SUBJECT: FINANCIAL ASSISTANCE POLICY FOR UNITED REGIONAL HEALTH CARE INC. ("SYSTEM")	REFERENCE:
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DEPARTMENT: BUSINESS OFFICE – COLLECTION DEPARTMENT	OF: 16
	EFFECTIVE: 01/01/2010
APPROVED BY: BOARD OF DIRECTORS	REVIEWED: 06/28/2021 REVISED:

1.0 PURPOSE:

1.1 To establish guidelines to identify patients eligible for financial assistance for hospital medical and URPG physician services according to the provisions of this policy.

2.0 POLICY INFORMATION:

2.1 This policy provides information regarding a patient's application and eligibility criteria for United Regional Health Care System's Financial Assistance Program ("FAP") (uncompensated services) for services provided by the system. When referencing annual income, gross household annual income will always be applicable for eligibility. United Regional Health Care System, Inc. and ("System") will be considered interchangeable throughout this Policy.

3.0 DEFINITION OF POLICY:

3.1 **Financial Assistance**

3.1.1 By virtue of its exemption from federal and state taxes and as a part of the system's mission to serve the health care needs of the community, United Regional Health Care System, Inc. will provide financial assistance to patients who meet the criteria of this policy and do not have the financial means to pay for hospital services.

3.1.2 Financial assistance will be provided to patients who present themselves for care at United Regional Health Care System without regard to age, sex, race, creed, color, or national origin and who are classified as financially indigent or medically indigent according to the terms of this policy

3.1.3 In no event will the system establish eligibility criteria for Financially Indigent patients by setting the income level for financial assistance lower than that required for counties under the Texas Indigent Health Care and Treatment Act, or lower than "200%" of the current Federal Poverty Income Guidelines.

3.1.4 The processing of financial assistance applicants, communication methods of availability, and determining patient allowed billable amount will follow the guidelines to meet the requirements of Section 501 (r) of the Affordable Care Act. United Regional will use the look back method to establish the percentage amount to be applied for the amount generally billed (AGB) as defined under 501

(r) rule. This amount will be calculated on an annual basis and reflect in the Financial Assistance Policy Summary.

3.1.5 The system reserves the right to limit charity care on a monthly and annual basis consistent with Texas state law and the system's financial resources. The system reserves the right to refuse financial assistance for elective services.

3.1.6 System will proceed in normal collection actions as defined in the Business Office Billing and Collection Practices for non-payment or upon patient's failure to submit a complete assistance application with required documentation within the designated time frame defined in this policy.

3.1.7 Please refer to Business Office Billing and Collection Practices for more information about possible eligibility for other types of discounts for uninsured patients who do not qualify for financial assistance under this policy.

3.1.8 EMTALA regulations will be followed for Emergency Room Services and other applicable emergency services.

3.2 DEFINITIONS:

3.2.1 Financial Assistance Eligibility: Emergency or Medically Necessary inpatient and outpatient services for uninsured or underinsured patients who cannot afford to pay for the system services according to the guidelines of this Policy. Financial assistance does not include contractual allowances from government programs and Insurance, or Uninsured Patient Discounts, but may include insurance co-payments or deductibles, or both as well as exhausted benefits. Qualified patients will have no obligation, or a discounted obligation to pay for any services received which are deemed to be eligible under this system's Financial Assistance Policy.

Excluded Elective Services:

Sterilization
Bariatric
Cosmetic
Screenings - CT Lung, Mammogram

Carpal tunnel
Knee replacements
Hip replacements
Hysterectomies
Hernia Surgery
Intrauterine removal

3.2.2 **FINANCIALLY INDIGENT** A financial indigent patient is a person who is uninsured, underinsured or has total gross household income under **200%** of the federal poverty guideline and unable to pay financial responsibility for hospital services. These patients will be accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility criteria set forth in this policy under the income guidelines and documentation requirements. Approval period is for open eligible active balances from the date of the application and for 6 months forward.

3.2.3 **MEDICAL INDIGENT** Patient not qualified for financial assistance under the Financially Indigent guidelines but meets the eligibility criteria set forth in this policy and the income and financial obligation threshold defined in 3.4.2 of this policy. Approval period is for open eligible active balances from the date of the application and for 12 months forward.

3.2.4 **RETAIL CHARGES** The standard rates charged to all patients, which do not reflect any contractual allowances or discounts. These rates are commonly referred to as "gross" charges in the healthcare industry.

3.2.5 **UNINSURED PATIENT** A person receiving healthcare services who does not have private healthcare insurance and is not qualified to participate in a governmental program which provides healthcare benefits to its eligible participants (such as Tricare, Medicare or Medicaid).

3.2.6 **UNDERINSURED PATIENT** A person receiving healthcare services who is not qualified to participate in a governmental program which provides healthcare benefits to its eligible participants (such as Medicare or Medicaid),is not eligible for any

type of payer discount and non-discounted payer coverage provides 50% or less reimbursement of total patient charges and/or patient's financial obligation is at or over 20% of their household gross income if within the set threshold of 400% of Federal Poverty Guidelines.

3.2.7 **FEDERAL POVERTY GUIDELINES** Poverty guidelines published yearly, in the Federal Register based upon yearly income levels and number of dependents. For application of this policy, the new guidelines will become effective the first day of the month following the month of publication.

3.3 **FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA**:

3.3.1 **Financially Indigent**

3.3.1.1 A financially indigent patient is a person who is uninsured or underinsured or has total gross household income under 200% of the FPG and whose bill will result in no obligation or a discounted obligation to pay for the services rendered based on the eligibility set forth in this policy. For eligible applicants, 100% of eligible charges will be discounted up to 200% of the federal poverty guidelines.

3.3.1.2 The system may consider other income and assets of the person when determining eligibility.

3.3.1.3 The system will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for financial assistance as a financially indigent patient. The poverty income guidelines are published in the Federal Register in the spring of each year and for purposes of this policy will become effective the first day of the month following the month of publication.

3.3.1.4 The system may adjust the eligibility criteria from time to time based on financial resources and as necessary to meet the charity care needs of the community. The system may limit financial assistance to only those patients requiring emergency or urgent care.

3.4 **MEDICALLY INDIGENT**:

3.4.1 A Medically Indigent patient is a person with a catastrophic illness or injury whose unpaid system charges exceed their ability to pay and their gross household income falls within the threshold outlines in this policy.

3.4.2 To be eligible under the system's Financial Assistance Policy as a Medically Indigent patient, the patient's gross annual income cannot exceed 400% of the current Federal Poverty Guidelines for the number of eligible dependents and the amount owed by the patient on the system bill after payment by third-party payers must meet or exceed 20% of their annual gross household income. Patients completing the Hospital Financial Assistance Application and determined to be eligible as a medical indigent patient will have their financial obligation discounted by 65% or reduced to no more than 20% of their yearly household income.

3.4.3 The system may adjust the eligibility criteria from time to time based on financial resources and as necessary to meet the charity care needs of the community. The system may limit financial assistance to only those patients not requiring emergency or urgent care. At no time will emergency medical care be refused based on a patient's eligibility under URHCS's financial assistance policy.

3.4.4 All medical indigent patients receiving partial financial assistance are expected to pay their remaining financial obligation within acceptable payment guidelines. Payments must be received every 30 days to meet payment obligations. Normal collection procedures will be followed for each patient to include collection letters and follow up phone calls. At 120 days with no payment or response to normal collection efforts; each account will be placed with an outside collection agency which is applicable for all patient financial obligations, processed through an automated system transfer after meeting all guidelines.

3.5 **Establishing Amounts Generally Billed (AGB)**:

3.5.1 The system will use the look back method to ensure approved financial assistance applicants are not being billed more than the amounts generally billed to individuals having insurance coverage.

Using the look back method, the system will establish an annual percentage to be applied to the billable charges for eligible patients under the system's Financial Assistance Policy. Payments from Medicare and other payers (including patient's share) will be used to determine the percentage. The look back method will be calculated at the end of each selected 12-month period and the AGB percentage will become effective no later than 120 days from the end of the 12-month period. The system is allowed to change the method of determining the amounts generally billed but must ensure the summary financial assistance policy is updated prior to applying any changes. AGB is calculated using United Regional managed care payers, Medicare, Tricare, Medicare Advantage, commercial plans and Veteran's Administration.

3.5.2 The established percentage will be adjusted to patient responsibility for current AGB.

3.6 **Methods of Providing Patients Information on Financial Assistance**:

3.6.1 Patients who desire to be considered for eligibility for financial assistance must complete a Financial Assistance Application for and submit it with the required supportive documentation. Each form has the mailing address of the business office or completed forms may be brought to Admissions or Business office of the health system.

3.6.2 The system will use best efforts to inform each patient of the financial assistance program and how to apply for financial assistance. This will be done by posting notices in each patient registration area including the emergency room and using the best efforts to provide a financial assistance form and summary financial assistance policy to each patient.

3.6.3 The Admission Office will attempt to identify all cases that may qualify as needing financial assistance at the time of admission, and ensure that all patients are aware of the financial assistance program as well as offering a financial assistance application and/or assisting in completion of the application.

3.6.4 The Business Office Collection Staff will attempt to identify all cases that may qualify as needing financial assistance during phone

contact and ensure that all patients are aware of the financial assistance program as well as offering to mail an assistance application and providing additional information for assistance.

3.6.5 Patients may also obtain a financial assistance form or financial assistance policy summary or full financial assistance policy through the following methods:

3.6.5.1 All patients receiving a statement will have a financial assistance form on the back of each. This includes all statement notifications and not just patient share statements. The front of the statement references the application for assistance on the reverse side.

3.6.5.2 A Financial Assistance Application form and Summary Financial Assistance Policy will be provided to the Community HealthCare Center and Family Health Center for community education.

3.6.5.3 A Financial Assistance Application form or copy of the Financial Assistance Policy Summary may be requested from the Business Office on the second floor of the Bethania Campus or Admissions Office on the first floor of the Bridwell Tower.

3.6.5.4 The Financial Assistance Application Form and Summary or detailed policy will be mailed upon request by calling the business office at 940-764-8242.

3.6.5.5 The Financial Assistance Application and Summary Financial Assistance Policy may also be downloaded and printed from the system's website at www.unitedregional.org/financial-assistance or through the patient's MyChart application.

3.6.5.6 Additional information and help will also be provided over the phone by calling to the Business Office at 940-764-8242 or visiting the Business Office on the second floor of the Bethania Campus.

3.7 **Eligibility Requirements and Process for Financial Assistance:**

3.7.1 The Business Office will refer all uninsured patients including those applying for financial assistance who may qualify or who apply for financial assistance for financial coverage from a governmental program to the appropriate program, such as Medicaid, County Indigent, Crime Victims etc., or to the system's contracted eligibility vendor for screening and application assistance for governmental program coverage prior to determining financial assistance eligibility from United Regional.

3.7.2 Required information and documentation as noted in this policy must be provided before eligibility for financial assistance will be determined. Once the requirements have been met, a written notice will be mailed to the patient informing them of the determination decision. No collection efforts will be pursued on a financial assistance application for the eligible amount after such determination is made.

3.7.3 Patients determined to be eligible under the system's Financial Assistance Policy for emergency or other medically necessary care will not be charged more than amounts generally billed to patients with insurance coverage as determined by the yearly look back method for calculating the current reduction percentage to be applied.

3.7.4 Patients may request information on the amount generally billed calculation by calling the Business Office at 940-764-8242.

3.7.5 Patients qualifying for the system's Financial Assistance within the 240-day notification period will have any associated payments of $5.00 or more refunded if at 100% coverage or if payments made exceed financial obligation.

3.7.6 Only the remaining patient balance due will be considered for any outstanding accounts that are past the 240 days application window that were either previously denied or had no financial assistance application submission. Prior payments on the outstanding balances in this category are not eligible for patient payment refunds.

3.8 **Information Required for Consideration for Financial Assistance Eligibility**:

3.8.1 The following information must be provided and will be factors in determining the eligibility for financial assistance for patient medical services:

3.8.1.1 Gross household income

3.8.1.2 Family size

3.8.1.3 Employment status

3.8.1.4 Other financial resources such as unemployment benefits

3.8.1.5 Other financial obligations

3.8.1.6 The amount and frequency of hospital/medical bills

3.8.1.7 Federal Poverty Income guidelines

3.8.1.8 Completion of the system's Financial Application form with supporting documents within required time frame

3.8.1.9 Most current tax return or current income verification

3.8.1.10 Paycheck Stubs

3.8.1.11 Social Security Award Letter of copy of SS Check

3.8.1.12 Veterans Administration Letter or copy of VA Check

3.8.1.13 Bank Accounts and other Pertinent Financial Data

3.8.1.14 Detailed or monetary amount of level of support being provided by indigent care providers such as Red Cross and/or household members or letter of gross income from employer.

3.8.1.15 Documentation of Indigence such as no phone, unemployed, state correctional institution, living with

family member, living at facility for homeless, employment in a position of lower wage earnings.

3.8.1.16 Documentation from the system's third-party eligibility vendor of income amounts and disability status.

3.8.1.17 Payer exhausted benefit coverage for covered services and patient is covered by an indigent care program such as Medical or County Indigent.

3.8.2 Copies of the following documents must be submitted if associated with your reportable income:

3.8.2.1 Social Security Award letter or copy of SS check for all patients receiving this type of income.

3.8.2.2 Copy of Income Tax Filing if Self Employed.

3.8.2.3 Copies of Paycheck Stubs or written and signed statement from employer or most current income tax filing.

3.8.2.4 Copy of death certificate from family member or estate executive.

3.8.3 The system will review individual and other related tax return information for self-employed applications in order to determine the income eligibility of the patient to qualify for financial assistance.

3.8.3.1 Qualifying income for self-employed applications will be considered at 30% of gross receipts.

3.8.3.2 Income Tax Schedule C must be provided for accurate determination.

3.9 **Presumptive Charity with Supportive Information.**

3.9.1 A determination of eligibility for financial assistance may be made without a completed assessment form if the patient or information is not reasonably available and eligibility is warranted under the circumstances. Circumstances that would be taken into consideration would be a combination of the following:

3.9.1.1 No phone, unemployed, in state correctional institution, residing in a homeless shelter, exhaustion of Medicaid benefits.

3.9.1.2 Incorrect incarcerated records and patient uncooperative in correcting or incapacitated due to health or mental status and known information indicates indigence.

3.9.1.3 United Regional may also use third party analytics such as credit reports, public records, etc., to determine a patient's eligibility in the absence of supporting documentation from patient/guarantor.

3.9.2 Patients who are eligible for presumptive charity and have made payments, do not qualify for a refund.

3.10 **Exclusions from Eligibility for Financial Assistance or other Discounts**

3.10.1 Patients whose services are considered to be cosmetic and/or not medically necessary or that is designated as a "Cash" only procedure will not be eligible for the system's Financial Assistance Program.

3.10.2 Patients receiving the system's pre-set "cash only" procedures such as Gastric-Bypass, other reduced cosmetic procedures, or non-covered screening services are not eligible for Financial Assistance.

3.10.3 Patients whose elective services are determined to be out of network with their insurance payer and payer will only pay for services at an in-network provider.

3.10.4 Patients receiving elective services with an insurance payer that is not accepted by the system due to application or unapproved/contracted discounts.

3.11 **Refunding Patient Payments to Patients determined to be Eligible for Financial Assistance.**

3.11.1 Patient payments made on current services (within the 240-day window) exceeding $5.00 will be refunded to patients determined to

be eligible for financial assistance less any amount they are determined to owe.

3.11.2 Patients with accounts over 240-days that did not submit a financial assistance application or were determined to be ineligible at the time of prior determination that are determined to be eligible for current service within the 240-day application window for financial assistance will have any remaining balance on prior accounts included in the current determination but will not be eligible for refunding of patient payments made on the prior accounts.

3.12 **Notification and Application Period**

3.12.1 Patients will have a total of 120 days from the first billing statement received after discharge from the system to submit an assistance application before additional collections efforts including placement with an outside collection agency may occur with reporting to their credit file.

3.12.2 The patient will have an additional 120 days to submit a completed application for final financial assistance determination.

3.12.3 Collection efforts will cease if the assistance application is received at any time within the 240-day period and application information completed prior to the end of the application period which is a total of 240 days from the first billing statement after patient's discharge.

3.12.4 Financial Assistance applications will not be accepted nor processed once all notification and application requirements have been met and 240 days from the first billing statement after the patient discharge date has expired.

3.13 **Incomplete Financial Assistance Application Notification**

3.13.1 In the event of an incomplete financial application form and no response to requests by phone and/or letter, a final notice will be sent identifying the information needed to make a final determination of financial assistance eligibility.

3.13.2 A copy of the Financial Assistance Summary Policy with any Extra Collection Actions to be taken will be included in the final notice

allowing no less than 30 days for the patient to respond with the required information.

3.13.3 If the additional information is received or there is adequate information to make a determination on the patient record, all collection efforts will cease until determination is finalized.

3.13.4 If information or payment is not received and there is not adequate information to make a determination in the patient record and 120 days has passed from the first patient statement after discharge, normal collection efforts will resume including referring to an outside collection agency for additional collection efforts and reporting to their credit file.

3.13.5 If at any time prior to 240 days from the first patient statement, a completed application or requested information is received, all collection efforts will cease, and the financial application processed for final determination.

3.14 **Documentation of Eligibility Determination**:

3.14.1 Once an eligibility determination has been made, the results of the determination will be noted in the comments section of the patient's financial record.

3.14.2 A Letter notifying the patient of their percentage eligibility and any patient responsibility if applicable will also be mailed upon final determination.

3.15 **Recordkeeping and Reporting of Charity Care**:

3.15.1 All completed Financial Assistance applications will be retained and kept on file for five (5) years. A copy of the patient's Financial Assistance application and all correspondence with the patient regarding the Financial Assistance application, approval, denial and appeal will be maintained in the patient's file or will reflect in the comment section of the patient's financial record.

3.15.2 All Financial Assistance applications will be reviewed and approved by the level of authority according to the schedule shown on the Financial Assistance application form. The System Board will review and approve the Financial Assistance Policy and the

System's Chief Financial Officer will sign the board approved Financial Assistance Policy.

3.15.3 Information regarding the amount of charity care provided by the system in its' fiscal year shall be aggregated and included in the system's annual report filed with the Bureau of State Health Data and Policy analysis at the Texas Department of State Health Services. This report will also include information concerning the provision of government-sponsored indigent health care and other community benefits

3.16 **Presumptive Financial Assistance for Uninsured Emergent Services.**

3.16.1 Patients with Emergency Room visit or admitted through the ER with one or more of the following indications will be considered for 100% charity as a special consideration when one or more of the following qualifications are met. Approval period will be from first identification date for 6 months following

3.16.1.1 Low social economic status as indicated by level of employment

3.16.1.2 Unemployed status

3.16.1.3 Current residence at the mission, Salvation Army, MHMR or any other organization for homeless or indication of government sponsored housing

3.16.1.4 No contact phone or phone disconnected

3.16.1.5 Guarantor or spouse with same as above

3.16.1.6 Other indications that would be considered meeting indigent care such as partial coverage for Medicaid programs

3.16.1.7 Wage and or Disability information obtain from the hospital's third party eligible vendor

3.16.1.8 Third party analytics to include credit Reports, public record and other support available may be used to identify eligibility and verification of last reported income.

3.16.2 Notification letters are not mailed on presumptive eligible services for financial assistance.

3.16.3 Department Manager and Director will review report and authorize total write off each week.

3.17 **Other Providers delivering emergency or other medically necessary care in United Regional Health Care System.**

3.17.1 Patients may experience a variety of tests, procedures, and services during their visit to the health system. Many of these services are performed by health-care providers who work in the system but bill for their services separately. The patient may receive bills from several health –care providers such as anesthesiologist, radiologist, pathologist, ER Physicians, hospitalist physicians, patient's primary physician.

3.17.2 None of the above providers delivering emergency or other medically necessary care in United Regional are covered under the system's Financial Assistance Policy.

3.17.3 See the last page of this policy for the current listing of all known providers whose services are not covered under the system's Financial Assistance Policy.

3.18 **Financial Assistance Applications Denied as not Meeting Financial Assistance Eligibility**

3.18.1 Patients not eligible under our financial assistance policy may be eligible for a prompt pay discount under our uninsured discount outlined in the Business Office Collection Policy

3.19 **Healthcare Services Provided to Health System Patients by Other HealthCare Providers not Covered under the System's Financial Assistance Policy.**

3.19.1 Listing of Providers seeing patients in the health system and providing services billed by the individual providers and not the system. These providers and their associated System Services are separately billable are not covered under the system's Financial Assistance Policy.

Listing of Medical Staff that Do not Follow the System's Financial Assistance Policy

Medically necessary health system services provided by United Regional are covered under the financial assistance policy. However, independent physicians, groups or other entities may provide services at United Regional that are not covered by United Regional's financial assistance policy and will be billed separately. Payment arrangements for these services must be made directly with those providers or groups. Please contact the below providers directly if you have questions about their financial assistance policy.

Clinical Partners
Clinics of North Texas
Dentistry for Kidz
GI Associates
Head & Neck Surgical Associates
La Magna Health
North Texas Neurology Associates
North Texas Surgical Group
OB Hospitalist Group
Observation Services of Wichita Falls
Orthopedic Associates
Pathology Associates
Pediatric Associates
Pulmonary Services of North Texas
Radiology Associates
Texoma Independent Physicians
Texoma Plastic Surgery
Titanium Emergency Group
Wichita Falls Heart Clinic
Women's Clinic