

## **Financial Assistance**

### **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.

### **I. Policy**

- A. It is the policy of Henry County Hospital to follow the regulations of EMTALA, 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.

### **II. Eligibility Criteria**

- A. 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.
- B. Financial Assistance is generally secondary to all other financial resources available to the patient including, but not limited to insurance, government programs, and third-party payers.
- C. Eligible patients will not be charged more for emergency or other medically necessary services than amounts generally billed (AGB) which is 39.32% to those patients that have Medicare or another private insurance.
- D. Individuals eligible for financial assistance (determined by a sliding scale of total household income based on the FPG) under our Policy with an income level 200% Federal Poverty Guidelines or below will receive free care. Individuals with an income level from 201% to 400% FPG will receive discounted care based on a sliding scale. The sliding scale is attached.

### **III. Eligibility Determination**

- A. Henry County Hospitals Financial Counselor will review the patient/guarantor's annual family income and the number of people in the home to determine eligibility for assistance. During this time provision of healthcare should never be delayed pending an assistance determination.
- B. Income based financial assistance is available for self-pay, insured patients and under insured.
- C. Requests for financial assistance may be made at any point before, during or after services are provided. However, there is a time limit to request financial assistance of one year from the date of the first billing statement for hospital charity care.
- D. Henry County Hospitals Financial Counselor will review the patient/guarantor's annual family income and the number of people in the home to determine eligibility for assistance. These are guidelines each individual situation will be reviewed independently. Allowances may be made for extenuating circumstances.
- E. Income must be documented on the HCAP application. Financial Assistance applications may be returned or denied for missing information. Financial Counselors will attempt to reach the patient either by phone or mail, to help educate the patient on what is missing or additional information that is needed and how to resubmit the application for consideration. Assistance will not be considered without a completed application.

#### **IV. Method for Applying for Financial Assistance**

- A. The Manager of Marketing will post the policy on the Henry County Hospital website ([www.henrycountyhospital.org](http://www.henrycountyhospital.org)), and can be downloaded free of charge.
- B. The Financial Assistance Application, this policy, and a plain language summary are also available at all Registration areas throughout the Hospital, including the Emergency Department or by calling 419-591-3813 or by visiting the Financial Assistance Office Monday-Friday 8:00am – 4:00pm located at the Administrative Entrance of Henry County Hospital.
- C. 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. 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

- D. Completed applications for financial assistance 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.
- E. Applications in Spanish can be obtained at the patients request.
- F. 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.

#### **V. Limitation of Charges/Amounts Generally Billed**

- A. 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.
- B. 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.
- C. 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 FAP.
- D. The calculation of the Hospital specific AGB percentage shall comply with the “look back method” described in the IRS Regulation 501r-5b (1) (B).

#### **VI. Elective or Non-Emergency Services**

- A. For patients with elective or non-emergency services, the guidelines provided in this policy will be used as a template for determining assistance qualification on a case by case basis. Those services not described as Medically Necessary will be considered Elective or Non-Emergency services. This determination will be made at the sole discretion of Henry County Hospital and their determination of financial assistance needed.

#### **VII. Write Offs' and Adjustments**

- A. 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.
- B. True self pay patient will receive 25% discount before adjusting the balance to the appropriate adjustment code

## 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

Slide Fee Scale—Effective Date 1/21/2026 to Present

Household Income Percentage of FPL	Discount from Patient Liability	Income Limit for 1 person	Income Limit for 2 persons	Income Limit for 3 persons	Income Limit for 4 persons
100% FPL and under	100%	\$ 15,960.00	\$ 21,640.00	\$ 27,320.00	\$ 33,000.00
101% - 200%	100%	\$ 31,920.00	\$ 43,280.00	\$ 54,640.00	\$ 66,000.00
201% - 300%	75%	\$ 47,880.00	\$ 64,920.00	\$ 81,960.00	\$ 99,000.00
301% - 400%	50%	\$ 63,840.00	\$ 86,560.00	\$ 109,280.00	\$ 132,000.00

Household Income Percentage of FPL	Discount from Patient Liability	Income Limit for 5 persons	Income Limit for 6 persons	Income Limit for 7 persons	Income Limit for 8 persons
100% FPL and under	100%	\$ 38,680.00	\$ 44,360.00	\$ 50,040.00	\$ 55,720.00
101% - 200%	100%	\$ 77,360.00	\$ 88,720.00	\$ 100,080.00	\$ 111,440.00
201% - 300%	75%	\$ 116,040.00	\$ 133,080.00	\$ 150,120.00	\$ 167,160.00
301% - 400%	50%	\$ 154,720.00	\$ 177,440.00	\$ 200,160.00	\$ 222,880.00

\*\*For families/households with more than 8 persons, add \$4,480 for each additional person

*Henry County Hospital Providers covered by the Financial Assistance Policy for both the hospital bill and provider bill*

David Brown, MD  
SCP Health  
HCH Primary Care  
HCH Cardiology  
HCH General Surgery  
HCH Medication Management  
HCH Orthopedics  
HCH Urgent Care  
HCH Urology  
HCH Vascular Surgery  
HCH Women's Health  
Riverview Health of Defiance

*Henry County Hospital Providers **not** covered by the Financial Assistance Policy*

ASP Medical Billing  
Better Sleep Lab  
Bradley Adams, DPM  
Cynthia Krueger, MD  
Defiance Clinic  
Defiance Radiology  
Eugene Lim, MD  
Fulton County OB/GYN  
Great Lakes Imaging  
Hassan Semaan, MD  
Hospital Care Group  
Interim Health Care  
Mercy Cardiology  
Mercy Health Family Medicine  
Mercy Health System  
Mercy Sleep  
Napoleon Mercy  
Northwest Ohio Orthopedics/ Rusin and Ramineni  
Orthopedic Institute of Ohio  
Promedica Cardiology  
Toledo Clinic  
University of Toledo Medical Center Department of Neurology  
Westwide Orthopedics

*Henry County Hospital Providers covered by the Financial Assistance Policy for the **hospital bill** only*

Riverview Health of Defiance  
HCH Pain Management  
HCH Sleep Center  
Nitie Sroa, DPM