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**Patient Financial Responsibility**

<b>Federal Regulations:</b> 418.52(c)	<b>Effective Date:</b> February 27, 2023
<b>State Regulations:</b> CA Article 6, Section 6.2	<b>Revision Date(s):</b> February 27, 2023

**PURPOSE:** To define means of determination of patient's funding source and ability to pay any out-of-pocket costs. To define services available to patients with no funding source.

**POLICY:** Funding sources are determined prior to or upon admission. Patients are provided information as to their financial responsibility prior to incurring expense.

**PROCEDURE:**

- 1) Hospice assesses patient payor source and financial ability to pay prior to offering any financial assistance and prior to patient incurring expenses.
- 2) Patients eligible for the Medicare or Medicaid hospice benefits do not have a financial assessment performed. Payment from these sources is considered as payment in full.
  - a) Hospice does not discontinue or reduce care provided to a Medicare or Medicaid beneficiary patient because of the beneficiary patient's inability to pay for that care.
- 3) Patients with private insurance or other third-party benefits that mirror the Medicare hospice benefit do not have a financial assessment. Payment from these sources is based on the contracted rate.
- 4) Patients with no funding source, a private insurance with no hospice benefit or insurance without a benefit equivalent to the Medicare hospice benefit are responsible for the costs for hospice services based on their ability to pay.
  - a) A financial assessment is completed to determine the patient's ability to pay.
  - b) Patients are informed of their financial responsibility prior to incurring expenses.
- 5) The Administrator approves admission of non-funded patients.
- 6) Hospice follows Medicare requirements for certification and recertification to determine eligibility.
- 7) Hospice provides core services to patients without Medicare or Medicaid equivalent benefit. Hospice arranges for noncore services and inpatient care, but patient is financially responsible for payment for those services if not covered under their payor.
- 8) Decisions regarding the provision of ongoing care, treatment, or services or discharge are based on the assessed needs of the patient and the safety, quality of care, treatment or services does not depend on the patient's ability to pay.