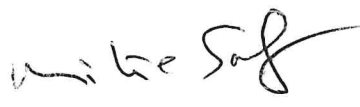


## RANDOLPH HEALTH POLICY

---

**Title:** Financial Assistance  
**Policy:** FD-PA-007  
**Scope:** Hospital-Wide  
**Current Effective Date:** April 30, 2023  
**Last Review Date:** April 17, 2023  
**Original Policy Date:** June 1, 2004  
**Prepared by:** Director of Patient Financial Services, Donna Parsons  
**Approved by:** AHS CEO, Mike Sarian



---

### POLICY/PURPOSE

Randolph Health shall provide appropriate levels of care, commensurate with the facility's resources and the community needs. Randolph Health is committed to assisting patients to obtain coverage from various programs as well as providing financial assistance (FA) to persons in need of emergent hospital treatment. Randolph Hospital will always provide emergent medically necessary care regardless of the patient's ability to pay. Similarly, patients who are able to pay have an obligation to pay and we shall seek payment from these individuals.

In order to be considered for charity care, you must:

- Be uninsured or underinsured with no savings beyond limits; and
- Have emergent hospital bills beyond your financial resources; and
- Provide proof of income, income resources, and assets; and
- Complete an application and provide all information required by the hospital.

### IMPLEMENTATION

A. Definition: Emergent Care – Immediate care necessary in the opinion of Randolph Health's Chief Medical Officer to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions or serious dysfunctions of any organs or body parts.

B. Financial Assistance Guidelines

1. Eligibility Scale *(This may be revised per the facility's guidelines)*

- a. Full charity care shall be provided to uninsured/underinsured patients whose financially responsible household members' income is 100 percent or less of the Federal Poverty Guideline (FPG).
- b. For financially needy patients whose household financial income is between 101 percent and 200 percent of the FPG, a discount shall be provided as follows:

| Discount | Current Year Federal Poverty Guidelines for Family Size   |
|----------|---|
| 100%     | Family income is less than or equal to <b>100%</b> of FPG |
| 50%      | Family income is <b>101%</b> to <b>200%</b> of FPG        |

2. Allowable Assets
  - a. Home site
  - b. \$3000 value of total assets
  - c. Essential vehicles (one per household member of driving age)
3. Documentation Requirements
  - a. Documentation of household size and income is required. Acceptable documents may include:
    - 1) Previous year's Federal Tax Return(s) or
    - 2) Pay check stubs from all working individuals in the "household" for the most recent month
    - 3) Bank and/or investment account statements
    - 4) Other assets with cash value
  - b. If the patient does not or cannot present the information outlined above, the facility may use other evidence as deemed acceptable to demonstrate eligibility.
  - c. If additional information is required from the patient to complete the application, the facility will notify the individual in writing of the information that is missing and provide a reasonable time period (30 days) for it to be provided.
  - d. The following may be presumed eligible for 100 percent financial assistance:
    - 1) Homelessness: Homeless persons qualify for assistance.
    - 2) Deceased Patients: Unpaid balances of patients who are deceased with no estate or surviving responsible party qualify for assistance.
    - 3) Others: may be considered for eligibility at the discretion of organization's CFO.
4. Eligibility Period
  - a. Eligibility will be determined by application for each procedure/service with therapies qualifying for the course of the treatment plan. Accounts may be approved for eligibility prior to, and following services, for up to 3 months.
  - b. Patients will be refunded (per policy guidelines) any amounts they paid that are in excess of the final liability determined to be appropriate after financial assistance adjustments are applied.
5. Eligibility Notification

After receiving the patient's request for financial assistance and any financial information or other documentation needed to determine eligibility for financial

assistance, the patient will be notified of the patient's eligibility determination within a reasonable period of time.

C. Patient Responsibilities Regarding Financial Assistance

Prior to being considered for financial assistance, the patient/family must cooperate with Randolph Hospital to furnish information and documentation to apply for the Financial Assistance Program as well as other existing financial resources that may be available to pay for the patient's health care, such as Medicaid, Medicare, third-party liability, etc.

Confidentiality of information shall be maintained for all who seek charitable services. No information obtained in the patient's Financial Assistance Application will be released without expressed permission or signed authorization for such release.

D. Randolph Health reserves the right to limit funds available within a fiscal year.

**RESPONSIBILITY FOR INTERPRETATION**

The Chief Financial Officer will be responsible for interpretation of this policy.

**Special Approval**

**Signature**

**Date**

None \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_