and who do not qualify for CHPlus A (Medicaid). Children who are not eligible for CHPlus A can enroll in CHPlus B if they don’t already have health insurance and are not eligible for coverage under the public employee’s state health benefits plan.</p>
Mandatory Managed Care	<p>In mandatory counties, three categories of Medicaid individuals: Mandatory-Must enroll in a plan Exempt-May enroll in a plan* Excluded-Cannot enroll in a plan* In voluntary counties, all but excluded may enroll in a managed care plan *Excluded and exempt populations list available at <a href="http://www.gnyha.org">www.gnyha.org</a></p>	Same as Medicaid	All FHP beneficiaries must enroll in a managed care plan	All CHPlus B beneficiaries must enroll in a managed care plan
Coverage Effective Date	<p>Medicaid managed care coverage is effective the first of the application month. There is retrospective coverage through FFS Medicaid, if otherwise eligible up to 3 months prior to application date.</p>	<p>CHPlus A coverage is effective the first of the application month. There is retrospective coverage through FFS Medicaid, if otherwise eligible up to 3 months prior to application date.</p>	<p>Prospectively effective first of the month. NO retroactive coverage but may qualify for Medicaid spend-down for the period prior to their Family Health Plus enrollment.</p>	<p>Prospectively effective first of the month. NO retroactive coverage. Completed applications received by the health plan by the 20<sup>th</sup> of the month will be enrolled effective the first day of the following month. Applications received after the 20<sup>th</sup> will be enrolled effective the first day of the next month.</p>
Contracted Providers- I/P & O/P Rates	<p>Inpatient Rate: Negotiated Rate Outpatient Rate: Negotiated Rate</p>	<p>Inpatient Rate: Negotiated Rate Outpatient Rate: Negotiated Rate</p>	<p>Inpatient Rate: Negotiated Rate Outpatient Rate: Negotiated Rate</p>	<p>Inpatient Rate: Negotiated Rate Outpatient Rate: Negotiated Rate</p>
Non-Contracted Providers- I/P & O/P Rates	<p>Inpatient Rate: Medicaid alternate payment rate (APR) Outpatient Rate: No mandated rate</p>	<p>Inpatient Rate: Medicaid alternate payment rate (APR) Outpatient Rate: No mandated rate</p>	<p>Inpatient Rate: Medicaid alternate payment rate (APR) Outpatient Rate: No mandated rate</p>	<p>Inpatient Rate: No mandated rate Outpatient Rate: No mandated rate</p>

Page 7	Medicaid Title XIX	Child Health Plus A (Medicaid Kids) Title XIX	Family Health Plus Title XIX	Child Health Plus B Title XXI
Emergency Department-Triage Fee	If the prudent layperson standard is not met, a triage fee must be paid to the hospital for the visit. The triage rate would be negotiated for contracted payers. For non-contracted payers, the default range rate is \$40	If the prudent layperson standard is not met, a triage fee must be paid to the hospital for the visit. The triage rate would be negotiated for contracted payers. For non-contracted payers, the default range rate is \$40	If the prudent layperson standard is not met, a triage fee must be paid to the hospital for the visit. The triage rate would be negotiated for contracted payers. For non-contracted payers, the default range rate is \$40	No payment by plan is required for services not meeting the prudent layperson standard
Separate payments directly from Medicaid for GME and health care recruitment and retention	For inpatient admissions, teaching hospitals may receive separate payments directly from FFS Medicaid for graduate medical education (GME). All hospitals may receive health care recruitment and retention add-ons for acute admissions (but not exempt units). There is no separate payment for outpatient services. Hospitals must bill MMIS for these separate payments.	Same as Medicaid	Same as Medicaid	No separate payments. Plans pay covered lives tax to HCRA GME pool for CHPlus B enrollees. Hospitals must arrange for GME and workforce-related payments directly with plans
Claim submission timeframes-contracted	Contracted: Per contract provisions Non-contracted: No regulated timeframe	Contracted: Per contract provisions Non-contracted: No regulated timeframe	Contracted: Per contract provisions Non-contracted: No regulated timeframe	Contracted: Per contract provisions Non-contracted: No regulated timeframe
Prompt pay law requirements	Prompt pay requirements apply	Prompt pay requirements apply	Prompt pay requirements apply	Prompt pay requirements apply
Change in coverage/eligibility mid-stay	The party responsible for payment on the day of admission pays for the entire stay	Same as Medicaid	Same as Medicaid	The party responsible for payment on the day of admission pays for the entire stay
Newborn enrollment	Newborns enrolled into plan of mother automatically unless the baby is eligible for an exclusion (e.g. SSI eligible baby, newborn less than <1200 grams). Since the newborn is in the 90 day grace period, the mother/newborn can switch plans but newborn must be enrolled in mother's plan for at least the birth month.	Same as Medicaid	Same as Medicaid, unless mother's plan does not participate in Medicaid managed care in that area, in which case the baby will be in FFS Medicaid or a Medicaid managed care plan that operates in the country.	A family cannot apply for a child in Child Health Plus until the child is born. Coverage is prospective. If the plan receives the application by the 20 <sup>th</sup> of a month, the child will be covered for the first of the following month. If after the 20 <sup>th</sup> of the month, the child would be covered for the subsequent month.
Lock-in period	Beneficiary locked in for 12-month initial enrollment period. 90-day grace period to transfer	Beneficiary locked in for 12-month initial enrollment period. 90-day grace period to transfer	Beneficiary locked in for 12-month initial enrollment period. 90-day grace period to transfer	There is no lock-in for Child Health Plus B. A child can switch plans at any time by disenrolling from one plan and re-enrolling in another

**SECTION III**

**PROCEDURE**



## **CHARITY CARE OR FREE CARE POLICY AND PROCEDURE**

### General Guidelines:

Charity Care or Free Care is medical care provided to low income uninsured people by a hospital or other provider or which it does not expect to be paid.

Long Beach Medical Center uses a consistent process to consider an individual's need for Charity Care based upon each patient's demonstration of inability to pay for their services or have their services covered by another payment source.

General guidelines are utilized which take into account a person's currently outstanding and/or anticipated expenses for routine medical services at Long Beach Medical Center as well as the total service that the patient may require and the patient's potential resources that could be applied towards reimbursement for services.

Long Beach Medical Center will assist patient in making a determination regarding whether or not the patient may be able to qualify for some form of entitlement through a governmental program. Long Beach Medical Center will need the patient to assist in this determination and potential application process.

The application for Charity Care is not and cannot serve as a substitute for existing government entitlement or other assistance programs. When it is determined that the patient has minimal resources and cannot qualify for assistance from one of the entitlement programs, either 100% or partial % charity is granted. However, in the event that an individual has significant assets, the hospital may secure its interest in those assets as appropriate.

While it is desirable to determine the amount of charity care for which a patient is eligible as close to the time of service as possible, there should be no rigid limit in the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, or soon after, the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information.

Long Beach Medical Center will carry each account turned over to a collection agency or an attorney as an asset on its books. The account will be written off to the Bad Debt reserve only when the account is returned as uncollectible from a collection agency.

Long Beach Medical Center will set up a Bad Debt reserve upon past experience and estimates of future requirements. It is necessary to differentiate charity care from Bad Debts because Bad Debts are a result of the unwillingness of a patient to pay, whereas charity care is provided to a patient that demonstrates the inability to pay.



The reasons to differentiate charity care from Bad Debts are because:

- Charity care represents the consumption of valuable resources that must be managed wisely
- Charity care is one of the important indicators of the fulfillment of the Medical Center's charitable purposes and, therefore, should be clearly identified and disclosed
- Medical Center's eligibility for certain financial assistance is dependant on identification of charity care
- Bad Debts expense is a measure of the effectiveness of the Medical Center's credit and collection process

### **Criteria for Determination of the Charity Amount**

The criteria for determining the amount of charity care for which a patient is eligible at the time of an occasion or service should include the following factors:

- Individual or family income
- Individual family net worth
- Employment status and earning capacity
- Family size
- Other financial obligations
- The amount and frequency of bills for healthcare services
- Other sources of payment for the services rendered

### **Charity Eligibility Determination Process**

An evaluation is made to see if an individual has the ability to pay off the account in a time frame that meets the Medical Center's guidelines. The Medical Center typically establishes payment plans of 12 months or less when possible. However, an extended monthly payment plan will be considered based upon the level of account balance and available disposable income. Monthly installment payments would be capped at 10% of the patient's gross monthly income, except if assets are factored, in which case the monthly amount can be higher. Interest would be capped at the rate for a 90 day Treasury security plus 0.5%. Since each case involves many individual factors, the information gathering process is designed to allow the staff to obtain detailed information when making a charity recommendation to the Director of Patient Accounts.

### **Process of the Charity Application**

1. Staff will work individuals, face to face or by letter, to gather the necessary information
2. The applicant's eligibility for government assistance or entitlement programs will be reviewed i.e., medical assistance (Medicaid/CHCEP) *{Catastrophic Health Care Emergency Program}*



3. The income chart contained in this guideline, disposable income computations, and the availability of other assets will all be used to help determine if the person qualifies for charity
4. Charity care decisions will be approved by the Director of Patient Accounts to ensure, insofar as is possible, consistency and continuity
5. Generally, within two days of the receipt of all necessary information, the Medical Center will inform the applicant of any options that may exist for government assistance, payment plans, or charity care write-off. Once these options no longer exist, the hospital will inform the applicant, via letter or phone call, of its charity decision
6. With significant change in circumstances, individuals who are actively paying their accounts may re-apply for charity care write-off considerations
7. The patient may disregard any bills that might be sent until the hospital has rendered a decision on the application

#### **Information Used to Evaluate Determination of Charity**

In order to fairly administer these guidelines, applicants will be asked to provide and fill out the attached form “Statement of Income and Expenses” and Long Beach Medical Center will verify (when necessary) the following information:

- Types of services received or anticipated (i.e. is it a chronic condition that may qualify for other forms of government assistance or with other significant expenses anticipated?)
- What is the health condition necessitating treatment and is it medically necessary?
- What is the family size?
- What is the gross monthly income of the household and from what sources?
- What are the reasonable monthly expenses of the household?
- What kind of other resources/assets does the household have?
- Can the patient qualify for one of the assistance programs available in the community? (Coverage considered will include but not be limited to Medicaid, Medicaid via SSI, County Assistance, CHCEP Program)
- Is there an opportunity for the patient to be covered by insurance that they are able to afford or have paid by entitlement or other program? (i.e. Cobra or open enrollment)
- One form of ID, proof of residency, and one proof of income



## **Credit and Collections Policy Uncompensated Care Criteria**

Bad debts result from the unwillingness of a patient to pay, whereas charity service is provided to a patient with demonstrated inability to pay. The financial status of each patient should be determined so that an appropriate classification and distinction can be made between uncollectible amounts arising from patient's unwillingness to pay (bad debts) and those arising from patient's inability to pay (charity service). Determining each patient's ability to pay and the level of service eligible for charity support is a complex process, requiring sound judgment.

It is necessary to differentiate charity service from bad debts because:

- ◆ Charity service represents the consumption of valuable resources that must be managed wisely.
- ◆ Charity service is one of the important indicators of the fulfillment of the Medical Center's charitable purpose and, therefore, should be clearly identified and disclosed.
- ◆ Medical Center eligibility for certain financial assistance is dependent on identification of charity service.
- ◆ Bad Debt expense is a measure of the effectiveness of the Medical Center's credit and collection process.

While it is desirable to determine the amount of charity service for which a patient is eligible as close to the time of service as possible, there should be no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information.

Criteria for determining the amount of charity service for which a patient is eligible at the time of an occasion of service should include the following factors:

- ◆ Individual or family income
- ◆ Individual or family net worth
- ◆ Employment status and earning capacity
- ◆ Family size
- ◆ Other financial obligations
- ◆ The amount and frequency of bills for healthcare services
- ◆ Other sources of payment for the services rendered

The hospital will provide its Financial Aid/Charity Care policy/criteria to its collection agencies so that they may evaluate the patient for possible financial aid/charity care prior to the implementation of collection procedures. The hospital will carry each account turned over to a collection agency or an attorney as an asset on its books. The account will be written off to the bad debt reserve only when the account is returned as uncollectible from a collection agency. The hospital will set up a bad debt reserve based upon past experience and estimates of future requirements.



## THE 2005 HHS POVERTY GUIDELINES

### One Version of the [U.S.] Federal Poverty Measure

There are two slightly different versions of the federal poverty measure:

- The poverty thresholds, and
- The poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau** (although they were originally developed by Mollie Orshansky of the Social Security Administration). The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) Poverty thresholds since 1980 and weighted average poverty thresholds since 1959 are available on the Census Bureau’s Web site. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see “How the Census Bureau Measures Poverty” on the Census Bureau’s web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS). The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. (The full text of the *Federal Register* notice with the 2005 poverty guidelines is available [here](#).)

The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions (FAQs). See also the discussion of this topic on the Institute for Research on Poverty’s web site.

### 2005 HHS Poverty Guidelines

Persons in Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 9,570	\$11,950	\$11,010
2	12,830	16,030	14,760
3	16,090	20,110	18,510
4	19,350	24,190	22,260
5	22,610	28,270	26,010
6	25,870	32,350	29,760
7	29,130	36,430	33,510
8	32,390	40,510	37,260
For each additional person, add	3,260	4,080	3,750

**SOURCE:** *Federal Register*, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375.

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility.

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in February 2005 are designated the 2005 poverty guidelines. However, the 2005 HHS poverty guidelines only reflect price changes through calendar year 2004; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2004. (The 2004 thresholds are expected to be issued in final form in August 2005; a preliminary version of the 2004 thresholds is now available from the Census Bureau.)

The computations for the 2005 poverty guidelines are available.

The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

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Guidelines Last Revised: January 23, 2007

**<http://aspe.hhs.gov/poverty/05poverty.shtml>**

**LBMC CHARITY CARE PROGRAM  
2005 FEDERAL POVERTY GUIDELINES**

Percentage of Poverty Guidelines	Family Size								INPT PAYMENT EXPECTED (% MEDICAID DRG RATE)	OUTPT PAYMENT LESSER OF (MEDICAID RATE OR % OF CHARGES)
	1	2	3	4	5	6	7	8		
	Annual Salary \$									
	For Each Additional Person, Add \$3,260									
<b>100%</b>	9,570	12,830	16,090	19,350	22,610	25,870	29,130	32,390	0%	0%
<b>110%</b>	10,527	14,113	17,699	21,285	24,871	28,457	32,043	35,629	10%	3%
<b>120%</b>	11,484	15,396	19,308	23,220	27,132	31,044	34,956	38,868	20%	5%
<b>130%</b>	12,441	16,679	20,917	25,155	29,393	33,631	37,869	42,107	30%	8%
<b>140%</b>	13,398	17,962	22,526	27,090	31,654	36,218	40,782	45,346	40%	10%
<b>150%</b>	14,355	19,245	24,135	29,025	33,915	38,805	43,695	48,585	50%	12%
<b>160%</b>	15,312	20,528	25,744	30,960	36,176	41,392	46,608	51,824	60%	15%
<b>170%</b>	16,269	21,811	27,353	32,895	38,437	43,979	49,521	55,063	70%	18%
<b>180%</b>	17,226	23,094	28,962	34,830	40,698	46,566	52,434	58,302	80%	20%
<b>190%</b>	18,183	24,377	30,571	36,765	42,959	49,153	55,347	61,541	90%	23%
<b>200%</b>	19,140	25,660	32,180	38,700	45,220	51,740	58,260	64,780	100%	25%
<b>210%</b>	20,097	26,943	33,789	40,635	47,481	54,327	61,173	68,019	100%	28%
<b>220%</b>	21,054	28,226	35,398	42,570	49,742	56,914	64,086	71,258	100%	30%
<b>230%</b>	22,011	29,509	37,007	44,505	52,003	59,501	66,999	74,497	100%	33%
<b>240%</b>	22,968	30,792	38,616	46,440	54,264	62,088	69,912	77,736	100%	35%
<b>250%</b>	23,925	32,075	40,225	48,375	56,525	64,675	72,825	80,975	100%	38%
<b>260%</b>	24,882	33,358	41,834	50,310	58,786	67,262	75,738	84,214	100%	40%
<b>270%</b>	25,839	34,641	43,443	52,245	61,047	69,849	78,651	87,453	100%	43%
<b>280%</b>	26,796	35,924	45,052	54,180	63,308	72,436	81,564	90,692	100%	45%
<b>290%</b>	27,753	37,207	46,661	56,115	65,569	75,023	84,477	93,931	100%	48%
<b>300%</b>	28,710	38,490	48,270	58,050	67,830	77,610	87,390	97,170	100%	50%
<b>350%</b>	33,495	44,905	56,315	67,725	79,135	90,545	101,955	113,365	100%	53%
<b>400%</b>	38,280	51,320	64,360	77,400	90,440	103,480	116,520	129,560	100%	55%



## **THE 2006 HHS POVERTY GUIDELINES** **One Version of the [U.S.] Federal Poverty Measure**

There are two slightly different versions of the federal poverty measure:

- The poverty thresholds, and
- The poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau** (although they were originally developed by Mollie Orshansky of the Social Security Administration). The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) Poverty thresholds since 1980 and weighted average poverty thresholds since 1959 are available on the Census Bureau’s Web site. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see “How the Census Bureau Measures Poverty” on the Census Bureau’s web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS). The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. (The full text of the *Federal Register* notice with the 2006 poverty guidelines is available.)

The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions (FAQs). See also the discussion of this topic on the Institute for Research on Poverty’s web site.

### 2006 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 9,800	\$12,250	\$11,270
2	13,200	16,500	15,180
3	16,600	20,750	19,090
4	20,000	25,000	23,000
5	23,400	29,250	26,910
6	26,800	33,500	30,820
7	30,200	37,750	34,730
8	33,600	42,000	38,640
For each additional person, add	3,400	4,250	3,910

**SOURCE:** *Federal Register*, Vol. 71, No. 15, January 24, 2006, pp. 3848-3849

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in January 2006 are designated the 2006 poverty guidelines. However, the 2006 HHS poverty guidelines only reflect price changes through calendar year 2005; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2005. (The 2005 thresholds are expected to be issued in final form in August 2006; a preliminary version of the 2005 thresholds is now available from the Census Bureau.)

The computations for the 2006 poverty guidelines are available.

The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

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Guidelines Last Revised: January 24, 2007

**<http://aspe.hhs.gov/poverty/06poverty.shtml>**

**LBMC CHARITY CARE PROGRAM  
2006 FEDERAL POVERTY GUIDELINES**

Percentage of Poverty Guidelines	Family Size								INPT PAYMENT EXPECTED (% MEDICAID DRG RATE)	OUTPT PAYMENT LESSER OF (MEDICAID RATE OR % OF CHARGES)
	1	2	3	4	5	6	7	8		
	Annual Salary \$									
	For Each Additional Person, Add \$3,260									
<b>100%</b>	9,800	13,200	16,600	20,000	23,400	26,800	30,200	33,600	0%	0%
<b>110%</b>	10,780	14,520	18,260	22,000	25,740	29,480	33,220	36,960	10%	3%
<b>120%</b>	11,760	15,840	19,920	24,000	28,080	32,160	36,240	40,320	20%	5%
<b>130%</b>	12,740	17,160	21,580	26,000	30,420	34,840	39,260	43,680	30%	8%
<b>140%</b>	13,720	18,480	23,240	28,000	32,760	37,520	42,280	47,040	40%	10%
<b>150%</b>	14,700	19,800	24,900	30,000	35,100	40,200	45,300	50,400	50%	12%
<b>160%</b>	15,680	21,120	26,560	32,000	37,440	42,880	48,320	53,760	60%	15%
<b>170%</b>	16,660	22,440	28,220	34,000	39,780	45,560	51,340	57,120	70%	18%
<b>180%</b>	17,640	23,760	29,880	36,000	42,120	48,240	54,360	60,480	80%	20%
<b>190%</b>	18,620	25,080	31,540	38,000	44,460	50,920	57,380	63,840	90%	23%
<b>200%</b>	19,600	26,400	33,200	40,000	46,800	53,600	60,400	67,200	100%	25%
<b>210%</b>	20,580	27,720	34,860	42,000	49,140	56,280	63,420	70,560	100%	28%
<b>220%</b>	21,560	29,040	36,520	44,000	51,480	58,960	66,440	73,920	100%	30%
<b>230%</b>	22,540	30,360	38,180	46,000	53,820	61,640	69,460	77,280	100%	33%
<b>240%</b>	23,520	31,680	39,840	48,000	56,160	64,320	72,480	80,640	100%	35%
<b>250%</b>	24,500	33,000	41,500	50,000	58,500	67,000	75,500	84,000	100%	38%
<b>260%</b>	25,480	34,320	43,160	52,000	60,840	69,680	78,520	87,360	100%	40%
<b>270%</b>	26,460	35,640	44,820	54,000	63,180	72,360	81,540	90,720	100%	43%
<b>280%</b>	27,440	36,960	46,480	56,000	65,520	75,040	84,560	94,080	100%	45%
<b>290%</b>	28,420	38,280	48,140	58,000	67,860	77,720	87,580	97,440	100%	48%
<b>300%</b>	29,400	39,600	49,800	60,000	70,200	80,400	90,600	100,800	100%	50%
<b>350%</b>	34,300	46,200	58,100	70,000	81,900	93,800	105,700	117,600	100%	53%
<b>400%</b>	39,200	52,800	66,400	80,000	93,600	107,200	120,800	134,400	100%	55%



## THE 2007 HHS POVERTY GUIDELINES One Version of the [U.S.] Federal Poverty Measure

There are two slightly different versions of the federal poverty measure:

- The poverty thresholds, and
- The poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau** (although they were originally developed by Mollie Orshansky of the Social Security Administration). The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) Poverty thresholds since 1980 and weighted average poverty thresholds since 1959 are available on the Census Bureau’s Web site. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see “How the Census Bureau Measures Poverty” on the Census Bureau’s web site.

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The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important. Key differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions (FAQs). See also the discussion of this topic on the Institute for Research on Poverty’s web site.

**2007 HHS Poverty Guidelines**

<b>Persons in Family or Household</b>	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$10,210	\$12,770	\$11,750
2	13,690	17,120	15,750
3	17,170	21,470	19,750
4	20,650	25,820	23,750
5	24,130	30,170	27,750
6	27,610	34,520	31,750
7	31,090	38,870	35,750
8	34,570	43,220	39,750
For each additional person, add	3,480	4,350	4,000

**SOURCE:** *Federal Register*, Vol. 72, No. 15, January 24, 2007, pp. 3147–3148

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility.

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in January 2007 are designated the 2007 poverty guidelines. However, the 2007 HHS poverty guidelines only reflect price changes through calendar year 2006; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2006. (The 2006 thresholds are expected to be issued in final form in August 2007; a preliminary version of the 2006 thresholds is now available from the Census Bureau.)

The computations for the 2007 poverty guidelines are available.

The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

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Guidelines Last Revised: January 24, 2007

**<http://aspe.hhs.gov/poverty/07poverty.shtml>**

**LONG BEACH MEDICAL CENTER  
CHARITY CARE GUIDELINES  
2007 POVERTY LEVELS**

Percentage of Poverty Guidelines	FAMILY SIZE								Percent of Deductible or Co-pay	Inpatient Percent of Medicaid Rate	ER Percent of Medicaid Rate	Outpatient Percent of Charges
	1	2	3	4	5	6	7	8				
	Annual Salary \$ For Each Additional Dependent Add \$3,480											
	3,480	6,960	10,440	13,920	17,400	20,880	24,360					
<b>100%*</b>	10,210	13,690	17,170	20,650	24,130	27,610	31,090	34,570	10	10	10	5
<b>120%</b>	12,252	16,428	20,604	24,780	28,956	33,132	37,308	41,484	20	20	20	10
<b>140%</b>	14,294	19,166	24,038	28,910	33,782	38,654	43,526	48,398	40	40	40	15
<b>160%</b>	16,336	21,904	27,472	33,040	38,608	44,176	49,744	55,312	60	60	60	20
<b>180%</b>	18,378	24,642	30,906	37,170	43,434	49,698	55,962	62,226	80	80	80	25
<b>200%</b>	20,420	27,380	34,340	41,300	48,260	55,220	62,180	69,140	100	100	100	30
<b>220%</b>	22,462	30,118	37,774	45,430	53,086	60,742	68,398	76,054	100	110	110	35
<b>240%</b>	24,504	32,856	41,208	49,560	57,912	66,264	74,616	82,968	100	120	120	40
<b>260%</b>	26,546	35,594	44,642	53,690	62,738	71,786	80,834	89,882	100	130	130	45
<b>280%</b>	28,588	38,332	48,076	57,820	67,564	77,308	87,052	96,796	100	140	140	50
<b>300%</b>	30,630	41,070	51,510	61,950	72,390	82,830	93,270	103,710	100	150	150	55
<b>400%</b>	40,840	54,760	68,680	82,600	96,520	110,440	124,360	138,280	100	160	160	60

The discounts listed in this table apply only to uninsured & under insured, low-income patients. Patients deemed eligible for Medicare or Medicaid are required to apply for coverage in order to receive ‘Charity Care.’ Inpatient & Emergency room charity care reductions for patients over 200% of the Federal Guidelines will be at the lower of the percent of the Medicaid rate or the actual gross charge for the service provided. For families with more than 8 members \$3,480 will be added for each additional member

**\*Nominal Payment Guidelines**

The maximum total amount that shall be charged to eligible patients at or below 100% of the Federal Poverty Level

Inpatient-Per discharge	\$150
Ambulatory Surgery	\$150
MRI Testing	\$150
Emergency Visit	\$15
Clinic Visit	\$15
Prenatal & Pediatric	No Charge

**Patients Over 100% of the Poverty Guidelines**

The **greater** of the Nominal Payment Guidelines or the percentage of charge calculated from the chart above

**LONG BEACH MEDICAL CENTER  
CHARITY CARE GUIDELINES  
2007 POVERTY LEVELS**

**FAMILY CARE CENTER**

<b>Percentage of Poverty Guidelines</b>	<b>Family Size</b>								New Patient	Repeat Patient	Ancillary Tests Percent of Charge
	1	2	3	4	5	6	7	8			
	Annual Salary \$										
	For Each Additional Dependent Add \$3,480										
		3,480	6,960	10,440	13,920	17,400	20,880	24,360			
<b>100%*</b>	10,210	13,690	17,170	20,650	24,130	27,610	31,090	34,570	\$15.00	\$15.00	10%
<b>200%</b>	20,420	27,380	34,340	41,300	48,260	55,220	62,180	69,140	\$50.00	\$35.00	10%
<b>300%</b>	30,630	41,070	51,510	61,950	72,390	82,830	93,270	103,710	\$60.00	\$45.00	20%
<b>400%</b>	40,840	54,760	68,680	82,600	96,520	110,440	124,360	138,280	\$70.00	\$55.00	30%

The discounts listed in this table apply only to uninsured & under insured, low-income patients. Patients deemed eligible for Medicare or Medicaid are required to apply for coverage in order to receive 'Charity Care.'

Inpatient & Emergency room charity care reductions for patients over 200% of the Federal Guidelines will be at the lower of the percent of the Medicaid rate or the actual gross charge for the service provided

For families with more than 8 members, \$3,480 will be added for each additional member.

**\*Nominal Payment Guidelines**

The maximum total amount that shall be charged to eligible patients at or below 100% of the Federal Poverty Level

Ambulatory Surgery	\$150
MRI Testing	\$150
Clinic Visit	\$15
Prenatal & Pediatric	No Charge

**Patients Over 100% of the Poverty Guidelines**

The **lesser** of the Nominal Payment Guidelines or the percentage of charge calculated from the chart above

**LONG BEACH MEDICAL CENTER  
CHARITY CARE GUIDELINES  
2007 POVERTY LEVELS**

**CLINICS**

Percentage of Poverty Guidelines	Family Size								Per Visit	Ancillary Tests Percent of Charge
	1	2	3	4	5	6	7	8		
	Annual Salary \$ For Each Additional Dependent Add \$3,480									
		3,480	6,960	10,440	13,920	17,400	20,880	24,360		
<b>100% or less</b>	10,210	13,690	17,170	20,650	24,130	27,610	31,090	34,570	\$10.00	10%
<b>Up to 200%</b>	20,420	27,380	34,340	41,300	48,260	55,220	62,180	69,140	\$15.00	20%
<b>Up to 300%</b>	30,630	41,070	51,510	61,950	72,390	82,830	93,270	103,710	\$20.00	30%
<b>Up to 400%</b>	40,840	54,760	68,680	82,600	96,520	110,440	124,380	138,280	\$30.00	40%

The discounts listed in this table apply only to uninsured & under insured, low-income patients. Patients deemed eligible for Medicare or Medicaid are required to apply for coverage in order to receive 'Charity Care.'

Inpatient & Emergency room charity care reductions for patients over 200% of the Federal Guidelines will be at the lower of the percent of the Medicaid rate or the actual gross charge for the service provided

For families with more than 8 members, \$3,480 will be added for each additional member.

**\*Nominal Payment Guidelines**

The maximum total amount that shall be charged to eligible patients at or below 100% of the Federal Poverty Level

Ambulatory Surgery	\$150
MRI Testing	\$150
Clinic Visit	\$15
Prenatal & Pediatric	No Charge

# **SECTION IV**

## **LETTERS**

### **ENGLISH**

**INITIAL CHARITY  
CARE REQUEST  
LETTER**



DATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADMISSION/SERVICE DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

Dear Sir/Madam,

As per your request, attached is the form to be completed for financial aid/charity care consideration. Please be sure to complete all questions on this form and return it to us with all necessary documentation within 20 days from the above date.

The review of your application should take no more than 30 days from the date of receipt of your completed application which would include required documentation needed by the Hospital to make a decision.

RETURN TO:

LONG BEACH MEDICAL CENTER  
ATTN: Patient Accounts Coordinator  
Patient Accounts Department  
455 EAST BAY DRIVE  
LONG BEACH, NY 11561

Thank you.

\_\_\_\_\_  
Patient Accounts Coordinator  
(516) 897-1030



Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Family Size/Number in Household \_\_\_\_\_

	Patient Income	Spouse Income
Wages		
Social Security Payment		
Unemployment Compensation		
Disability		
Worker's Compensation		
Alimony/Child Support		
Dividends/Interest/Rentals		
All Other Income		
<b>Total</b>		

I affirm that the above information is true, complete, and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, or need help completing this application, call Patient Accounts at (516) 897-1030.

If you have received a bill or bills from the hospital, check here: \_\_\_\_\_

You do not have to make any payment to the hospital until the hospital sends you a letter with its decision on your application.

Please send completed form and attachments to:  
 Long Beach Medical Center  
 Attn: Patient Accounts Department  
 455 East Bay Drive  
 Long Beach, NY 11561



***DOCUMENTATION REQUIRED FOR  
PROOF OF INCOME  
TO QUALIFY FOR FINANCIAL AID/CHARITY CARE***

Please submit the documentation required in support of your income and expenses listed in sections 6 & 8 on the previous page to be reviewed for possible financial aid/charity care. Failure to submit documentation may disqualify you from any possible financial aid/charity care.

- Income tax return. Or if no return was filed, a letter from your previous employer verifying your income for the last 4 pay periods. The letter from your employer should indicate employer's name, address, phone #, and be signed and notarized

**-OR-**

- Savings accounts, CD's, and other investments
- Interest Income: interest, dividends, etc.
- Unemployment insurance stubs
- Mortgage statements
- Support payments- divorce or separation
- Other benefits such as retirement benefits, Workers Compensation, pension, Social Security, etc...
- Letter of support from responsible party, with income documentation

All documentation shown should be enclosed to justify your income.

If you have any questions please call (516) 897-1030.

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Patient Accounts Coordinator  
(516) 897-1030

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# **% OF CHARITY DISCOUNT LETTER**



DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

ADMISSION DATE \_\_\_\_\_

DISCHARGE DATE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

As per your request, we have reviewed your account for consideration of Financial Aid/Charity Care.

Based on the financial information that you have supplied, a portion of your account was written off as charity care in the amount of \$ \_\_\_\_\_, therefore your obligation towards the amount due is \$ \_\_\_\_\_, which can be paid to Long Beach Medical Center as follows:

Full payment is expected within 10 days from the date of this letter, or if you wish to make \_\_\_\_\_ payments of \$ \_\_\_\_\_ a month, please sign below.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

**Please note:** If you become delinquent on monthly installments, account will be immediately referred to collections.

Method of payment:

Cash

Check

Credit Card

American Express

Discover

Master Card

Visa

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

We appreciate your prompt response.

Sincerely,

\_\_\_\_\_  
Patient Accounts Coordinator  
(516) 897-1030

# **CHARITY CARE DENIAL LETTER**



DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

ADMISSION AND DISCHARGE DATES \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

AMOUNT DUE \_\_\_\_\_

As per your request, we have reviewed your account for consideration of Financial Aid/Charity Care. Based on the financial information that you have supplied, your income exceeds the limit to qualify for Financial Aid/Charity Care, therefore, your obligation towards the amount due is \$ \_\_\_\_\_, which is payable to Long Beach Medical Center as follows:

Full payment is expected within 10 days from the date of this letter, or if you wish to make \_\_\_\_\_ payments of \$ \_\_\_\_\_ a month, please sign below.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

**Please note:** If you become delinquent on monthly installments, account will be immediately referred to collections.

Method of payment:

- Cash       Check       Credit Card  
 American Express     Discover     Master Card     Visa

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

If you disagree with this decision, please submit a letter requesting a reconsideration, the reason for your request, and all documentation in support of your request. Your letter must be returned to Long Beach Medical Center within 20 days of the date of this notice.

We appreciate your prompt response.

Sincerely,

\_\_\_\_\_  
Patient Accounts Coordinator  
(516) 897-1030

**SECTION IV-A**

**LETTERS**

**SPANISH**

**INITIAL CHARITY  
CARE REQUEST  
LETTER  
SPANISH**



FECHA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FECHA DE ADMISIÓN/FECHA DE SERVICIO: \_\_\_\_\_

NUMERO DE ARCHIVO: \_\_\_\_\_

Querido Señor(a):

En respuesta de su petición, le mandamos el formulario para considerar su caso como una cuenta de caridad. Por favor conteste todas las preguntas y regrese el formulario con toda su documentación de ingresos y gastos dentro de 15 días de la fecha de esta carta.

Tan pronto recibimos sus documentos le dejaremos saber nuestra decisión de 15 días.

REGRESE A ESTA DIRECCIÓN:

LONG BEACH MEDICAL CENTER  
455 EAST BAY DRIVE  
LONG BEACH, NY 11561

ATTN: Patient Accounts Department

Muchas Gracias,

\_\_\_\_\_  
Coordinador de Cuentas del Paciente  
(516) 897-1030



Nombre \_\_\_\_\_

Dirección \_\_\_\_\_

\_\_\_\_\_

Teléfono \_\_\_\_\_

Numero de miembros en su hogar \_\_\_\_\_

	<b>Ingreso del Paciente</b>	<b>Ingreso del Cónyuge</b>
Salario		
Pagos del Seguro Social		
Compensación de Desempleo		
Compensación de Discapacitado		
Compensación del Trabajo		
Alimenticia/Mantenimiento de Niños		
Finanzas dividendo/Interés/Renta		
Cualquier otro tipo de Ingreso		
<b>Total</b>		

Afirmo que esta información es exacta, completa, y correcta a mi mejor discreción:

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

Si tienes alguna pregunta o necesitas ayuda para completar esta aplicación, llame al departamento de cuentas del paciente al (516) 897-1030.

Si ha recibido una cuenta(s) del hospital marque el encasillado

No es necesario enviarle un pago al hospital hasta que el hospital le envíe la determinación de su aplicación.

Por favor, enviar la aplicación completada con sus documentos a:

**Long Beach Medical Center**  
**Attn: Patient Accounts Department**  
**455 East Bay Drive**  
**Long Beach, NY 11561**



***DOCUMENTACIÓN NECESARIA PARA  
PRUEBA DE INGRESOS***

Por favor adjunte los siguientes documentos como evidencia de sus ingresos y gastos en la sección 6 y 8 de su aplicación.

Si no adjunta la documentación su caso será rechazado por posible ayuda financiera.

- Copia de la planilla de impuestos, o si no fue llenada la planilla de impuestos, una carta del empleador verificando sus ingresos por los últimos cuatro periodos de pago. La carta de su empleador tiene que indicar el nombre, dirección, # de teléfono, u una firma notorizada.
- Copias de su pago de seguro de desempleo.
- Recibo de su pago de renta o hipoteca de su residencia.
- Constancia de pagos de pensión de alimento- divorcio y separación.
- Papeles de beneficios de retiro, compensación de trabajadores o pensiones
- Carta de mantenimiento de la persona responsable, con documentación de ingresos.
- Copias de recibo de teléfono, gas, electricidad, etc...

Si UD. Tiene alguna pregunta por favor de llamar al teléfono (516) 897-1030

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Coordinador de Cuentas del Paciente  
(516) 897-1030

**% OF CHARITY  
DISCOUNT LETTER  
SPANISH**



Fecha \_\_\_\_\_

Nombre del Paciente \_\_\_\_\_

Fecha del Servicio \_\_\_\_\_

Fecha de Alta \_\_\_\_\_

Numero de Archivo \_\_\_\_\_

Balance \_\_\_\_\_

En respuesta de su petición, hemos analizado su cuenta, para considerar su caso como una cuenta de caridad.

Basado en la información financiera que nos mando, el balance a pagar de su cuenta ha sido reducido por \$ \_\_\_\_\_, por tanto su obligación es el balance de \$ \_\_\_\_\_ el cual debe ser pagado a Long Beach Medical Center de la siguiente manera:

Pago total dentro de 10 días de esta carta, o, si usted desea puede pagar en \_\_\_\_\_ pagos de \$ \_\_\_\_\_ al mes.

\_\_\_\_\_  
Firma del Paciente

\_\_\_\_\_  
Fecha

**AVISO:** Si deja de someter sus pagos mensuales, su cuenta será transferida a una agencia de colección.

Método de pago:

- En Efectivo       Cheque       Tarjeta de Crédito  
 American Express       Discover       Master Card       Visa

# de su tarjeta \_\_\_\_\_ Fecha de vencimiento \_\_\_\_\_

\_\_\_\_\_  
Firma Autorizada

\_\_\_\_\_  
Fecha

Agradecemos su rejusta lo más pronto posible.

Sinceramente,

\_\_\_\_\_  
Coordinador de Cuentas del Paciente  
(516) 897-1030

**CHARITY CARE  
DENIAL LETTER  
SPANISH**



Fecha \_\_\_\_\_

Nombre \_\_\_\_\_

Fecha de Admisión y de Alta \_\_\_\_\_

Numero de cuenta \_\_\_\_\_

Balance \_\_\_\_\_

Basado en la información financiera que nos mando, sus entradas excede el límite para ser cualificado por una cuenta de caridad. Por tanto su obligación es el balance de \$ \_\_\_\_\_ el cual debe ser pagado a Long Beach Medical Center de la siguiente manera:

Esperamos su pagos en 10 días de la fecha de esta carta, o, si usted desea puede pagar en \_\_\_\_\_ pagos de \$ \_\_\_\_\_ al mes, por favor firme si acepta estos pagos mensuales.

\_\_\_\_\_  
Firma del Paciente

\_\_\_\_\_  
Fecha

**AVISO:** Si deja de someter sus pagos mensuales, su cuenta será transferida a una agencia de colección.

Método de pago:

- En Efectivo       Cheque       Tarjeta de Crédito  
 American Express       Discover       Master Card       Visa

# de su tarjeta \_\_\_\_\_ Fecha de vencimiento \_\_\_\_\_

\_\_\_\_\_  
Firma Autorizada

\_\_\_\_\_  
Fecha

Si usted no esta de acuerdo con la decisión, por favor someta una carta pidiendo una reconsideración. Incluya los documentos necesarios para apoyar su reconsideración. Tiene 20 días para someter esta carta a Long Beach Medical Center, a partir de la fecha en que reciba esta carta.

Agradecemos su repuesta lo más pronto posible.

Sinceramente,

\_\_\_\_\_  
Coordinador de Cuentas del Paciente  
(516) 897-1030