

EFFINGHAM HOSPITAL	<p style="text-align: center;">Operational Policy</p> <p>Title: HELPING HANDS POLICY</p> <p>Section: Business Office</p>	<p>Effective Date: 07/01/09</p> <p style="text-align: center;">1 of 2</p>
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Policy Statement

It shall be the policy of Effingham Hospital to offer indigent/charity care to patients who meet established guidelines of Effingham Hospital in approved/designated areas of services.

Purpose of Policy

To enable patients to better afford healthcare services provided by Effingham Hospital. Patients/Guarantor who demonstrates the inability to pay for provided services will be considered. Patients/guarantors with family (household) incomes falling below 253% of the Federal Poverty Guidelines (FPG) will be reviewed for eligibility. This program is available only after the patient/guarantor has applied and completed eligibility requirements for all other sources of payment through Federal, State, and Local programs. Patients may be denied indigent/charity care if it is determined that they do not meet the guidelines.

Inclusion:

- Inpatient Services
- Out Patient Services
- Observation
- Emergency Room (Emergent)

Exclusion:

- Low acuity (Emergency Room non-emergent)
- Nursing Home
- Swing Bed Stays
- Physician Office Practices
- Out Patient Therapy Services

Procedure

The following Procedure will aide in the continuing flow of productivity for the Business Office (BO) Department

1. The income criteria used to determine eligibility is based on the Federal Poverty Guidelines published in the Federal Registry annually.
2. Financial eligibility will be reviewed on a case by case basis.
3. Applications for reduced or no charge services will be made by the Business Office designee, and will be reviewed by the Business Office Manager for approval/denial.
4. Applications must be completed and returned for processing no later than 90 days of the date of service rendered. This date will be noted in the patients account detail.

Application documentation needed to support the request may include the following.

- Copy of all income received from all sources on each individual that is employed and living in the household.
- Copy of the last 2 months paycheck stubs on each person employed or a copy of the social security checks.
- Previous year's income tax return.

- Food Stamp approval by DFACS.
- Other documentation determined to support income verification.

Qualifying Patients who fall in the 100% or less of FPG's may have remaining balances written off to indigent transaction codes. All patients will be treated equally in the Helping Hands Program.

Once the application is received from the patient/guarantor, the business office designee will review to make sure all information requested is available, and determine if additional information is needed. When the application is approved, the application will be effective for each occurrence of care. Any subsequent occurrence of care qualifying for the Helping Hands program will necessitate a new application from the Patient/Guarantor.

Patient/Guarantor will be notified of Helping Hands approval/denial by U.S. Mail.

Process to follow:

Verify application is completely filled out and signed
Verify income
Using Federal Guidelines chart, determine level of help
Look up patient accounts for balances and insurance
Note each account for receiving application
Fill out cover sheet and forward to Business Office Manager
When final approval is made, adjust balance on each account to determination
Note the account for approval discount percentage, adjustment amount and note balance due
Add information to the monthly log of all approved patients
Add information to Excel spreadsheet for CFO
Send letter to patient with determination decision
Give copy of letter to Collections Dept.
Staple copy of letter to front of application and file in cabinet

Original Implementation Date:	01/01/2008
Responsible Department:	Business Office
Past Revised Date:	10/01/07; 04/30/2009
Former Policy Number(s):	
Cross Reference(s):	
Attachment(s):	