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| PAYMENT FOR REIMBURSED AND UNREIMBURSED SERVICES | Policy Number: PM.P10 |
| NHPCO Standard(s): PM 5; PM 5.1; PM 5.3 | |
| Regulatory Citation(s): CFR 418.66 | JCAHO: PI.1.10, LD.4.50 |

Payment for Reimbursed and Unreimbursed Services

Purpose: To outline process for provision of care for under-insured and uninsured patients

Policy: Compass Regional Hospice shall accept appropriate patients and their families regardless of their ability to pay for services.

Procedures:

1. All clinical decisions for services will be made based on the needs of the patient/family using agency approved policy and guidelines.
2. Patients who are eligible for Medicare or Medicaid hospice benefits elect their benefit upon admission to Compass Regional Hospice. The payment received from these reimbursement sources shall be considered payment in full for hospice care covered under the hospice benefit.
3. Compass Regional Hospice will bill private insurance providers directly on a monthly basis for patients with private insurance or other third-party payers. Patients will be responsible for all charges not paid by their insurance provider. A sliding scale option, based on the State of Maryland Poverty Scale, is available to qualifying patients. . At the request of the patient/family, a financial assessment, obtained by the Clinical Assistant or Finance Department representative, will be reviewed by the Compass Regional Hospice finance team to determine the patient’s eligibility for sliding scale fees.
4. Patients with no insurance or insurance without a hospice benefit will be responsible for payment for services provided. A cost estimate will be provided before services are rendered. A sliding scale option, based on the State of Maryland Poverty Scale, is available to qualifying patients. At the request of the patient/family, a financial assessment, obtained by the social worker, will be reviewed by the Compass Regional Hospice finance team to determine the patient’s eligibility for sliding scale fees.
5. When necessary and determined feasible, Compass Regional Hospice will use extended payments or a claim on an estate for the payment for hospice services.
6. A financial assessment will be requested from patient/families to determine the ability to pay for services. The specific goals of a financial assessment include:
 - Determine the level and continuity of monthly income
 - Determine the significance of debt versus assets
 - Determine the presence of life insurance

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*Please note this policy governs the payment for hospice services only. Other services provided by Compass Regional Hospice including the residential fees at The Hospice Center are governed by separate and specific policies.