

## HEBREW HEALTH CARE

### THE HOSPITAL AT HEBREW HEALTH CARE POLICY AND PROCEDURES SECTION: FINANCE ASSISTANCE PROGRAM

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#### **STANDARD:**

To provide financially indigent patients assistance with medical expenses through the hospital's Financial Assistance Program. ("Patient" in this policy refers to the party who is financially responsible for the patient, e.g. a spouse or relative, where appropriate)

#### **POLICY:**

The Hospital at Hebrew Health Care (HHHC) is committed to the provision of health care services to all persons in need of medical attention, and will not deny necessary health care to any individual because of his/her inability to pay, according to the policy stated herein. Persons who qualify may receive hospital services at no charge or less than routine charge.

The Financial Assistance Programs depends on the HHHC's financial ability to help patients. Not included are any services that are eligible for payment from other sources such as: Department of Social Services (DSS), Medicaid, Medicare, third party liability or insurance. Any payment sources or insurance for which the patient is eligible must be declared and assigned to the hospital before financial assistance can be made available.

HHHC will post notices in the Admissions office informing patients that financial assistance may be available.

#### **PROCEDURE:**

All individuals seeking medical care are screened for method of payment. When it appears a patient may be indigent, e.g. uninsured and underinsured, that individual may be presented with HHHC 's questionnaire to determine eligibility.

Applications for the Financial Assistance Program are to be completed and signed by the patient (or patient's representative). Proof of income should be provided, as described below, and the hospital will retain a copy with the application. All information submitted should have supporting documentation available on request. Information given to HHHC will be considered confidential. In the event that the responsible party's identification as an indigent person is apparent to HHHC personnel, and the hospital can establish that the applicant's income is clearly within the range of eligibility, the hospital will grant Financial Assistance based solely on the initial determination. In these cases, complete verification or documentation is not required in accordance with HHHC guidelines. If a patient can not provide documentation, the patient must provide a written statement regarding income and family size, together with an explanation as to why documentation is not available, which the hospital will consider in determining eligibility for financial assistance.

Any of the following documentation will be acceptable for determining eligibility for the Financial Assistance Program:

- IRS tax return copy for the most recently filed year
- Payroll check stubs
- Unemployment compensation determination
- Medicaid or medical assistance rejection
- W-2s
- A written statement from an employee of DSS or similar agency

HHHC may verify from listed references information given on the application. Copies of documentation will be retained with the application whether approved or denied.

HHHC will also consider the following in determining eligibility:

- Bank Statements
- Rental receipts including subsidy information
- Dependant birth certificates
- Statements of accounts owing

The applicant will be notified of approval or denial for Financial Assistance after receipt of completed application and documentation. In addition the applicant will be given reason for a denial and information regarding an appeal, including the opportunity to provide additional information. The applicant may be requested to furnish additional information or documentation before final determination is made. Any patient who fails to complete the application for the Financial Assistance Program, including providing available information, is regarded as abandoning the application and will be responsible for the full amount of hospital charges.

The Financial Assistance Program will be available to patients whose family income is 300 percent or less of the Federal Poverty Guidelines and individual financial circumstances will be used in conjunction with Federal Poverty Guidelines (see Attachment A) for determination of individual Financial Assistance Program write-offs. Family size and financial situation will determine the patient's financial responsibility, which is a percentage of charges, as displayed at the bottom of the Federal Poverty Income Guidelines. HHHC may require information regarding the following in order to determine a patient's eligibility for reduced charges if the patient's income exceeds 200% of the Federal Poverty Guidelines:

- Family assets, including bank statements;
- The patient's future earning capacity;
- The existence of other extraordinary family expenses; including rent expenses; and
- The patient's ability to make payments over time, as reflected by a third party credit report or other documentation.

HHHC will review its cost to charge ratio yearly to ensure the amount billed to the patient for all applicants between 200% and 300% of the Federal Poverty Income Guidelines is no greater than 130% of its cost to charge ratio.

Under some circumstances Financial Assistance may be approved for patients not meeting the above criteria. HHHC may write off these amounts as Catastrophic Financial Assistance for patients with family income in excess of 300 percent of federal poverty level when circumstances indicate severe financial hardship or personal loss. Criteria defined in guidelines are subject to change by the hospital as circumstances dictate.

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