



Financial Assistance Program Policy

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Purpose

To establish an Indigent/Charity Care policy for the Matagorda County Hospital District (MCHD). MCHD strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. MCHD will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance. MCHD satisfies the statutory requirements of a hospital district by providing care for indigent residents of the District. The addition of the Charity Care Program goes above and beyond the state requirements in order to serve more of the uninsured population of MCHD.

Policy

MCHD seeks to deliver compassionate, high quality, affordable health care and to advocate for residents who are poor and disenfranchised. In furtherance of this mission, MCHD offers charity care and discounts to eligible patients who may not have the financial capacity to pay for health care services and who otherwise may not be able to receive these services. In order to manage its resources responsibly and to allow MCHD to provide an appropriate level of assistance to the greatest number of persons in need, the Board of Directors of MCHD has established the following guidelines for the provision of patient charity.

- A. MCHD will provide care to persons who are unable to pay for their care and for whom it is medically necessary that care be provided. The services provided will only be those services normally provided by MCHD. MCHD forgives its charges for eligible applicants/patients but is unable in any circumstance to pay for other provider services (i.e. physicians, dentists, other facilities, etc.) than MCHD.
- B. It is the intent of this policy that it complies with applicable legal requirements. If at any time it is found to conflict with any legal requirements, the policy shall be changed to conform to the legal requirements.

C. Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with MCHD's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health and for the protection of their individual assets.

D. For the purpose of this policy, the terms below are defined as follows:

1. Charity Care: Healthcare services that have been or will be provided, but are never expected to result in cash inflows. Charity care results from MCHD's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.
2. Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
3. Family Income: Family Income is determined using the Census Bureau definition, which in turn uses the following income when computing federal poverty guidelines:
 - a. Includes earnings, unemployment compensation, workers' compensation, Social Security, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources;
 - b. Noncash benefits (such as food stamps and housing subsidies) do not count;
 - c. Determined on a before-tax basis;
 - d. Excludes capital gains or losses; and
 - e. If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).
1. Uninsured: The patient has no level of insurance or third-party assistance in meeting his/her payment obligations.
2. Under insured: The patient has some level of insurance or third-party assistance however out-of-pocket expenses still exceed his/her financial abilities.
3. Gross charges: The total charges at MCHD's full established rates for the provision of patient care services before deductions from revenue are applied.
4. Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. §1395dd).
5. Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

A. Services Eligible under This Policy. For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by MCHD without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual ;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at MCHD's discretion.

A. Eligibility for Charity. Eligibility for charity will be considered for those MCHD residents who are uninsured, under insured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation, veteran status or religious affiliation. MCHD shall determine in its sole discretion whether or not patients are eligible to receive charity for deductibles, co-insurance, or co-payment responsibilities.

B. Method by Which Patients May Apply for Charity Care.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal , financial and other information and documentation relevant to making a determination of financial need;
 - b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - c. Include reasonable efforts by MCHD to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs;
 - d. Take into account the patient's available assets and all other financial resources available to the patient.
 - e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

2) It is preferred, but not required, that a request for charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the revenue cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than one (1) year prior, or at any time when additional information relevant to the eligibility of the patient for charity becomes known.

3) MCHD values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and MCHD shall notify the patient or applicant in writing of approval or denial as appropriate.

A. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for charity care discounts, yet there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or available through other sources which could provide sufficient evidence to qualify the patient with charity care assistance. In the event there is no current evidence to support a patient's eligibility for charity care, MCHD could use outside agencies in determining estimated income levels for the basis of charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is an 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include but are not limited to:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.
9. Historical significance of non-payment that establishes a justification of future non-payment and lack of ability to pay.

A. Eligibility Criteria and Amounts Charged to Patients. Services eligible under this Policy will be made available to the patient in accordance with financial need, as determined in reference to Federal Poverty levels (FPL) in effect at the time of the determination. Once a patient has been determined by MCHD to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts MCHD will charge patients qualifying for financial assistance is patients whose family income is at or below 300% of the FPL are eligible to receive free care.

B. Communication of the Charity Program to Patients and Within the Community.

Notification about charity available from MCHD, which shall include a contact number, shall be disseminated by MCHD by various means. Communication may include, but is not limited to, the publication of notices a) in patient bills and by posting notices in emergency rooms, b) in the Conditions of Admission form, c) admitting and registration departments, d) hospital business offices, e) patient financial services offices that are located on facility campuses, and f) at other public places as MCHD may elect. MCHD also shall publish and widely publicize a summary of this charity care policy on facility websites, in brochures available in patient access sites and at other places within the boarding of MCHD as MCHD may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by MCHD. Referral of patients for charity may be made by any staff member of MCHD or its medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, friend, or associate of the patient, subject to applicable privacy laws.

C. Relationship to Collection Policies. MCHD management shall develop policies and procedures for internal and external collection practices (including actions MCHD may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account 2017 - 2018 HHS Federal Poverty Level Guidelines, below:

Size of Family Unit	Annual FPL	Households with no Health coverage 300% FPL (monthly)
1	\$12,060	\$3,014
2	\$16,240	\$4,060
3	\$20,420	\$5,104
4	\$24,600	\$6,150
5	\$28,780	\$7,194
6	\$32,960	\$8,240
7	\$37,140	\$9,284
8	\$41,320	\$10,330

Resource Limits:

1. \$2000.00
2. \$3000.00 for household with age member over 60 yrs. or Disabled.

- END -

NOTE: The charity care questionnaire and financial assistance application can be downloaded at matagordaregional.org/patient-information. If you do not have access to the internet or you need additional help understanding whether or not you qualify for the charity program, contact the MRMC business office or any member of your care team.