



Reeves County

Hospital District

Policies and Procedures

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Subject: Charity Care Policy	Created Date: 12/31/2010
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Reeves County Hospital District (RCHD) has an obligation to all patients; indigent and non-indigent alike, insured and uninsured, to provide emergency and medically necessary services.

Reeves County Hospital District will maintain a charity care policy in order to identify patients who have a limited ability to pay for emergency and medically necessary services. In conformity with RCHD general admission policy, the charity care program will be extended to all patients without distinction on the basis of race, color, sex, sexual orientation, gender identity, national origin, or religious affiliation. Please note that RCHD will not provide free or below cost care for elective services that are described in this plan.

In balancing Reeves County Hospital District charity care program with its fiscal and community responsibility, RCHD will consider charity care services to its primary service area first when delivering primary care services.

It is the philosophy of Reeves County Hospital District that all individuals who receive medical care at RCHD should be held responsible for their financial obligations. It is recognized that a segment of the community has a limited ability to pay and, therefore, the Charity Care program was established to recognize the needs of individuals and families who do not have the financial resources to meet some or all of their obligations. The policies and guidelines outlined in this plan were developed to insure that eligibility is determined in a fair and equitable manner.

Before RCHD determines eligibility for Charity Care, an attempt will be made to obtain reimbursement from third parties such as Medicare, Medicaid, and private insurance for those patients who qualify for such third party reimbursement. Patients having no third party payment sources (uninsured) must either pay their obligations with an uninsured discount from their own private resources (self-pay) or they must meet the applicable eligibility requirements for free services.

Definition of Charity Care:

Charity care covers medically necessary health care services that are rendered to individuals who are financially unable to pay for those services. These services only include those provided by Reeves County Hospital District and does not include services provided at the hospital by



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non-employed physicians or outside vendors. An assessment of the patient's financial status may be made prior to admission (inpatient) or before health services are rendered (on an emergency admission the charity statement will be reviewed after services). If the patient cannot afford the services, the services may be rendered on a charity care basis.

Discounted Care: Discounted care is care provided on a sliding scale discounted rate to patients who are uninsured for the relevant, medically necessary service and who are ineligible for governmental or other insurance coverage. A patient will be eligible for sliding scale discounted rate care if the patient's family income does not exceed two times the Federal Poverty Level and are not eligible for charity care.

RCHD (Reeves County Hospital District) will offer a Sliding Fee Discount Program to all who are unable to pay for their services. RCHD will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. The Sliding Fee Scale is posted at the hospital (RCHD) and the clinic (PVRHC) and the Sliding Fee Scale policy is available upon request and on the Hospital District's website.

Guidelines for Establishing Eligibility:

Before a patient is determined to be eligible for Charity Care at Reeves County Hospital District a financial evaluation may be performed to determine the patient's financial status. This evaluation is necessary to make a determination of whether or not an individual lacks the resources to pay for the services rendered.

The following financial guidelines have been established to assist in determining whether or not an individual is eligible for Charity Care:

1. Income will be compared to the Federal Poverty Guidelines as published in the Federal Register annually. The patient's annual income must be equal to or less than 250 % of the Federal Poverty Guidelines to be considered medically needy and eligible for charity care.
2. Employment Status-likelihood of future earning sufficient to meet the healthcare related obligation within a reasonable period of time may be considered.



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3. Other financial obligations of a reasonable and necessary nature may be considered.
4. Amount and frequency of healthcare bills may be taken into consideration.

All patients applying for charity care may be asked to provide RCHD with proper documentation of their income in the form of paycheck stubs and / or income tax returns. RCHD may conduct credit investigations at their discretion, as needed, and verification of employment and resources. Failure to provide supporting documentation may not necessarily deny patient's approval for charity assistance.

Reeves County Hospital District will make a determination of the patient's eligibility, whenever possible, at the time service is rendered. Charity care may be requested at any time by the patient. For patients who have multiple visits yearly, a re-evaluation of charity care status may be required every 180 days.

Presumptive eligibility for charity care may be determined on the basis of individual life circumstances that may include but are not limited to:

1. State funded prescription programs
2. Homeless or received care from homeless clinic
3. Participation in Women, Infants and Children programs (WIC)
4. Food stamp eligibility
5. Subsidized school lunch program eligibility
6. Eligibility for other state or local assistance programs that are unfunded
7. Low income/subsidized housing is provided as a valid address
8. Patient hospital visits with no payments
9. Patient is deceased with no known estate
10. Patients who move without providing information of their whereabouts will be considered for Charity write-off after efforts have been made to contact neighbors or relatives who may be able to provide information
11. Medicaid program participants where coverage is denied for maximum confinement, or non-covered services
12. Bankruptcy declared and confirmed within the prior 12 months of hospital services being rendered
13. Any uninsured account returned from a collection agency as uncollectable



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14. Participation in Temporary Assistance for Needy Families (TANF)
15. Participation in Children's Health Insurance Program (CHIP)
16. Participation in Free Lunch program at the children's respective school
17. Hospital services provided with no history of payment
18. Patient states that he/she does not have the resources to pay
19. Patient has been given an indigent or charity care application but has not returned the application and/or the necessary documents
20. The address on file is no longer a good address

Supporting Documentation

- Internal records
- Notes in the financials
- Collection Agency logs
- Patient History

NOTE: Changes reflected in this Charity Care Policy are a formalization of procedures that have been followed to qualify patients for charity care.