

HENRY COUNTY HOSPITAL, INC.	
Administrative Policies & Procedures Manual	Title: Financial Assistance
Source: Patient Financial Services	Initial Implementation Date: 03/01
JCAHO Section: Patient Rights and organization of Ethics	Reviewed Date: 07/02, 04/03, 07/04, 03/05, 03/06, 03/06, 03/07, 03/08
Previous Name of Policy If Changed: Charity Care	Revised Date: 01/02, 08/03, 03/05, 03/06, 03/06, 03/07, 03/08
APPROVALS:	
Department Manager/Committee Chairperson:	Date:
Mary Wilson	
Administrative Officer:	Date:
Kimberly Bordenkircher	
Medical Director/Physician: N/A	Date:

PURPOSE:

To set forth a method for identifying and adjusting accounts for Financial Assistance in an equitable and appropriate manner. This policy is to be coordinated with the Hospital Care Assurance Program (HCAP).

POLICY:

1. The Financial Counselor or appropriate department will provide HCAP application to patient for completion.
2. The Financial Counselor will assess and identify accounts where eligibility exists in accordance with financial assistance guidelines.
3. The patient will complete a HCAP application. The Financial counselor must determine that the patient does not qualify for HCAP in order to qualify for Financial Assistance.
4. The Financial Counselor will assess and identify accounts where eligibility exists in accordance with financial assistance guidelines.
5. The Financial Counselor will determine the patient's responsibility portion of the bill and obtains payment in full or makes arrangements for appropriate payment plan.
6. The Financial Counselor will assure that the patient meets the following requirements:
 - a. HCAP application and denial is required prior to allowing the Financial Assistance policy to allocate adjustment.
 - b. The Financial Counselor will request income verification.
 - c. Eligibility will be based solely on gross income and the number of members in the family within the household to include dependents under 18 years of age.
 - d. Family does not need to be a resident of this state.
 - e. The patient is not eligible if the patient has not abided by the agreement with his or her own insurance carrier.
 - f. No account will be eligible if legal action has already been taken to collect the balance.

POINTS OF EMPHASIS:

1. These guidelines can be changed as necessary to meet federal poverty guideline information as it is updated. Henry County Hospital Financial Assistance Rates for 2008 are:
 - a. Family of 1 \$15,601.00
 - b. Family of 2 \$21,000.00
 - c. Family of 3 \$26,400.00
 - d. Family of 4 \$31,800.00
 - e. Family of 5 \$37,200.00
 - f. Family of 6 \$42,600.00

- g. Family of 7 \$48,000.00
- h. Family of 8 \$53,400.00
- 2. Physician charges not covered by HCAP will automatically qualify for financial assistance when eligibility has been established for related hospital services.
- 3. Patient account will be assigned to the Financial Assistance financial class 27.
- 4. Payments can be made check, cash, money order, credit card, Henry County Bank Loan, or by reasonable installment payments.

REFERENCES:

Financial Assistance Financial Guideline income adjustments

RELATED POLICIES:

Authorization to disclose protected health information
Release of protected health information
Notice of privacy practices



FINANCIAL ASSISTANCE FINANCIAL GUIDELINES FOR 2008:

Families of 1 – Consider financial adjustment in full up to \$15,600 gross income. For income over \$15,600 we write off a percentage in increments of \$1,000. For example:

- \$15,601 - \$16,600 patient pays 20% of bill, HCH writes off 80%
- \$16,601 - \$17,600 patient pays 40% of bill, HCH writes off 60%
- \$17,601 - \$18,600 patient pays 60% of bill, HCH writes off 40%
- \$18,601 - \$19,600 patient pays 75% of bill, HCH writes off 25%
- \$19,601 - \$20,600 patient pays 90% of bill, HCH writes off 10%

Families of 2 – Consider financial adjustment in full up to \$21,000 gross income. For income over \$21,000 we write off a percentage in increments of \$1,000. For example:

- \$21,001 - \$22,000 patient pays 20% of bill, HCH writes off 80%
- \$22,001 - \$23,000 patient pays 40% of bill, HCH writes off 60%
- \$23,001 - \$24,000 patient pays 60% of bill, HCH writes off 40%
- \$24,001 - \$25,000 patient pays 75% of bill, HCH writes off 25%
- \$25,001 - \$26,000 patient pays 90% of bill, HCH writes off 10%

Families of 3 – Consider financial adjustment in full up to \$26,400 gross income. For income over \$26,400 we write off a percentage in increments of \$1,000. For example:

- \$26,401 - \$27,400 patient pays 20% of bill, HCH writes off 80%
- \$27,401 - \$28,400 patient pays 40% of bill, HCH writes off 60%
- \$28,401 - \$29,400 patient pays 60% of bill, HCH writes off 40%
- \$29,401 - \$30,400 patient pays 75% of bill, HCH writes off 25%
- \$30,401 - \$31,400 patient pays 90% of bill, HCH writes off 10%

Families of 4 – Consider financial adjustment in full up to \$31,800 gross income. For income over \$31,800 we write off a percentage in increments of \$1,000. For example:

- \$31,801 - \$32,800 patient pays 20% of bill, HCH writes off 80%
- \$32,801 - \$33,800 patient pays 40% of bill, HCH writes off 60%
- \$33,801 - \$34,800 patient pays 60% of bill, HCH writes off 40%
- \$34,801 - \$35,800 patient pays 75% of bill, HCH writes off 25%
- \$35,801 - \$36,800 patient pays 90% of bill, HCH writes off 10%

Families of 5 – Consider financial adjustment in full up to \$37,200 gross income. For income over \$37,200 we write off a percentage in increments of \$1,000. For example:

- \$37,201 - \$38,200 patient pays 20% of bill, HCH writes off 80%
- \$38,201 - \$39,200 patient pays 40% of bill, HCH writes off 60%
- \$39,201 - \$40,200 patient pays 60% of bill, HCH writes off 40%
- \$40,201 - \$41,200 patient pays 75% of bill, HCH writes off 25%
- \$41,201 - \$42,200 patient pays 90% of bill, HCH writes off 10%

Figures are based on a percentage of HHS Poverty Guidelines.