Financial Assistance Policy

ChristianaCare HomeHealth

POLICY:
ChristianaCare HomeHealth extends financial assistance to eligible patients who are unable to pay for their care in accordance with this policy. This policy sets forth the eligibility requirements and the procedures for obtaining financial assistance.

PURPOSE:
Uninsured discounts and financial assistance programs are offered to eligible patients that may require homehealth services.

SCOPE:
ChristianaCare HomeHealth is within the scope of this policy.

ELIGIBILITY:

Patients may qualify for full financial assistance through this process if they have a gross income of up to 400% of the Federal Poverty Level Guidelines published annually in the Federal Register.

Gross income includes earnings, unemployment compensation, workers' compensation, Social Security, and Supplemental Security Income.

An automatic discount of 15% will be applied to charges billed for homehealth services provided to uninsured patients who are not otherwise eligible for Financial Assistance. This discount will also apply to patient accounts when services are not covered by insurance or when the patient cannot afford their co-insurance, co-payment or deductible responsibility assigned by their insurance plan.

APPLICATION PROCESS:

When contacted by a patient stating they are not able to afford the patient portion of their charges, or the full charges if they've lost coverage at some time during services with our agency, a HomeHealth representative will send the patient a Patient Financial Assistance Application Letter.

Patient/guarantor will be required to provide the below information and documentation:

- Number of People in the Home
- Annual Income (to be supported with Copy of Paycheck Dated in the Last 4 Weeks & Copy of Latest W2)

When the patient application letter and required documentation is received, the documentation is given to the Patient Financial Service Supervisor to review for approval.

Patients for whom the Annual Income/Number of People in the Home is up to 400% of the Federal Poverty Level (FPL) scale will qualify for 100% financial assistance.

Patients for whom the Annual Income/Number of People in the Home is above 400% of the Federal Poverty Level (FPL) scale will qualify for a 15% discount.

The Patient Financial Service Supervisor will give the review decision back to the HomeHealth Representative, who will notify the patient of the application decision.

If the patient qualifies for 100% assistance, the AR will be adjusted off under the Charity Care Plan.

If the patient does not qualify for 100% assistance and cannot afford to pay the balance in one payment, they may be placed on a payment plan.