Policy Statement

It shall be the policy of Effingham Health System (EHS) to offer indigent / charity care (Helping Hands) to patients who meet established financial guidelines for emergency as well as other medically necessary services. Helping Hands financial assistance does not extend to elective or non-medically necessary services.

Purpose of Policy

To extend affordable, medically necessary healthcare services to patients who can demonstrate a limited ability to pay. Patients or guarantors with a family household income falling below 100% of the Federal Poverty Guidelines (FPG) at the time of the application, can be considered for program assistance if the balance for service(s) exceeds $100.00, and if all required information is submitted. Financial assistance may be denied if it is determined that guidelines are not met by the application or supporting documentation. Eligibility for uninsured patient accounts may also be established through a presumptive process that includes a screening by a third-party analytics service vendor. Accounts will be presumptively written off after 120 days if the qualifications are met.

Inclusion:
1. Inpatient Services
2. Outpatient Services, including Cancer Care services
3. Observation
4. 4 Emergency Room (Emergent Services Only)
5. Surgical Services
6. Rehabilitation Therapy Services: Physical, Speech and Occupational

Exclusion:
1. Nursing Home
2. Swing Bed (Transitional Care)
3. Primary Care Physician Office Visits
4. Orthopedic Physician Office Visits
5. Women's Health Physician Office Visits
6. Services Provided by Non-Employed Physicians in connection with treatment (for example Radiologists, Anesthesiologists or Emergency Department, etc)

Procedure

Income criteria used to determine financial assistance program eligibility is based on the FPG, as published in the Federal Registry annually.
1. Patients will be advised at the time of service that financial assistance is available for all who meet eligibility requirements.
2. Uninsured accounts with balances of $100.00 or more will be reviewed prior to the first post discharge statement, using third party analytics to estimate the guarantor's ability to

pay. If the estimated household income is less than or equal to 100% of the Federal Poverty Level, a presumptive assistance determination will be applied to the account balance.

3. Patients or guarantors who wish to complete an application for assistance must do so within 240 days of the first post discharge billing statement. The account will be noted on the date the application is received. Dependants under the age of 18 of the party requesting the application will also be eligible for assistance based upon the qualification of the guarantor.

4. Applications and the supporting documentation will be reviewed by the Business Office designee within 30 days of receipt and referred promptly to the Accounting Manager or designee for approval or denial. Supporting documentation appropriate for income verification includes, but is not limited to:

    -   Copies of last two months of pay stubs for each working member of the household
    -   Previous year's income tax return
    -   Food Stamp approval letter from Department of Family & Children Services
    -   Bank statements showing direct deposit amounts from employer

5. Applicants will be notified of any missing information or supporting documentation by US Mail. It is the applicant's responsibility to provide a good mailing address for such correspondence. Requested information or documentation should be returned within 10 business days to resume the consideration process. If the requested information of documentation is not received timely, the applicant will be notified by US Mail that the file has been closed.

6. Once an application for assistance is approved, other outstanding balances within a six month look back period may be considered for inclusion in the assistance award. The award will cover these accounts only. Subsequent dates of service will require a new application process.

Patients or guarantors with balances covered by a presumptive eligibility determination will not receive a written notification of assistance. Patients or guarantors submitting applications during the consideration period will receive written notice of either approval or denial via US Mail, and it is incumbent upon the applicant to provide a correct and current mailing address for this purpose.

All seeking assistance through the Helping Hands Financial Assistance program will be treated equally. A copy of this policy shall be posted on the EHS website: www.effinghamhealth.org Applications and a Plain Language Summary of this policy shall be available at the facility, as well as on the organization's website: www.effinghamhealth.org

Financial assistance may also be available for those who do not qualify for the Helping Hands program. All notifications of denial for Helping Hands assistance will be offered an opportunity to apply for Financial Hardship Assistance. Also, patient liability balances that exceed $5,000.00

may be eligible for a discount through the facility's Catastrophic & Mega Balance Assistance, provided household income does not exceed policy guidelines.

_____

Original Implementation Date: 01/01/2008

Revise Date (s):   10/01/2007; 04/30/2009; 07/01/2009, 1/01/2015, 09/01/2015; 04/01/2016 04/11/2017, 04/01/2018; 07/01/2018; 06/30/2021

Review Date (s):   10/19/2018; 03/26/2019, 03/30/2021, 6/30/2021, 03/31/2022

Cross Reference(s):

Attachment(s):