

El Paso Children's Hospital	Policy # PAD-5.0
Patient Access Department	Effective Date: <u>01/2014</u> Last Review Date: <u>09/2019</u>

PATIENT FINANCIAL ASSISTANCE POLICY

POLICY

- The El Paso Children's Hospital (EPCH) Patient Access Department will provide all patients with information regarding Financial Assistance for Covered Services conducted at EPCH. Financial Assistance is available to eligible patients who receive Covered Services, meet the Eligibility System set forth herein and follow applicable procedures (such as completing applications and providing required information).
- Further, EPCH's Financial Assistance Policy provides patients with information required by law regarding their estimated financial responsibility for services provided/needed and the availability of government assistance and Financial Assistance. No patient will be denied Financial Assistance because of his or her race, religion, gender, national origin or any other basis that is protected by law.

PURPOSE

This policy is intended to:

- A. Establish and provide to patients the criteria for the Eligibility System for Financial Assistance, including the forms that must be completed for a patient to be considered for Financial Assistance;
- B. Provide patients with the list of physicians providing emergency and other medically necessary care in the EPCH hospital facility, as set forth on the El Paso Children's website;
- C. Establish and provide to patients information regarding other assistance offered to patients who do not qualify for Financial Assistance;
- D. Establish the process that patients shall follow in applying for Financial Assistance and the process EPCH will follow in reviewing the submitted Financial Assistance Applications;
- E. Set forth the means of review in the event of a dispute over a Financial Assistance eligibility determination;
- F. Provide administrative and accounting guidelines to assist with identifying, classifying and reporting Financial Assistance;
- G. Establish the process that patients shall follow regarding their financial responsibility for services rendered, and the process EPCH shall follow to provide patients with estimates of Financial Assistance; and
- H. Provide patients with EPCH's Emergency Medical Assistance (EMTALA) Policy as set forth in Attachment B.

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RESPONSIBLE PARTIES AT EPCH

Patient Financial Services
Medical Staff Credentialing

DEFINITIONS

1. **Amounts Generally Billed (AGB):** AGB is the calculation of Amounts Generally Billed to EPCH patients for emergency and/or other medically necessary care. This calculation is the total amount that Texas Medicaid would allow for the care, including both the amount that would be reimbursed by Medicaid and the amount the patient would be personally responsible for paying in the form of co-payments, co-insurance and deductibles. Any individual eligible for Financial Assistance under this Patient Financial Assistance Policy will not be billed more than the AGB for emergency and medically necessary care received at EPCH.
2. **Covered Services:** All emergency and other medically necessary services provided and billed by EPCH. Physician fees will be billed separately to the patient and are not covered by this Financial Assistance Policy. The Provider's List on the EPCH website under Financial Assistance Program menu contains a list of all physicians providing emergency and other medically necessary care in the EPCH hospital facility. This list may change according to the changes in medical staff credentialing and may not be exhaustive.
3. **El Paso County Resident:** In determining whether a patient resides or intends to reside in El Paso County, EPCH requires a minimum of two (2) types of documentation verifying residency or intent to reside. Residency and intent to reside may be verified through any combination of the following: voting records, automobile registration, driver's license, other officially State-issued identification, school enrollment records, property tax receipts, rent receipts (on lessor company letterhead), mortgage payment receipts, utility receipts and mail addressed to the patient or patient's spouse or child. A patient is not an El Paso County Resident if he or she is an inmate or resident of a state school or an institution operated by a state or federal agency, if the patient moved to El Paso County solely to receive healthcare assistance, or if the patient is a minor student primarily supported by parents who reside outside of El Paso County.
4. **Eligibility System:** The financial criteria and procedure, as outlined in this Financial Assistance Policy, used by EPCH to determine if a patient is eligible for Financial Assistance. Financial Assistance is provided at income levels no higher than 200% of the Federal Poverty Guidelines.
5. **Payment Agreement:** Patients may elect to make payment arrangements for their hospital bill. A financial agreement must be signed that allows patients to pay

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their hospital bills over time or for a discounted rate at the time of service. These arrangements may be interest-free for patients classified as Medically Indigent.

6. **Prompt-Pay Discount:** Patients that do not qualify for Financial Assistance may be eligible to receive discounted charges under EPCH's Discounting and Collections at Time of Service policy.
7. **Financial Assistance:** A full 100% financial assistance discount for Covered Services to patients who qualify as Financially Indigent. Financial Assistance is available to Financially Indigent patients whose Gross Family Income is at or below 200% of the most recent Federal Poverty Guidelines and who meet the Eligibility System in this Financial Assistance Policy.
8. **Financially Indigent:** An uninsured or underinsured El Paso County Resident patient whose Gross Family Income is less than or equal to 200% of the most recent Federal Poverty Guidelines.
9. **Gross Family Income:** Gross Family Income is the household annual family earnings from the prior 12 months or prior tax year as shown by recent pay stubs or income tax returns. Proof of earnings may be determined by annualizing year-to-date family income, giving consideration for current earning rates. For patients over 18 years of age, the patient's family includes their spouse, domestic partner, life partner and dependent children under 21 years of age. For patients under 18 years of age, the patient's family includes their parents, caretaker relatives, and other children under 21 years of age of the parents or caretaker relatives. Homeless patients may be deemed to have no annual income. Expired patients may be deemed to have no annual income. Documentation of the patient's expired status (death certificate) or as noted on the EPCH host information (expired patient indicated = *) is required for an expired patient to be eligible for Financial Assistance.
10. **Homeless:** A person who lacks a fixed, regular and adequate nighttime residence that is (a) temporary living accommodations, (b) an institution that provides temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. For purposes of this Financial Assistance Policy, prisoners or detainees pursuant to an Act of Congress or state law will not be considered Homeless.
11. **Medically Indigent:** An El Paso County Resident patient whose medical or hospital bills, after payment by third-party payers, exceed at least 10% of the person's Gross Family Income and who is unable to pay the remaining bill, even though the patient's Gross Family Income disqualifies the patient from being Financially Indigent, and one of the following circumstances applies: (1) the patient's Gross Family Income is between 201% and 500% of the Federal Poverty Guidelines, or (2) the patient's bill is greater than 50% of the patient's

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Gross Family Income and the patient's income is greater than 500% of the Federal Poverty Guidelines.

12. **Uninsured Discount:** A discount offered to uninsured patients who do not otherwise qualify for Financial Assistance.
13. **Uninsured:** A patient whose hospital services are not covered by a healthcare savings account, a health insurer, a health care service plan, Medicare, or Medicaid. A patient who has insurance through an entity that does not have a contractual relationship with EPCH will be considered uninsured.

PROCEDURE

- A. **Financial Assistance:** Patients classified as Financially Indigent will be extended a full 100% Financial Assistance discount for Covered Services.
- B. **Applying for Financial Assistance:**
 1. A patient who indicates the financial inability to pay a bill for Covered Services shall be evaluated for eligibility for Financial Assistance. In order to qualify for Financial Assistance, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill.
 2. The EPCH Financial Assistance Application form, Attachment A, will be used to document each patient's overall financial situation. This application shall be available in the primary language(s) of EPCH's service area.
 3. If a patient does not complete the application form within 30 days of delivery, EPCH will notify the patient that the application has not been received and will provide the patient an additional 60 days to complete the application. Failure to complete and return the application within 90 days may result in the applicant being denied Financial Assistance.
 4. In some instances, EPCH may determine a patient is eligible for Financial Assistance through financial or other information provided by third-party vendors even though a Financial Assistance Application has not been completed. This financial and other information may include, but is not necessarily limited to: income and household size estimates, socioeconomic need factors (WIC, Supplemental Nutrition Assistance Program, HUD Programs), census block data, credit reports, and home ownership information.
 5. Homeless patients may be determined eligible despite not completing a Financial Assistance Application.
 6. Patients/guarantors can apply for Financial Assistance in person at EPCH, located at 4845 Alameda Avenue, in the Financial Assistance Area or by calling 915-298-5444, Extension 43109 or 43106.

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C. Financial Assistance Determination and Notice:

1. EPCH will consider each applicant's Financial Assistance Application and grant Financial Assistance where the patient meets eligibility requirements and has received (or will receive) Covered Services.
2. EPCH will notify the patient in writing of the patient's eligibility determination after receiving a completed Financial Assistance Application and the basis for the determination.
3. EPCH's Medicaid Eligibility Representative can approve Financial Assistance contingent upon a patient applying for governmental assistance programs, which may be prudent if the particular patient requires ongoing services.
4. In determining whether each individual qualifies for Financial Assistance, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medicaid/CHIP, Victims of Crime, or State Children's Services.
5. EPCH's Medicaid Eligibility Representative will assist the individual in determining if they are potentially eligible for any government program/s or other assistance.
6. Financial Assistance provided by EPCH is considered a "payer of last resort." A patient may be required to demonstrate ineligibility for other funding sources to include, but not be limited to, commercial insurance(s), Medicare, Medicaid, Social Security Supplemental Income (SSI), Crime Victims Compensation (CVC), or other assistance program(s). Financial Assistance will apply to balances after all third-party payment has been collected.
7. When administrative approval for Financial Assistance is required, EPCH will consider the request for service in a timely fashion and provide a response to the request in writing.
8. Patients who qualify for Financial Assistance shall be granted Financial Assistance for a period of six (6) months, absent a change of circumstances that would render the patient as no longer meeting the Eligibility System.
9. Falsification of information may result in denial of Financial Assistance. If, after a patient is granted Financial Assistance, EPCH finds material provision(s) of the information provided during the Financial Assistance Application process to be untrue, Financial Assistance eligibility status may be revoked and Financial Assistance may be withdrawn.
10. Medically Indigent patients are not eligible for Financial Assistance under this Financial Assistance Policy. Patients classified as Medically Indigent may receive other forms of assistance in accordance with the EPCH Payment Agreement, Prompt-Pay Discount, or Uninsured Discount. Medically Indigent

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patients should contact an EPCH Patient Access Associate to determine whether they may be eligible for assistance under those policies.

- D. **Dispute Resolution:** In the event of a dispute over the application of this policy, a patient may seek review from EPCH by notifying the Patient Access Director, or designee, of the basis of any dispute and the desired relief. Written communication should be submitted within 30 days of the patient's notice of the circumstances giving rise to the dispute. The Patient Access Director or designee shall review the concerns and inform the patient of any decision in writing.
- E. **Recordkeeping:** Records relating to Financial Assistance must be readily accessible. EPCH must maintain information regarding the number of presumptively eligible patients who have received Covered Services, the number of Financial Assistance Applications completed, the number approved, the estimated dollar value of the benefits provided, the number denied and the reasons for denial. In addition, notes relating to the Financial Assistance Application and approval or denial should be entered on the patient's account. EPCH will maintain documentation for a period of three (3) years that is sufficient to identify each patient granted Financial Assistance, the patient's Gross Family Income, the method used to verify the patient's Gross Family Income, the amount owed by the patient, and the EPCH employee who approved granting the patient status as Financially Indigent.
- F. **Assistance for uninsured patients not eligible for financial assistance. Uninsured Discount:** EPCH will offer a standard discount in the amount of 80% of total charges to uninsured patients who do not otherwise qualify for Financial Assistance for Covered Services. The Uninsured Discount will be automatically applied upon initial billing to uninsured patients and will be available regardless of whether a Financial Assistance Application has been completed.
- A. **Communication of financial assistance availability- Information Provided to Patients:**
 - 1. **Preadmission or Registration:** During preadmission or registration (or as soon thereafter as practicable) EPCH shall provide:
 - a. All patients with information regarding the availability of Financial Assistance and their right to request an estimate of their financial responsibility for services; and
 - b. A Financial Assistance Application, found in Attachment A, for patients the hospital identifies as potentially Financially Indigent or any patient that requests one.
 - 2. **Emergency Services:** In the case of emergency services, EPCH shall provide the above information as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.

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3. All Other Times: Upon request, Patient Access Employees shall provide patients with information about their right to request an estimate of their financial responsibility for services provided at EPCH.
- B. Postings and Other Notices- Information about Financial Assistance shall also be provided as follows:
 1. By posting notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, including but not limited to the emergency department, billing offices, admitting office, and other hospital outpatient service settings. All Financial Assistance information is also available upon request at these locations without charge.
 2. By posting information about Financial Assistance on the EPCH website.
 3. By including information about Financial Assistance in bills that are sent to patients.
 - C. Applications Provided at Discharge: If not previously provided, Medicaid Eligibility Representatives shall provide any patient requesting assistance with applications for Medicaid, State Children's Services, or any other potentially applicable government program at the time of discharge.
 - D. Languages: All notices/communications provided in this section shall be available in the primary language(s) of the affiliate's service area and in a manner consistent with all applicable federal and state laws and regulations.
 - E. Notification to Patients of Estimated Financial Responsibility: By law, patients are entitled to receive an estimate of their financial responsibility for hospital services. Except in the case of emergency services, EPCH Patient Access Employees shall notify patients whom EPCH identifies as potentially uninsured or underinsured that they may obtain an estimate of their financial responsibility for hospital services, and provide estimates to those patients upon request. Estimates shall be written, and provided during normal business hours. Estimates shall provide the patient with an estimate of the amount the hospital affiliate will require the patient to pay for the health care services and supplies that are reasonably expected to be provided to the patient by the hospital, based upon the average length of stay and services provided for the patient's diagnosis, except for emergency services that must be provided to the patient immediately.
 - F. Billing and Collections: EPCH will not take any extraordinary collections actions ("ECAs") against a patient unless and until reasonable efforts are taken to determine the eligibility of the patient under this Financial Assistance Policy. ECAs may include selling a patient's debt to another party, reporting adverse information about the patient to a consumer credit reporting agency or credit bureau, deferring or denying medically necessary care because of nonpayment of previous bills for care, or actions that require a legal or judicial process. EPCH's Patient Access Department

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will inform the patient that nonpayment of a bill will result in referring the patient's account to bad debt at 120 days from the date EPCH provided the first post-discharge billing statement for the care for potential collection purposes. However, the patient can apply for Financial Assistance up to 240 days from the date EPCH provided the first post-discharge billing statement for the care, even if the account is in bad debt. If a patient has not already completed a Financial Assistance Application to determine eligibility under this policy, then Patient Access shall use reasonable efforts to notify the patient of the availability of Financial Assistance, which includes notifying the patient in writing of the availability of Financial Assistance, identifying any ECAs that EPCH may initiate and providing a deadline after which the ECA may be initiated. The notification shall also include a plain language summary of the Financial Assistance Policy. Patient Access shall have final authority to determine whether reasonable efforts have been taken before engaging in any ECA. Any ECA will be immediately suspended upon receiving a Financial Assistance Application or if there is reason to believe a patient is eligible for Financial Assistance under this Financial Assistance Policy within the 240-day time period.

- G. **Emergency Room Payment Arrangements:** An EPCH Patient Access Associate will offer payment arrangements when a patient is unable to pay charges at the time of service.
1. The Patient Access Associate will provide estimated prices to the patient.
 2. The Patient Access Associate will complete the Payment Agreement.
 3. The Patient Access Associate will inform the guarantor that non-compliance with the payment schedule in the Payment Agreement will result in referring the account to bad debt for potential collection purposes.
 4. The Patient Access Associate will provide the original form to the Patient Access Supervisor and Patient Access Team Lead, place a copy in the Payment Agreement folder, and include a copy with the registration packet.
 5. The Patient Access team will provide copies of all Payment Agreements to Patient Financial Services (PFS) to classify accounts under Payment Agreement Financial Class.
 6. Patient Access will provide PFS the original Payment Agreement.
 7. PFS will file the Payment Agreements by month.

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ATTACHMENTS

Attachment A	Financial Assistance Application (English and Spanish)
Attachment B	Patient Transfer and Emergency Medical Treatment & Active Labor Act (EMTALA) Compliance

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Cristina Fields
Board of Director, Chair

9-25-19
Date

Gloria Sanchez
Director of Patient Financial Services

9-27-19
Date

Melissa Campa
Chief Financial Officer

9/26/19
Date

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Director Review Signature

Review By	Date	Review By	Date

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