



Uvalde Memorial Hospital

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Owner: *Claudia Falcon: Financial Services Director*
Policy Area: *Organizationwide*

Uvalde County Hospital Authority Financial Assistance Program (UCHAFAP) & Charity Policy

SCOPE:

UVALDE COUNTY HOSPITAL AUTHORITY (UCHA)-WIDE

PURPOSE:

Consistent with its mission to provide high quality health and wellness services for the community, UCHA is committed to providing financial assistance to uninsured and under insured individuals who are in need of emergency or medically necessary treatment and have a household income below 300% of the Federal Poverty Guidelines (FPG).

In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under UCHA'S financial assistance policy, will qualify at 100% for charity care based off the prospective method. This discount will be applied to gross charges. Eligible individuals will not be charged more than Amount Generally Billed (AGB).

POLICY:

To provide a hospital financial and medically indigent program for income eligible patients or guarantors, who meet the poverty guidelines of the program, which are based from the U. S. Department of Health and Human Services, and who have received, intend to receive, or currently receive care at UCHA. Qualified patients may receive financial assistance for Inpatient, Emergency Room, and Outpatient services including, but not limited to Geri-psych, Rehabilitation, and Clinic visits at UCHA.

By virtue of its exemption from federal and state taxes and as part of the hospital's mission to serve the health care needs of the community, UCHA will provide charity care to patients without adequate financial means to pay for medically necessary services.

Charity care will be provided to all patients who present themselves for care at UCHA without regard to race, creed, color, religion, gender, or national origin, and who are classified as financially indigent or medically indigent according to the hospital's eligibility system. Eligible services for the Uvalde County Hospital Authority Financial Assistance Program (HFAP) must be deemed medically necessary by attending/referring physician. Patients seeking assistance may first be asked to apply for external programs (such as Medicaid & County Indigent) as appropriate before eligibility under this policy is determined.

The following terms are meant to be interpreted as follows within this policy:

1. Charity Care: Medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy
2. Medically Necessary: Hospital services or care rendered both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
3. Emergency Care: Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts
4. Urgent Care: Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.
5. Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to health care providers
6. Under insured: Insurance patients with household income is below 300% of the Federal Poverty Guidelines.
7. Gross charges: The full amount charged by UCHA for items and services before any discounts, contractual allowances, or deductions are applied.
8. Presumptive Eligibility: The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

Procedure:

The hospital contracts with some physicians to provide emergency and clinical services. The hospital does not provide billing services for these physicians. The care provided by these contracted physicians will not be covered by the Uvalde County Hospital Authority Financial Assistance Program (i.e. Radiologists, Pathologists, ER Physicians, Hospitalist, Cardiologist, and other contracted physicians). Please refer to Appendix A for a complete list of providers delivering emergency and medically necessary care at Uvalde County Hospital Authority facilities who are not covered by the Uvalde County Hospital Authority financial assistance program.

UCHA will recognize and honor all Uvalde Medical and Surgical Associates pre-qualified individuals.

Uvalde County Hospital Authority (dba) UCHA is not a payer of last resort, but a service entity within the hospital. All patient eligibility for services under any insurer or agency shall include in its obligation, and approval of payment, the hospital services rendered.

Applying for Financial Assistance

Charity Care is the un-reimbursed cost to a hospital of providing, funding or otherwise financially supporting health care services on an inpatient or outpatient basis to a person classified as financially or medically indigent. The provision of Charity Care is an established, ongoing practice at UCHA. The Uvalde County Hospital Authority Financial Assistance Policy is to include an application and a list of supporting documentation that may be requested.

On our website <http://www.umhtx.org/patient/patient-financial-services>

At UCHA Registration Department, Financial Counselor, or the UCHAFAP Coordinator

By mail, if individuals make a request by phone (call {830}278-6251 ext. 1345) or by mail UCHA, 1025 Garner Field Road, Uvalde, Texas 78801.

Patients may be required to provide necessary information and documentation when applying for Uvalde County Hospital Authority financial assistance or other private or public payment programs.

Financially and Medically Indigent Definitions:

The financially indigent patient consumer is defined as: An uninsured person who is accepted for care with no obligation or discounted obligation to pay for the services rendered based on the hospital's eligibility system. The hospital's eligibility system is based on the federal poverty guidelines published annually by the Federal Register.

The medically indigent patient consumer is defined as: A person who's medical or hospital bills after payment by third party payers exceed 15 percent of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill. Consideration of the patient's financial position and ability to pay will determine the patient's medically indigent discount.

- Verification of outstanding medically indigent accounts may be made by UCHA with the proper authorization from the patient. Balances that are not verified will not be included in the sums for qualifying for Medically Indigent. Accounts that are already in bad debt and more than one year in age will not be included in the sum of outstanding debts for determining a medically indigent status, unless the patient is making serious attempts to pay on the account(s). Approval for the medically indigent will be determined by UCHA Administration as recommended by the Business Office Supervisor.

Eligibility determination may be based upon the following:

A patient may be classified as financially or medically indigent if a patient or guarantor can provide proof of residency and Household Income as outlined in the following sections:

1. Eligibility maybe limited to patients residing in the State of Texas in the Counties of Uvalde, Zavala, Real, Edwards, and Kinney.
 - A. Dimmit County residents may apply for UCHAFAP if they are under the care of UCHA Hospice.
 - B. Maverick, Valverde, Medina, and Dimmitt County residents may apply for UCHAFAP if they are under the care of Clear Springs Center for Cancer Care.
2. **FEDERAL POVERTY GUIDELINES (FPG):** Determination of eligibility is also contingent upon the Annual Household's Income as outlined in the U. S. Department of Health and Human Services Federal Poverty Guidelines (FPG). These recommendations provide the poverty income guideline level and size of family unit which are utilized in determining UCHAFAP eligibility. The hospital eligibility criterion for determining financial indigence does not exceed 300% of the federal poverty guidelines.
 - A. A household is defined as a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons. (as defined in the IRS.Gov guidelines)
 - B. A family is defined as anyone living together in a household; this will include college students, regardless of their residence, who are supported by their parent's (students must be a dependent on parent's income tax)

Household Income Determination:

1. UCHAFAP request that a household submit verification of the Annual Household Income. The Annual Household Income is the cumulative total of the gross income(s) for all members of the patient's household as shown on, including but not limited to, the IRS Form 1040 for all household members or obtained from relevant Social Security records, paychecks, child support, profit and loss statement, workers compensation, unemployment benefits or other reliable documentation from which the Annual Household Income can reasonably be determined. If the patient has no income the Patient Financial Services (which is the entity that processes UCHAFAP applications) will need a notarized statement of fact.
2. Charity/Financial Aid may apply to balances due from insured patients for deductibles, co-payments, or co-insurance, or other types of patient payment responsibility.

UCHAFAP application process:

1. Financial Counselor, UCHAFAP Coordinator, and/or the Social Service intake worker will screen patient for possible assistance either for financially indigent or medically indigent pre-eligibility. Once it is determined that patient and/or guarantor will qualify for assistance the patient and/or guarantor may provide the following documentation, including but not limited to:
 - a. Proof of income (most recent check stub or letter from employer to include year to date gross income)
 - b. Copy of the most recent tax return
 - c. Copy of Social Security Card/Resident Alien Card
 - d. Social Security or SSI benefits
 - e. If no income: Notarized statement (if applicable)
 - f. Proof of unemployment benefits (if applicable)
 - g. Profit/Loss Statement (if applicable)
 - h. Medicaid denial Letter (if applicable)
 - i. If separated or divorced from spouse: Affidavit of fact
 - j. Other income: i.e. Child Support; Alimony; Workers' Compensation Benefits; Stocks/Bonds; possible settlement; inheritance; military benefits; rental income; and financial assistance received from family member(s)
 - k. Proof of Texas residency (i.e. valid Texas driver's license or Texas I.D. Card)
 - l. Proof of Residency in the UCHA designated service area (i.e. electric bill; utility bill; cable bill; phone bill for 2 concurrent months)
 - m. County Indigent benefit denial letter
 - n. Medically Indigent applicants should submit copies of all current medical bills related to current illness in order to complete application for medically indigent eligibility determination.
 - o. Signed, completed UCHA Financial Assistance application

Individuals who do not have the documents listed above; have questions about UCHA's financial assistance application; or would like assistance with completing the financial assistance application may contact our

Financial Counselors either in person at 1025 Garner Field Road (located in Main Registration Area) or over the phone:

- Financial Counselors: (830)278-6251 ext. 1345
- UCHAFAP Coordinator: (830)278-6251 ext. 1308
- Social Service Intake Worker: (830)278-6251 ext. 1309

Financial Counseling office (located in Main Registration Area) hours are:

- Monday through Friday 7:30am to 2am
- Saturday and Sunday 11:30am to 12:30am

UCHAFAP Coordinator office (located in Social Service Area) hours are:

- Monday through Friday 8am to 5pm

1. **Financially Indigent Coverage Period** - Applications are approved per episode of care. All dates of services rendered 240 days retro from date of application may qualify under presumptive eligibility. Patients may be required to re-apply for charity care every 180 days.
2. **Medically Indigent Coverage Period** - The qualification period for Medically Indigent approved applicants will extend through the month that qualification was originally approved. Applicants may be required to update their application by affidavit and/or income verifications each month thereafter and may be required to submit a new application after 180 days of the original application.

In the event the patient does not initially qualify for charity care or financial assistance, after providing the requested information and documentation, the patient may re-apply if there is a change in their income, assets, or family responsibilities.

Actions in the Event of Non-payment

The collection actions UCHA may take if a financial assistance application and/or payment are not received are described in the Billing and Collection Policy.

In brief, UCHA will make certain efforts to provide patients with information about our financial assistance program before we or our agency representatives take certain actions to collect your bill (these actions may include reporting negative information to credit bureaus or civil action).

For more information on the steps UCHA will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see UCHA's Billing and Collection Policy.

You can request a free copy of this full policy in person at Registration Department at our facility at 1025 Garner Field Road; by calling us at 830-278-6251 ext. 1345; mailing a request to 1025 Garner Field Road Attn: Financial Counselors; or on line here: <http://www.umhtx.org/patient/patient-financial-services>.

Completed APPLICATION Process:

Completed applications are reviewed and approved by the Patient Financial Services Director or Business Office Supervisor and by the Chief Financial Officer or Controller.

- a. All write-offs greater than \$5,000 are reviewed by Chief Financial Officer.
- b. Monthly, the Chief Financial Officer oversees the Charity and Medicare Bad Debt statistical reports.

A letter will be sent to the Guarantor informing them of the determination of eligibility for charity/financial

assistance through the Uvalde County Hospital Authority Financial Assistance Program.

Presumptive Eligibility:

1. Presumptive financial assistance may be taken into consideration per episode of care, after exhausting all attempts to have the patient/guarantor come into the hospital to make formal application for the Uvalde County Hospital Authority financial assistance program; policy will allow the hospital to utilize the PFDS (Patient Financial Data Screen) in qualifying the patient/guarantor for UCHAFAP or Charity eligibility. The following may be considered, including but not limited to, when:
 - Patient is homeless
 - Patient is eligible for other unfunded state or local assistance programs
 - Patient is eligible for food stamps or subsidized school lunch program
 - Patient is eligible for a state-funded prescription medication program
 - Patient's valid address is considered low-income or subsidized housing
 - Patient receives free care from a community clinic and is referred to hospital for further treatment
 - Patient qualified for UCHAFAP within the last one-hundred eighty (180) days
 - Participation in Womens Infants & Children's (WIC) Program
 - Participation in Temporary Assistance for Needy Families (TANF) Program
 - Participation in Children's Health Insurance Plan (CHIP)
 - Any uninsured account returned from a collection agency as uncollectable
 - Hospital services provided with no history of payment(s)
 - Bankruptcy declared and confirmed within the prior (12) months of hospital services being rendered
 - Patient has stated that he/she does not have the resources to pay
 - Patient has been given an indigent or charity care application but has not returned the application or the necessary documentation
 - The address on file is no longer a good address
 - Patient is deceased with no known estate
 - Other factors that are useful in formation an expectation of payment
2. Patients who provide false information or who do not cooperate will not be eligible for charity care or discounted care assistance
3. Financial assistance may be presumed to automatically apply to patients participating in the Medicaid Program where coverage is denied for the following reasons:
 1. Patient has reached a thirty (30) day maximum confinement period
 2. Medical Services are not covered under the Medicaid Program

Proof of such denial must be included for consideration for financial assistance.

The outstanding account balance will then be written off to UCHAFAP based on the information from the PFDS. Presumptive financial assistance may be taken into consideration per episode of care, after exhausting all attempts to have the patient/guarantor submit a formal application for the Uvalde County Hospital Authority financial assistance program.

1. UCHA also uses Propensity to Pay (P2P), eligibility software, to help identify patients who may be eligible for financial assistance under this policy or through other public/private programs. Patients' will qualify for the hospital charity program based on the following criteria:

- Propensity score is less than 724
- Family income and size meet the UCHA charity care guidelines

UCHA may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at UCHA may be used for a time period up to 180 days after the date of application submission.

1. "Presumptive" financial assistance may be taken into consideration when a patient has expired and there is no estate. An incomplete financial assistance form may be on file because documentation was lacking that would support the provision of financial aid. In this case:

- A family member is contacted to insure no estate exists
- Family member may be asked to sign and date a statement to the effect that no estate exists.
- The county in which deceased patients resided is contacted to verify that no estate` exists.

Revisions to this policy are effective as of July 1, 2017.

Attachments:

[Financial Assist. Summary Handout.pdf](#)
[HFAP Application_revised.xlsx](#)
[HFAP Checklist revised july12017.doc](#)
[UMH Provider List_rvsd 120216.docx](#)

Approval Signatures

Approver	Date
Abby Vela: Risk Manager/Patient Advocate	01/2019
Annabell Verdusco: Administrative Assistant	11/2018