# Mission Regional Medical Center

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| **Subject:** | **Patient Financial Assistance Policy** | **Formulated:** | **12/2023** |
| **Manual:** | **Patient Financial Services<br>Not for Profit Hospitals** | **Reviewed:** | **1/7/25** |
| **Mission Regional Medical Center** | | **Last Revised:** | **1/7/25** |

## I. Policy:

Each hospital owned by Prime Healthcare Services, Inc. (each, a "Hospital"), offers a financial assistance program for those patients who meet the eligibility tests described in this policy. Prime Healthcare provides Charity Care and self-pay discounts adhering to the requirements of state law. The intent of this Financial Assistance Policy (the "Policy") is to satisfy applicable federal and state laws and regulations; all provisions should be interpreted accordingly.

A significant objective of Prime Healthcare nonprofit facilities is to provide care for patients in times of need. Prime Healthcare nonprofit facilities provide Charity Care and a Discount Payment Program as a benefit to the communities we serve. To this end, Prime Healthcare facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and Charity Care programs. All patients will be treated fairly, with compassion and respect. Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed (ABG) to individuals who have insurance covering such care. Accompanying this Policy are the following addendums, as referred to through this Policy:

- Plain Language Summary of Financial Assistance
- Charity Care Program
- Financial Assistance Discount Payment Program
- Notice to be included in all post-discharge billing statements
- Hospital Notice to Send to Patient Prior to Assigning or Selling Debt to Collection Agency

## II. Definitions:

"Emergency and Medically Necessary": Any hospital emergency, inpatient, outpatient, or emergency medical care that is not entirely cosmetic for patient comfort and/or convenience.

"EMTALA": The hospital complies with the requirement of the Emergency Medical Treatment and Active Labor Act (EMTALA), Section 1867 of the Social Security Act. There is nothing contained in this policy, which will preclude such compliance. This is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay.

"Extraordinary Collection Actions": An Extraordinary Collection Action means any collection action involving certain sales of debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under

the hospital's Financial Assistance Policy, or any action requiring a legal or judicial process, including placing a lien, foreclosing on real property, attaching or seizing of bank accounts or other personal property, commencing a civil action against an individual, taking actions that cause an individual's arrest, taking actions that cause an individual to be subject to body attachment, and garnishing wages, in each case as further described in IRS Section 501(r)(6).

"Family": (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

"Plain Language Summary": The summary of the Financial Assistance Policy in the addendum "Summary of Financial Assistance", intended to comply with IRS Section 501(r)(4).

"Financially indigent": 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 the services rendered based on the Hospital's eligibility criteria set forth in this policy.

"Medically Indigent": A person whose medical or hospital bills after payment by third-party payors exceed 10% of the patient's annual gross income, and patient's household income is between 201% and 450% of the FPL.

## III. Applicability of the Policy:

This Policy applies to all emergency and other medically necessary care provided by the Hospital or a substantially-related entity working in the Hospital. This Policy applies only to charges for Hospital services and is not binding upon other providers of medical services who are not employed or contracted by Hospital to provide medical services, including physicians who treat Hospital patients on an emergency, inpatient or outpatient basis. Physicians not covered by this Policy who provide services to patients who are uninsured or cannot pay their medical bills due to high medical costs may have their own financial assistance policies to provide assistance. The Hospital is not responsible for the administration of any financial assistance program offered by the Hospital's non-employed medical staff physicians or such physicians' billing practices.

Financial assistance policies must balance a patient's need for financial assistance with the Hospital's broader fiscal stewardship. Financial assistance through discount payment and Charity Care programs is not a substitute for personal responsibility. It is the patients' responsibility to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their ability to pay. Outside debt collection agencies and the Hospital's internal collection practices will reflect the mission and vision of the Hospital.

## IV. Procedure:

### 1. Eligibility for Financial Assistance

#### A. Self-Pay Patients

A patient qualifies for **Charity Care** based on the conditions discussed in the addendum "Charity Care Program". Please see this addendum for additional details on the Charity Care program.

A patient qualifies for the **Discount Payment Program** based on the conditions discussed in the addendum "Financial Assistance Discount Payment Program". Please see this addendum for additional details on the Discount Payment Program.

**B. Insured Patients**

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for Charity Care, but may qualify for the **Discount Payment Program** based on the conditions discussed in the addendum "Financial Assistance Discount Payment Program". Please see this addendum for additional details on the Discount Payment Program. Charity Care and discounts from the Discount Payment Program may apply to patient liability amounts, including coinsurance amounts, copayments, and deductibles.

**C. Other Circumstances: Presumptive Eligibility**

The Hospital may use an outside agency or determination from the Director of the Hospital's Patient Financial Services, ("PFS") Department to extend Charity Care or the Discount Payment Program to patients under the circumstances as listed below (presumptive eligibility). Presumptive eligibility does not convey an entitlement for future services. The hospital also may not disclose presumptive eligibility determination and may not have access to the data utilized by an outside agency. The circumstances below are considered forms of Charity Care and may be documented as reflected in the transaction code used to adjudicate the patient's claim, including but not limited to transactions related to Charity Care, self-pay discounts, non-covered services and denials.

(i) The patient qualifies for limited benefits under the state's Medicaid program, *i.e.*, limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital. This includes non-covered services related to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other care from the Hospital);
- Medicaid pending applications that are not subsequently approved, provided that the application indicates that the patient meets the criteria for Charity Care;
- Medicaid or other indigent care program denials;
- Charges related to days exceeding a length of stay limit; and
- Any other remaining liability for insurance payments.

(ii) The patient qualifies for a county-level medically indigent services program but no payment is received by the Hospital.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the Hospital's PFS Director has reason to believe that the patient would

qualify for Charity Care or the Discount Payment Program, e.g., patient is deceased, bankrupt, incarcerated (and not reimbursed by a State Medicaid program), non-responsive, homeless, or unwilling to provide documentation.

(iv) A third party collection agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that Charity Care or the Discount Payment Program be offered.

(v) Subsequent to collection efforts and payor negotiations, any unreimbursed charges from non-cosmetic services, including non-covered or denied services from any payor, such as charges for days beyond a length-of-stay limit, exhausted benefits, balance from restricted coverage, Medicaid-pending accounts, and payor denials are considered a form of patient financial assistance at Prime Healthcare. Charges related to these discounts written off during the fiscal year are reported as uncompensated care.

(vi) The patient is eligible for programs including, but not limited to:

- State-funded prescription programs;
- Participation in Women, Infants and Children programs (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
- Historical significance of non-payment that establishes a justification of future non-payment and lack of ability to pay.

(vii) Other circumstances of Charity Care shall be documented in the patient's record indicated either by transaction type or in the patient's notes.

**D. <u>Determination of Income</u>**

For purposes of determining eligibility for the Charity Care and Discount Payment Program, documentation of income of the patient's Family shall be limited to recent pay stubs or income tax returns. The financial assistance application requests patient information necessary for determining patient eligibility under the Financial Assistance Policy, including patient or Family Income and patient's family size. The Hospital will not request any additional information other than the information requested in the financial assistance application. A patient seeking financial assistance, however, may voluntarily provide additional information if they so choose. Qualification for financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

**E. <u>Federal Poverty Levels</u>**

The measure of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's Family or household. HHS Poverty Guidelines are updated periodically in the Federal Register by the United States

Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code, and available here: https://aspe.hhs.gov/poverty-guidelines or per request from the Hospital's patient financial services at 956-323-1580.

**2. Charity Care and Discount Payment Program**

Financial assistance may be granted in the form of full Charity Care or discounted care, depending upon the patient's level of eligibility as defined in this Policy.

The patient balances for those patients who qualify for **Charity Care**, as determined by the Hospital, are eligible for Prime Healthcare's Charity Care program shall be reduced to a sum equal to zero dollars ($0) with the remaining balance eliminated and classified as Charity Care. Please see the addendum "Charity Care Program" for additional information.

The patient balances for those patients who qualify for the **Discount Payment Program** are eligible for Prime Health's Discount Payment Program; any discount will be applied against the gross charges for hospital services provided. Please see the addendum "Financial Assistance Discount Payment Program Eligibility" for additional information.

The Discount Payment Program shall also include an interest-free extended payment plan to allow payment of the discounted price over time. The Hospital and the patient shall negotiate the terms of an extended payment plan, taking into consideration the patient's Family Income and essential living expenses.

**3. Application Process**

Any patient who requests financial assistance will be asked to complete a financial assistance application. The application includes the office address and phone number to call if the patient has any questions concerning the financial assistance program or application process. A patient is expected to submit the financial assistance application promptly following care, but no later than two hundred forty (240) days following the date of the first post-discharge statement.

**4. Resolution of Disputes**

Any disputes regarding a patient's eligibility for financial assistance shall be directed and resolved by the Hospital's Chief Financial Officer.

**5. Publication of Policy**

In order to ensure that patients are aware of the existence of this Policy, the Hospital shall take the following measures:

- Notice of the availability of financial assistance shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; and (4) other outpatient settings including observation units; and (5) prominently displayed on the hospital's internet website, with a link to the policy itself.

- Every patient who is seen at the Hospital, whether admitted or not, shall receive the notice in the addendum "Summary of Financial Assistance". The notice shall be provided at the time of service, discharge, or when the patient leaves the facility. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

- Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a notice to be included in post-discharge billing statements to patients who have not provided proof of insurance. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

**6. Efforts to Obtain Information Regarding Coverage & Applications for Medicaid**

The Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the Hospital to a patient including private health insurance, coverage offered through the federal health insurance marketplace, Medicare, Medicaid, and/or other government-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third party payor or requests financial assistance, Hospital staff shall provide the patient with a notice that includes the following: (a) a request that the patient inform the Hospital if the patient has private or public health insurance coverage or other coverage, (b) a statement that if the patient does not have health insurance coverage, the patient may be eligible for coverage under the state's Medicaid program or other governmental programs, (c) a statement indicating how the patient may obtain applications for the state's Medicaid program or other governmental programs (and as appropriate, the Hospital will provide such applications to the patient), and (d) information regarding the Hospital's financial assistance program.

Per the patient's request, an itemized statement of the billed services will be provided if the patient requests the statement not later than the first anniversary of the date the person is discharged from the Hospital. The Hospital shall provide the statement to the patient not later than the 10th business day after the date on which the statement is requested.

**7. Collection Activities**

The Hospital may use the services of one or more external collection agencies for the collection of patient debt. No debt shall be advanced for collection until the Director of the Hospital Patient Financial Services or his/her designee has reviewed the account and approved the advancement of the debt to collection. If a financial assistance application is received and is incomplete, the Hospital will provide written notice of the outstanding items and wait a reasonable period of time before initiating or resuming Extraordinary Collection Actions.

Any collection agency utilized by the Hospital shall comply with any payment plan entered into between the Hospital and the patient. If a patient applies for financial assistance, any collections actions will be suspended pending the decision on the patient's financial assistance application. If during collections, it is discovered the patient qualifies in whole, or in part, for Charity Care or a self-pay discount, collection efforts will cease, and the respective balance will be written off to Charity Care or as

a self-pay discount. Neither the Hospital nor any collection agency utilized by the Hospital shall (i) use wage garnishments or liens on primary residences to collect unpaid medical bills or (ii) report adverse information to a consumer credit reporting agency or commence civil action against a patient for nonpayment at any time prior to 150 days after the initial billing.

If a complete application is received within the two hundred forty (240) day application period, any Extraordinary Collection Actions will be suspended while a determination of eligibility is made.

For accounting purposes, any account that qualifies for bad debt under the Hospital's internal policy, but is not deemed as bad debt (resulting from revenue recognition accounting standards), may be considered and reported as patient financial assistance as a reduction to Hospital revenue.

**Revision History Table**

| Document Number and Revision Level | Final Approval by | Date | Brief description of change/revision |
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Mission Regional Medical Center

## Summary of Financial Assistance

Eligible patients that are Medically Indigent or who have household Family Income equal to or less than 450% of the current Federal Poverty Level and meet certain low- and moderate-income requirements may qualify for free care or partially discounted care and extended payment plan options from **Mission Regional Medical Center.** No patient will be charged more than Amount Generally Billed (AGB) for emergency or other medically necessary care. Emergency Department physicians and other physicians who are not employees of the hospital may also separately offer financial assistance. The Charity Care Program is summarized in the addendum "Charity Care Program", and the Discount Payment Program is summarized in the addendum "Financial Assistance Discount Payment Program".

Patients can obtain copies of the Financial Assistance Policy and application forms **www.missionrmc.org** on the Hospital website. The Financial Assistance Policy documents are available in non-English languages spoken by a substantial number of the patients served by the Hospital. For further information or a financial assistance application, please contact us:

**956-323-1580**
**900 South Bryan Road, Mission, TX 78572**

**Completed applications should be delivered to:**

Mission Regional Medical Center
Attn: Patient Financial Services
900 South Bryan Road
Mission, TX 78572

Additionally, the Hospital can initiate a financial assistance application on behalf of a patient. However, this is not a guarantee that the patient will qualify for financial assistance.

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## Charity Care Program

A patient qualifies for **Charity Care** if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid as determined and documented by the hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital; and (3) the income of the Patient's Family does not exceed 300% of the Federal Poverty Level.

The patient balances for those patients who qualify for **Charity Care**, as determined by the Hospital, shall be reduced to a sum equal to zero dollars ($0) with the remaining balance eliminated and classified as Charity Care.

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for the Charity Care Program, but may qualify for the Discount Payment Program if certain conditions are met, as described in the addendum "Financial Assistance Discount Payment Program".

The measure of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's Family or household. HHS Poverty Guidelines are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code, and available here: https://aspe.hhs.gov/poverty-guidelines or per request from the Hospital's patient financial services at 956-323-1580.

For further information, a financial assistance application, or to obtain a copy of an itemized statement of billed services please contact us:

**956-323-1580**
**900 South Bryan Road, Mission, TX 78572**

## Financial Assistance Discount Payment Program

Self-Pay Patients

An uninsured patient qualifies for the Financial Assistance Discount Payment Program if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid as determined and documented by the hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital; and (3) the patient is Medically Indigent or has Family Income greater than two hundred percent (200%) but less than four hundred fifty percent (450%) of the current Federal Poverty Level.

The measure of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's Family or household. HHS Poverty Guidelines are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code, and available here: https://aspe.hhs.gov/poverty-guidelines or per request from the Hospital's patient financial services at 956-323-1580.

Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital may qualify for the Financial Assistance Discount Payment Program if all of the following conditions are met: (1) the patient is Medically Indigent or has a Family Income greater than two hundred percent (200%) but less than four hundred fifty percent (450%) of the current Federal Poverty Level of the Federal Poverty Level, and (2) the patient does not receive a discount rate from the hospital as a result of his or her third party coverage.

The measure of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's Family or household. HHS Poverty Guidelines are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code, and available here: https://aspe.hhs.gov/poverty-guidelines or per request from the Hospital's patient financial services at 956-323-1580.

Patient Obligation

If eligible, the insured patient's payment obligation will be an amount equal to the difference between the what the Hospital receives from the insurance carrier and 100% of the highest amount paid by Medicare, Medicaid, the state's Children's Health Insurance Program, or any other government-sponsored health program in which the Hospital participates (the "Discounted Payment Maximum"). If the amount paid by insurance exceeds the Discounted Payment Maximum, the patient will have no further payment obligation.

The payment obligation of an uninsured patient eligible for the Discount Payment Program is the Amount Generally Billed (AGB) amount, which is 100% of the "Discounted Payment Maximum". Any exceptions to this method are at the discretion of the PFS Director and will the patient liability will not

exceed the Discounted Payment Maximum. An eligible patient with insurance will be obligated to pay an amount equal to the difference between what the Hospital receives from the insurance carrier and the Discounted Payment Maximum. If the amount paid by insurance exceeds the Discounted Payment Maximum, the patient will have no further payment obligation.

For further information, a financial assistance application, or to obtain a copy of an itemized statement of billed services please contact us:

**956-323-1580**
**900 South Bryan Road, Mission, TX 78572**

## [Notice to be included in all post-discharge billing statements]

## Charity Care & Discount Payment Program

Patients who lack insurance or who have inadequate insurance and meet certain low-and moderate-income requirements may qualify for discounted payments or Charity Care. Patients seeking discounted or free care must obtain and submit an application that will be reviewed by the Hospital. No patient eligible for financial assistance will be charged more for emergency or medically necessary care than amounts generally billed to individuals who have insurance covering such care. For more information, copies of documentation, or assistance with the application process, please contact the Hospital at 956-323-1580 or visit www.missionrmc.org to obtain further information. Free copies of financial assistance documentation may also be sent to you by mail and are available in non-English languages spoken by a substantial number of the patients served by the Hospital. The Emergency Department physicians and other physicians who are not employees of the Hospital may also provide Charity Care or Discount Payment Programs. Please contact 956-323-1580 for further information.

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## Notice to be included in post-discharge billing statements to patients who have not provided proof of insurance

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid, state-funded health coverage programs, or other similar programs. If you do have such coverage, please contact our office at (956) 323-1580 as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid, coverage offered through the federal health insurance marketplace, state- or county-funded health coverage, or Prime Healthcare Charity Care or Discount Payment Program. For more information about how to apply for these programs, please contact our office so we can answer your questions and provide you with applications for these programs.