

TITLE: Financial Assistance Program

PURPOSE:

To provide guidelines and procedures for Patient Accounts to process applications for financial assistance in a consistent manner.

SUPPORTIVE DATA:

Patients may qualify for total or reduced fees for services if they meet the criteria, based in part on the annual Federal Poverty Guidelines.

RESPONSIBILITY:

- A request of assistance, or charity consideration may be initiated by anyone having knowledge of a person potentially qualifying to the Financial Assistance Program who has or will be receiving services at HCHC. All applications to this program should be submitted directly to Patient Accounting, along with the necessary documentation, which is necessary for processing. All requests for assistance should be made **prior** to receiving services, whenever possible, or upon receipt of the first statement.

CONTENT:

- The following criteria must be followed, in order to be considered for qualification for the HCHC Assistance Program.
- Patient Accounts is responsible for collecting all financial data from the patient in order to determine financial need. Those documents, which are required from the patient, are:

Most recent income tax return, financial statement, three months check stubs from current job or unemployment compensation. If there is no income at the present, a notarized statement providing date last worked and expected return to work date will be required.

- Patient must have been denied financial assistance in the past three months by all outside agencies, which are available for assistance. This may include, but not limited to Medicaid, Iowa Care Program, Hawk-I etc. If the patient is eligible for Iowa Care, HCHC assistance is not available, with the exception of emergency cases.
- Services must be considered medically necessary. Cosmetic surgery is not covered. Elective cases must be reviewed prior to receiving services. Custodial or non-acute services are not covered.
- Services received, that could have been covered by Medicaid or other payer sources, but patient refused to apply or attend appointment for eligibility, will not be considered under the HCHC Assistance Program.

- Approved assistance is in effect for the specific episode of care and for at most, one month from the time the approval is signed off on. Reapplication for the program must be made for additional services for the same episode, after the one-month period expires.
- Accounts, which have already been placed with outside collection agencies, will not be considered under the program. Under true hardship cases, the Patient Accounting Supervisor will review accounts.
- Patient must meet both the income and assets eligibility criteria as provided by HHS Poverty Income Guidelines. Please see attached income guidelines, as they change yearly. Liquid assets cannot exceed \$1000 for an individual and \$2000 for a family to be considered for 100% assistance. When determining eligibility, a spouse's income and assets must be used for an adult, and parents' combined income will be used in the case of a minor child. In the case of a child of divorced parents, income for the parent with which the child resides will be considered.
- Once the level of assistance is established (other than 100%) and approved, a payment schedule will be established according to departmental guidelines and patient or guardian will be expected to fulfill that obligation.
- Once an account has been determined to be eligible for financial assistance, prior to writing off to bad debt, a signature from a staff member of Patient Accounts and the Patient Accounts Manager must be obtained. For applications in which account balances total \$5000.00 or more the CEO must sign in addition to the above.

FINANCIAL ASSISTANCE PROGRAM CRITERIA

In order to qualify for assistance for services received at Henry County Health Center (HCHC) an application must be made. Certain criteria, based on individual or family income and assets, will be evaluated. Because HCHC is a county hospital, the charity program is offered to Henry County residents. Patients who reside outside of Henry County may apply but may be referred to their respective county.

To apply, the HCHC Financial Assistance Application must be completed in advance of receiving services at HCHC (other than in emergency situations). Applications must be complete, legible, signed and dated. Those applications, which are not complete, will be denied and returned.

Verification of income must accompany the application. Any of the following methods may be used:

1. Complete tax return for the previous year.
2. Paycheck stubs for the previous three consecutive months.

3. If unemployed, a notarized letter which states the last date of employment, along with the expected return to work date.

You may be asked to complete an application with the Department of Human Services (DHS) to determine if you are eligible for any State or County programs, such as Medicaid and/or The Iowa Care Program. If you reside in Henry County, the telephone number for the local office is 986-5157 and is located at 202 N. Jackson Street. Please contact their office and you will be given either an appointment with their staff, or instructions to pick up the necessary paperwork prior to being given an appointment with them. Should you be informed you are not eligible for DHS assistance, HCHC will require a copy of the denial for our records. If you reside outside of Henry County, you must contact the DHS within your county.

Failure to apply for any assistance with outside agencies will be grounds for denial from the HCHC Financial Assistance Program. This program is intended to be accessed only after all application efforts with outside agencies have been exhausted.

Once you have qualified for the HCHC Financial Assistance Program for a specific type of treatment, your qualification will be valid up to one month, for that course of treatment. If additional services are needed after the one-month has expired, you must complete a new application. If unrelated services are needed after qualification, you also may be asked to complete a new application. Again, qualification to this program will only occur AFTER application to DHS and County Agencies have been made and denied. For additional information, please contact Patient Accounts at 385-6549.