

HENDRICKS REGIONAL HEALTH PATIENT FINANCIAL SERVICES POLICY

TITLE: **BILLING AND COLLECTIONS**

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 will make reasonable efforts to identify patients who may be eligible for Financial Assistance under its Financial Assistance Policy before it engages in any Extraordinary Collection Actions.

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:

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 Guidelines means the annual Poverty Guidelines established by the Department of Health and Human Services. The most current Guidelines will be used to determine Financial Assistance.

Financial Assistance Application ("Application") means the Application a patient must fill out before an eligibility determination for Financial Assistance can be made.

Financial Assistance Policy Eligible (“FAP Eligible”) means an individual eligible for Financial Assistance under Hendricks Regional Health’s Financial Assistance Policy without regard to whether the individual has applied for assistance under the Policy.

Hospital means Hendricks County Hospital d/b/a Hendricks Regional Health.

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 Representative of the person who receives emergency or medically necessary inpatient or outpatient care at the Hospital.

- **K.P. = Key Point**

PROCEDURE:

I. Notice of Financial Assistance Policy

- A. All Self-Pay Patients will receive financial assistance information at the time of registration that includes: Hospital’s Financial Assistance Policy (FAP) in plain language, the Financial Assistance Application and contact information of the patient financial assistance counselors.
- B. A plain language summary of Hospital’s FAP will be included on all (and at least three) billing statements sent to Patient.
- C. A plain language summary will also be part of any other written communication regarding the Patient’s Hospital bill delivered during the Notification Period.
- D. The Hospital will provide Patient with a minimum of three (3) billing statements and a final notice prior to referring Patient to a collection agency. The Plain language summary of the Hospital’s FAP will be included in all billing statements sent to the Patient.
- E. The Hospital will also have conspicuous public displays notifying patients of the Hospital’s Financial Assistance Policy and will make its plain language Financial Assistance Policy available throughout the Hospital.
- F. If a FAP Application is not submitted by the Patient, the Hospital will provide the Patient with at least one written notice that informs the Patient about the ECAs that may be taken if the Patient does not submit an Application; pay the bill or set up a payment plan by the deadline specified on the notice, which may not be earlier than the last day of the Notification Period. The Hospital will provide this notice at least 30 days prior to the deadline specified in the notice.

II. Submission of FAP Application

At any time during the Application Period, the Patient may submit a Financial Assistance Application.

A. Incomplete Application

1. If the patient submits an Incomplete Application during the Application Period, the Hospital will do the following:
 - a. Suspend any ECAs against the Patient;
 - b. Provide the Patient with a written notice that describes the additional information and/or documentation the individual must submit to complete the Application and include the plain language summary of the FAP with the written notice; and
 - c. Provide the Patient with at least one written notice that informs the Patient about the ECAs that may be taken or resumed if the Patient does not complete the Application; pay the bill or set up a payment plan by the deadline specified on the notice, which may not be earlier than the later of 30 days from the date of the written Notice or the last day of the Application Period.
2. If the Hospital complies with the above and the Patient fails to complete the Application by the deadline, the Hospital will be deemed to have made reasonable efforts to determine whether the individual is FAP-eligible and therefore may initiate or resume ECAs against the individual.

B. Complete Application

1. If the Patient submits a complete Application during the Application Period the Hospital will be deemed to have made reasonable efforts to determine whether the Patient is FAP-eligible when the following criteria are met:
 - a. Hospital suspends any ECAs against the individual;
 - b. Hospital makes and documents the eligibility determination in a timely manner; and
 - c. Hospital notifies the Patient in writing of its determination and the basis for the decision.
2. In addition, if the Hospital determines that the Patient is FAP-eligible, the Hospital shall take the following three additional steps in a timely manner:
 - a. Provide the Patient with a billing statement that indicates the amount the Patient owes as a FAP-eligible individual. This billing statement must also show or describe how the individual can get information regarding the Amount Generally Billed (as defined in Hospital's Financial Assistance Policy) for the care and how Hospital determined the amount the Patient owes as a person eligible for financial assistance.
 - b. Refund any excess payments made by the Patient.
 - c. Take all reasonably available measures to reverse and ECAs (except a sale of debt) taken against the individual to collect the debt at issue.

K.P.

- **If it is determined that a patient is not eligible for financial assistance under the Hospital's FAP, Hospital may take ECAs against the Patient.**

III. **Failure to submit a Financial Assistance Application**

If a Patient does not submit a Financial Assistance Application during the Notification Period, the Hospital may initiate Extraordinary Collection Actions against the Patient until the Patient submits a Financial Assistance Application during the remainder of the Application Period. If the individual submits a Financial Assistance Application during the Application Period, Extraordinary Collection Actions will be suspended in accordance with provisions above as applicable.

Extraordinary Collection Actions that can be taken by Hospital may include 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 may include: 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.

IV. **Final Authority**

The Chief Financial Officer of Hendricks Regional Health has the final authority to determine that the Hospital has made reasonable efforts to determine whether an individual is FAP-eligible and may engage in extraordinary collection actions against the individual.

Originated: 3/27/14

Revised: _____

Electronic Signatures on file for: Vice President, Finance
Board of Trustee Approval: 3/24/14

HENDRICKS REGIONAL HEALTH

2014 FINANCIAL ASSISTANCE GUIDELINES INSURED AND UNDERINSURED PATIENTS

Hendricks Regional Health Inpatient & Outpatient Services								
	Care at No Charge			Care at Partial Charge				Uninsured Discount
Household Size	0%-100%	101%-150%	151%-200%	201%-250%	251%-300%	301%-350%	351%-400%	>400%
1	\$11,490	\$18,384	\$22,980	\$28,725	\$34,470	\$40,215	\$45,960	
2	\$15,510	\$24,816	\$31,020	\$38,775	\$46,530	\$54,285	\$62,040	
3	\$19,530	\$31,248	\$39,060	\$48,825	\$58,590	\$68,355	\$78,120	
4	\$23,550	\$31,680	\$47,100	\$58,875	\$70,650	\$82,425	\$94,200	
5	\$27,570	\$44,112	\$55,140	\$68,925	\$82,710	\$96,495	\$110,280	
6	\$31,590	\$50,544	\$63,180	\$78,975	\$94,770	\$110,565	\$126,360	
7	\$35,610	\$56,976	\$71,220	\$89,025	\$106,830	\$124,635	\$142,440	
8	\$39,630	\$63,408	\$79,260	\$99,075	\$118,890	\$138,705	\$158,520	
Hospital Discount	100%	100%	100%	80%	70%	60%	50%	33%
Hendricks Regional Health Medical Group								
Office Visit Discount	70%	60%	50%	40%	40%	40%	40%	33%
	1) Financial Assistance for the Uninsured is based on total charges.							
	2) Financial Assistance for the UnderInsured is based on balance due.							