

---

## **Section: 2.11 Financial Assistance/Charity Care Policy**

---

### **Purpose:**

The purpose of this policy is to establish guidelines for a structured procedure to ensure no one is excluded from seeking medical care at Henry Community Health (“HCH”) on the grounds that such person does not have adequate resources to pay for medical services. HCH reserves the right to attempt to recover payment for medical services received at HCH through the use of all legal means.

### **Definitions:**

**Amounts Generally Billed:** The amount generally billed to individuals who have insurance covering emergency or other medically necessary care. An individual eligible under HCH’s Financial Assistance Policy is considered to be charged only the amount he or she is personally responsible for paying, after all deductions and discounts have been applied and less any amounts reimbursed by insurance.

**Amounts Generally Billed Discount:** Any individual who qualifies for financial assistance under the HCH’s Financial Assistance/Charity Care Policy will receive this discount. The discount is calculated by the HCH on an annual basis using the “Look-Back” Method. This method averages the discount given to Medicare fee-for-service along with all private health insurers paying claims to HCH over a twelve month period. The current Amount Generally Billed discount is located in Appendix 1 of this policy.

**Extraordinary Collection Actions:** Any action that requires a legal or judicial process and is taken by a HCH facility (or a third party collecting HCH’s debt) related to acquiring payment of a bill for emergency or medically necessary services.

**Medically Necessary:** Services provided by a physician or other provider to identify or treat an illness, injury, or condition and which in the opinion of a physician or other provider are:

- Consistent with the symptom(s) or diagnosis and treatment of the condition, disease, ailment, or injury.
- Not primarily for the convenience of the Patient, the Patient’s family, the physician or the provider.
- The most appropriate level of services which can safely be provided to the Patient.
- A condition, based on physician evaluation, if left untreated could develop into a life-threatening condition.

### **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 the services are rendered. Although designated as charity, when HCH

believes a patient who claims charity has assets available for payment of services given, HCH will make every reasonable attempt to collect payment for medical services rendered.

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

HCH may make services available at a discount based on the ability to pay as determined by HCH. The cost for emergency and other medically necessary care provided to individuals eligible for financial assistance will not be more than the Amounts Generally Billed to individuals who have insurance covering the same care.

HCH reserves the right to investigate and inquire as to the available assets, income and other factors which would assist HCH in making the determination of the ability to pay.

Although a discount is made for medical services rendered to a particular patient which are designated as charity services, HCH reserves the right to pursue all possible remedies to collect all or as much of the charges for those services as is possible. All patients have the opportunity to apply for financial assistance prior to HCH engaging in any collection activities.

HCH reserves the right to pursue reimbursement for services rendered if the financial situation of the patient or responsible party substantially changes.

In the event a patient dies, HCH reserves the right to pursue all possible claims against the decedent's estate or against any other person or entity having a legal obligation to pay for the decedent's medical services to recover all or as much as possible amounts owing to HCH by the decedent for HCH services rendered which were unpaid at the time of the decedent's death.

This policy is posted on HCH's website and is available at various locations throughout HCH including the Emergency Department and the Registration areas. In addition, each billing statement sent to a patient or guarantor includes a notice regarding the availability of financial assistance. The patients and the community are also notified via signage located throughout HCH.

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 and Registration areas.

A list of excluded providers can be found in Appendix 2 of this policy.

A list of excluded procedures can be found in Appendix 3 of this policy.

**Procedure:**

1. A summary of HCH’s Financial Assistance/Charity Care Policy will be made available to all patients during the registration process.
2. The financial assistance application will be provided to any patient or guarantor who requests a copy.
3. Claim Aid staff will run a daily query for uninsured encounters. Claim Aid will attempt to contact each patient identified through the daily query to screen the patient for Medicaid and/or other health care programs. If the patient does not qualify for Medicaid or another health program, the patient will be provided with a financial assistance application.
4. It is the responsibility of the patient or guarantor to complete the financial assistance application and to provide documentation to determine eligibility. Claim Aid and Business Office staff will provide assistance in completion of the financial assistance application when requested by the patient or guarantor.
5. Patients have 240 days from the date of the first billing statement to complete a financial assistance application. Any application received after the deadline will not be processed.
6. HCH and any third party collecting HCH’s debt will not engage in ECAs for at least 240 days from the date of the first billing statement. Any ECA initiated prior to the 240 day limit will be suspended immediately if the patient or guarantor applies for financial assistance by completing the financial assistance application.
7. HCH and any third party collecting HCH’s debt will notify the patient or guarantor at least 30 days in advance of their intention to initiate an ECA.
8. The Business Office will process all financial assistance applications and determine eligibility. The Federal Poverty Guidelines are used to determine eligibility. An applicant whose income falls below 150% of the Federal Poverty Guidelines will qualify for 100% financial assistance. An applicant whose income falls between 150% and 300% of the Federal Poverty Guidelines will qualify for assistance ranging between 75.4% to 90%. All patients who qualify for financial assistance will receive the AGB discount at a minimum.

---

**Dates of Approval/Revision:**

03-01-90	04-08-02	02/11
06-30-93	05-20-02	02/12
06-01-96	02-01-05	03/14
04-18-97	01-13-08	12/15
01-01-18	03-10-23	
04/26/19	03-15-24	
10/01/21		
05/01/22		

**Support Documentation:**

County Hospital Law 16-12.1-3-10  
26 U.S.C. §501(r)(4)

Public law 94-1994, House Bill 1023,  
Indiana Code 16-18-2-52.5 Section 1.  
Effective date July 1, 1994, Definition  
“Charity Care.” (P.L. 94-1994 H. 1023  
SECTION 1.

## **Appendix 1**

<b>Date Applicable</b>	<b>Amounts Generally Billed Discount Percentage</b>
1/1/2016 – 12/31/2016	55.2%
1/1/2017 – 12/31/2017	53.9%
1/1/2018 – 12/31/2018	56.9%
1/1/2019 – 12/31/2019	59.2%
1/1/2020 – 12/31/2020	67.6%
1/1/2021 – 12/31/2021	70.1%
1/1/2022 – 12/31/2022	68.7%
1/1/2023 – 12/31/2023	74.6%
1/1/2024 – 12/31/2024	75.4%

## Appendix 2

### **Excluded Providers**

New Castle Clinic, Inc.

- Antolin & Benninger Obstetrics and Gynecology
- Henry County Center for Orthopedic Surgery & Sports Medicine
- Henry Community Health Surgical Specialists
- Henry County Cardiology
- Dr. Afzal – Allergy & Immunology

Physical Medicine of East Central Indiana

Summit Radiology, P.C.

St. Vincent AIMS

St. Vincent Medical Group

Indiana Physician Management/Henry, LLC

Urology Associates, LLC

Urological Care

IU Health Ball Memorial Cosmetic & Reconstructive Services

Josephson, Wallack, Munshower Neurology, PC

Peyton Manning Children's HCH

Baker Gray Foot Specialists

Reid ENT

Medical Consultants

Richmond Oral Surgery Associates

Eileen Cravens, M.D.

Dana Reihman, M.D.

Meridian Health Services

Neil W. Thornhill, DDS

Thomas E. Freeman, DPM

Niels W. Ladine, DPM

Rulong Ren, M.D.

CEP America, LLC d/b/a Vituity

Ascension Medical Group - Cardiology

## **Appendix 3**

### Excluded Procedures

The following procedures are elective in nature and are excluded from the HCH Financial Assistance Policy:

Superior Lumbar Spinal Stenosis Procedure