

SAMPLE

Nomis Medical Center

5145 South Jonas St.
Anywhere, TX 7XXXX
512-222-3456

POLICY NAME	Financial Assistance Policy	POLICY NO.	028-1256
		EFFECTIVE DATE	01/25/2021
ADMINISTRATOR RESPONSIBLE	Jane Smith, Director, Revenue Cycle Management	CONTACT INFORMATION	jsmith@nomismedcenter.org 512-222-3333

SCOPE

The provisions of this Financial Assistance Policy are applicable to all participating Nomis Medical Center (collectively referred to herein as "NMC") controlled tax-exempt hospitals and affiliates as provided in Attachment A.

PURPOSE STATEMENT

NMC is committed to providing high-quality public health care services. NMC strives to ensure that the financial situation of people who need health care services does not prevent them from seeking or receiving care.

In accordance with its charitable mission and values, NMC provides financial assistance or charity care to patients and their families who are low-income, uninsured, underinsured, ineligible for government health care programs, and who are otherwise unable to pay some or all of the bills related to services deemed "medically necessary" by Medicare, Medicaid, or industry standards.

NMC will provide care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance without discrimination.

WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE?

You may be eligible for help with your medical bills if you are uninsured and have a low income. Eligible families usually have incomes below 400% of the Federal Poverty Level. In 2022, that was \$111,000 for a family of four. You may also be eligible for discounts if your medical bills exceed 10% of your family's annual income. If you qualify for help, you will receive discounts on necessary services at NMC. You may even get free care if your family income is less than 300% of the Federal Poverty Level. NMC will not bill you more than Medicare rates for necessary services if you are eligible. Your family's income and assets will affect your eligibility for discounts.

NMC may use public information and credit scores to decide if you are eligible for help. NMC may consider what you owe for other bills and your ability to obtain credit. Your family's size and the amount owed in r medical bills may also be considered.

POLICY

All patients, including low-income and underinsured, will be treated fairly and with respect before, during, and after healthcare delivery, regardless of their ability to pay. The granting of financial assistance shall be based on an individualized determination of financial need and shall not consider age, gender, race, ethnicity, socio-economic status, sexual orientation, or religious affiliation.

Eligibility Criteria. The Financial Assistance Program at NMC provides discounted or charity care to eligible patients for medically necessary services based on income as defined by the [Federal Poverty Level Guidelines](#). Patients are not eligible for financial assistance if they a) have third-party insurance; or b) are eligible for another third-party program such as Medicaid, County Indigent Health Programs (CIHCP), etc.; or c) are not Texas residents. Patients seeking treatment for certain elective, non-emergent procedures will be considered full pay patients; full payment will be expected at or before the time services are rendered.

Eligibility Determination. NMC personnel will work with patients or guarantors to determine eligibility for governmental program assistance. State or County eligibility workers knowledgeable in the Texas Health Benefit Exchange and government-sponsored health programs such as Medicare, Medicaid, or other state or county-funded health programs will be made available to help determine eligibility and complete the application process.

A patient or guarantor who requests a discounted payment, charity care, or other assistance in meeting their financial obligation to NMC shall make every reasonable effort to provide NMC with income and health benefits coverage documentation. If the person requests charity care or a discounted payment and fails to provide reasonable and necessary information for NMC's decision, NMC will not consider an incomplete application.

Community Notification. Information about NMC's Financial Assistance Program shall be made available through posted notices in the Emergency Care Center, registration areas, clinics, other outpatient settings, and on the NMC website. In addition, written notice shall be provided to potentially eligible patients during the registration process, or as soon as possible after that, and during the billing process. This information shall be provided in English and Spanish and translated for patients or guarantors who speak other languages.

Regulatory Requirements: All applicable local, state, and federal regulatory requirements were considered in the development of this policy.

DEFINITIONS

For the purpose of this policy, the terms are defined as follows:

Charity care: A provider's policy to provide free or discounted healthcare services to individuals who meet the established criteria without expectation for standard payment for services rendered.

Emergency medical conditions: Defined within the meaning of Section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Family: Using the Census Bureau definition, a group of two or more people who reside together and are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the provision of financial assistance.

Family income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes 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;
- Excludes noncash benefits (such as food stamps and housing subsidies);
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- Includes the income of all family members who live together (Non-relatives, such as housemates, do not count).

Federal Poverty Level (FPL): The applicable household income thresholds established periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C.~9902(2).

Gross charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of an illness or injury).

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his or her financial abilities.

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his or her payment obligations.

POLICY AUTHORITY

For claims, appeals, interpretations, resolution of problems, and special situations, contact the Revenue Cycle Department by:

1. Calling 1-888-123-9999 (toll-free), Monday through Friday, 8 a.m. to 5 p.m. (central time); or
2. Mailing a written request to NMC Customer Service, 919 Hidden Ridge, Anywhere, TX, 7XXXX

Attachments

A. List of Participating Providers

B. Financial Assistance Application