Policies and Procedures		**Policy Name: Financial Assistance for Uninsured Patients**	
Policy Code:		Department: Regulatory Compliance TJC Standard	
Approved by:	Original Date:	Reviewed Date : 03/18	Revised Date: 7/21

Scope
This policy applies White Rock Medical Center (WRMC)

Purpose
The policy provides direction and processes for White Rock Medical Center to identify uninsured patients who qualify for financial assistance, which includes full or partial discounts under White Rock Medical Center Charity Care, Implementing White Rock Medical Center Compact with Uninsured Patients (the "Compact") and Cash Pay Rate policies.

Definitions
A. **"Charity Care Discount"** means the discount afforded to an individual determined to be Financially Indigent in accordance with the provisions of this policy.
B. **"Compact Discount"** means the discount provided to Uninsured Patients under the Compact, as set forth herein
C. **"Elective Services"** means scheduled services and certain non-emergent "walk-up" services (e.g., lab services) that are approved for a Cash Pay Rate under the guidelines set forth in this policy.
D. **"Emergent Services"** means any service which is rendered to a patient: (1) presenting to the Emergency Department and determined to have a medical condition that without immediate medical attention would result in serious harm to the patient, whether or not the patient is admitted to the White Rock Medical Center or treated and released, or (2) presenting as a direct admission with a medical condition that without immediate medical attention would result in serious harm to the patient.
E. **"Federal health care program"** means any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including but not limited to: Medicare, Medicaid/MediCal, managed Medicare/Medicaid/MediCal, TriCare/VA/CHAMPUS, SCHIP, Indian Health Services, Health Services for Peace Corp Volunteers, Federal Employees Health Benefit Plan, Railroad Retirement Benefits, Black Lung Program, Services Provided to Federal Prisoners, Pre-Existing Condition Plans (PCIPs) and Section 1011 Requests.
F. **"Gross Charge"** means the list price on a White Rock Medical Center Charge Description Master, and represents the amount the Uninsured Patient is obligated to pay prior to any discount contemplated under this policy or the policies incorporated into this policy by reference.
G. **"Financially Indigent"** means an Uninsured Patient with an annual income below 200% of the Federal Poverty Level.
H. **"Health Insurance Policy"** means any Federal health care program, personal or group health policy or plan, whether fully insured or self-funded, which has as its primary purpose the reimbursement, in whole or in part, of medical services provided to a covered patient.
I. **"Income"** means the sum of the total yearly gross income.
J. **"Non-Covered Services"** means those services not covered by a patient's Health Insurance Policy. This definition includes services not covered (i) as a result of a pre-existing condition exclusion; (ii) because a patient has exhausted his or her benefits; (iii) because they are denied through a Health Insurance Policy's pre- authorization process; and (iv) services for which the patient has elected to opt out of his or her Health Insurance Policy coverage and to pay out of pocket. For purposes of a Federal health care program beneficiary, "Non-Covered Services" means only those services

that are statutorily excluded from coverage. Patient co- pays and deductibles are not considered "Non-Covered Services."

K. **"Uninsured Patient"** means a patient at White Rock Medical Center who has no Health Insurance Policy in force at any time during which the patient receives treatment at the White Rock Medical Center .

L. **"Homeless"** means a patient that does not have a home or place of residence

Policy

All uninsured patients receiving care at White Rock Medical Center will be treated with respect and in a professional manner before, during and after receiving care. White Rock Medical Center will provide uninsured patients with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid, and for available coverage under the Affordable Care Act.

Uninsured patients who do not qualify for any state or federal health care program, and who qualify as Financially Indigent in accordance with the processes set forth below, will receive Charity Care Discounts.

Uninsured patients who do not qualify for any state or federal health care program, and who do not quality for Charity Care Discounts, may still be eligible for financial assistance. In these situations, the Financial Assistance Committee will review all available information and make a determination on the patient's eligibility for financial assistance.

This policy applies to White Rock Medical Center except to the extent it is inconsistent with any applicable state law, in which case such state law controls. State-specific procedures, including but not limited to procedures for identifying Charity Care Discounts to report to appropriate agencies under applicable federal or state health care program requirements, will be documented in job aids, addenda to this policy or in separate policies. To the extent this policy is inconsistent with any applicable purchase, management, joint venture or other affiliation agreement, such agreement controls and the hospital-specific procedures will be documented in job aids, addenda to this policy, or in separate policies.

Any state-specific or facility-specific addendum to this Policy which establishes procedures or requirements that vary from those described in this Policy must be reviewed by the White Rock Medical Center Law Department and approved in writing by the Chief Financial Officer for the affected facilities and the White Rock Medical Center Chief Financial Officer, or his or her designee.

Procedure

A. <u>Financial Counseling</u>

White Rock Medical Center will provide uninsured patients with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid, and for available coverage under the Affordable Care Act. If uninsured patients are not eligible for governmental assistance or other coverage, the Financial Counselors will inform the patients about this policy and assist with the application process. The Financial Counselors must never indicate

or suggest to uninsured patients that they will be relieved of all or a portion of the debt through financial assistance until the determination has been made that the patient is eligible for such assistance.

B. Charity Care Application Process

1. Presumptive Charity
   The following is a listing of types of accounts where financial assistance is considered to be automatic and may be approved for financial assistance without a financial assistance application or documentation of Income:
   a. Medicaid accounts-Exhausted Days/Benefits
   b. Medicaid spend down accounts
   c. Medicaid or Medicare Dental denials
   d. Medicare Replacement accounts with Medicaid as secondary- where Medicare Replacement plan left patient with responsibility
   e. Homelessness

In addition to the presumptive Financial Assistance criteria listed above, Pipeline CHWR recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional Financial Assistance application process. If the required information is not provided by the patient, CHWR utilizes an automated predictive scoring tool to qualify patients for Financial Assistance. The tool calculates the percentage of federal poverty based on the U.S. federal poverty guidelines. These guidelines are updated and published periodically in the Federal Register. The tool provides estimates of the patient's likely socio-economic standing, as well as, the patient's household income and size.

2. Application
   Uninsured Patients who do not qualify for a presumptive charity determination must complete an application to document financial need.

   Patients requesting charity care assistance must verify the number of people in the patient's household.
   i. Adult Patients
      In calculating the number of people in an adult patient's household, include the patient, the patient's spouse and any dependents of the patient or the patient's spouse.
   ii. Minor Patients
      In calculating the number of people in a minor patient's household, include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father.
      Patients requesting charity care assistance must verify their income and provide the documentation requested as set forth in the Assistance Application.
      i. Adult Patients

For adult patients, determine the Income of the patient and other adult members of the patient's household. If and to the extent required by law, the hospital may consider other financial assets of the patient and the patient's family and the patient's or the patient's family's ability to pay, as reflected in the applicable state-specific job aid, addendum or procedure.

ii. Minor Patients
For minor patients, determine the Income from the patient and the patient's legal guardians or other individuals financially responsible for the patient's care. If and to the extent required by law, the facility may consider other financial assets of the patient and the patient's family and the patient's or the patient's family's ability to pay, as reflected in the applicable state-specific job aid, addendum or procedure.

iii. Incarcerated Patients:
Incarcerated patients (Hospital personnel should attempt to verify incarceration) may be deemed to have no income for purposes of the Hospital's calculation of Income, but only if their medical expenses are not covered by the governmental entity incarcerating them (i.e., the Federal Government, the State or a County is responsible for the care) since in such event they are not uninsured patients. Income verification is still required for any other family members.

iv. Expired Patients:
Expired patients' accounts may be reviewed for probate or other responsible parties before being considered for charity. Following such review, expired patients may be deemed to have no Income for purposes of the White Rock Medical Center calculation of Income. White Rock Medical Center will review the patient's financial status at the time of death to ensure that a Charity Care adjustment is appropriate (e.g., no other guarantor appears on the patient account).

a. Documentation
Income and other information may be verified through any one of the following documents:
i. Tax Returns (this is the preferred income verification document) (preceding two years)
ii. IRS Form W-2 (preceding two years)
iii. Wage and Earnings Statement (preceding three months)
iv. Pay Check Remittance (preceding three months)
v. Social Security
vi. Worker's Compensation or Unemployment Compensation Determination Letters
vii. Qualification within the preceding 6 months for governmental assistance program (including food stamps, CDIC, Medicaid and AFDC)

viii. Telephone verification by the patient's employer of the patient's Income
Bank statements, which indicate payroll deposits (preceding three months)

In cases where the patient is unable to provide documentation verifying Income, White Rock Medical Center may at its sole discretion verify the patient's Income in one of the following three ways:

i. The patient's written certification that the Income Information is true and accurate;
ii. The written certification of the Hospital personnel completing the Assistance Application that the patient orally verified Hospital's calculation of Income Information as true and accurate, where allowed by state law; or
iii. Credit Bureau Report (including the lack thereof).

b. If the White Rock Medical Center is unable to verify and document Income as described in sections (b) and (c) above, other information to demonstrate financial need including, but not limited to, the White Rock Medical Center may consider the following:

i. The patient's employment status, credit status, and capacity for future earnings
   1) Patients who are unemployed and do not qualify for a government program
   2) Patients who have no credit established and no Bad Debt collection accounts
   3) Patients with a lack of revolving credit account(s) information
   4) Patients with a lack of revolving bank accounts(s) information
   5) Patients with delinquencies reported on open trade line accounts

ii. The previous exhaustion of all other available resources.

iii. Catastrophic illness.

iv. Consultation with third-party sources to review a patient's information using predictive models that are recognized by the healthcare industry and based on public record databases, which models evaluate a patient's propensity to pay and permit the Hospital to assess whether a patient has relevant characteristics similar to patients who have historically qualified for Charity Care Discounts through the formal application process.

c. Request for Additional Information
If the patient does not provide adequate documents, or the information in the provided documents is conflicting or unclear, the White Rock Medical Center will contact the patient and request additional information. Except to the extent otherwise required by law, the patient's failure to provide requested information within 14 calendar days from the date of the request will result in a denial of the patient's application for Charity Care. Hospital personnel must enter a note into the Hospital computer system and any and all paperwork that was completed will be filed according to the date of the denial note. The Hospital personnel will take no further actions on the assistance application. If requested

documentation is obtained prior to six months after the initial denial, all filed documentation will be retrieved and the patient will be reconsidered for Financial Assistance. If requested documentation is obtained after six months from the initial denial, the White Rock Medical Center will re-verify the information provided in the initial application.

d. Classification Pending Income Verification
Except as otherwise required by applicable law, during the income verification process, while the White Rock Medical Center is collecting the information necessary to determine a patient's eligibility for Charity Care, the patient will be treated as a self-pay patient in accordance with White Rock Medical Center policies.

e. Information Falsification
Falsification of information will result in denial of the Assistance Application. If, after a patient is granted financial assistance as Financially Indigent and White Rock Medical Center finds material provision(s) of the Assistance Application to be untrue, the financial assistance will be withdrawn and the patient's account will follow the normal collection processes.

f. Approval Process and Limits
White Rock Medical Center CFO or designee must approve all Charity Care discounts in writing or electronically. If an application is approved, the approval applies to balances eligible for financial assistance for all dates of service with twelve months prior to the approval and for additional services provided within six months after the date of approval.

g. Denial of Financial Assistance
If White Rock Medical Center determines that a patient does not qualify for Charity Care under this policy, White Rock Medical Center must notify the patient of this decision in writing.

C. Applying the Discounts

1. After evaluation of a patient's application, patients who qualify as Financially Indigent will be afforded Charity Care discounts in accordance with Section V.C.2., unless Attachment A indicates that a hospital-specific or state-specific addendum or job aid to this policy applies, in which case the discount to be afforded the patient will be set forth in the applicable addendum or job aid.

2. Charity Care Discounts

Financially Indigent individuals will receive a Charity Care Discount of 100% of White Rock Medical Center Charges, less any applicable copayment or amount previously paid by the patient or any third party for that care.

D. Billing and Collection Processes

1. Posted Notices
   White Rock Medical Center will post notices regarding the availability of financial assistance to uninsured patients. These notices will be posted in visible locations throughout the White Rock Medical Center such as admitting/registration, billing office and emergency department. The notices will include a contact telephone number that a patient or family member can call for more information. The following specific language complies with the notice requirements: "For help with your Hospital bill or Financial Assistance, please call or ask to see our Financial Counselor or call (214) 324-6137 (M-F 8:30 am to 4:30 pm)."

2. Liens on Primary Residences
   White Rock Medical Center will not, in dealing with patients who quality for Charity Care under this policy, place or foreclose liens on primary residences as a means of collecting unpaid hospital bills.

3. Interest Free, Extended Payment Plans.
   White Rock Medical Center will offer Uninsured Patients extended payment plans to assist in settling past due outstanding hospital bills. In addition,WRMC will not charge Uninsured Patients any interest under such extended payment plans.

4. Body Attachments
   White Rock Medical Center will not use body attachment to require that its Uninsured Patients or responsible party appear in court.

E. Revenue Classification
White Rock Medical Center is responsible for maintaining the integrity of account classification on the hospital patient accounting system in accordance with White Rock Medical Center policies and directives. Prior to month-end close, the Director of Revenue Analysis is responsible for approving each Revenue Reclass prior to month-end.

Critical changes in account class are defined as:

1. Any account originally assigned to Financial Class as Self-Pay that is re- classed as a result of meeting the criteria for Charity Care.

2. Any account originally assigned to Financial Class as Charity that is re- classed to Self-Pay as a result of a loss of eligibility for Charity Care.

F. Reservation of Rights

1. Non-Covered Services
   White Rock Medical Center reserves the right to designate certain services as not subject to the Financial Assistance to the Uninsured policy.

2. No Effect on Other White Rock Medical Center Policies
   This policy shall not alter or modify other White Rock Medical Center policies regarding efforts to obtain payments from third-party payers, patient transfers, emergency care, state-specific regulations, and state-specific requirements for statutory charity care classification or programs for uncompensated care.

G. All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

I. References

HHS, Office of Inspector General, Guidance dated February 2, 2004, entitled “Hospital Discounts Offered to Patients Who Cannot Afford to Pay Their Hospital Bills”.

Letter dated February 19, 2004, from Tommy G. Thompson, HHS Secretary, to Richard J. Davidson, President, American Hospital Association, including Questions and Answers attached thereto entitled “Questions on Charges for the Uninsured”.

Federal Poverty Guidelines published by US Department of Health and Human Services from time to time.

Standards of Conduct

Quality, Compliance and Ethics Program Charter

Job Aids for State-Specific Requirements

Policy Code:		Department: Regulatory Compliance TJC Standard	
Approved by:	Original Date:	Reviewed Date : 03/18	Revised Date: 7/21