POLICY TITLE: **Financial Assistance Policy**	IDENTIFICATION NUMBER: **RC115**

POLICY LEVEL:	System Wide	**ORIGINATION/EFFECTIVE DATE**	12/2/2024
FACILITY:	All RISE Community Hospital Sites	**REVIEW CYCLE:**	Two Years
DEPARTMENT(S):	All departments	**LAST REVIEW DATE:**	4/9/2026
		LAST REVISION DATE:	4/9/2026
REVISION:	A		

POLICY STATEMENT

- RISE Community Hospital promotes the well-being of all individuals, families, and communities. As part of its mission and commitment to the community, RISE Community Hospital provides financial assistance to patients who qualify for assistance pursuant to this Policy.
- All patients will be eligible to apply for financial assistance at any time during the continuum of care or billing cycle. Each patient's situation will be evaluated according to relevant circumstances, such as income, assets, or other resources available to the patient or patient's family when determining the ability to pay the outstanding patient account balance.
- THE POLICY DOES NOT AFFECT ANY OBLIGATION UNDER EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA). THE POLICY ALSO DOES NOT ALTER OR MODIFY OTHER POLICIES CONCERNING EFFORTS TO OBTAIN PAYMENTS FROM THIRD-PARTY PAYORS.

PURPOSE

- This Policy establishes the framework pursuant to which RISE Community Hospital identifies patients that may qualify for financial assistance, provides financial assistance, and accounts for financial assistance.

SCOPE

- All affiliated facilities of RISE Community Hospital including, but not limited to all corporate departments, independent contractors, and billing and collection vendors.
- This Policy does not apply to bills from physicians, outside labs, or other providers not directly owned or controlled by RISE Community Hospital.

DEFINITIONS

- Facility: any entity owned by or affiliated with RISE Community Hospital that provides medical and other health care services.
- Financial Hardship Application: A written request from the patient, responsible party or other interested party for financial assistance under the Financial Assistance Policy, which summarizes financial and other information needed to determine eligibility.
- Patient Waiver Agreement Form: Agreement between patient and Facility upon an accepted estimated patient responsibility amount that is paid at the time of service.
- PAR: Patient Access Representative
- FHD: - Financial Hardship Determination

RESPONSIBILITIES

- The Patient Access Managers are responsible for:
  - Oversight of the financial assistance policy and final approval of company's financial hardship discount.
  - Completes internal controls and processes to appropriately record financial adjustments in the

company's books monthly.

- Patient Access Representatives are responsible for:
    - Having a high level of understanding of this policy and can provide answers to questions patients may have.
    - Informs all patients of the existence of the financial assistance policy.
    - Review of financial hardship applications and determination of level of financial assistance.
    - Notifies applicants of the status of their request for financial assistance and their right to appeal an adverse decision.
    - Processes appeals of denied financial hardship applications.
    - Responsible for the retention of documentation relating to the determination of financial eligibility.

POLICY

1. RISE Community Hospital's financial assistance policy is available for qualifying individuals who are unable to pay their bill for medical services.
2. RISE Community Hospital is dedicated to administering its financial assistance policy in a fair, consistent, and objective manner respecting the dignity of each patient served.
    a. No patient will be denied financial assistance because of their race, religion, or national origin or any other basis which is prohibited by law.
3. RISE Community Hospital's financial assistance policy will be administered in a manner that seeks to allocate financial assistance in a way that maximizes the benefit received by the communities RISE Community Hospital serves.
4. RISE Community Hospital will implement this policy for the benefit of the communities RISE Community Hospital serves, RISE Community Hospital will comply with all applicable federal, state, and local laws, rules, and regulations.
5. A patient who is unable to pay his or her bill for medical services is encouraged to apply for financial assistance by completing a financial hardship application.
6. All applications will be reviewed, and a determination made as to whether all or a portion of the patient's bill qualifies for financial assistance.
7. It is the responsibility of the patient to actively participate in the financial assistance screening process. This includes providing RISE Community Hospital with information concerning actual or potentially available health benefits coverage including Medicaid eligibility and available COBRA coverage.
8. A patient can be denied financial assistance if they do not provide the information that has been requested in a timely manner.

PROCEDURES

<u>Applying for Assistance</u>

1. The patient or responsible party may request a financial hardship application.
2. Patient Access Representatives encourage patients who are at financial risk as a result of the amount they are expected to owe "out-of-pocket" to complete a financial hardship application at the time of service.
3. At the time of service, an estimated patient responsibility amount will be discussed. An opportunity for a payment arrangement and or hardship discount will be discussed at the time of service.
4. A financial hardship application must be provided to any person requesting financial assistance. RISE Community Hospital may utilize information reported on financial applications and information gathered from independent third-party sources to evaluate a patient's eligibility for financial assistance.
5. A request for financial assistance may be submitted by RISE Community Hospital personnel and/or its agent (on behalf of a patient or responsible party) who have knowledge of the patient's financial situation. All known facts surrounding the patient's financial condition shall be documented in a request initiated by RISE Community Hospital personnel.
6. RISE Community Hospital can determine that a patient qualifies for financial assistance under this policy through review and analysis of financial and other information provided by an independent third-party vendor. In these situations, a formal financial hardship application is not required.

Collections

1. In general, no subsequent attempt shall be made to collect charges from the patient or responsible party which have been approved for one hundred percent (100%) write-off under this financial assistance policy (subject to the rights of subrogation) except to the extent a patient or responsible party receives a recovery from any third party or other source.
2. Financial discounts may be completely or partially reversed in the event of a recovery from a third-party or other source.
3. The following collection activities will occur during the first one hundred twenty (120) days that a medical bill is outstanding to include:
    a. Summary billing statements will be sent to the patient that identify total charges, insurance payments, discounts, patient payments and the current balance.

Approval and Reporting

1. RISE Community Hospital's Customer Service Director and Director of Patient Access are responsible for the oversight of the Financial Assistance Policy and the day-to-day management of RISE Community Hospital's financial assistance policy.
2. RISE Community Hospital's Customer Service Director shall establish procedures that specify what application information is subject to verification.
3. All financial adjustments must be recorded in the books and records of RISE Community Hospital.
4. In no case, should the establishment of verification procedures discriminate against any group of patients nor unduly limit a patient's access to financial assistance.
5. PAR's shall review all available information and determine the appropriate level of financial assistance in accordance with procedures established by this Policy and any guidance provided by RISE Community Hospital's Director of Customer Service.
6. Occasionally, a patient or physician may seek an eligibility determination in advance of RISE Community Hospital's services being provided. In those cases, the PAR must approve the request at the time of service.
7. In granting financial assistance to individual patients in non-emergent situations, RISE Community Hospital leadership should consider the availability of alternative community resources, continuity of care concerns, and the potential financial impact on RISE Community Hospital's ability to grant financial assistance broadly to the communities it serves.
8. All patients who apply for financial assistance will be notified of the status of their request via mail, email, phone call within thirty (30) days of receipt of the completed financial hardship application.
    a. Patients who are denied will also receive instructions to appeal the decision if they choose.
9. Patients who are approved for financial assistance will never be billed for a remaining amount not agreed upon by patient and representative.

Appeals

1. An appeal of a denied financial hardship application will be considered if material changes in a patient's circumstances are documented.
2. Changes may include, but are not limited to, a change in employment, health, marital, or family status.
3. Appeals can be made by the patient anytime during the first three hundred sixty-five (365) days from the initial billing date.

REFERENCES

- *EMTALA -- Emergency Medical Treatment and Active Labor Act*

APPROVAL

POLICY OWNER	Matt Alewine, RN, MSN Chief Nursing Officer
COMMITTEE	Quality Improvement Committee
MEDICAL EXECUTIVE COMMITTEE	Dr. Jessica Hetherington MD Chief Medical Officer

GOVERNING BODY	RISEONE Governing Body

4.

REVISION	**CHANGES**	**DEPARTMENT APPROVAL**	**COMMITTEE APPROVAL**	**MEC APPROVAL**	**GB APPROVAL**
New	Initial Release	12/2/2024	12/2/2024	12/2/2024	12/2/2024
A	Standard review cycle. Updated to include all sites.	5/12/2026	5/12/2026	5/13/2026	5/13/2026