

ELECTRA HOSPITAL DISTRICT ELECTRA MEMORIAL HOSPITAL

FINANCIAL ASSISTANCE “CHARITY” POLICY

CLARIFICATION

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

PURPOSE

To formulate a standard and fair method of determination of eligibility for financial assistance and to provide proper documentation of processing.

POLICY

As a part of its mission, Electra Memorial Hospital provides care to patients without financial means to pay for hospital services that are deemed medically necessary by a physician. Financial Assistance will be provided to all patients who are classified as financially or medically indigent and who present themselves for care at Electra Memorial Hospital regard to race, color, national origin, age, disability, or sex.

The hospital uses poverty guidelines issued by the U.S. Department of Health and Human Services to determine a person’s eligibility for financial assistance as a financially indigent and/or medically indigent patient.

A. Eligibility

1. Electra Memorial Hospital offers its financial assistance program to any patient requesting financial assistance or help in paying his/her bill or to any patient that is not paying his/her bill and all information indicates possible eligibility for financial assistance. There are no funds supporting this program and only Electra Hospital District services are applicable.
2. A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services based on eligibility criteria set forth in this policy.
 - To be eligible for financial assistance on a sliding scale as financially indigent, a person’s income shall be at or below 300% of the federal poverty guidelines. Medicare/Medicaid dual eligible persons are considered financially indigent.

3. A medically indigent patient is a person whose medical and hospital bills after payment by third-party payers exceeds certain percentages of the person's annual gross income as set forth in this policy and who is unable to pay the remaining bill.
 - To be eligible for medically indigent financial assistance, the amount owed by the patient to the hospital district after payment by third party payers must exceed 25% of the patient's annual gross income.
 - A determination of a patient's eligibility and responsibility for accounts owed to the hospital district will be determined per Attachment D. Balances will be expected to be paid in 36 months.

PROCEDURE

1. The Hospital will post notice of its financial assistance program and how a patient may apply for financial assistance.
2. The registration office will attempt to identify all cases that may qualify as financial assistance at the time of admission. An application should be filled out by the patient or a representative of the patient, preferably a family member.

Factors to be considered for financial assistance determination could include, but are not limited to:

- Gross Income
- Family size
- Employment status
- Other financial resources and obligations
- Amount of hospital and medical bills
- Federal poverty income guidelines and definitions

Applicants SHOULD submit proof of income with at least one of the following that may include, but are not limited to:

- Paycheck stub (with totals for the year)
- Tax return
- Entitlement checks

- Bank deposit slips, etc.
 - Most recent bank statement
3. Patients who qualify for financial assistance from a government program, such as Medicaid or SSI, will be referred to the appropriate agency.
 4. Determination will be made concerning the patient's eligibility for financial assistance as soon as sufficient information is available concerning the patient's financial resources and eligibility for governmental assistance. A determination of eligibility will be made within 5 working days after receipt of all information necessary to make a determination. A notice will be mailed to the patient indicating:
 - Eligibility and the amount of uncompensated services.
 - Non-eligibility and the reason for denial.
 5. Patients that do not return proper documentation of income or have a past history of such will be considered for the classification of Presumptive Financial Assistance as outlined in the Payment Collection Policy. Accounts reclassified as Presumptive Financial Assistance will be considered Financial Assistance.
 6. Information regarding the amount of financial assistance provided by the hospital in its fiscal year shall be aggregated and included in the hospital's annual report to the Texas Department of Health.

REFERENCES

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

ATTACHMENTS

Financial Assistance Application

Financial Assistance Qualification Worksheet

Notice of Eligibility for Financial Assistance

Medically Indigent Financial Assistance