



<b>MANUAL: Business Office</b>	
<b>POLICY: Financial Assistance</b>	
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**I. PURPOSE**

To establish Eligibility Guidelines for granting financial assistance to patients who incur a significant financial burden as a result of receiving Medically Necessary Care at Rock Regional Hospital.

**II. POLICY**

Rock Regional Hospital’s Financial Assistance Program is available to qualifying patients who are unable to pay for Medically Necessary Care. Rock Regional Hospital is dedicated to administering its Financial Assistance Program in a fair, consistent and objective manner respecting the dignity of each patient served. The program will be administered in a manner that seeks to allocate financial resources in a manner that maximizes the benefit received by the communities served by Rock Regional Hospital. No patient will be denied financial assistance because of their race, religion, or national origin or any other basis prohibited by law.

**III. PROCEDURE**

- A. A patient who is unable to pay his or her hospital bill is encouraged to apply for financial assistance by completing an application and submitting the necessary documentation.
- B. It is the responsibility of the patient requesting assistance to actively participate in the hospital’s financial assistance screening process and to provide requested information on a timely basis, including without limitation, providing the hospital with information concerning actual or potentially available health benefits coverage (including available COBRA coverage) financial status (i.e. income, assets) and any other information deemed necessary by Rock Regional Hospital to determine the patient’s financial and insured status.
- C. In certain situations, RRH may be able to determine from financial and other information provided by third party vendors (Medicaid as primary insurer) that a patient qualifies for assistance without the completion of an application.
- D. Current Federal Policy Guidelines will be the measuring criteria for financial assessment of the patient’s income.
- E. The applicant will supply the following information:




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1. Demographic information detailing the household makeup and the earnings of employed members of the household.
2. Monthly budget showing expenditures for the household.
3. 2 months of pay stubs for any employed household members.
4. Latest Federal Income Tax return.
5. Latest State Income Tax Return.
6. Latest bank statements.
7. Letters from federal or state agencies of participation in assistance program.
8. Documentation of outstanding Medical bills for the patient, and/or family that could qualify the patient.
9. Any other information deemed necessary to determine income and eligibility.

- F. The application is complete when all the requested documentation has been presented for review, and the patient's responsibility has been determined.
- G. The application and accompanying documents will be reviewed by the Vice President and CEO within 30 days of receipt of a completed application and a final determination of financial assistance eligibility will be made.
- H. Requests for additional information will be directed to the patient in written communication.
- I. The review of the financial status of the patient based on income will be measured by comparison to the current Federal Poverty Guidelines. Applicants with incomes equal to or below 400% of the current Federal Poverty Guidelines may qualify for financial assistance. See Attachment A for the sliding scale applicable to the process.
- J. Patient may be qualified as Financially indigent or Medically indigent
- K. Failure to complete the application within 45 days of the original submission will result in the determination the application is incomplete, and it will be withdrawn from consideration.
- L. Financial Assistance when determined is for an individual encounter.

**IV. GENERAL**

- A. Patients must be informed of Financial Assistance Options during Financial Counseling and the Collections process.
- B. Patients receiving Financial Assistance will not be turned over to collections by an outside agency during the eligibility process, unless the application process is not completed within 45 days due to a failure to provide documentation and/or the patient has failed to meet payment of patient responsibility as determined by the eligibility process as assigned for a period of 60 days.
- C. Collection activity will not commence related to an account where financial assistance was denied until 60 days after the determination of patient responsibility.

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**ATTACHMENT A**

**Eligibility Guidelines**

The criteria noted in this Attachment may be applied to determine whether a patient is eligible for assistance under the Rock Regional Financial Assistance Program. Adjustments relating to those patients meeting the criteria set forth in this Attachment shall be reported as charity in a hospital's statement of operations.

**Financially Indigent** – A patient with estimated annual income between 0% and 200% of the federal poverty guidelines may qualify for 100% financial assistance provided the patient has completed an application and has insufficient funds and financial assets to pay his or her Hospital Bill without incurring an undue financial hardship. In general, a financially indigent patient will be eligible for financial assistance in an amount up to the full balance of his or her hospital bill less the amount (if any) they are deemed able to pay without incurring an undue financial hardship. Patients with an annual income between 201% and 400% of the Federal Poverty guidelines may qualify for assistance based on the below sliding scale:

- 201%-250% = up to 80% financial assistance
- 251%-300% = up to 60% financial assistance
- 301%-350% = up to 40% financial assistance
- 351%-400% = up to 20% financial assistance

**Federal Poverty Guidelines** – Each year the current Federal Poverty Guidelines published by the U.S. government will be used as the benchmark to measure eligibility of financial assistance;

**Community** – Financial Assistance will be available to patients who live within the immediate counties serviced by Rock Regional Hospital those counties are: Butler, Cowley, Sedgwick and Sumner.