

GOOD HOPE HOSPITAL POLICY & PROCEDURE	POLICY NO. LD 008
TITLE: CHARITY CARE & FINANCIAL ASSISTANCE	ORIGINAL DATE: 12/12
DISTRIBUTION: SYSTEM-WIDE	DATE REVIEWED: 06/15, 03/16, 12/17, 3/18, 5/20, 7/21

Policy:

It is the policy of Good Hope Hospital to provide psychiatric services to patients.

Procedure:

Good Hope Hospital reviews all requests for inpatient treatment and admission decisions are made by the admitting physician(s). All admission decisions are made based on the clinical needs and appropriateness for services.

When an individual is admitted into the hospital and is stable enough to be interviewed:

1. Facility will determine payer source(s) and ability to pay.
2. If patient has no insurance, the patient's information will be used to enroll with the Local Management Entity (LME), Sandhills Center.
3. Sandhills Center will determine if the patient meets qualification(s) for 3-Way funding.
4. If eligible, the facility will work with LME as the third-party payer.
5. If not eligible for 3-Way funding and their family income is less than or equal to the federal poverty level for North Carolina, the patient will be granted financial assistance or charity care by the Executive Director.

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,480 for each additional person.	
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

Reference: <https://aspe.hhs.gov/poverty-guidelines>