

PRATT REGIONAL MEDICAL CENTER

DEPARTMENT: ADMINISTRATION

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SUBJECT: FINANCIAL ASSISTANCE & SOCIAL RESPONSIBILITY

PURPOSE

Pratt Regional Medical Center, affiliated clinics, and Pratt Rehabilitation and Residence Center, hereinafter referred to as PRMC, affirms and maintains its commitment to provide health care services to all who are in need, without discrimination.

The purpose of this policy is to provide guidelines for helping patients with payment for hospital and other medical care. PRMC is implementing this policy due to the absence of a national plan to assure financial assistance for those who:

- Have no insurance and are of an indigent status, or
- Who experience catastrophic financial situations, or
- Who have insurance but cannot pay for part or all of the care they receive.

POLICY

- A. To determine financial assistance based solely on the patient's ability to pay and not on the basis of age, race, religion, gender, or national origin. This pertains to all medically necessary services provided by Pratt Regional Medical Center entities.
- B. To assist patients in obtaining alternative methods of financial assistance whenever possible. This action is intended to allow PRMC to provide the maximum level of necessary financial assistance within its resources.
- C. To maintain confidentiality of information for all who seek financial assistance at PRMC. PRMC respects and values the dignity of all patients and their families.

PROCEDURE

- A. All patients of PRMC and its clinics will have the option to make an application for financial assistance. The determination to provide financial assistance should be made before the actual provision of services. If that is not possible, then at the most opportune time immediately following service.
- B. The granting of assistance will be made with priority given to those who receive emergent and/or urgent care. All other types of care will be determined on a case by case basis.
- C. The request for financial assistance may originate from the patient, family member, or friend of the family, as well as from any employee of PRMC or member of the medical staff.
- D. All requests for financial assistance will be forwarded to financial counseling representatives who will analyze the current financial status of the patient and make a determination of how the patient may qualify for financial assistance or indigent status.

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- E. Evaluation of the application will include a review of the income within the household and a review of the assets of the patient. Financial assistance may be denied if a patient has excessive assets or assets above the average living needs.
- F. Eligibility for financial assistance is based on Poverty Guidelines published by the U.S. Department of Health and Human Services. Patients with family income below the poverty guidelines are eligible to receive free care. Patients may qualify for partial discounts as incomes increases.

Income as Percent of Federal Poverty Guideline	Percent of Assistance Discount
> 150%	100%
151 - 175	75%
176 - 200	50%
201 – 250	25%

- G. If the application meets policy guidelines, the Business Office Manager can approve financial assistance for amounts up to \$2,000 and Clinic Managers can approve financial assistance for up to \$500. These limits are subject to periodic review and approval. Amounts above \$2,000 for hospital charges or \$500 for clinic charges must be approved by the Vice President of Financial Services.
- H. Nothing in this policy shall prohibit PRMC from offering reduced or more favorable financial assistance to an patient based upon circumstances, including, without limitation, the patient’s or his/her household’s net worth, likelihood of the patient’s future household earnings being sufficient to meet healthcare-related obligations within a reasonable time, the patient’s or the responsible party’s other reasonable financial obligations, evaluation of the patient’s health services history and the patient’s need for future services whether an account is discharged in bankruptcy, whether an account is for a deceased person having no estate or other means of payment and whether there exists other sources of payment.
- I. Hardship/catastrophic cases will be reviewed individually by the Business Office Manager and/or Vice President of Financial Service.
- J. PRMC reserves the right to grant financial assistance discounts in extraordinary circumstances to patients who do not meet the guidelines stated above. It is also recognized by the parties that there is a very small percent of the uninsured patient population which have very substantial assets and could easily afford to pay for health care, but who, because of having tax exempt income or otherwise, will not have income reflected on a tax return or otherwise. To address these limited and extraordinary situations, PRMC reserves the right to exempt these individuals from financial assistance.

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