

ELECTRA HOSPITAL DISTRICT ELECTRA MEMORIAL HOSPITAL ELECTRA MEDICAL CLINIC

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). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

CLARIFICATION

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

POLICY

Electra Memorial Hospital, its emergency room, and Electra Medical Clinic (the Facilities) will offer a sliding fee discount to all who are unable to pay for their services. Electra Medical Clinic will base program eligibility on a person's ability to pay and will not discriminate on the basis of race, color, sex, national origin, disability, religion, age, sexual orientation or gender identity. The Federal Poverty Guidelines, found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE

1. **Notification:** The Facilities will notify patients of the Financial Assistance and Sliding Fee Schedule Discount Program by:

- Prominently displaying a notice in common areas such as waiting rooms and/or registration areas.
- Making the policy and application information available at <https://electrahospital.com/sliding-fee-schedule/>.
- Offering a Financial Assistance application to all uninsured patients at the time of service.

- Making a Payment Policy Brochure available to all uninsured patients at the time of service.
 - Including a Financial Assistance application with collection notices.
2. All patients seeking healthcare services at Electra Medical Clinic are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**

All non-elective healthcare services provided by the Facilities and 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. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will be made available for hospital, emergency room and clinic visits. Information and forms can be obtained from Registration and the Business Office.
4. **Administration:** The Financial Assistance/Sliding Fee Schedule Program is administered through the Electra Memorial Hospital Business Office Manager or his/her designee. Business Office personnel are available to answer questions and provide assistance in completing the application. All patients who seek and/or are provided health care services will be treated with dignity and respect and information kept confidential.
5. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons are confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately. If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.
6. **Eligibility:** Discounts will be based on income and family size only. The Facilities use the Census Bureau definitions of each.

- **Family:** is defined as: 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 as members of one family.
- **Income:** includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, or trusts; 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. **Income Verification:** 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 written 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 Facilities' 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. 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.

8. **Discounts:** 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,
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

9. **Nominal Fee:** Patients receiving a full discount will be assessed a nominal charge according to the applicable sliding fee schedule(s).

- Clinic services \$5
- Hospital outpatient services other than ER \$20
- Emergency or Inpatient services \$50/day

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.

10. **Waiving of charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges 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).

11. **Applicant Notification:** The Financial Assistance Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Schedule Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with the Facilities. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

Applicants receiving financial assistance from the Hospital District other than through the Sliding Fee Schedule Discount Program 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.

12. **Refusal to Pay:** If a patient 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 is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. 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, the Facilities can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

13. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in a locked office within the Business Office, in an effort to preserve the dignity of those receiving free or discounted care.
- a. Applicants that have been approved for the Sliding Fee Discount Program will be logged on the Facilities' shared directory and the practice management system, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
14. **Policy and procedure review:** Annually, the amount of Financial Assistance/ Sliding Fee Discount Program provided will be reviewed by the CEO and/or Comptroller. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
15. **Budget:** 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 2022.

ATTACHMENTS

Financial Assistance Application

Financial Assistance Worksheet

Notice of Eligibility for Financial Assistance

Medically Indigent Eligibility and Responsibility