**RANDOLPH HEALTH POLICY**

**Title: Financial Assistance**

**Policy: FD-PA-007**

**Scope: Hospital-Wide**

**Current Effective Date: January 1, 2025**

**Last Review Date: December 11, 2024**

**Original Policy Date: June 1, 2004**

**Prepared by: Director of Patient Financial Services, Donna Parsons**

**Approved by: Vice President of Finance, Kent Thompson**

**POLICY/PURPOSE**

Randolph Health shall provide appropriate levels of care, commensurate with the facility’s resources and the community’s needs. Randolph Health is committed to assisting patients to obtain coverage from various programs as well as providing financial assistance (FA) to people in need of hospital treatment (excluding cosmetic services). Similarly, patients who do not meet debt forgiveness criteria, and are able to pay, have an obligation to pay and we shall seek payment from these individuals. All financial assistance is based on Federal Poverty Levels (FPL) as published annually by DHHS.

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

* Be uninsured or insured.
* Have responsibility for hospital bills beyond your financial resources; and
* Have household income less than 300% of FPL, providing proof of income, and.
* Complete an application and provide all the information required by the hospital.

**IMPLEMENTATION**

1. Financial Assistance Guidelines
2. Eligibility Scale *(This may be revised per the facility’s guidelines)*
3. Full charity care shall be provided to uninsured/insured patients whose financially responsible household members’ income is 200 percent or less of the FPL).
4. A sliding scale for discount based on FPL will be applied as follows:

|  |  |
| --- | --- |
| **Discount** | **Current Year Federal Poverty Levels for Family Size** |
| 100% | Family income is less than or equal to **200%** of FPL |
| 75% | Family income is **200%** to **250%** of FPL |
| 50% | Family income is **250**% - **300**% of FPL |

1. For Poverty levels less than 300% of FPL no asset test applies.
2. Documentation Requirements
3. Documentation of household size and income is required. Acceptable documents may include:
4. Previous year’s Federal Tax Return(s) or
5. Paycheck stubs from all working individuals in the “household” for the most recent month
6. If the patient does not or cannot present the information outlined above, the facility may use other evidence as deemed acceptable to demonstrate eligibility.
7. 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.
8. The following may be presumed eligible for 100 percent financial assistance:
9. Unhoused
10. Deceased Patients:Unpaid balances of patients who are deceased with no estate or surviving responsible party qualify for assistance.
11. Others: may be considered for eligibility at the discretion of the organization’s CFO.
12. Eligibility Period
13. 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.
14. Patients will be refunded (per policy guidelines) any amount they paid that is in excess of the final liability determined to be appropriate after financial assistance adjustments are applied.
15. 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.

1. 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.

**RESPONSIBILITY FOR INTERPRETATION**

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

**Special Approval** **Signature** **Date**

Kent C. Thompson Kent C. Thompson January 1, 2025