PURPOSE:

This policy is intended to establish guidelines for a structured procedure so as not to exclude anyone from seeking medical services on the grounds that such a person may not have adequate resources to pay for services rendered at Henry County Hospital. It is intended to address those that do not have the ability to pay and to offer a discount from billed charges for those who are able to pay a portion of the costs of their care. This policy set forth the basic framework for Henry County Hospital and all entities that are owned, leased or operated by Henry County Hospital. Upon adoption by the Board or Board designee, this policy represents the official financial assistance policy, herein called the FAP, and follows the guidelines set forth in the Internal Revenue Code Section 501r. Henry County Hospital also reserves the right to attempt using all legal means to recover payment for those medical services received at Henry County Hospital.

POLICY:

This policy refers to medical services rendered to patients who claim they are not able to pay all or any of the costs when healthcare services are rendered. Although designated as charity, when Henry County Hospital believes that a patient who claims charity has assets usable for payment of services given, the Henry County Hospital Policy is to make every reasonable attempt to collect payment for medical services rendered.

It is the policy of Henry County Hospital that no patients seeking medical service that can be provided by the Hospital will be denied access to those services solely because of the inability to pay for those services. Henry County Hospital will provide without discrimination, care for emergency services, and medically necessary services for individuals regardless of whether they are eligible based on the Henry County Hospital Financial Assistance Policy (FAP). Debt collection activity in the emergency department or in other areas of the hospital facility where such activities could interfere with the provisions of emergency or medically necessary care is prohibited.

Henry County Hospital may make available services without charge or at a reduced rate charges, based on the ability to pay as determined by Henry County Hospital. The amounts charged for emergency and other medically necessary care provided to individuals eligible for financial assistance will not be more that the amounts generally billed to individuals who have insurance covering the same care.

Henry County Hospital reserves the right for the Financial Counselors to investigate an inquire as to income and other factors which would assist the Hospital in making the determination of the ability to pay.

All patients have the opportunity to apply for financial assistance prior to the Hospital engaging in extraordinary collection activities (ECA). Eligibility determination under this policy is effective for covered services up to 240 days prior to the application for financial assistance and do not apply to dates of services after this Financial Assistance final approval date. Henry County Hospital will not engage in ECA’s against an individual to obtain payment for care before making a reasonable effort to determine the individual is FAP eligible for the care.

The Manager of Patient Financial Services (PFS) and Manager of Marketing will post the policy on the Henry County Hospital website (www.henrycountyhospital.org). It is also available at all Registration areas throughout the Hospital, including the Emergency Department. In addition, each Hospital billing statement includes a notice regarding the availability of financial assistance. The patients and Hospital community are also notified via signage located throughout the Hospital.

The applications for financial assistance application may be downloaded from the internet free of charge at henrycountyhospital.org. The application may be obtained by calling 419-591-3813 or visiting the Financial Assistance Office Monday-Friday 8:00am – 4:00pm located at the Administrative Entrance of Henry County Hospital. A written request can also be made through the mail to the following address.
Henry County Hospital
Financial Counselors
1600 E. Riverview Avenue
Napoleon, OH 43545

Completed applications for financial assistance along with proof of household income and family size should be mailed to address above or returned in person the Financial Assistance office. Application assistance is available by calling or visiting the Financial Assistance office at the contact information above.

A plain language summary of the FAP is available upon request and is offered as part of the intake process in both the Emergency Department Registration and Registration areas. Please reference attachment: Financial Assistance Policy – Plain Language Summary for more information.

FAP Policy Instructions

The following are instruction statements regarding how the policy is executed.

Alternative sources of payment:

Please note: All commercial, federal and state health and medical payment sources including automobile and homeowners’ policies available to the patient prior to receiving financial assistance under Henry County Hospital’s FAP.

Eligibility Criteria and Determination:

In determining the adequacy or inadequacy of income, the most current federal poverty income guidelines for the low end and 300% of the guidelines for the high end will be used as a scale based on the GROSS income of the patient and the patients household, the patients household size and other medical/financial obligations.

Limitation of Charges/Amounts generally billed:

Henry County Hospital limits the amounts charged for emergency and medically necessary services provided to individuals eligible for assistance under this policy to not more than the amounts generally billed to individuals who have Insurance coverage for such care. The AGB is derived by dividing the sum of all medically necessary services provided at the Hospital and paid during the relevant period by Medicare fee for service and all private health insurers as primary payers, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-pays, co-insurance and deductibles, by the charges set forth in the Henry County Hospital Charge Master at the time the services were rendered. The Hospital specific AGB percentage shall be calculated annually by the Controller for a twelve (12) month period from November 1 to October 31 and allows 120 days for such calculation to be made and updated in the FAT. The calculation of the Hospital specific AGB percentage shall comply with the “look back method” described in the IRS Regulation 501r-5b (1) (B).

Write offs’ and adjustments:

Emergency and medically necessary services will be written off in whole or part if the patient’s financial assistance application is approved. All determinations pertinent to the FAP are to be made by the Financial Counselor and monitored by the Manager of Patient Financial Services.

FINANCIAL ASSISTANCE POLICY DEFINITIONS

Amounts Generally Billed (AGB): means the usual and customary charges for covered services provided to individuals eligible under the Basic Financial Assistance Program, multiplied by the AGB percentage applicable to such services.

Assets: Liquid assets that can be converted to cash to meet financial obligations.

Billing and Collections Policy: means the Henry County Hospital Policy entitled “Patient Financial Services Self-Pay Policy” is the same and may be amended from time to time.
Emergency Services: Means a medical condition of a patient that has resulted from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are likely to place the patient’s health in serious jeopardy, result in serious impairment to bodily functions of the patient or result in serious dysfunction of any bodily organ or part.

Extraordinary Collection Actions (ECA): Actions taken by Henry County Hospital against any individual related to obtaining payment of a bill for care that requires a legal process, selling an individual’s debt to another party or reporting adverse information to consumer credit reporting agencies.

FAP-Eligible: means an individual eligible for financial assistance under this policy.

Federal Poverty Guidelines: measures of income levels issued annually by the Department of Health and Human Services. Federal Poverty levels are used to determine eligibility for this financial assistance policy.

Hospital Facility and Hospital Owned Entities: Henry County Hospital and all Henry County Hospital owned or partially owned entities that are disregarded as separate from Henry County Hospital for federal tax purposes are required to follow the 501r requirements with respect to care provided for emergency and medically necessary services. Please reference Attachments: Henry County Hospital Physicians covered by the Henry County Hospital Financial Assistance Policy and Physicians not covered by the Henry County Hospital Financial Assistance Policy for more information. Note: These lists are Henry County Hospital specific.

Limitation on Charges: refers to limiting the amounts charged for emergency and other medically necessary care provided to individuals eligible for financial assistance to not more than the amounts generally billed to individuals who have insurance covering the same care. In addition, for billing and collection, Henry County Hospital may not engage in ECA’s before reasonable efforts have been made to determine whether the individual is eligible for financial assistance.

Medically Necessary Services: means those inpatient and outpatient services required to identify and treat an illness or injury.

PFS: means Patient Financial Services, the operating unit of Henry County Hospital responsible for billing and collecting self-pay accounts for hospital services.

Plain Language Summary: is a written statement that notifies an individual that Henry County Hospital offers financial assistance under the FAP and provides information clear, concise and easy to understand description.

REFERENCES:
1. Patient Protection and Affordable Care Act, Section 9007
2. Internal Revenue Code, Section 501r

RELATED POLICIES:
1. Authorization to Disclose Protected Health Information
2. Release of Protected Health Information
3. Notice of Privacy Practices

DOCUMENT
OWNER:
Arbaugh, Tami - Revenue Cycle Manager

SIGNATURES: Brenda Falter, Manager of HIMS, 11/02/2016 12:11PM PST Diane Walther, Controller, 11/03/2016 08:42AM PST Kim Bordenkircher, Chief Executive Officer, 11/04/2016 07:21AM PST

ORIGINAL
EFFECTIVE DATE:
02/03/2015
REVISED: 03/01/2001, 03/01/2001, 11/04/2016
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REVISED: 03/01/2001, 03/01/2001, 11/04/2016
REVIEWS:
ATTACHMENTS:
(REFERENCED BY