



Your Community. Your Health. Your Care.

## POLICY

Title: Financial Assistance Charity Care	
Department: General Finance	
Document Number: 13.17_GENF	Page 1 of 6
Owner: Chief Financial Officer	Effective Date: 8/6/1992

### Financial Assistance

#### PURPOSE:

Lexington Regional Health Center recognizes the individual's right to quality health care regardless of age, sex, race, disability, national origin, marital status, sexual orientation, personal beliefs, or ability to pay. This policy is written to ensure a fair and comprehensive system of providing financial assistance to individuals determined unable to pay, within the available resources of the hospital.

Lexington Regional Health Center reserves the right to allow or disallow financial assistance based on the facts and circumstances of the applicant's household financial situation. This decision will be based on the patients' or guarantors' ability to pay as determined by financial review and analysis. The Hospital reserves the right to exercise discretion in determining eligibility for financial assistance in special circumstances which could impoverish an individual who has income above the assistance level, but is not able to pay the entire cost of services.

#### POLICY:

##### Principles

Lexington Regional Health Center will apply its Financial Assistance Policy fairly and consistently. Each person will be treated as an individual with specific needs, and Lexington Regional Health Center recognizes the special concerns of individuals and households with limited financial resources or who are otherwise vulnerable within our community.

Financial assistance is a resource of last resort and is only available when all other recovery sources and assets have been exhausted. Other recovery sources and assets may include, but are not limited to, Medicaid, Medicare, workers comp or liability insurance, and health savings accounts.

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Financial assistance is provided to patients with demonstrated inability to pay as contrasted with bad debt that results from an unwillingness to pay; thus, financial assistance does not include bad debt.

Lexington Regional Health Center will make an effort to identify patients with a potential financial assistance need. See the "Notice of Policy" section of this policy for additional details.

### Regulatory Compliance

If any portion of this policy conflicts with federal, state, or local laws or regulations, laws and regulations shall take precedence. This policy is designed to be compliant with all laws and regulations, and shall be regularly reviewed for compliance.

### Application Process

Identification of patients with a potential need for financial assistance will be accomplished by both an open and publicized application process and a variety of screening opportunities including:

- A. Admissions/registration personnel based upon information received during the registration process.
- B. Social Services personnel based upon information during the initial visit and discharge planning.
- C. Nursing staff based upon information received during discussions with family and/or patient.
- D. Business office personnel based upon status of accounts and discussions with responsible party.
- E. Accounts receivable reports.

Hospital staff identifying patients with potential need will notify the patient financial counselor, admissions director or billing office. Hospital staff or the notified patient advocate will educate the patient or guarantor about the financial assistance policy and will provide them an application for financial assistance.

If necessary, the patient financial counselor or other Hospital staff may assist the patient in completing the application; however, the completion of an application and providing all necessary supporting documentation is the patient's responsibility.

Patients may also request an application or additional information in person at the Admissions office or by calling or writing the patient financial counselor and an application will be mailed.

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Except as noted below under Exceptions to the Financial Assistance Application, each patient or guarantor must complete an application to be considered for financial assistance under this policy. The Application is the primary source of information to determine eligibility. One application will cover the unpaid patient liabilities of all open accounts for the same guarantor, unless one or more of the liabilities are not in a position where the guarantor is the payor of last resort (i.e. a pending work comp claim). If approved, the application will also apply to patient liabilities incurred within six months of the date of the application, unless there is reason to believe that the circumstances of the patient have changed.

Financial Counseling is available at Lexington Regional Health Center, and applicants having difficulties understanding or completing the application are encouraged to meet with the Patient Financial Counselor for assistance.

The patient is required to complete LRHC's financial assistance application form and supply all personal, financial and other information requested on the application and the cover letter in order for LRHC to make a determination of financial need. The time frame for the requested information will be based on the date of service. Sources of gross income required to be included, but are not limited to: wages, salaries, farm income, self-employed income, interest/dividends, rental income, payments from Social Security, public assistance, unemployment and worker's compensation, veterans benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets and one-time insurance or compensation payments.

### Exceptions to the Financial Assistance Application Process

Accounts that may qualify for financial assistance without a completed application include:

1. Medicaid share of cost portions.
2. Medicaid applications approved for subsequent care (not retroactive to the liability).
3. Patients or guarantors who have declared bankruptcy.
4. Patients or guarantors who are deceased with no estate in probate and for whom no one else (such as a spouse or legal guardian) is legally responsible for the liability.
5. Patients or guarantors determined to be homeless.

While applications for financial assistance are not required for the above exceptions, discretion will be used to ensure that individuals and guarantors in the above classification do meet the requirements of the financial assistance policy. An

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application for financial assistance and/or supporting documentation may be requested at the Hospital's discretion.

### Eligibility Criteria for Granting Financial Assistance

Lexington Regional Health Center's financial assistance policy is available to all of the patients served at our facility, including the emergency room, inpatient and outpatient hospital services, therapy department, visiting specialist clinic and Lexington Regional Health Center's rural health clinics. We recognize that as not-for-profit entity we must serve our community, especially those most vulnerable because of limited resources.

Patients of Lexington Regional Health Center often receive services from providers that do not bill services through the Hospital, such as charges from physicians, radiologists, and pathologist. Lexington Regional Health Center cannot grant financial assistance to forgive the charges of other businesses, and the patient will contact these providers to pay or otherwise settle those liabilities.

Eligibility will be determined by income level based on the current poverty guidelines established by the Department of Health and Human Services that are published in the Federal Register, and will go into effect on January of that year. Lexington Regional Health Center will expand the eligible income level to 200% of the current federal poverty guidelines using a 10% incremental sliding scale from 100% to 200% of the poverty guidelines in order to provide assistance to patients in need. For qualifying individuals the amount of financial assistance will be 100% of eligible billed charges per the sliding scale.

All services offered by Lexington Regional Health Center that are considered medically necessary when prescribed or ordered by a physician, are eligible for financial assistance. Elective procedures will be considered on a case-by-case basis

Gross charges for emergency or medically necessary care to patients who qualify under the financial assistance policy, will not exceed the best or average of the three best rates given to commercially insured patients.

The application for financial assistance can be denied by the Chief Financial Officer, or the CEO for any reason but in particular if suspicion of fraud, prevarication, or misuse of the application. The application can be denied on the basis of the hospital's financial ability to absorb the loss of charitable resources in a given period.

### Definition of a Household

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A dependent is defined per the IRS tax law guidelines. Non-dependent children/adults are excluded from determination of family size.

Independent adults that have chosen to share a residence with one or more other independent adults will generally be considered a household without counting either the presence, or income, of the other adults. (i.e. two independent adults share a residence to reduce costs, but do not represent themselves as a household or as a single family unit; they would be considered separate households) Lexington Regional Health Center generally relies on how individuals classify their relationship for purposes of whether or not they are a single household or separate independent households and the Hospital does not discriminate based upon sexual orientation.

### Catastrophic Circumstances

Some individuals or guarantors may be eligible for financial assistance in excess of what would have been granted under the income criteria if they had incurred catastrophic medical costs or other obligations (presently or ongoing) that have substantially reduced their ability to pay. In such cases the individual or guarantor may be determined by the Hospital to be Medically Indigent and may, at the Hospital's discretion, be eligible for financial assistance in the form of free or discounted liabilities.

There are instances when a patient will complete the financial assistance application, provides supporting documentation and does not qualify for full assistance. If the patient's balance exceeds more than 40% of their total income, this will be deemed a catastrophic balance. In these instances, the Chief Financial Officer will have the authority to determine if a portion of the balance should be forgiven to financial assistance. This will be handled on a case by case basis and the totality of circumstances will be utilized in determining eligibility. The discount shall not exceed 20% of outstanding balances.

### Record Keeping and Approval/Denial Process

Notification of financial assistance will be made to the patient/guarantor by contact from the Director of Financial Services upon final determination for applications received. Financial assistance granted under the section "Exceptions to the Financial Assistance Application" of this policy, notice may be sent at the discretion of Lexington Regional Health Center.

All financial documentation pertaining to the application and determination will be kept confidential. Documents will be destroyed as established in the Hospitals Record Retention Policy.

Applications will be processed in a timely manner after receipt of required information.

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The Director of Financial Services has the authority to approve amounts up to \$1,500. Amounts between \$1,500-\$5,000 will require Chief Financial Officer approval. Amounts between \$5,001 and \$10,000 required the approval of the Chief Executive Officer. Amounts over \$10,000 will require approval by the Lexington Regional Health Center Board of Directors.

Eligibility of each applicant will be approved and authorized based on this policy. No policy can incorporate all events and circumstances that may present themselves; as such, the Director of Financial Services and Hospital Administration will need to make case-by-case judgments from time to time; and will make such judgments to the best of their ability while weighing the mission and values of Lexington Regional Health Center with the need for financial resources to carry out that mission.

### Notice of Policy

Lexington Regional Health Center shall make reasonable efforts to notify patients and the community of this policy, the ability to obtain financial assistance, and the qualification requirements for such assistance. All notices should be written in an appropriate format and language to be understood by the general public.

Notices should include information about:

- The patient's responsibility for payment
- The availability of financial assistance from this policy, public programs, and payment arrangements
- Summary of the Hospital's Financial Assistance Policy
- Details on the Application process
- Whom to contact to get additional information, including a copy of this policy, application forms, and Financial Counseling

Notices will be provided:

- Signs at the admission areas
- Written materials provided at admission or registration
- Applications to patients screened by staff as having a high likelihood of qualifying