

Section 9 Clinical Policies Section 9. 8 Financial 9.8.2 UTMB Health Charity Care and Financial Assistance Policy	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
---	--

UTMB Health Charity Care and Financial Assistance Policy

Purpose

The purpose of this policy is to define eligibility criteria for qualified Texas Residents applying for charity discounts (Financial Indigence or Medical Indigence); to define the process by which patients are evaluated for assistance; and to provide consistency in the review and approval process. UTMB accepts charity cases on a limited basis consistent with its healthcare and educational missions. This policy is intended as a general guideline to define the parameters of who may be eligible for charity care. If a patient is financially eligible for charity care, they may qualify to receive services, based on a number of factors. These factors may include, but are not limited to, issues such as the availability of financial, human, and other resources within UTMB, county of residence, primary diagnosis and co-morbidities, stage of disease, history of the problem, prognosis without treatment, success rates of proposed treatments and procedures with similar figures for morbidity and mortality, the educational benefit of providing care to UTMB trainees, and the priority of other charity care cases.

Audience

This policy applies to all UTMB workforce members and those acting on behalf of UTMB who are involved in the intake, review and processing of charity applications.

Policy

It is the policy of the UTMB Health to provide financial assistance to qualified Texas resident patients who meet certain eligibility requirements as defined herein for this program, who have no other means to meet their UTMB hospital and physician responsibilities and who have completed an application for this assistance. Qualified applicants whose income and calculated assets are below 200% of the Federal Poverty Guidelines (found at <http://aspe.hhs.gov/poverty/>) will qualify for a 100% charity discount on any balances (established deposits for planned services are still required). Qualified applicants whose income and calculated assets are greater than or equal to 200% but below 400% of the Federal Poverty Guidelines will qualify for a 50% charity discount on any balances (established deposits for planned services are still required). Under this program, UTMB will serve only as the payor of last resort. Non-Texas residents and non-Qualified Legal Aliens are not eligible for this program with the exception of emergency services.

All individuals who come to the UTMB Emergency Department (ED), or onto UTMB property, for an [examination or treatment](#) for a medical condition will be screened to determine whether an emergency medical condition exists consistent with UTMB's EMTALA policy (IHOP 9.1.21 Examination and Treatment for Emergency Medical Conditions and Women in Labor). Neither the initial medical screening nor lifesaving treatment will be impeded by inquiries about the individual's method of payment or insurance status.

Definitions

Applicant: The person who applies for a charity discount. Generally, this is the patient unless the patient is a minor child or has a legal guardian, in which case the applicant is the parent or legal guardian of the patient. Generally, when a patient is a child or has a legal guardian, the evaluation will be based on the patient's Texas residency and citizenship status, and the income/asset evaluation will be based on the Family Income as defined. If the patient is a child whose custodial parent is a Texas resident, then the child can be considered a Texas resident.

Emergency medical condition: definition based on UTMB's EMTALA policy (IHOP 9.1.21 Examination and Treatment for Emergency Medical Conditions and Women in Labor).

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Definitions, continued

Federal Poverty Guidelines (FPG): Guidelines are issued each year in the Federal Register by the Department of Health and Human Services (HHS); they are a simplification of the poverty thresholds for use for administrative purposes— for instance, determining financial eligibility for certain federal programs (from U.S. HHS website: <http://aspe.hhs.gov/poverty/05poverty.shtml>).

Financial indigence: Financially indigent persons include uninsured and underinsured persons who meet an institution’s eligibility for discounted care up to and including a 100% discount. Eligible patients whose household income level and calculated assets are below 400 of the FPG are eligible for this discount. Approved applicants are still responsible for any deposits or amounts indicated in any financial agreements and may receive a bill for any balances due. The eligibility for financial assistance or charity care at UTMB is based on a patient’s household income, number of dependents, Texas residency and calculated assets. Demographics information such as race/ethnicity, gender, and age are not considered.

Medical indigence: Medically indigent patients include persons for whom medical bills would threaten the household financial viability. Qualifying as a medically indigent patient does not require qualification as financially indigent. Medically indigent persons qualify for reductions in their obligations to pay UTMB for medical services rendered. The financial viability of patients in this group must be threatened due to: (1) catastrophic illness, (2) multiple unrelated illnesses, or (3) other factors. The eligibility for financial assistance under the Medical Indigence program at UTMB is based on several factors including but not limited to income, dependents, Texas Residency, the patient's outstanding UTMB balance for both Hospital and Physician charges as a percentage of the applicant’s income as well as disposable income. (See [Allowed Expense Table](#)).

The Medical Indigence program considers the patient’s ability to pay without liquidating assets critical to living or earning a living, such as home, car, personal belongings, etc. Patients are considered for medically indigent status on a case by case basis. A detailed list of elements for calculating eligibility and the documentation required for the application is found later in this document. All patients are eligible to be considered for medically indigent status with the exception of patients with income below 200% of the Federal poverty level, as these patients are considered 100% charity under the financially indigent category.

Note: *External physicians are contracted to provide UTMB’s general Emergency Room physician services. A Financial or Medical Indigence status of a patient who is approved after ER services have been provided may not apply to the contracted physician charges. Consequently, even if a patient has been approved for charity care, that patient may still be responsible for co-payments or other charges related to Emergency Room Care.*

Assets: Resources including but not limited to

1. Cash
2. Checking and Savings Accounts
3. Certificates of Deposits
4. Stocks
5. Bonds
6. Other securities
7. The equity value of real property (excluding Primary Residence and vehicle). This includes income producing property.
8. Retirement accounts

Dependents: A spouse, minor child, or parent whose Family member is responsible for his/her support (see [definition of Family](#))

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Definitions, continued

Effective date: The admitting date of the encounter, determined after a patient has qualified for charity or discounted care.

Effective Period: A period less than or equal to one year during which the charity discount is in effect.

Family: All persons who are legally responsible for the financial obligations of the patient or for whom the patient is legally responsible. The Family may or may not live in the same home as the patient (e.g. custodial parent living away). Legal guardians, anyone who has claimed the patient as a Dependent on his/her most recent Federal Income Tax return, and/or anyone who takes the Federal Elderly Income Tax Credit for the patient on his/her most recent Federal Income Tax Return are included in this designation. Spouses are included in this definition. Spouses who live apart, but are not divorced are included, unless it can be demonstrated that they have lived apart for at least two years, with separate addresses, separate financial accounts, and separate income tax returns. Common Law or Informal Marriages are included in the Family definition if either A or B is met:

- The couple has filed a Declaration of Informal Marriage, or
- The couple meets all of the following conditions
 - They agree that they are married
 - They live together in Texas, and
 - They represent themselves or hold out to others that they are married to one another.

For the purposes of this policy, “Family” does not include non-custodial parents who are not legally obligated to support the applicant and/or who do not claim the applicant as a Dependent; adult (age 18 or over) children or siblings with no financial responsibility for the applicant, friends; renters; or any others not financially responsible for the applicant.

Family Income: Money or its equivalent received by those who are legally responsible for the support of the patient, who claim the patient as a dependent or tax credit, and/or who are defined as Family in this Policy in the form of but not limited to items in the [Approved Document List](#). If an applicant has received voluntary support from someone who is not legally obligated to provide support, the amount of that support should be considered as part of the applicant’s total income and documented, but the total income of the person providing that support is not considered. The value of anticipated or future voluntary income or gifts cannot be considered.

Medically Necessary Service: A medically necessary service or treatment is one that is reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, consistent with the applicable standard of care, and is not considered a cosmetic surgery or treatment.

Primary Residence: The address at which a person resides most of the time, considers as his/her home, and does not use on a temporary or sporadic basis (such as a vacation or second home). The [Approved Document List](#) must be used to provide proof of the Primary Residence. If a person divides his/her time equally between two residences, one in-state, one out-of- state, and one Residence Proof and two Residence Indicators are provided that show in-state residence, that residence shall be considered primary for the purposes of this policy.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Definitions, continued

Qualified Legal Alien: A person who:

- Has been admitted to the U.S. for Lawful Permanent Residence under the Immigration and Nationality Act or
- Has been admitted to the U.S. as an asylee/refugee; an alien whose deportation is being withheld; a Cuban/Haitian entrant; an Amerasian Lawful Permanent Resident; a victim of severe trafficking; a U.S. military active duty or veteran, spouse/dependents; and the alien battered spouse or child(ren) of a U.S. military active duty or veteran regardless of the length of residence in the United States.

An alien whose presence in the United States is based solely upon a non-immigrant visa (e.g., student visas, work permits, visitors' permits or other temporary circumstances) is not a Qualified Legal Alien.

Note: Qualified alien status is not required for emergent or unplanned services. e.g.: Emergency Department outpatients or Emergency Department generated admissions.

Self-Pay: Self-pay patients (persons who are personally responsible for their bills because they do not have third party coverage, but do not qualify for discounts up to 40% for inpatient services and 50% for outpatient services received.

Texas Resident: A person who:

1. Physically and lawfully resides within the geographic boundaries of the State of Texas for at least six (6) months prior to the date of the application for a financial discount.
2. Maintains a permanent residence (e.g., house apartment, trailer, and not just a post office box) in Texas. If the applicant cannot show a permanent physical residence, then a Notarized Letter of Support may be provided.
3. Claims permanent residency in Texas and can provide two Residence Proofs found in the [Approved Document List](#).
4. If the patient is a minor child residing in Texas, at least one parent, Managing Conservator, Guardian and/or other person or entity with primary legal responsibility for the child is a Texas Resident.
5. If the patient is claimed as a dependent of a parent or guardian, is not an emancipated adult and is enrolled and attending a post-secondary educational institution outside of Texas, maintains permanent residency in Texas and does not claim residency in any other state for tuition purposes; or
6. Does not claim permanent residency in any other states or country and is not eligible to receive or does not receive any of the following benefits in another state or country including any of the following:
 - a. Cannot vote in another state/country unless holding dual citizenship in that country
 - b. Does not own a Primary Residence in another state/country, although the ownership of second homes/property is acceptable;
 - c. Does not currently pay personal states income tax in another state
 - d. Does not receive homestead tax benefits in another state/country. Unless holding dual citizenship in that country,
 - e. Is registered (or has custodial children registered) and attended elementary or secondary school in another state/country, unless holding dual citizenship in that country; or
 - f. Receives in-state or in-country residency tuition benefits in another state/country, unless holding dual citizenship in that country.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Definitions, continued

Planned and Unplanned Services

- **Unplanned Services:** Eligible patients may receive discounts for unplanned services such as emergency services or an unplanned admission. However, discounts will not apply to co-payments nor to emergency room contract physician charges.
- **Planned Services:** Eligible patients may be accepted into a service area as a charity patient based on a number of factors. These factors may include, but are not limited to, issues such as the availability of financial, human, and other resources within UTMB, county of residence, primary diagnosis and co-morbidities, stage of disease, history of the problem, prognosis without treatment, success rates of proposed treatments and procedures with similar figures for morbidity and mortality, the educational benefit of providing care to UTMB trainees, and the priority of other charity care cases.

Procedure

PATIENTS WHO MAY APPLY FOR FINANCIAL INDIGENCE

The eligibility for financial assistance/charity care at UTMB for those who are financially indigent, will be based on a number of factors including, but not limited to: Texas residency, income level and calculated assets (25% of asset values assessed to household income) indexed to 400% of the Federal poverty level, and insurance coverage. Patients designated as financially indigent could qualify for 50% or 100% charity.

Patients may apply for financial assistance/charity care at any time during which they have an active bill at UTMB.

Identification of Possible Coverage and Third Party Eligibility:

1. Charity discounts are to be accessed only as a last resort, and all current or potential third party coverage is to be considered primary to a charity discount. Patients with third party coverage that covers the medical care needs in question cannot apply for financial assistance. This includes any coverage such as (commercial or managed care) medical care programs, Medicaid, County Indigent Health Programs (CIHCP), and state agencies as well as any liability or auto insurance that covers the medical needs in question. The patient is required to apply for all applicable programs for which he/she may be eligible as a condition for applying for charity discounts, and failure to complete the application process and seek eligibility from any of these sources may result in a denial of financial assistance for services from UTMB. UTMB will assist applicants, to the extent possible, in identifying and applying for any programs or other third party coverage for which they may be eligible. If the applicant is denied coverage for the medical services needed, they can be considered for financial assistance with the UTMB indigent program. Financial Counseling should use reasonable measures including, but not limited to, asking the patient, searching the internet and conducting electronic searches in an attempt to identify all coverage, COBRA, Medicare, Medicaid, VA medical benefits, Federal Employees Health Benefit Program (FEHB), Texas Risk Pool, County Indigent Health Care Programs and/or County Health District coverage.
2. Patients who otherwise qualify for Financial Indigence and cannot afford their COBRA premiums should apply for available COBRA premium payment programs, such as the UTMB Temporary COBRA Premium Assistance program. Patients who have or become eligible for insurance or COBRA coverage, but do not elect it or stop paying premiums for it and fail to apply for the UTMB Temporary COBRA Premium Assistance program may be considered for Financial Indigence on a case-by-case basis only. Revocation may be considered for patients who drop insurance after a charity discount has been approved.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

**Procedure,
continued**

- ii. Paid Biweekly
 - 1. 6 most recent consecutive pay stubs
 - 2. (Sum of gross pay amount for 6 pay stubs/6) x 26
 - iii. Paid Semi-monthly
 - 1. 6 most recent consecutive pay stubs
 - 2. Sum of gross pay amount from 6 pay stubs x 4
 - iv. Paid Monthly
 - 1. 3 pay stubs
 - 2. Sum of gross pay amount from 3 pay stubs x 4
 - v. No paycheck stubs available
 - 1. Dated letter from employer on company letterhead signed by management stating YTD gross earnings.
 - 2. UTMB Employment Verification form completed by management stating YTD gross earnings.
- b. If the applicant is recently unemployed:
- i. Add together the year to date income plus any expected income for the year to determine the projected annualized income. Divide by 12 to get the monthly income.
 - 2. The applicant must present documentation from the Texas Workforce Commission unless he/she is being considered or has been deemed disabled by the Social Security Administration. This letter should confirm that no employer is paying wages to the applicant.
- c. If the applicant lives with or is supported voluntarily by another person who is not legally required to support the applicant, a Notarized Letter of Support may be used to provide current income and residency documentation, thereby ensuring that only the applicant's income is to be taken into account in the review process..
- d. If the applicant cannot provide any proof of income at all, the applicant must present a notarized affidavit documenting how the applicant's expenses are being met.
5. **Check Assets:** Financial Counseling shall include 25% of the applicant's Assets as defined in this Policy in the income eligibility determination. The applicant should report Assets in the application for a charity discount. For a list of possible assets to be considered, please see the [Approved Document List](#). The applicant's Primary Residence or first vehicle is not included in the calculation.
6. **Determine Income Eligibility:** Financial Counseling will use the [Financial Classification Scale for Patients](#) to determine whether the applicant qualified based on income and family size. After verifying the number of household dependents and the household monthly income (including an assessment of 25% of all applicable assets) the financial counselor should assign the level of discount based on the correlating Federal Poverty Index level (FPIL).

The Financial Class and Payscale designations are as follows:

<u>FPIL</u>	<u>Financial Class</u>	<u>Discount</u>	<u>Deposit</u>
0% -25%	Indigent	100%	No
26% -100%	Indigent	100%	Yes
101% - 199%	Indigent	100%	Yes
200% - 399%	Indigent	50%	Yes

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Procedure, continued

7. Financial Counseling will calculate the income and assets to determine eligibility. All of the documentation will be scanned into BMI including the application. The staff will indicate on the re-class letter whether there is a recommendation for approval or denial.
8. **Approval/Denial:** Management or another designee is responsible for evaluation and approval or denial of charity discount applications and for written communication of that decision to the applicant. Applicants will be notified in writing within 14 days of the decision. The notification will include the reason for denial if relevant, and information on how to appeal the decision.
9. **Effective Date:** The effective date of the charity policy will be the date that the unplanned service took place, or for planned services, the date the financial agreement and Plan of Care agreement are signed.
10. **Expiration Date:** The charity discount will be effective 6 months if there are children in the household and one year if there are not. Households with children will be reviewed after only 6 months in order to assess whether they have become eligible for Medicaid.

11. **Change in Status, Modification or Denial:** Previously approved charity discounts may be modified or denied if the applicant has had a change in status that would render him/her ineligible, including but not limited to:
 - a. Texas residency
 - b. Citizenship status
 - c. Income
 - d. Primary insurance eligibility
 - e. On a case by case basis, a change in insurance or COBRA coverage or failure to elect or maintain COBRA coverage

Financial Counseling may issue a denial due to change in status.

A previously denied charity care or discount care applicant may become eligible through a change in status, such as through income loss or established residency status, but patients will need to reapply and provide documentation demonstrating the change in status.

12. **Revocation:** If any of the following conditions occur, Financial Counseling may revoke a previously approved charity discount
 - a. Receipt of public benefits in another state during the effective period of assistance.
 - b. Discovery of inaccurate, incomplete or falsified information on the charity discount application.
 - c. Identification of potential third-party coverage (*e.g. COBRA coverage, insurance coverage by a family member, Medicare, Medicaid.*)
 - d. Other information that would render the applicant ineligible.

If the patient's charity discount is revoked, Financial Counseling shall notify the patient by certified mail that the assistance has been revoked and the reason for the revocation. Financial Counseling shall change the patient's financial class and shall send a request to FGP and HPFS to reinstate the charges. The patient will be financially responsible for all previous charges that are reinstated.

13. **Reapplication:**
 - a. If a charity discount application has been denied for insufficient

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Procedure, continued

- documentation, the applicant may reapply immediately by supplying all requested documents.
- b. If the charity discount application has been denied because the applicant did not meet the UTMB requirements of Texas residency, citizenship status, or income criteria, the applicant may reapply by completing a new charity discount application and documenting the change in his/her status that would meet the Texas residency, citizen status, and income criteria.
 - c. If the applicant has new information; if the applicant once had Medicaid or other insurance, but no longer has it; if the applicant has been a participant in an investigational protocol for which a therapeutic intent has not been documented, but is no longer participating, the applicant may re-apply by completing a new charity discount application and providing the requested documentation.
 - d. If a charity discount has been denied because of falsification or concealment as outlined in 11 a-c, reapplication is at the discretion of UTMB.
14. **File Storage:** Financial Counseling will scan all original completed applications (both approved and denied) and all supporting documentation for storage. Financial Counseling may retain a copy of the application and supporting documentation for its own records.

Applicable discounts

- **Unplanned Services:** Eligible patients may receive discounts for unplanned services such as emergency services or an unplanned admission.
- **Planned Services:** Eligible patients may be accepted for medically necessary services into a service area as a charity patient based on available institutional resources and the course of treatment for that service may be discounted.

FINANCIAL INDIGENT APPLICATION PROCESSING

1. When an application is received, it is reviewed for completeness.
1. Registration is documented reflecting that the application is received
2. An account is generated to track progress
3. A facesheet is generated
4. All documents are scanned into the scanning system

Disposition of Application for Past Balances for Unplanned Services

1. Once the patient has completed the screening process and is eligible for discounts, a reclass letter will be sent to HPFS and the FGP billing office and to the patient.
2. If the patient has not complied with the screening process within 10 days, the case will be denied.
3. If the application is approved for past balances, the financial counselor will reclassify the Financial Class in the system on all cases relating to past unplanned services
4. Documentation will reflect screening is complete and the expiration date. If the patient has minor children in the household, the expiration date is 6 months otherwise the expiration date is 1 year. The patient must be rescreened following the expiration date.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Procedure, continued

5. The account will be updated, printed and scanned.
6. Management or another designee must approve and sign off on all completed approved cases prior to mailing re-class letter.

Time frame for submitting and processing application for Unplanned Services

1. Patients will be advised that they need to return the application within 10 days or contact a financial counselor advising them of their progress in obtaining documentation, or they will be denied for financial discounts and will need to reapply. If the patient is actively working with a financial counselor in obtaining documentation, the time for obtaining proofs may be extended.
2. After the application is received, the patient will be sent a letter requesting any missing documentation required to complete the financial screening process. The Financial Counseling Office will complete the application processing within 14 days of receipt of the completed application and all associated proofs.

Disposition of Application for Planned Services

Once the financial screening is complete, the applicable discount is determined.

1. The patient comes to the Financial Counseling Department for a final interview.
2. The patient is given the deposit guide that corresponds with the applicable discount.
3. A Financial Counseling Agreement is reviewed and signed by the patient.
4. The account will be updated, printed and scanned.
5. Management or another designee must approve and sign off on all completed approved cases prior to mailing re-class letter.
6. The Medical Director is notified that the patient has completed financial screening and an Episode of Care is established.
7. If the patient is denied due to lack of compliance or over income, the Medical Director will be notified and a denial letter will be sent to the patient.

Time frame for submitting and processing application for Planned Services.

Patients will return the application within 10 days of being provided with said application..

1. If any documentation is missing, the patient will be contacted by phone and will be notified of the missing documentation required to complete the financial screening process.
2. If unable to contact by phone after three documented attempts within a 10 day period, a letter will be sent requesting the missing documentation. A second letter will be sent after another 10 days. After thirty days, if the documentation has not been received, and if the patient is not working with a financial counselor to obtain the documentation, the request for financial discounts will be denied and the patient will need to reapply. If the patient is actively working with a financial counselor in obtaining documentation, the time for obtaining proofs may be extended.

PATIENTS WHO MAY APPLY FOR MEDICAL INDIGENCE

Medical indigence: Patients who do not qualify for Financial Indigence at UTMB but who have medical bills that could threaten the patient/family unit's financial viability may qualify for reductions in their obligations to pay UTMB for medical services rendered. The financial viability of patients in this group must be threatened due to: (1) catastrophic illness, (2) multiple unrelated illnesses, or (3) other factors. The eligibility for financial assistance/indigent care at UTMB is based on many factors some of which are patient demographics and the patient's balance due as a percentage of income level.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

**Procedure,
continued**

While financially indigent is based strictly on an income level, medically indigent considers both income as well as living expenses related to food, clothing and shelter, and the patient’s ability to pay without liquidating assets critical to living or earning a living, such as home, car, personal belongings, etc. Therefore, patients are considered for medically indigent status on a case by case basis based upon documentation. Patients with incomes below 200% of the Federal poverty level are considered 100% charity under the financially indigent status (which is a more difficult standard to demonstrate).

Medical Indigence Determination:

1. Prescreening: A patient is considered potentially eligible for medically indigent status when the patient’s account balance, after third party reimbursement (if any), is greater than 20% of the family’s total gross annual income using the Medical Indigence Pre-Screening Worksheet. A patient who meets these criteria will be sent an application.
2. Full Screening: Once the patient’s application for medically indigent status is received, 100% of applicable assets will be subtracted from the UTMB bills. The account balance must be equal to or greater than 20% of the patient’s gross annual income, including value of assets, to continue determination for potential discount.
3. Patients’ disposable income will be calculated from the returned proofs. Determination of disposable income is made by subtracting allowable monthly expenses from the patient’s gross monthly pay. This amount is multiplied by 36 months. The lesser of this amount versus 20% of the patient’s gross annual income (after the assets have been subtracted) will be the patient’s new UTMB responsibility.

Example: If a patient with a total income of \$20,000 has \$10,000 in medical expenses and has \$100 a month in disposable income and no insurance, he would therefore be responsible for \$3,600. ($100 \times 36 = \$3,600$ is less than $\$20,000 \times 20\% = \$4,000$) The remaining \$6,400 of the \$10,000 medical balance would be considered unsponsored charity cost as medically indigent.

Allowed Expenses

Allowed Expense	Use	Reference
Housing- Mortgage (Including, Insurance, Taxes, etc...)or Rent	Actual	N/A
Utilities	Actual	N/A
Health Insurance	Actual	N/A
Transportation- Ownership	IRS Standard	IRS National Transportation Ownership
Transportation- Maintenance (Includes, Fuel, Oil, eat.)	IRS Standard	IRS Transportation MSA- Houston
Food	IRS Standard	IRS Standard- Food, Clothing and Other Items
Housekeeping Supplies	IRS Standard	IRS Standard- Food, Clothing and Other Items
Apparel and services	IRS Standard	IRS Standard- Food, Clothing and Other Items
Personal care products & services	IRS Standard	IRS Standard- Food, Clothing and Other Items
Miscellaneous	IRS Standard	IRS Standard- Food, Clothing and Other Items
Daycare	IRS Standard	IRS Childcare Annual Expense Standard ÷ 12 Mos.
College Tuition- Patient or immediate family members	IRS Standard	IRS Educational Annual Expense Standard ÷ 12 Mos.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

**Procedure,
continued**

Other Non-UTMB Medical Expenses	Actual	Minimum Payments or Lump Sum ÷ 36
Out of Pocket Medication Expenses	Actual	N/A
Non-qualifying Expenses		
Credit Card Bills		
Personal Loans		
Life Insurance		
Notes		
Resources will be subtracted from overall UTMB debt before determining pt's new liability.		

Hospital Patient Financial Services Contacts Financial Counseling

1. A representative from HPFS will contact financial counseling with a patient who needs assistance via email or phone. The representative will place the account on hold and total UTMB balances from both Hospital Patient Financial Services and Physician Billing Services.
2. The patient will be prescreened for income using the “Medical Indigence Worksheet.”
3. The patient will be asked the gross income of the household. If 20% of the total household gross income is greater than the UTMB balance, the patient is not eligible for a discount
4. If 20% of the patient’s total household gross income is less than the combined UTMB balances, an application will be sent to the patient.

Sending the Patient a Medically Indigent Application

1. The patient information will be put in a log and a packet will be sent to the patient.
2. The account will be noted in the comments of the “Patient Account Inquiry” in Invision that the application has been sent and noted to be followed up in 14 days for further action.
3. The patient has **14 days** to return application with proofs.
4. If the patient is actively working with a financial counselor in obtaining documentation, the time for obtaining proofs may be extended.

Patient Returns Medically Indigent Packet

1. The application is reviewed for completeness.
2. If application is missing information the patient will be contacted and a notation will be made in the comments field of “Patient Account Inquiry”.
3. Note the patient’s account of receipt of completed packet in the comments field of “Patient Account Inquiry.”

Note: If packet is not returned within required 14 days, call the patient. If no answer, send a letter of contact. If there is no response from the letter within 10 days, deny the request. Contact HPFS and PBS to remove hold on account and allow normal billing progression.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Procedure, continued

Review of Completed Packet

1. Once the completed packet with proofs is received, the financial counselor will calculate the total applicable assets. Assets do not include the primary residence and vehicle.

Determining Assets - Using the Income Worksheet, the financial counselor will subtract 100% of applicable assets from the UTMB Bills. If the UTMB balance is equal to or greater than (= or >) 20% of the gross income, continue processing application. If not, the patient is not eligible.

2. Determine Disposable Income – Using the Allowable Expense table, the expenses will be calculated. For some expenses, the IRS standard will be used. The patient’s allowable expenses will be subtracted from the patient’s net income and assets to find the disposable income. The monthly disposable income will be multiplied by 36 months. The lesser of this amount vs. 20% of the patient’s gross annual income (after assets have been subtracted) will be their new UTMB responsibility.

Note: All returned completed packets will be reviewed by the financial counselor within 14 days of receipt.

Final Review and Resulting Account Adjustments:

1. The [Medically Indigent Worksheet](#) will be used to determine the eligibility for medical indigence.
2. The [Disposable Income Worksheet](#) will be used to determine disposable income.
3. The worksheets and completed packet will be forwarded to the Team Coordinator and then the Manager and/or Assistant Director for review and approval.
4. Approved packets and worksheets will be scanned into the BMI Imaging system.
5. The financial counselor will forward a [Medically Indigent Notification Letter](#) to the patient notifying the patient of the determination and action to be taken.

Adjustment forms will be prepared, if appropriate, and routed in accordance with stated policy to both billing offices.

Billing and Collection Practices for Financially or Medically Indigent Patients

UTMB will make a reasonable effort to determine whether a patient is eligible for assistance under the charity care and financial assistance policy before engaging in collection actions. If a patient is attempting to qualify for eligibility under the charity care policy, or is attempting in good faith to settle the outstanding bill in a reasonable time frame, UTMB will not send the unpaid bill to a collection agency. Agencies that assist UTMB in collections will adhere to the institutions’ standards and scope of billing and collection practices and to comply with the Texas Debt Collection Act and the federal Fair Debt Collection Practices Act.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Clinical Policies Section 9. 8 Financial	07/06/93-Originated 05/02/12 -Reviewed w/ changes -Reviewed w/o changes 07/25/12 -Effective Admitting Services -Author
9.8.2 UTMB Health Charity Care and Financial Assistance Policy	

Procedures, continued

Public Communication of UTMB's Charity Care and Financial Assistance Policy

The UTMB Charity Care and Financial Assistance Policy is publicly available on the UTMB website and will be furnished in writing upon request. Additional information is also on the website, such as the application form and financial counselor contact information. Information regarding the availability of the charity care and financial assistance policy will be available in the general waiting areas and in the waiting areas of any off-site or on-site registration, admission, or business office and in the emergency department. Public information and policies will be provided in English and in other languages as determined by UTMB's patient population. Patients will be provided a prominent written notice at the conclusion of their care visit that contains information regarding UTMB's Charity Care and Financial Assistance Policy, including that uninsured or underinsured patients may qualify for discounted or charity care, as well as contact information for the financial counseling office and completing an application. At the time of service, in the admitting department, emergency department and other outpatient hospital settings, information regarding the availability of charity care and financial assistance will be available to all patients.

References and Related Policies

[IHOP 9.1.16 Admission of Interfacility Patients](#)
[IHOP 9.1.21 Examination and Treatment for Emergency Medical Conditions and Women in Labor](#)
[Monthly Income Calculations](#)
[Asset Testing Policy](#)
[Income Tax Return Calculation Procedure](#)
[Registration for Eligibility of Third Party Resources including Medicaid Pending and County Referrals](#)
[Federal Poverty Guidelines](#)
[Immigration and Nationality Act](#)
[Temporary COBRA Assistance Policy](#)
Casebook Review/Un-sponsored Outpatient Referral Request
[Approved Documents List](#)
Casebook Appeals and Complaint Process
[Deposit Guide for Services at UTMB](#)
[Disposable Income Worksheet](#)
[Financial Assistance Application](#)
[Medically Indigent Notification Letter \(sample\)](#)
[Medically Indigent Worksheet](#)
[Notarized Letter of Residence and/or Support](#)
