

<p>Department: Business Office</p>	<p>Number: FN1.01</p>
<p>Subject: Financial Assistance and Presumptive Charity Policy</p> <p>Page 1 of 3</p>	<p>Created Date: 12/31/2010 Revised: 09/30/2021 Reviewed: 12/04/2024</p>

Reeves County Hospital District (RCHD) d/b/a Reeves Regional Health (RRH) 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 financial assistance 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 financial assistance program will be extended to all patients without distinction on the basis of race, color, disability, sex, sexual orientation, gender identity, national origin, or religious affiliation. Please note that RRH will not provide free or below cost care for elective services.

It is recognized that a segment of the community has a limited ability to pay and, therefore, the Financial Assistance 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 ensure that eligibility is determined in a fair and equitable manner.

Financial Assistance 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 Regional Health and **does not include** services provided at the hospital by 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 financial assistance application will be reviewed after services). If the patient cannot afford the services, the services may be rendered on a financial assistance basis.

RRH 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 (FPG) are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. The Sliding Fee Scale is posted at the hospital (RRH) and the clinic (RRRHC) and the Sliding Fee Scale policy is available upon request and on the Hospital District’s website.

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Guidelines for Establishing Eligibility:

Before a patient is determined to be eligible for Financial Assistance at Reeves Regional Health a financial evaluation may be performed to determine the patient's financial status. This evaluation is necessary to decide of whether or not an individual lacks the resources to pay for the services rendered.

The Hospital will determine the amount of financial assistance granted to these patients based upon the patient's Annual Income as compared to the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services ("Federal Poverty Guidelines"). The range of discount will vary from 5% to 100%.

An applicant for financial assistance may be asked to provide proof about income and resources and complete a Financial Assistance Application.

Reeves Regional Health will decide of the patient's eligibility, whenever possible, at the time service is rendered. Financial assistance 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 year, or when their financial situation changes.

Patients receiving financial assistance will receive statements for their required payments. If the patient does not pay their required balance within three months they may be sent to the collection agency per collection policy for all patients.

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Presumptive Charity:

A patient account may become eligible for presumptive charity after attempts at collection have been made. 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 and/or no payments in one full year
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
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