

# ELECTRA HOSPITAL DISTRICT ELECTRA MEMORIAL HOSPITAL

## FINANCIAL ASSISTANCE PROGRAM

### PURPOSE

To provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured).

### POLICY

Electra Memorial Hospital will offer a sliding fee discount to all who are unable to pay for their services without discrimination. [Federal Poverty Guidelines](#) are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

All patients seeking healthcare services at Electra Memorial Hospital are assured that they will be served regardless of ability to pay.

**NOTE:** All references to sliding fee discount within this policy and its related attachments have the equivalent definition of financial assistance.

### PROCEDURE

1. The Hospital will notify patients of the Financial Assistance Program by:
  - Prominently displaying a notice in common areas.
  - Making the policy and application information available at [www.electrahospital.com](http://www.electrahospital.com).
  - Offering a Financial Assistance application to all uninsured patients at the time of service.
2. All non-elective healthcare services provided by the Hospital District are covered by the Financial Assistance Program. Due to the broad range of services provided, multiple sliding fee schedules are used.
  - Unlimited prescriptions from Goldsmith's Drug and Iowa Park Pharmacy are included in the Financial Assistance Program if they meet 340B Program criteria. Prescriptions that do not meet 340B program criteria will be approved on a case-by-case basis.

3. Information about discounted services and applications can be obtained from registration/admission personnel and the Business Office.
4. The Financial Assistance Program is administered through the Business Office. Business Office personnel are available to answer questions and provide assistance. All patients will be treated with dignity and respect and information is kept confidential.
5. All alternative payment sources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.
6. Discounts will be based on income and family size only. The Hospital uses the Census Bureau definitions of each.
  - **Family:** a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family.
  - **Income:** earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count.*
7. The patient or responsible party must submit an application and provide one of the following so that income can be verified:
  - Prior year W-2
  - Two most recent pay stubs
  - Letter from employer
  - Form 4506-T (if W-2 not filed)
  - Self employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.
  - Self-declaration of income may only be used in special circumstances (i.e. homeless participants). Patients who are unable to provide independent verification must provide a signed statement of income, and why he/she is

unable to provide the verification. This statement will be presented to the Hospital CEO or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

8. Applicants that do not provide verification of income or have a history of such may be considered for classification of Presumptive Financial Assistance as outlined in the Payment Collection Policy. Accounts classified as Presumptive Financial Assistance will be considered Financial Assistance.
9. Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 300% of poverty will be charged according to the sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest [Federal Poverty Guidelines](#).
10. Patients receiving a full discount will be assessed a nominal charge according to the applicable sliding fee schedule(s). However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
11. In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of fees may only be used in special circumstances and must be approved by the Hospital's CEO, CFO, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g. inability to pay, good will, health promotion event).
12. The Financial Assistance Program determination will be provided to the applicant(s) in writing and will include the percentage of Financial Assistance Program write off, or, if applicable, the reason for denial. Upon notification of determination, the patient and/or responsible party must immediately establish payment arrangements with the Hospital, if applicable.
13. Program eligibility will be re-evaluated every 3 months upon submission of a new application and verification of income. After program eligibility has been verified, financial assistance will be retroactively applied to any outstanding balances from 3 months prior to the application.
14. If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, a billing statement will be sent in the mail. If the patient does not make an effort to pay or fails to respond within 120 days, this constitutes refusal to pay. The Hospital will explore options including, but not limited to, offering a payment plan, waiving of charges or referring the patient to a collection agency.

15. Information related to Financial Assistance Program decision will be maintained and preserved in a centralized confidential file, located in the Business Office, to preserve the dignity of those receiving free or discounted care.

- Applicants that have been approved for the Financial Assistance Program will be logged in a document on a shared, secure drive, noting names of applicants, dates of coverage and percentage of coverage.
- Denials will also be logged.

16. Annually, the amount of Financial Assistance Program provided will be reviewed by the CEO and/or Comptroller. This information will be included in the Hospital's annual report to the Texas Department of Health and serve as a discussion base for reviewing possible changes in our policy and procedures.

17. During the annual budget process, an estimated amount of Financial Assistance Program service will be placed into the budget as a deduction from revenue. Board approval for Financial Assistance Program will be sought as an integral part of the annual budget.

## **REFERENCES**

[Texas Health and Safety Code, Section 324.101](#)

National Health Service Corps Sliding Fee Discount Program Information Package.  
June 2019.

## **ATTACHMENTS**

Financial Assistance Application

Financial Assistance Worksheet

Notice of Eligibility for Financial Assistance

Medically Indigent Eligibility and Responsibility