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Owner	Shelle Diehm
Policy Area	Business Services

Financial Assistance- English Version

FINANCIAL ASSISTANCE POLICY

POLICY STATEMENT

The organization shall contribute appropriate resources, advocacy and community support to promote the health status of the community, which it serves, within its economic ability to do so. Financial assistance will be provided to patients with a demonstrated inability to pay. The purpose of this policy is to establish criteria for determining if a patient's account qualifies for financial assistance. The amount of financial assistance to be made available, as well as any other changes to this policy, shall be assessed and determined by the hospital's Chief Executive Officer on an annual basis, and will adhere to federal and state guidelines for tax-exempt and non-profit facilities, as applicable. The amount of financial assistance as well as the other terms of this policy may be changed by the hospital's Chief Executive Officer, subject to the approval of Community Hospital Corporation.

Note: Effective for all account balances as of 11/30/2018 will be subject to this policy

FINANCIAL ASSISTANCE PROGRAMS

1. **Uninsured Discount.** Effective for write off dates as of 12/1/2018 and after the organization applies an uninsured discount to all uninsured patients at a rate based on the calculation for AGB.
2. **Financially Indigent**. "Financially Indigent" means a patient whose Yearly Household Income is less than or equal to 200% of the Federal Poverty Guidelines ("FPG"). These Financially Indigent patients are eligible for a discount on outstanding patient account balances as set forth in Part 1 of the Financial Assistance Eligibility Discount Guidelines (Exhibit 1).
3. **Medically Indigent**. "Medically Indigent" means a patient whose medical or hospital bills from all related or unrelated providers, after payment by all third parties, exceed 10% of such patient's Yearly Household Income, whose Yearly Household Income is greater than 200% but

less than or equal to 400% of the FPG, and who is unable to pay the outstanding patient account balance. These Medically Indigent patients are eligible for a discount on outstanding patient account balances as set forth in Part 2 of the Financial Assistance Eligibility Discount Guidelines (Exhibit 1).

4. **Catastrophically Medically Indigent**. "Catastrophically Medically Indigent" means a patient whose medical or hospital bills from all related or unrelated providers, after payment by all third parties, exceed 10% of such patient's Yearly Household Income, whose Yearly Household Income is greater than 400% of the FPG, and who is unable to pay the outstanding patient account balance. These Catastrophically Medically Indigent patients are eligible for a discount on outstanding patient account balances as set forth in Part 3 of the Financial Assistance Eligibility Discount Guidelines (Exhibit 1).
5. **Sliding Fee Discount Program**. NTMC Health Complete Care offers a sliding fee discount program that is designed to provide free or discounted care to those who have no means, or limited means, to pay fo their medical services (Uninsured or Underinsured).These patients are eligible for a discount on outstanding clinic patient account balances as set forth in Part 1 of the Financial Assistance Eligibility Discount Guidelines (Exhibit 1).

PROCESS

1. **Non-Discrimination**. The organization is a non-profit corporation offering financial assistance to qualified patients. The organization will not discriminate on the basis of race, ancestry, religion, national origin, citizenship status, age, disability, gender identity or gender in its consideration of a patient's qualification for financial assistance.
2. **Patient Classification**. The classification of a patient as being eligible for financial assistance shall occur at the time sufficient information has been obtained to verify the patient's inability to pay for needed medical services, and as soon as possible after the patient first presents for services or indicates an inability to pay for services. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance.
3. **Other Payor Sources**. All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs. Excluding the sliding fee discount program, patients must fully cooperate and comply with eligibility requirements for any other health care program(s) for which they may be qualified prior to their evaluation for financial assistance. Federal and/or state assistance may be available for those who meet qualifications.
4. **Medical Necessity**. This policy applies to all emergency and other medically necessary care provided in this hospital or any substantially related entity of the hospital. All services must be medically necessary in order to qualify for financial assistance (e.g., elective services such as cosmetic surgery do not qualify for financial assistance). Eligible services will be based on those services for which Medicare provides coverage.
5. **Method for Applying for or Obtaining Financial Assistance**.
    a. **Application Process**. Applying for financial assistance can be initiated by a patient requesting assistance in person, over the phone at 940.612.8389, through the mail at 1900 Hospital Boulevard, Gainesville, Texas 76240, or via the organization's website (www.ntmconline.net). Additionally, the organization can initiate a financial assistance application on behalf of the patient.

b. **Assistance with Application Process**. The hospital's financial counselors are available to answer questions and provide information about this policy and to assist with the financial assistance application process. The hospital's financial counselors may be reached between the hours of 8 a.m. and 4:30 p.m. Monday through Friday by calling 940.612.8389.

6. **Length of Eligibility**. Once financial assistance has been approved, it is effective for all outstanding patient accounts within past twelve (12) months and for all services provided within six (6) months after the financial assistance application is signed by the patient or responsible party or the hospital employee ("Date of Completion"). Financial assistance may be extended for an additional six (6) months with affirmation of the patient's income or estimated income and household size. All patients must reapply after the initial twelve (12) month period is over. Approval under Presumptive Eligibility (Section 7) below will only apply to the date(s) of service on the patient account balance being evaluated. Eligibility will not apply to accounts for future dates of service.
7. **Basis for Calculating Amounts Charged; Amounts Generally Billed**. The level of financial assistance will be based on a classification as "Financially Indigent" or "Medically Indigent" or "Catastrophically Medically Indigent," as defined. In all situations, once the patient is determined to qualify for financial assistance, that individual will not be charged more for emergency or other medically necessary care than the **amounts generally billed ("AGB")** to individuals who have insurance covering such care ("AGB"). In determining the AGB discount, the hospital has initially elected to use the "Medicare prospective method" in which the AGB percentages are based on Medicare, Medicaid and all private care insurers as the primary payer, as outlined in Internal Revenue Code (IRC) Section 501(r). The hospital, in accordance with applicable regulations, may change the methodology for calculating AGB in the future. Information regarding the organization's calculation of AGB can be obtained free of charge by contacting Patient Financial Services. PLEASE NOTE: The AGB may also be applied to all who apply but do not qualify for assistance.
8. **Financial Assistance Eligibility Discount Guidelines**. The Financial Assistance Eligibility Discount Guidelines are attached to and are made a part of this policy (Exhibit 1). The method for determining appropriate discount percentages will be reviewed annually to ensure patients' outstanding account balances after discount are no more than AGB.
9. **Copayments/ Nominal Fee**. The organization reserves the right to bill and collect a reasonable copayment or nominal fee for services rendered from patients who qualify for financial assistance.

PROCEDURE: Financial Indigent, Medically Indigent, Catastrophically Medically Indigent

1. **Eligibility Criteria**.
    1. All patients insured and uninsured may apply for financial assistance at any time during the continuum of care or after care is received.
        a. Any financial assistance offer is conditional and does not apply to Third Party claims such as lawsuits, settlements, liens or other third party payment or liability. Organization retains its rights to recover the full

balance from any third party resource to the fullest extent allowed by law.

b. **PLEASE NOTE: The financial assistance offered under this policy does not apply to physician or other professional fees billed separately from the hospital's fees or any substantially related entity of the hospital. The organization reserves the right to further limit the services covered by this policy.**

2. 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.

2. **Determination of Eligibility for Financial Assistance**. Determination of eligibility for financial assistance will be in accordance with procedures that may involve (a) an application process, in which the patient or the patient's guarantor is required to supply information and documentation relevant to making a determination of financial need; and/or (b) other publicly available information that provide information on a patient's or a patient's guarantor's ability to pay.
3. **Yearly Household Income and Household Size**. If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse, and "Household Size" includes the patient, the patient's spouse, and any dependents (as defined by the IRS). If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, the patient's mother and the patient's father, and "Household Size" includes the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father.
4. **Income Verification**. Household income will be documented through any of the following mechanisms:
    a. **Third Party Documentation**. By the provision of third party financial documentation including IRS Form W-2 (Wages and Tax Statement); pay check remittance; individual tax return; telephone verification by employer; bank statements showing income deposits or expenses; Social Security payment remittance; worker's compensation payment remittance; unemployment insurance payment notice; unemployment compensation determination letters; response from a credit inquiry and other publicly available information; or other appropriate indicators of the patient's income. Third party documentation provided under this subsection will be handled in accordance with the hospital's information security procedures and the requirements of securing protected health information.

    b. **Written Verification**. In cases where third party documentation is unavailable, verification of the patient's Yearly Household Income can be done (i) by obtaining a financial assistance application signed by the patient or responsible party attesting to the veracity of the patient's income information provided, or (ii) through the written attestation of the hospital employee completing the financial assistance application that the patient or responsible party verbally verified the patient's income information provided.
    In any instance in which the patient or responsible party is unable to provide the requested third party verification of patient's income, the patient or responsible party

is required to provide a reasonable explanation of why the patient or responsible party is unable to provide the required third party verification. Reasonable attempts will be used to verify patient's attestation and supporting information.

5. **Financial Assistance Disqualification**. Disqualification after financial assistance has been granted may be for reasons that include, but are not limited to, one or more of the following:
    a. **Information Falsification**. Financial assistance will be denied to the patient if the patient or responsible party provides false information including information regarding income, household size, assets or other resources available that might indicate a financial means to pay for care.
    b. **Third Party Settlement**. Financial assistance will be denied if the patient receives a third party financial settlement associated with the care rendered by the hospital. The patient is expected to use the settlement amount to satisfy any patient account balances.

6. **Relationship to Collections of Accounts Policy**. During the verification process, while information to determine a patient's income is being collected, the patient may be treated as a private pay patient in accordance with other hospital policies, including the Collections of Accounts Policy. A copy of the hospital's Collections of Accounts Policy can be obtained free of charge by contacting Patient Financial Services or in person at the hospital. After the patient's account is reduced by the discounts based on the Financial Assistance Eligibility Discount Guidelines (Exhibit 1), the patient is responsible for the remainder of the outstanding patient account balance which shall be no more than AGB. Once the patient qualifies for financial assistance, the hospital will not pursue collections on the amount qualified for financial assistance. Patients will be invoiced for any remaining amounts in accordance with the hospital's standard practice.

7. **Presumptive Eligibility for Financial Assistance**. The hospital may review credit reports and other publicly available information including 3rd party software, to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide a financial assistance application or supporting documentation.
    1. The hospital uses a 3rd party vendor to review all insured and uninsured for presumptive eligibility.
    2. Accounts are reviewed at least annually when they are returned from the early out vendor prior to being placed for bad debt collection.
    3. Only 100% eligibility qualification is considered
        a. Deductible and coinsurance amounts are considered, if payor contract allows.
        b. Medicare accounts that qualify for presumptive eligibility are not claimed as Medicare bad debt on the cost report
        c. Non covered services are considered
    4. These patients are eligible for a 100% discount on outstanding patient account balances whose Yearly Household Income is less than or equal to 400% of the Federal Poverty Guidelines ("FPG").

5. Deceased, homeless and bankrupt patients are eligible for 100% discount on outstanding patient account balances whose Yearly Household Income is greater than 400% of the Federal Poverty Guidelines ("FPG").

8. **Expired Patients**. Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of Yearly Household Income. Documentation of income is not required for expired patients; however, documentation of death certificate and estate assets may be required. The surviving spouse of an expired patient may apply for financial assistance.
9. **Medicaid/Indigent Care Eligible Patients.** Any patient that qualifies for any state or local Medicaid or Indigent Care program is automatically deemed eligible for financial assistance for services provided, including for non-covered services or charges for days exceeding a length of stay limit.
10. **Relationship to EMTALA and Other Policies**. THIS POLICY DOES NOT AFFECT THE HOSPITAL'S OBLIGATION UNDER THE EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA). THIS POLICY ALSO DOES NOT ALTER OR MODIFY OTHER POLICIES CONCERNING EFFORTS TO OBTAIN PAYMENTS FROM THIRD-PARTY PAYORS.
11. **Providers Covered and Not Covered Under this Policy**. A list of providers that are covered under this policy and those that are not is maintained at the hospital. Any questions about inclusion or exclusion of providers that are covered under this policy can be directed to Patient Financial Services.

PROCEDURE: Sliding Fee Discount Program

1. **Notification.** NTMC Health Complete Care will notify patient of the Sliding Fee Discount program by:
    - An explanation of the financial assistance programs and application form are available on organization website.
    - NTMC Health Complete Care places notification of the Sliding Fee Discount program in the clinic bulletin boards.
    - Information and forms can be obtained from the Front Desk.
2. **Eligibility Criteria**. All patients under-insured and uninsured may apply for financial assistance at any time during the continuum of care or after care is received. Discounts will be based on income and family size only.
    a. **Yearly Household Income and Household Size**. If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse, and "Household Size" includes the patient, the patient's spouse, and any dependents (as defined by the IRS). If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, the patient's mother and the patient's father, and "Household Size" includes the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father.
3. **Income Verification**.

a. **Third Party Verification.** Household income will be documented through any of the following mechanisms: IRS Form W-2 (Wages and Tax Statement); pay check remittance; individual tax return; telephone verification by employer; Social Security payment remittance; worker's compensation payment remittance; unemployment insurance payment notice; unemployment compensation determination letters. Self Employed individuals will be required to submit detail of the most recent three month s of income and expenses fro the business. Adequate information must be made available to determine eligibility.

b. **Written Verification**. In cases where third party documentation is unavailable, verification of the patient's Yearly Household Income can be done (i) by obtaining a financial assistance application signed by the patient or responsible party attesting to the veracity of the patient's income information provided, or (ii) through the written attestation of the hospital employee completing the financial assistance application that the patient or responsible party verbally verified the patient's income information provided. In any instance in which the patient or responsible party is unable to provide the requested third party verification of patient's income, the patient or responsible party is required to provide a reasonable explanation of why the patient or responsible party is unable to provide the required third party verification. Reasonable attempts will be used to verify patient's attestation and supporting information.

4. **Nominal Fee/ Waiving of Fee.** In certain situations, patient may not be able to pay the nominal fee. The nominal fee is not a threshold for receiving care and any exemption should be documented in the patient file along with an explanation (eg. ability to pay).

    a. If a patient is pre-determinted eligible and verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, NTMC Health Complete Care can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

EXHIBIT 1

FINANCIAL ASSISTANCE ELIGIBILITY DISCOUNT GUIDELINES

Part 1

Financially Indigent Classification

Yearly Household Income	**Up to 200% of FPG**
Discount Amount	100% of outstanding balance

Sliding Fee Discount Program at NTMC Health Complete Care

Yearly Household Income	**Up to 100% of FPG**	**Up to 200% of FPG**

Discount Amount	100% of outstanding balance	Nominal fee of $10.00

Part 2

Medically Indigent Classification

Yearly Household Income	Up to 250% of FPG	Up to 300% of FPG	Up to 350% of FPG	Up to 400% of FPG
Discount Amount [outstanding balance must be equal to or greater than 10% of Yearly Household Income]	90% of outstanding balance	80% of outstanding balance	70% of outstanding balance	60% of outstanding balance

Part 3

Catastrophically Medically Indigent Classification

Outstanding Balance in Relation to Yearly Household Income	Discount Amount
Equal to or greater than 50% of Yearly Household Income	90% of outstanding balance
Equal to or greater than 40% and less than 50% of Yearly Household Income	80% of outstanding balance
Equal to or greater than 30% and less than 40% of Yearly Household Income	70% of outstanding balance
Equal to or greater than 20% and less than 30% of Yearly Household Income	60% of outstanding balance
Equal to or greater than 10% and less than 20% of Yearly Household Income	50% of outstanding balance

Attachments

Application for Assistance- English

FA-SERVICE-EXCLUSIONS1.pdf

Plain Language Summary- English

Approval Signatures

Step Description	Approver	Date
Board of Directors	Thomas Sledge: CEO [CD]	07/2022

Committee, if needed	Shelle Diehm: CFO [CD]	07/2022
Owner	Shelle Diehm: CFO [CD]	07/2022