

Charity Care and Financial Assistance Policy

Purpose:

To establish a guideline for extending charity to low income patients.

Policy:

It is the policy of Highlands Medical Center to treat all emergent patients regardless of their ability to pay, regardless of origin, age, ethnic status, or gender. Recognizing that not all patients have the financial resources to pay for the services rendered, guidelines for extending charity care will be established for all Business Office personnel to utilize.

Procedures:

Highlands Medical Center will use the Federal Poverty income guidelines as the initial determinate for charity care qualification. Income is defined as the total annual cash receipts from all sources for the entire household before taxes. Highlands Medical Center will adjust its income guidelines when the poverty level income is redefined by the department of Health and Human Services. The following income guidelines will apply.

Total Household Income Percentage of Charity

<125% of poverty guidelines - 100%

>125% but <150% of poverty guidelines - 75%

>150% but <175% of poverty guidelines - 50%

>175% but <200% of poverty guidelines - 25%

>200% of poverty guidelines - No charity will be granted

Any outstanding balances remaining after charity adjustments have been applied will be collected as set forth by the self-pay collections policy.

Patients seeking financial assistance should apply with the financial counselor.

The guarantor will be required to complete a financial assistance form and provide proof of income. Proof of income may consist of pay stubs, tax returns, or other documentation as deemed appropriate.



Charity Care and Financial Assistance In cases where the patient has Medicare, Medicaid, or other insurance, Highlands Medical Center will bill these payers before any charity is applied.

- It is the responsibility of the patient to work with Highlands Medical Center in its efforts to collect from all third party payers.
- Balances related to the deductibles and co-insurance amounts are only covered by charity care if the application is approved at the 100% level.
- If the patient appears that he/she may qualify for Medicaid or another program, Highlands Medical Center will assist the patient in applying for that particular program.
- If the patient has, or is approved for Medicaid and Medicaid subsequently denies the claim for benefits exhausted, the patient will automatically qualify for charity care. In this case the state has determined the indigent status of the patient.
- In instances when the patient or guarantor fails to cooperate with Highlands Medical Center, no assistance will be granted.
- All applications will be reviewed monthly and either approved or denied by the CFO, PFS Director or their designee.
- A letter will be mailed notifying the patient of the status of the request.