

**TITLE: Financial Assistance Program**

**PURPOSE:**

To provide guidelines and procedures for Patient Financial Services 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 Financial Services (PFS), along with the necessary documentation, which is necessary for processing. All requests for assistance should be made at the time of the receipt of the first statement or at the earliest point in the Revenue Cycle where identification is made that there are no resources for payment for services that have been received at HCHC.

**CONTENT:**

- The following criteria must be followed in order to be considered for qualification for the HCHC Financial Assistance Program.
- PFS 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 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, (all State Programs), Care For Yourself, and/or County Assistance Programs. If the patient is not eligible, denial of coverage is required.
- Services must be considered medically necessary. Cosmetic surgery is not covered. Generally, elective services are not allowed under the Financial Assistance (Charity) Program. Services not covered include: Custodial (Park Place services), corrective lenses, physicals or any type of non-emergent services provided in a clinic setting.

- 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 Financial Assistance Program.
- Approved assistance is in effect for the specific episode of care and for 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 Financial Director or Administration will review accounts.
- Patient must meet both the income and assets eligibility criteria as provided by HHS (Health and Human Services) Poverty Income Guidelines. Criteria for income guidelines change as published on a yearly or every other year basis by HHS. HCHC processes Financial Assistance applications at 200% level of Poverty Income Guidelines. 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 whom the child resides will be considered. Presumptive charity may be granted by PFS Director/CFO under certain circumstances. Examples may be (but not limited to) patient becomes deceased and no probate or funds to pay outstanding account(s) or indigent.
- Once the level of assistance is established (other than 100%) and approved, a payment schedule will be established according to departmental guidelines and the 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 PFS and the PFS Director must be obtained. For applications in which account balances total \$5000.00 or more the CFO 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. There may be extenuating situations and each application will be evaluated on a case by case basis.

Non documented residents are not eligible for Financial Assistance and must apply to the 72 hour Medicaid program and follow guidelines determined by DHS for coverage.

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 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 any other programs which are currently available. If you reside in Henry County, the telephone number for the local office is 319- 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.**

A Financial Assistance application may be obtained online at [www.hchc.org](http://www.hchc.org), from Patient Financial Services Department or any Registration area within HCHC.

01/01/16