Graham Regional Medical Center

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TITLE: Charity Policy	**Revised: May 2023**
DEPARTMENT: Business Office	**# OF Pages: 6**

1. **Purpose:**
   Charity care will be provided to patients who present themselves for care at Graham Regional Medical Center without regard to race, creed, color, or national origin and who are classified as financially or medically indigent according to the hospital's eligibility system.
2. **SCOPE**

3. **POLICY: APPROVING COMMITTEE(S) / COLLABORATION:**

3.1 As a part of the hospital's mission to serve the healthcare needs of Graham Regional Medical Center's Hospital District, the Medical Center will provide charity care to patients that are residents of this district without financial means to pay for hospital services.

3.2 Consistent with its mission to deliver compassionate, high-quality, affordable healthcare service and to advocate for those who are poor and disenfranchised, Graham Regional Medical Center strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. Graham Regional Medical Center will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

3.3 Accordingly, this written policy:

- Includes eligibility criteria for financial assistance – free and discounted (partial charity) care.
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy.
- Describes the method by which the patient may apply for financial assistance.
- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for

financial assistance to the amount generally billed (received by) the hospital for commercially insured or Medicare patients.

3.4 Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Graham Regional Medical Center'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.

4. DEFINITIONS

4.1 Eligibility for Charity Care

- **Financially Indigent**
  - A financially indigent patient is a person who is uninsured and is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility criteria set forth in this policy. To be eligible for charity care as a financially indigent patient, a person's income shall be considered for the following:
    - Patients whose family income is at or below 300% of the FPL are eligible to receive free care.
      - Patients whose family income is above 300% but not more than 400% of the FPL may be eligible to receive services at amounts no greater than the amounts generally billed to (received by the hospital for) commercially insured or Medicare patients;
      - Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as a catastrophic illness or medical indigence, at the discretion of Graham Regional Medical Center; however, the discounted rates shall not be greater than the amounts generally billed to (or received by the hospital for) commercially insured or Medicare patients.
- The hospital will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for charity care as a financially

indigent patient. The poverty Income Guidelines are published in a *Federal Register* each year and for the purpose of this policy will become effective the first day of each month following publication.

- In no event will the hospital establish eligibility criteria for financially indigent patients which set the income level for charity care lower than that required for counties under the Texas Indigent Care and Treatment Act, or higher than 300 percent (300%) of the federal poverty income guidelines. The hospital may, however, adjust the eligibility criteria from time to time based on the financial resources of the hospital and as necessary to meet the charity care needs of the community. Discounts for financially indigent patients are located in Attachment A

4.2 FPL – Federal Poverty Level for the current year.

4.3 Medically Indigent

- A medical indigent patient is a person whose medical or hospital bills exceed a patient's ability to pay the remainder of the bill will be based on whether the patient can be reasonably expected to pay the account in full over a 1-year period.
- If the determination is made that a patient has the ability to pay the remainder of the bill, such a determination does not prevent a reassessment of the patient's ability at a later date.
- If a determination is made that a patient does not have the ability to pay the remainder of the bill, the hospital, at its discretion, can apply the medically indigent discounts (if applicable). The discounts are located at the back of the policy.

4.4 Presumptive Financial Assistance Eligibility

- There are instances when a patient may appear eligible for charity care discounts, but there is no financial form on file due to the lack of supporting documents. Often there is adequate information by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Graham Regional Medical Center could use outside agencies to determine estimated income amounts for the basis of determining 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 a 100% write-off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

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

5. **INDICATIONS:**
   N/A
6. **CONTRAINDICATIONS:**
   N/A
7. **HAZARDS / COMPLICATIONS:**
   N/A
8. **INFECTION CONTROL:**
   N/A
9. **LIMITATIONS OF METHOD / PROCEDURE / DEVICE:**
   N/A
10. **EQUIPMENT:**
    N/A
11. **PROCEDURES**

11.1 Identification of Charity Cases

- The Hospital Business Office will attempt to identify all cases that will qualify as charity at the time of admission. Patients identified, as possible cases will be asked to complete a financial assessment form.
- The Hospital Business Office Director will refer those patients who may qualify for financial assistance from a governmental program to the appropriate program, such as Medicaid. Patients, who are eligible for Medicaid and other indigent health care programs, do not qualify as financially indigent, but the un-reimbursed cost of providing services to recipients of these programs shall be reported as government-sponsored indigent health care.

- If a determination is made that a patient has the ability to pay the remainder of the bill, such determination does not prevent a reassessment of the patient's ability to pay at a later date.

11.2 Factors to Be Considered for Charity Determination:

- The following factors may be considered in determining the eligibility of the patient for Charity Care:
  - Gross income
  - Family Size
  - Employment status and future earning capacity
  - Other financial resources
  - Other financial obligations
  - The amount and frequency of hospital/medical bills
  - Qualification for government financial assistance programs is mentioned in Section 4.

12. DOCUMENTATION

12.1 In order to accurately determine eligibility for charity care, the patient may be asked to provide sufficient supporting documentation.

12.2 Sufficient Supporting documentation includes but is not limited to:

- "W-2" Withholding statements
- Pay Stubs
- An Income tax return from the most recently filed calendar year.
- Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance
- Forms approving or denying unemployment compensation.
- Written statements from employers or welfare agencies
- Bank Statements
- Evidence of county of residence in the Graham Hospital District
- Other documentation as applicable in support of eligibility for financial assistance as listed in Section 4. Presumptive Eligibility above.

12.3 Failure to Provide Appropriate Information

- Failure to provide information necessary to complete a financial assessment may result in a negative determination, but the account may be reconsidered upon receipt of the required information. A determination of eligibility for charity may be made without a complete assessment form if the patient or information is not reasonably available and eligibility is warranted under the circumstances. In these cases, the hospital may also rely on other methods such as documented patient interviews or questionnaires.

12.4 Time Frame for Eligibility Determination

- A determination of eligibility will be made by the Patient Account Services Manager within 30 days after receipt of all information necessary to make a determination.

12.5 Documentation of Eligibility Determination

- Once an eligibility determination has been made, the results of the determination will be noted in the comments for the admissions record and a formal letter will be sent to the applicant.

12.6 Reporting of Charity Care

- Information regarding the amount of charity care provided by the hospital in its fiscal year shall be included in the hospital's annual report filed with the Bureau of State Health Data and Policy Analysis at the Texas Department of State Health Services. This report also will include information concerning the provision of government-sponsored indigent health care and other community benefits.

12.7 Annually, the hospital is required to report a brief summary of its charity care policies and county benefits provided to TDSHS using a form they stipulate.

12.8 Clinical Co-Pays

- Young County Family Clinic
  - Maybe up to a $25 Co-Pay with each visit
- Dr. Hay's Office
  - Maybe up to a $25 Co-Pay with each visit
- Surgery patients may be required to pay up to $1,000 toward any approved procedures.

13. RELATED DOCUMENTS / EXTERNAL LINKS:

N/A

14. REFERENCES:

N/A

15. TITLE OWNER

CIO

16. APPROVING COMMITTEE(S) / COLLABORATION:

N/A

17. FINAL APPROVAL:

N/A

18. SUPERSEDES:

N/A