Palo Pinto General Hospital
POLICIES/PROCEDURES

POLICY: Charity Care and Financial Assistance Policy
DEPT: Patient Financial Services

EFFECTIVE: October 1, 2017
REVISED: January 17, 2025
REVIEWED:
APPROVED: August 28, 2018

PURPOSE:

Palo Pinto General Hospital (PPGH) provides inpatient, outpatient, emergency, and clinic services. Palo Pinto General Hospital's mission includes improving the overall health status of the district/area in which it serves. PPGH is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay, for medically necessary care based on their individual financial situation. PPGH strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. PPGH will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial or government assistance.

DEFINITIONS:

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

Charity Care: Charity care is free care provided to patients who are uninsured for the relevant medically necessary service who are ineligible for governmental or other insurance coverage. PPGH maintains two types of charity care for the purposes of this policy, Financially Indigent and Medically Indigent.

Financially Indigent: Financially Indigent means a patient who is uninsured and whose yearly household income is less than or equal to 300 percent of the Federal Poverty Guidelines (FPG) based on the number of person(s) in their household.

Medically Indigent: Medically Indigent means a patient whose medical or hospital bills from PPGH and related providers, after payment by all third parties, exceed 5 percent of his or her yearly household income, whole yearly household income is greater than 300 but less than 500% percent of the FPG and who is unable to pay the outstanding patient account balance.

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

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

POLICY:

Overview

This written policy:
- Includes eligibility criteria for financial assistance – free care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the District will widely publicize the policy within the community served by the District
- Limits the amounts that the District will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with PPGH'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.

In order to manage its resources responsibly and to allow PPGH to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

Eligibility Criteria and Amounts Charged to Patients

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Services eligible under this Policy will be made available to the patient as determined in reference to Federal Poverty Guidelines in effect at the time of the determination. Once a patient has been determined by Palo Pinto General Hospital to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts PPGH will charge patients qualifying for financial assistance is as follows, but not limited to: Patients who are uninsured and whose family income is at or below 300% of the FPG are eligible to receive free care (See Schedule A attached);

PROCEDURE:

Method by Which Patients May Apply for Charity Care

1. Financial need may be determined in accordance with procedures that involve an individual assessment of financial need; and may include, but is not limited to:

   a. An application process, in which the patient or the patient's guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;

   b. The use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);

   c. Reasonable efforts by PPGH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;

   d. Taking into account the patient's available assets, and all other financial resources available to the patient; and

   e. A review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

2. It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

3. Palo Pinto General Hospital's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and PPGH shall notify the patient or applicant in writing.

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided 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, Palo Pinto General Hospital could use outside agencies in determining 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, but are not limited to:

1. State-funded prescription programs;

2. Homeless or received care from a homeless clinic;

3. Participation in Women, Infants and Children programs (WIC);

4. Food stamp eligibility;

5. Subsidized school lunch program eligibility;

6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);

7. Low income/subsidized housing is provided as a valid address;

8. Patient is deceased with no known estate;

9. Patient has stated that he/she does not have the resources to pay;

10. Patient has been given an indigent or charity care application but has not returned the application or the necessary documentation;

11. Patient has a history of nonpayment, implying that no payment will be received in the future;

12. Patient has qualified for indigent or charity care in the past but does not have a current application on file;

13. Patient qualifies for Medicaid, but the services provided are not a Medicaid covered service or are deemed not medically necessary by Medicaid;

14. The address on file is no longer a good address; and

15. Other factors that may be useful in forming an expectation of payment.

Patients who provide false information or who do not cooperate will not be eligible for charity care.

Communication of the Charity Program to Patients and Within the Community

Notification about charity care available from Palo Pinto General Hospital, which shall include a contact number, shall be disseminated by PPGH by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms,

in the Conditions of Admission form, at admitting and registration departments, and patient financial services offices that are located on the District's campuses, and at other public places as Palo Pinto General Hospital may elect. Palo Pinto General Hospital also shall publish and widely publicize a summary of this charity care policy on facility websites, in brochures available in Patient Access sites and at other places within the community served by the hospital as PPGH may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by PPGH. Referral of patients for charity may be made by any member of the District's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for charity.

Regulatory Requirements

In implementing this Policy, Palo Pinto General Hospital's management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

SCHEDULE A
Based on Federal Poverty Guidelines Issued 01/17/2025

FINANCIALLY INDIGENT CLASSIFICATION

Family's Yearly Income must be equal to or less than the following:

Number in Household	100%	200%	300%
1	15,650.00	31,300.00	46,950.00
2	21,150.00	42,300.00	63,450.00
3	26,650.00	53,300.00	79,950.00
4	32,150.00	64,300.00	96,450.00
5	37,650.00	75,300.00	112,950.00
6	43,150.00	86,300.00	129,450.00
7	48,650.00	97,300.00	145,950.00
8	54,150.00	108,300.00	162,450.00

For each additional person (9+) 5,500

Patient Responsibility 0% of Balance Due