

# REGISTRATION POLICIES AND GUIDELINES

THESE ARE GUIDELINES TO ASSIST THE HEALTHCARE PROFESSIONAL  
IN HIS/HER UNDERSTANDING OF THE POLICIES APPROVED BY THE  
BOARD OF DIRECTORS

<b>NUMBER: 100-070.2</b>
<b>DATE EFFECTIVE: March 15, 2016</b>
<b>SUPERSEDES # 100-070.1</b>
<b>APPROVED BY: Registration Supervisor</b>
<b>REG. TAG #:</b>
<b>PAGE # 1 OF 1</b>

**SUBJECT:** Financial Assistance Policy

**PURPOSE:** To establish and ensure consistent method for the review and completion for charitable medical care.

**DEPARTMENTS AFFECTED:** Registration, Insurance, Collections

---

Livingston Hospital is committed to providing charity care to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary based on their individual financial situation. Livingston Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Livingston Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance. Consistent with the FAP, an application for financial assistance will be offered to all patients. It is the responsibility of patient or their responsible persons to provide accurate and correct information at registration.

Charity is not considered a substitute for personal responsibility. Patients are expected to cooperate with Livingston Hospital's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall person health, and for the protection of their individual assets.

**Definitions:** For the purpose of this policy and the corresponding procedures, the following definitions apply:

- A. Charity Care:** Health care services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.
- B. Medically Indigent:** Any individual or family not classified as financially indigent who becomes so as a result of extensive medical conditions and/or expenses after payment of third-party payers where applicable, has no other tangible assets, and therefore is rendered unable to pay.
- C. Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligation.

**D. Underinsured:** The patient has some level of insurance or third-party assistance but still has out of pocket expenses that exceed his/her financial abilities.

**Responsibilities and Procedures:**

For the purpose of this policy, “charity” or “financial assistance” refers to health care services provided by Livingston Hospital without charge or at a discount to qualifying patients. The following health care services are eligible for charity:

1. Emergency medical services provided in an emergency room setting. Services for a condition which, if not promptly treated, would lead to adverse change in the health status of an individual.
2. Non-elective services provided in response to life threatening circumstance in a non-emergency room setting.
3. Medically necessary services, evaluated on a case by case basis at Livingston Hospital discretion.

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, and ineligible for a government health care benefit program and who are unable to pay for their medically necessary care, based upon a determination of financial need in accordance with this policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may:

1. Include an application process, in which the patient or patient’s guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need.
2. Include reasonable efforts by Livingston Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs.
3. Take into account the patients available assets and all other financial resources available to the patient.
4. Include a review of the patient’s outstanding accounts receivable for prior services rendered and the patient’s payment history.

The determination for assistance may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than eight months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

In the event there is no evidence to support a patient’s eligibility for charity care, Livingston Hospital could use outside agencies to determine charity care eligibility. Presumptive eligibility may also be determined on the base of individual life circumstances that may include:

1. Homeless
2. Food stamp eligibility
3. Patient is deceased with no known estate

Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to federal poverty levels (FPL) in effect at the time of determination. The basis for the amounts Livingston Hospital will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
2. Patients whose family income is above 200% but not more than 400% of the FPL are eligible to receive services at a discount rate.

3. Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Livingston Hospital.

In certain situations, it may be appropriate to grant a patient financial assistance even though the patient's financial situation does not satisfy the requirements set forth in this policy. In these situations the financial assistance application and other pertinent information may be reviewed by Livingston Hospital and a determination will be made as to the patient's eligibility for charity care.