

**HENDRICKS REGIONAL HEALTH
PATIENT FINANCIAL SERVICES POLICY**

TITLE: FINANCIAL ASSISTANCE AND EMERGENCY MEDICAL CARE

FOR: Patient Financial Services

PURPOSE: To ensure that as a charitable, not-for-profit county hospital and in keeping with the Hospital's mission, Hendricks Regional Health's policy is to provide care without regard to ability to pay and will provide Financial Assistance to eligible patients for all emergency and other medically necessary care.

POLICY: The Hospital will work to ensure that all patients and the community are aware of the Hospital's Financial Assistance Policy.

The Hospital will not discourage, delay, or refuse services to a patient because of patient's inability to pay for such services.

Financial Assistance determinations are made without regard to the patient's age, sex, race, disability, sexual orientation, or national origin.

Prior to any extraordinary collection activity being taken, the Hospital will make reasonable attempts to determine if the patient is eligible for financial assistance.

DEFINITIONS:

Amount Generally Billed ("AGB") means the amount generally billed for emergency or other medically necessary care to patients who have insurance coverage covering such care.

Appeals Committee means a committee of Hendricks Regional Health consisting of the Chief Financial Officer and two other Hospital associates appointed by the Chief Executive Officer.

Application Period means the period during which Hospital will accept and process Financial Assistance Applications pursuant to this Policy. The Application Period begins on the date care is provided at the Hospital and ends on the 240th day after Hospital provides the individual with the first billing statement.

Extraordinary Collection Actions ("ECAs") means actions taken by Hospital, or its agents, against a patient related to acquiring payment of a bill for services covered under this Policy that require a legal or judicial process or involves reporting adverse information about the patient to consumer credit reporting agencies or credit bureaus or selling patient's debt to a third party. Actions that require a legal or judicial process include, but are not limited to: placing a lien on an individual's property; foreclosing on an individual's real property; attaching or seizing an individual's bank account or any

other personal property; commencing a civil action on an individual's bank account or other personal property; or garnishing an individual's wages.

Federal Poverty Level ("FPL") means the level of income that measures poverty in the United States based upon the annual Federal Poverty Guidelines established by the U.S. Department of Health and Human Services. The most current Guidelines will be used by Hospital to determine Financial Assistance eligibility.

Financial Assistance Policy ("Policy") means this Policy written to provide criteria and process so that eligible patients may receive medically necessary or emergency care at either a discount or no charge.

Financial Assistance Policy Application ("Application") means the Application for Financial Assistance used by Hospital to make a Financial Assistance eligibility determination under this policy.

Financial Assistance Policy Eligible ("FAP Eligible") means an uninsured or underinsured patient who, based upon the Patient's Household Income and Size, is eligible for Financial Assistance under this Policy without regard to whether the individual has applied for assistance under this policy.

Household – All individuals eligible to be listed on the guarantor's federal income tax filing will be considered a member of the household. Guarantors of a minor dependent who do not claim the dependent on their federal taxes, but have primary physical custody, may submit a court decree as proof of the dependent's household status.

Hospital means Hendricks County Hospital d/b/a Hendricks Regional Health (HRH) including services and facilities for inpatient, outpatient, ambulatory care, physical, occupational, and respiratory therapy, and physician services.

Interest Free Payment Plan ("Payment Plan") means a payment method that allows patient to pay an outstanding account balances without accruing interest. A payment plan cannot be established for balances of less than seventy-five (\$75.00) dollars.

Medically Necessary Care – Healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury condition, disease or its symptoms and that meet accepted standards of medicine.

Notification Period means the period during which Hospital will notify an individual about its Financial Assistance Policy. The Notification Period begins on the first date care is provided to the patient and ends on the earlier of (1) the 120th day after Hospital provides the first billing statement to the patient or (2) the date that the patient submits a complete or incomplete Financial Assistance Application.

Patient means a person or the Guarantor of the person who receives emergency or medically necessary care at the Hospital.

Uninsured Patient means a patient or patient's guarantor who has no insurance or other third party payor for payment of Hospital account balances.

Underinsured Patient means a patient or patient's guarantor who has insurance or a third party payor for payment of his/her Hospital bills but whose insurance coverage does not cover certain inpatient or outpatient services (including deductibles, co-insurance, and non-covered services) and, after payment of the Hospital account balances by the insurer or third party payor, there is still a large patient payment responsibility.

PROCEDURE:

I. Financial Assistance Eligibility Requirements

- A. Patient or Guarantor must be a resident of Hendricks County or the Geographic Service Area (GSA) serviced by Hendricks Regional Health or have an established relationship with HRH as their primary source of medical care.
- B. The services received must be deemed emergent or medically necessary care as defined in the definition section of this policy.
- C. A screening has determined that the patient has no access to other sources of payment including, but not limited to, Indiana Medicaid, Medicaid Disability, Social Security Disability, a local welfare agency, a court administered program, or other Federal, State, or local healthcare programs.
 - a. If the screening determines the patient may be eligible for Federal, State, or local healthcare programs, the guarantor must complete the application process.
- D. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowners must exhaust all insurance benefits prior to receiving an award from Hendricks Regional Health Financial Assistance Program.
 - a. Patients who opt out of billing their existing health insurance or third-party liability coverage for specific services will not be eligible for financial assistance for those services.
 - b. Patients who do not comply with requests for additional information from their insurance company or any other responsible payer will not be eligible for financial assistance for denied or pended services.
 - c. Patients will not be eligible for financial assistance for service(s) where the insurance company or any other responsible payer has made payment directly to the patient, guarantor, subscriber, or patient advocate, including legal representation.
- E. Eligible patients who receive medical care as a result of an injury proximately caused by a third-party, and later receive a monetary settlement from said third-party, may receive financial assistance for any outstanding balance not covered by the settlement.
 - a. In the event financial assistance has been granted for services covered by a settlement, Hendricks Regional Health reserves the right to reverse the financial assistance previously granted and collect on charges covered under the settlement.

- F. Funds from a cost-sharing program must be applied to patient balances prior to the award of financial assistance.
 - a. In the event financial assistance has been granted for services covered under a cost-sharing program, Hendricks Regional Health reserves the right to reverse the financial assistance previously granted and collect on charges covered under the program.
- G. Hendricks Regional Health will utilize the most recent FPG data available to determine the level of financial assistance granted and it will be applied to the guarantor's account balance based upon the receipt date of a completed Financial Assistance application, not a patient's date of service.
- H. Total gross income, when compared to the FPG, does not exceed 200% for full reduction or up to 400% FPG for sliding scale reduction (Appendix 1)
- I. Upon approval of financial assistance, the guarantor and his or her dependents are presumptively qualified for a period of six months for emergent or medically necessary services.
 - a. The presumptive eligibility period for OB patients shall extend to a date one month post expected delivery date.
 - i. Unborn child will be included in family size for services that occur after the pregnancy is confirmed.
- J. Patients whose Household Income exceeds 400% of the current FPL may still be eligible for Financial Assistance on a case-by-case basis based on the patient's specific circumstances, such as a catastrophic illness or injury. The Revenue Cycle Director and CFO/VP of Finance will review overall circumstances and make a final determination whether financial assistance will be awarded.
 - a. Patients who have access to insurance through their or a family member's employer or association who have chosen NOT to enroll in that insurance will be given individual consideration. The amount of financial assistance provided may be adjusted by the estimated annual insurance expense of \$2,400 for an individual or \$3,600 for a family. If this situation exists, the individual or family would be held responsible for a minimum of the above amounts for their hospital services in any given calendar year.
 - b. Eligibility for these case-by-case reviews awarded for current balances only. Financial assistance will not be granted for a six month period.

II. **Calculation of Patient Charges**

Hendricks Regional Health applies an uninsured discount that reduces the amounts charged to uninsured patients to no more than the Amounts Generally Billed (AGB) to patients who have insurance coverage.

Hendricks Regional Health uses the look-back method as the basis for calculating the AGB. The AGB is calculated annually and is based on the annual average reimbursement received from all commercial health insurers and Medicare fee-for-service. The methodology for the calculation of AGB can be found in Appendix 2 of this policy.

III. **Providers and Hendricks Regional Health Financial Assistance Program**

We can only guarantee that the providers listed below accept Hendricks Regional Health Financial Assistance Program:

Hendricks Regional Health Hospital
Hendricks Regional Health Medical Group

We recommend patients directly contact providers not listed above to inquire about their requirements for financial assistance.

Providers may include but are not limited to:

Ameripath
Community Health Network
Hendricks County Radiology
Apria
Ambulance Services
Davita
Lab Corp.
Med America

IV. **Presumptive Financial Assistance Eligibility**

A. There are instances when a patient may be eligible for financial assistance where the patient has not completed a Financial Assistance Application or has not supplied enough supporting documentation to support a determination of eligibility for Financial Assistance. In these cases, Hospital may use an outside agency or other appropriate sources such as scoring technology to determine estimated income amounts for the basis of determining eligibility for financial assistance and potential discount amounts. All patients determined to have a Household Income of 200% of poverty or less will be presumptively determined eligible for care at no charge.

A patient will be presumed to be eligible for financial assistance Program for emergent or medically necessary care if found to be eligible for one of the following programs:

1. Indiana Children's Special Health Care Services
2. Income Based State Medicaid Programs
 - a. Excludes MRT
3. Enrolled in a state or federal program that verifies the guarantor's gross household income is less than or equal to 200% of FPG
4. Resident of a state-funded county home within Hendricks County or HRH GSA

Financial assistance may be granted presumptively to a deceased patient's account if the patient is found to have no estate.

Financial assistance may be granted presumptively to a patient Hendricks Regional Health deems homeless.

Financial assistance may be granted presumptively when the patient files bankruptcy and the courts determine there are insufficient assets to pay the patient's medical bill; and

Other instances where it has been determined that the patient's personal, financial situation indicates indigence.

Patient balance remaining after Victims of Violent Crime payment may be considered for presumptive eligibility for services deemed related to the violent crime.

Financial assistance may be granted on a case by case basis for a single encounter if required documents cannot be provided for reason deemed acceptable.

Presumptive Eligibility initiated by HRH only applies to current balances. Any payments previously made on qualifying accounts prior to a determination of presumptive financial assistance will not be refunded. Patient initiated Presumptive Eligibility, with an application signed by the patient, will be awarded for a full six months.

V. Financial Assistance Application Procedure

- A. Eligibility for Financial Assistance begins with the Financial Assistance Application. The hospital may use an automated scoring technology to qualify patients for financial assistance in lieu of requiring documentation from the patient or patient's guarantor. In cases where scoring technology is not used, patient or patient's guarantor will complete and sign the Hospital's Financial Assistance Application and provide appropriate documentation that supports the need for Financial Assistance.
- B. In cases where documentation is required, evidence which supports the need for financial assistance includes the following: prior year's income tax return; prior year's W-2/1099s; recent paycheck stubs or a statement from employer documenting earned wages for the period requested by the Hospital; recent bank checking/savings account statements; and, if applicable, social security/disability voucher, pension voucher; self-employment worksheet, WorkOne authorization form, supporting documentation of income, W9s and a valid picture identification.
 - a. **Note: The purpose of obtaining evidence is to provide reasonable, not absolute, assurance that financial assistance is warranted. Judgment will be required to determine the need for financial assistance and there should generally be a presumption that those applying for financial assistance are doing so in good faith, and without an intent to defraud or mislead the Hospital.**
- C. In some situations, it may be necessary for the Hospital to request additional documentation from the patient or guarantor if questions are raised regarding the patient's Financial Assistance Application. The patient will be notified in writing

if additional documentation is necessary and will be given fourteen (14) days to return the documentation.

- D. When scoring technology is not used, The Hospital will review the patient's Financial Assistance Application when the signed Application and supporting documentation have been submitted.
- E. Prior to approving assistance, the Hospital will have made every effort to determine whether the patient is eligible for any other payment source including, Medicaid and Medicaid Disability.

VI. **Notification of Eligibility for Financial Assistance**

- A. The Hospital will notify the patient of its determination regarding Financial Assistance eligibility in writing within thirty (30) days of completion of the Application filed with Hospital.
- B. Financial Assistance will be considered on an individual account basis.
- C. If a Patient is determined to not be eligible for full or partial Financial Assistance, a Patient may appeal this decision with a written letter explaining the reasons for appeal and providing any additional documentation the patient believes is relevant to the appeal. The appeal must be received by the Hospital within thirty (30) business days from receipt of the Financial Assistance denial. The Appeals Committee of the Hospital will review all Patient appeals. A final decision with regard to the appeal will be made in writing within thirty (30) days of receipt of the appeal. The decision of the Appeals Committee is final. The billing and collection policy of the Hospital will then be followed for any outstanding balance which generally requires that the Patient must pay or set up a payment plan to pay the Hospital bill within thirty (30) days.

VII. **Medical Provider List**

A list of providers ("Provider List") that provide emergency or medically necessary care at Hospital facilities is maintained and updated from time to time by Hospital and can be accessed online via <http://www.hendricks.org/financialassistance>, or by contacting patient financial services (see below for contact information), or visiting patient registration or patient financial services at a Hospital facility.

VIII. **Contact Information**

For purposes of obtaining additional information about this Policy or for assistance in completing a Financial Assistance application, please contact the Patient Financial Services office at the following address, phone number, and website:

Address: 252 Meadow Dr, Danville, IN 46122
Contact Number: 317-745-3534

Website: <http://www.hendricks.org/financialassistance>

IX. **Reporting**

Financial Assistance granted under this Policy shall be recorded and reported annually as part of the Hospital's Community Benefit Report.

X. **Publicizing the Availability of Financial Assistance**

The Hospital will provide conspicuous public displays notifying patients of the Hospital's Financial Assistance Policy. The Hospital will also make its plain language Financial Assistance Policy available throughout the Hospital. Even after application of the AGB Discount, patients are eligible to apply for Financial Assistance under this policy.

- A. This Financial Assistance Policy as well as a plain language version of the Policy and the Financial Assistance Application and the Billing and Collections Policy will be available on the Hospital website. The Policy and Application are also available for free to anyone who asks for a copy of it either in person or through the mail. In addition, if there is 10% or more non-English speaking population in the community served by the Hospital, the Hospital will prepare the policy in that language. The Hospital will also prepare the Policy, the plain language summary, and the Application in English and the appropriate languages.
- B. The Hospital will also make known the availability of the Uninsured Adjustment in the same manner and as part of its Financial Assistance Policy.

XI. **Emergency Medical Care Policy**

Hendricks Regional Health will provide emergency medical care without discrimination to all individuals without regard to ability to pay. The Hospital will also comply with EMTALA by providing medical screening examination and stabilizing treatment and referring or transferring an individual to another facility, when appropriate, and to provide emergency services in accordance with federal and state law (including 42CFR 482.55). The Hospital prohibits any actions that would discourage individuals from seeking emergency medical care, such as demanding that emergency department patient's pay before receiving treatment for emergency medical conditions or permitting debt collection activities in the emergency

XII. **Billing and Collections Policy**

Patients who have not applied for Financial Assistance, paid their bill for services rendered by the Hospital, or established a payment plan will be subject to Hospital's separate Billing and Collections Policy which is available on Hospital's website, from the Hospital's Financial Counselors, or through the mail upon request at no cost to the patient.

XIII. **Refunds**

Patients eligible for assistance under this policy who remitted payments to Hendricks Regional Health in excess of their patient responsibility will be alerted to the overpayment as promptly after discovery as is reasonable given the nature of the overpayment.

A. Refunds will not be automatically issued for overpayments under \$15.00

Patients with an outstanding account balance due on an account not eligible for assistance under this policy will have their refund applied to the outstanding balance.

Patients without an outstanding account balance as described above will be issued a refund for their overpayment as soon as technically feasible.

Attachments

1. Appendix 1 – Federal Poverty Guidelines
2. Appendix 2 – Amounts Generally Billed Methodology and Calculation

Originated: 3/24/14, 8/15/2020

Revised: 9/8/2023

Electronic Signatures on file for: Sr. Vice President, Finance
Director of Revenue Cycle
Board of Trustee Approval: