



ADMINISTRATIVE/OPERATIONS POLICY FINANCIAL ASSISTANCE POLICY

Effective Date: January 1, 2019
Approval: CHRISTUS Health President
Policy Initiated by: Revenue Cycle
Application: System Wide

SCOPE: The provisions of this Financial Assistance Policy (Policy) are applicable to all nonprofit, tax-exempt hospitals in the CHRISTUS Health System (CHRISTUS Hospitals) in the United States, as listed in Attachment A.

PURPOSE: To describe the CHRISTUS Health Financial Assistance Program, including how CHRISTUS hospitals will determine patients' eligibility to receive full or discounted Emergency and Medically Necessary Care. This Policy constitutes the Financial Assistance Policy and the Emergency Medical Care Policy (within the meaning of Section 501(r) of the Internal Revenue Code) for each hospital listed in Attachment A. This Policy also contains the Uninsured Discount for Uninsured Patients not eligible for Financial Assistance.

POLICY: CHRISTUS Hospitals are committed to minimizing the financial barriers to health care, especially to those who are economically poor and underserved and to those who are not covered by health insurance or governmental health care programs. Consistent with its Mission and Values as a ministry of the Catholic Church, CHRISTUS Hospitals will provide financial assistance to patients who qualify pursuant to this Policy. CHRISTUS hospitals provide, without discrimination, care for emergency medical conditions to patients regardless of whether the patients are eligible for financial assistance.

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

Amounts Generally Billed (AGB): The maximum amount CHRISTUS Hospitals will bill to a patient eligible for Financial Assistance under this Policy. CHRISTUS Hospitals determine Amounts Generally Billed on a prospective basis using the applicable Medicare fee-for-service rates then in effect for Emergency or other Medically Necessary Care and considering the full amount to be paid by Medicare and the patient if the patient were a Medicare beneficiary.

Bad Debt: Bad debt results from a patient balance that has remained unpaid following reasonable internal collection efforts consistent with this Policy and CHRISTUS's Billing and Collections Policy.

Balance After Insurance: The amount owed by a patient or Guarantor after the insurance company submits its portion of the bill to the provider.

CHRISTUS Health (CHRISTUS): A nonprofit corporation sponsored by the Sisters of Charity of the Incarnate Word in Houston and San Antonio and the Sisters of the Holy Family of Nazareth.

CHRISTUS Health System: CHRISTUS Health System includes all direct and indirect subsidiaries of CHRISTUS, together with their respective facilities and operations.

Covered Services: Covered Services include any Emergency and other Medically Necessary Care provided at the CHRISTUS Hospitals listed in Exhibit A

Independent Eligibility Assessment (IEA) Charity Care: The use of external publicly available data sources that provide information on a patient's ability to pay and eligibility for full charity care.

Independent Eligibility Assessment (IEA) Screening: A patient account mechanism that uses patient demographic data to estimate the financial status of a patient by accessing numerous publicly available databases to determine whether the patient is electronically eligible for full charity care under this Policy.

Emergency Care: Care provided by a hospital for emergency medical conditions, which are conditions of sufficient severity such that in the absence of immediate medical attention the condition could result in serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or serious jeopardy to the health of the patient (or unborn child if the patient is pregnant). For pregnant women having contractions, Emergency Care includes any care required if there is inadequate time to affect a safe transfer to another hospital before delivery or if transfer may pose a threat to the health of the mother or child.

Episode of Care: The set of services provided to treat one or more procedures related to the same clinical condition

Excluded Assets: Assets excluded from Financial Assistance eligibility consideration such as a patient's primary residence, primary vehicle, retirement account, or any household affects or personal items used in the patient's primary residence.

Extraordinary Collection Action (ECA): Actions against a patient or Guarantor related to obtaining payment for a hospital bill that: (1) require legal or judicial process, (2) report adverse information about the Guarantor to consumer credit reporting agencies, (3) sell an individual's debt to another party, or (4) defer, deny, or require payment before providing Medically Necessary Care because the Guarantor previously did not pay for care covered under this Policy. Extraordinary Collection Actions do not include transferring a patient account to another party for purposes of collection on behalf of the hospital without the use of Extraordinary Collection Actions or asserting a lien on the proceeds of a judgment, settlement or compromise owed to an individual as a result of a personal injury for which medical services were provided.

Family: As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, adoption, marriage, or domestic partnership.

Federal Poverty Level ("FPL"): The federal poverty level is defined by the federal poverty guidelines updated annually 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. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>.

Financial Assistance: For purposes of this Policy, Financial Assistance means the income-based discounts described in Section A of this Policy.

Guarantor: The person held accountable for the patient's bill. The Guarantor is always the patient, unless the patient is a minor or an incapacitated adult.

Medically Necessary Hospital Care: Health care services or supplies provided in a hospital and needed to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

Non-Excluded Assets: An applicant's assets are the combined assets (as follows) of all adult members of the family living in the household. Assets include:

- All funds available in Bank Accounts
- Certificates of Deposit (CD's)
- All Funds, stocks, and other securities in Investment Accounts,
- Real Estate (excluding primary residence)
- Other assets, other than Excluded Assets

Plain Language Summary: A written statement that notifies patients and Guarantors that CHRISTUS Hospitals offer financial assistance, summarizes who is eligible for such assistance, and explains how to apply.

Propensity-to-Pay Tool: An IEA analytical tool that predicts the likelihood patients will pay their portion of medical expenses.

Uninsured Discount: A discount offered to Uninsured Patients who do not otherwise qualify for Financial Assistance under this Policy.

Uninsured Patient: A patient whose hospital services are not covered by a healthcare savings account, a health insurer, health care service plan, Medicare, or Medicaid; and where applicable, the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or form of third-party liability as attested by the patient and determined and documented by the CHRISTUS hospital facility. A patient who is fully responsible for the entire allowable amount, based off a co-payment or deductible outstanding, is not deemed to be an Uninsured Patient. A patient who has insurance that does not have contractual relationship with the CHRISTUS hospital facility will be deemed an Uninsured Patient.

PROCEDURES:

A. Discounts Available Under the Financial Assistance Program

1. **Full Charity Care.** A patient whose gross family income is at or below 300% of the FPL will be extended a full 100% charity care discount on patient responsibility for Covered Services prior to the application of the Uninsured Discount, if applicable.
2. **Charity Care Discount.** An Uninsured Patient whose gross family income is more than 300% and less than 401% of the FPL will be extended a partial charity care discount equal to the difference between the gross charges for the patient's care and the AGB for said services.
3. **Hardship Discount.** An insured patient whose Balance After Insurance exceeds 10% of the patient's gross family income will be provided a full 100% charity care discount for the balance in excess of 10% of the patient's gross family income.

Limitation on Charges. If a patient is eligible for Financial Assistance under this Section A, the patient will not be charged more for Emergency or other Medically Necessary Care than the Amounts Generally Billed as described below in Section H.

B. Covered Services

1. Benefits under this Policy may be applied to any Covered Services.
2. Certain services are not eligible for Financial Assistance under this Policy and are not considered Covered Services under the Financial Assistance Program. These include, but are not limited to, the following:
 - a. Elective or lifestyle services that are not considered emergent or medically necessary as determined by a physician at a CHRISTUS hospital facility;
 - b. Services provided for workers' compensation care or when a third party is liable for the injuries or illness requiring medical services;
 - c. Services provided outside of the hospital setting, including at urgent care centers, ambulatory surgery centers, physician office clinics, home health and hospice; and
3. CHRISTUS Hospitals provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Policy. CHRISTUS Hospitals will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical conditions. Emergency medical services are provided to all CHRISTUS Hospital patients in a

non-discriminatory manner, pursuant to each CHRISTUS Hospital's Emergency Medical Treatment and Active Labor Act (EMTALA) policy.

C. Financial Assistance Program Eligibility

1. In determining a patient's gross family income, CHRISTUS Hospitals will consider the following sources of income for all Family members:
 - a. Wages, salaries, tips
 - b. Business income
 - c. Social Security income
 - d. Pension or Retirement Income
 - e. Dividends and Interest
 - f. Rent and Royalties
 - g. Unemployment compensation
 - h. Workers' compensation income
 - i. Alimony and Child support
 - j. Legal judgments
 - k. Cash, bank accounts, and money market accounts
 - l. Matured certificates of deposit, mutual funds, bonds, or other easily convertible investments that can be cashed without penalty
 - m. Support letters
 - n. Other Income, such as income from trust funds, charitable foundations, etc.
2. CHRISTUS Hospitals reserve the right to deny Financial Assistance to a patient who meets the gross family income criteria if the patient has sufficient Non-Excluded Assets to pay for Covered Services. Patients who disagree with the denial may appeal as described below in Section I.
3. Before finding a patient eligible for Financial Assistance under this Policy, a CHRISTUS Hospital may require the patient to apply for public health coverage programs for which the CHRISTUS Hospital presumes the patient is eligible, as instructed by CHRISTUS Hospital's financial counselors.
4. CHRISTUS Hospitals may deny eligibility for Financial Assistance under this Policy to a patient who has been screened for a public health coverage program and is presumed to be eligible but is not cooperating with the process to apply for the health coverage program. As a condition to participation in the Financial Assistance Program, CHRISTUS Hospitals may also require a patient to apply for

future health care coverage through the federal health care exchange if the individual is eligible for subsidized premiums.

5. A patient is not eligible for Financial Assistance under this Policy if the patient receives or is expected to receive a third-party financial settlement that includes payment intended to compensate the patient for charges related to medical care rendered by a CHRISTUS Hospital. The patient is expected to use the settlement amount to satisfy any patient account balances.
6. CHRISTUS Hospitals, in their discretion, may waive or modify eligibility requirements after considering all relevant facts and circumstances in order to provide medical care to patients who lack financial means.
7. Eligibility determinations will be made and full or discounted care will be offered without regard to race, creed, color, religion, gender, orientation, national origin, or physical disability.

D. How to Apply for Financial Assistance

1. Financial counseling is provided free of charge by CHRISTUS Hospitals.
2. The patient or Guarantor should complete and submit a Financial Assistance Program application to apply for Financial Assistance.
 - a. Patients and Guarantors may request applications by:
 - i. Asking a financial counselor within the Admitting Department at any CHRISTUS hospital;
 - ii. Calling Customer Service at 800-756-7999 (toll free), Monday through Friday, 8 a.m. to 5 p.m. (central time);
 - iii. Mailing a written request to CBO Customer Service, 919 Hidden Ridge, Irving, TX 75038; or
 - iv. Downloading an application at www.christushealth.org/charitycare.
 - b. The application describes all the personal, financial, and other information or documentation that an individual must submit to be considered eligible for the Financial Assistance Program.
3. The application for the Financial Assistance Program must be submitted to the CHRISTUS Hospital within eight (8) months of the date of the first post-discharge billing statement that pertains to the care for which the patient or Guarantor is seeking Financial Assistance.

4. Completed applications, including all required information and documentation, should be submitted to the CHRISTUS Hospitals for eligibility determination. Completed applications may be:
 - a. Submitted by mail to Customer Service using the address on the application; or
 - b. Delivered in person to the hospital admitting department.
5. Applicants are notified by mail when their application is incomplete and are given an opportunity to provide the missing documentation or information within sixty (60) days of the date of notification. Written notices to persons with incomplete applications will include:
 - a. Instructions for how to submit the requested documentation or information;
 - b. A Plain Language Summary of this Policy;
 - c. Information about Extraordinary Collection Actions that the CHRISTUS hospital might take if it does not receive the information requested within the 60-day period; and
 - d. Contact information for a CHRISTUS department that can provide assistance with the application process.

In addition to the written notice, applicants may also receive a phone call if their application is incomplete.

6. Despite not completing an application, an Uninsured Patient will still be eligible to receive an Uninsured Discount as described in Section E and may be eligible for full or discounted charity care based on an electronic eligibility determination as described in Section E.

E. Presumptive Eligibility and Screening

CHRISTUS Hospitals will evaluate a patient to determine if the patient is presumptively eligible for Financial Assistance under this Policy without the patient completing an application. An Uninsured Patient is ordinarily presumed to be eligible for full charity care (100% discount) in the following circumstances:

- a. Homelessness;
- b. Deceased;
- c. Mentally incapacitated with no one to act on the patient's behalf;

- d. Medicaid eligible but not on date of service or for non-covered services; or in the event Medicaid benefits have been exhausted; or when the patient is enrolled in Medicaid but not in the state where the services were rendered;
- e. Personal bankruptcy within the past 7 years;
- f. Incarceration in a penal institution where services are not covered by the Department of Corrections;
- g. Recipient of any local, state, or federal needs based program such as WIC, food stamps, etc.;
- h. Affiliation with a religious order with a vow of poverty;
- i. Recipient is a Victim of Crime where funding has been exhausted;
- j. Recipient is a beneficiary of a county program for reimbursement and the program funding has expired or otherwise been exhausted;
- k. Not required to file a Federal tax return for the most recently concluded calendar year; or
- l. In the custody of any state or federal agency where services are not covered by said agency.

2. **Independent Eligibility Assessment Screening.** For a patient or Guarantor who has not applied for Financial Assistance or been determined to be presumptively eligible for Financial Assistance as set forth in the section above, an independent eligibility assessment (IEA) using other sources of information may be used to determine whether a patient is eligible for Financial Assistance under this Policy. Such Independent Eligibility Assessments may be done through a third party engaged by CHRISTUS hospitals to perform an electronic financial need screening process to review a patient's or Guarantor's information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases and does not access the patient's or Guarantor's credit file. The model's rule set is designed to assess each patient based upon the same standards. When the model is utilized, it will be deployed prior to Bad Debt assignment or after all other eligibility and payment sources have been exhausted. This allows CHRISTUS Hospitals to screen all patients for eligibility for Financial Assistance prior to pursuing any Extraordinary Collection Actions.

Financial Assistance determined under the IEA Screening process may result in a determination to apply a full charity care discount for Covered Services for retrospective dates of service only. This decision will not constitute Financial Assistance for a full Episode of Care as available through the traditional application process. These accounts will be treated as eligible for Financial Assistance under this Policy. They will not be sent to collection, will not be subject to further

collection action, and will not be included in CHRISTUS Hospitals' bad debt expense. Patients will not be notified of such decision when the patient qualifies for the most generous level of free care, nor will the individual be eligible for a refund of payments already made. A patient will only be eligible to receive written notice or a refund if the patient subsequently completes and is approved through the application process.

F. Eligibility Procedures

1. For completed applications, CHRISTUS Hospitals will make a determination regarding the applicant's eligibility in a timely manner and consistent with this Policy.
 - a. If a CHRISTUS Hospital believes an individual who has submitted a completed application may qualify for Medicaid, the CHRISTUS Hospital may postpone making a Financial Assistance eligibility determination until after a Medicaid application has been submitted and the Medicaid eligibility determination has been made.
 - b. Upon receipt of a completed application, CHRISTUS Hospitals may not initiate or resume any Extraordinary Collection Actions to obtain payment for the care at issue until the eligibility determination has been made.
 - c. CHRISTUS Hospitals will not deny eligibility for Financial Assistance under this Policy based on an applicant's failure to submit information or documentation that is not specifically required by this Policy or the application.
2. If a CHRISTUS Hospital finds an applicant is eligible for a full charity care discount as the result of a completed application, the CHRISTUS Hospital will:
 - a. Provide the applicant with a written notice that indicates the individual was determined to be eligible for full care;
 - b. Refund to the individual any amount that he or she has previously paid for the care, unless that amount is less than \$5; and
 - c. Take all reasonably available measures to reverse any Extraordinary Collection Actions taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS Hospital credit disclosure made for the relevant Episode of Care.

3. If a CHRISTUS Hospital finds an applicant is eligible for a full charity care discount as the result of an IEA screening the patient's account will be reclassified as Financial Assistance and any remaining balance due will be forgiven.
4. If a CHRISTUS Hospital finds an applicant is eligible for a partial charity care discount as the result of a completed application, the CHRISTUS Hospital will:
 - a. Provide the applicant with a billing statement and written notice that indicates the amount the individual owes based on the Financial Assistance given, how that amount was determined, and how the individual may obtain information regarding the Amounts Generally Billed for the care;
 - b. Refund to the individual any amount that he or she has previously paid for the care that exceeds the amount he or she is personally responsible for as a person eligible for Financial Assistance under this Policy, unless that amount is less than \$5; and
 - c. Take all reasonably available measures to reverse any Extraordinary Collection Actions taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS Hospital credit disclosure made for the relevant Episode of Care.
5. If a CHRISTUS Hospital finds an applicant is eligible for a partial charity care discount as the result of an IEA screening, the CHRISTUS Hospital will notify the patient of the partial discount, provide information on what information was accessed to reach that decision, provide the patient and/or Guarantor with information on how to apply for full charity care discount, and provide the patient with time to apply as required by law.
6. If a CHRISTUS Hospital finds an applicant not eligible for Financial Assistance as the result of an IEA screening, the patient may still provide requisite information and be considered under the application process.
7. If a CHRISTUS Hospital finds an applicant is not eligible for Financial Assistance under this Policy, the CHRISTUS Hospital will provide the applicant with a billing statement and written notice that indicates the amount the applicant owes and the basis for the determination that the applicant was ineligible for Financial Assistance. The denial letter will also include information on how the applicant may appeal the decision, as described in Section I below. Uninsured Patients determined to be ineligible for Financial Assistance will not be held responsible for more than 45% of the total charges, pursuant to CHRISTUS's Uninsured Discount as discussed in Section O.

8. Under the following circumstances, CHRISTUS Hospitals may revoke, rescind, or amend the Financial Assistance provided:
 - a. Fraud, identity theft, or misrepresentation by the patient or Guarantor, or other circumstances that undermine the integrity of the Financial Assistance Program; or
 - b. Identification of a third-party payor, including a public or private health coverage program, workers' compensation, or third-party liability insurance.
9. If a denied applicant believes that his or her application was not properly considered, he or she may submit a written request for reconsideration within forty-five (45) days of the date of determination. The request should include information that was not submitted with the original application that supports the applicant's reason for appealing. The denial letter provides additional information about the appeal process. Appeals are reviewed by designated hospital staff, and appeal decisions are final.
10. Eligibility determinations will not be based on information where CHRISTUS Hospitals have reason to believe is unreliable or incorrect or on information obtained from the applicant under duress or through the use of coercive practices. Coercive practices include delaying or denying emergency medical care to an individual until the individual has provided information requested to determine whether the individual is eligible for assistance under this Policy.
11. Recognizing that circumstances relating to a patient's or Guarantor's ability to pay may change subsequent to an initial eligibility determination, CHRISTUS Hospitals may make subsequent eligibility determinations at any time during the collection cycle.

G. Length of Eligibility Determination

At the discretion of CHRISTUS Hospitals, eligibility for Financial Assistance for patients who submit an application for Financial Assistance under this Program will apply:

- a. To a particular Episode of Care or dates of service; or
- b. For up to a 12-month period from the initial eligibility determination.

If the eligibility determination is expected to last for a period of time following the date of the eligibility determination, CHRISTUS Hospitals, at their discretion, may ask for an updated application or adjust the Financial Assistance for future episodes of care based on changes to the patient's or Guarantor's demonstrated financial need.

H. Amounts Generally Billed Calculation

CHRISTUS Hospitals uses the Prospective Medicare Method to determine Amounts Generally Billed, by using the billing and coding process it would use if the individual were a Medicare fee-for-service beneficiary and setting Amounts Generally Billed for the care at the amount it determines Medicare and the Medicare beneficiary together would be expected to pay for the care. Under this method, each CHRISTUS Hospital calculate the percentage discount on allowed claims for Emergency and other Medically Necessary Care provided to patients covered by Medicare and Medicare insurers including all patient responsibility over a twelve-month period. In no event will a patient eligible for Financial Assistance under this Policy be expected to pay gross charges for Covered Services.

There may be circumstances in which a CHRISTUS Hospital billed a patient more than the Amounts Generally Billed before the patient had submitted a completed application or before the CHRISTUS Hospital found the patient eligible for Financial Assistance under this Policy. If a patient eligible for Financial Assistance under this Policy has paid charges in excess of the Amounts Generally Billed, the CHRISTUS Hospital will refund any amount the individual has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as an individual eligible for Financial Assistance under this Policy, unless such excess payment is less than \$5.

Questions concerning Amounts Generally Billed should be directed to the CHRISTUS Health Customer Service department at 800-555-5511, Monday – Friday between the hours of 8:30 am and 4:30 pm (central time).

I. Appeals and Disputes

Patients may seek a review from CHRISTUS Hospitals in the event of a dispute over the application of this Policy. Patients denied Financial Assistance may also appeal their eligibility determination. Disputes and appeals may be filed by contacting the System Director of Patient Access at 919 Hidden Ridge Road, Irving, Texas 75038. The basis for the dispute or appeal should be in writing and submitted within forty-five 45 days of the patient's experience giving rise to the dispute or notification of the decision on Financial Assistance eligibility.

J. Actions in the Event of Non-Payment

1. CHRISTUS Hospitals do not conduct, or permit collection agencies to conduct on their behalf, Extraordinary Collection Actions, as defined under Internal Revenue Code Section 501(r), against individuals before reasonable efforts have been made to determine whether the patient is eligible for the Financial Assistance Program. Reasonable efforts include the hospital making a determination that the patient is ineligible for the Financial Assistance Program because the patient is covered by Medicare or commercial insurance. Collection agencies may access consumer

credit reports as part of their collection process and determine account qualification or collectability.

2. The System Director of Patient Financial Services maintains oversight and responsibility for determining if CHRISTUS has made reasonable efforts and whether an Extraordinary Collection Action is appropriate. If a patient believes an Extraordinary Collection Action was initiated improperly, the patient should contact the CHRISTUS Integrity Line at 1-888-728-8383 and provide his/her contact information for follow up.
3. Under no circumstance will CHRISTUS Hospitals pursue an Extraordinary Collection Actions until 120 days after the date of the first post-discharge billing statement for the care at issue.
4. At least 30 days before initiating an Extraordinary Collection Actions, CHRISTUS Hospitals will:
 - a. Provide the individual with a written notice that: indicates Financial Assistance is available for eligible individuals, identifies the ECAs that the hospital intends to initiate to obtain payment for the care, and states that ECAs will be initiated 30 days after the date of the written notice;
 - b. Provide the individual with a Plain Language Summary of this Policy; and
 - c. Make a reasonable effort to orally notify the individual about this Policy and about how the individual may obtain assistance with the application process.

The patient's collection cycle will vary based upon the Guarantor's Propensity-to-Pay, which affects the allotted timeline for payment.

5. Electronic eligibility screening occurs prior to the bad debt placement; therefore, reasonable efforts are made to determine Financial Assistance eligibility by the Self-Pay Collection's Department. This department is also responsible for evaluating that reasonable efforts were made to determine eligibility.
6. As authorized by state and federal law, CHRISTUS Hospitals may file a hospital lien on the proceeds of a judgment, settlement, or compromise owed to a patient (or his or her representative) as a result of personal injuries for which a CHRISTUS hospital provided care. This type of lien is not considered an ECA and does not require advance notice be given to the patient. CHRISTUS Hospitals will notify the patient of such a lien in accordance with state law.
7. For information on CHRISTUS's billing and collections practices for amounts owed by patients or Guarantors, please see CHRISTUS's Billing and Collections Policy,

which is available free of charge at each CHRISTUS hospital, or at www.christushealth.org/.

K. Providers Participating in the Financial Assistance Program

CHRISTUS Hospitals may contract with physician groups and other independent contractors that provide Emergency and other Medically Necessary Care but do not participate in the CHRISTUS Financial Assistance Program. Therefore, a patient who is eligible for the Financial Assistance Program will not necessarily receive Financial Assistance from those non-participating providers. Attachment B lists these contracted providers and indicates whether or not they participate in the Financial Assistance Program. Patients who receive care from one of the non-participating providers are advised to contact the provider directly to determine whether the provider has its own financial assistance program.

L. Distribution of this Policy

1. Each CHRISTUS hospital will offer a Plain Language Summary of this Policy to patients as part of the intake or discharge process. CHRISTUS Hospitals' financial counselors will also distribute the summary of this Policy to patients as appropriate during counseling sessions.
2. Each billing statement from CHRISTUS Hospitals will include a conspicuous written notice informing patients about the availability of Financial Assistance, including both a telephone number and website address where the patient may obtain additional information and copies of the Plain Language Summary of this Policy.
3. Each CHRISTUS hospital will have public displays in the emergency department and admissions areas notifying patients of the Financial Assistance Program.
4. This Policy, the Plain Language Summary, and the Financial Assistance Program application will be available at www.christushealth.org/charitycare and are also available upon request and without charge in each CHRISTUS hospital's emergency department and admissions areas.
5. This Policy, the Plain Language Summary, and the Financial Assistance Program application will be translated into the language spoken by each limited English proficiency group that constitutes the lesser of 1,000 individuals or 5% of the community served by the CHRISTUS hospital facility.

M. Regulatory Requirements

CHRISTUS Hospitals will comply with all federal, state and local laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this Policy. This Policy requires that CHRISTUS track Financial Assistance provided to ensure accurate

reporting. Information on Financial Assistance provided under this Policy will be reported annually on the IRS Form 990 Schedule H.

N. Record Keeping

CHRISTUS Hospitals will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements.

O. Other Assistance for Uninsured Patients Not Eligible for Financial Assistance

Uninsured Patients who are not eligible for Financial Assistance under this Policy will be treated fairly and with respect at all times regardless of their ability to pay. CHRISTUS hospitals will offer a standard discount in the amount of 55% of total charges to Uninsured Patients who do not otherwise qualify for Financial Assistance under this Policy for Emergency and Medically Necessary Care. The Uninsured Discount will be automatically applied to the account upon initial billing to the Uninsured Patients. In the interest of completeness for CHRISTUS Hospital patients, the Uninsured Discount is included in this Policy but is not need-based and is not intended to be subject to Internal Revenue Code Section 501(r).

P. Policy Approval

This Policy was last reviewed and approved by the CHRISTUS Health Board on May 22, 2019. At such meeting, the revision to the Policy increasing the standard discount to Uninsured Patients from 45% of total charges to 55% of total charges was approved, reflecting the procedures in place as of January 1, 2019. The CHRISTUS Financial Assistance Policy is subject to periodic review. Significant changes to this Policy must be approved by the CHRISTUS Board of Trustees (or designated committee). CHRISTUS reserves the right to modify or change this Policy at any time with the approval of the CHRISTUS governing body.

APPROVED BY:



Ernie W. Sadau
President & CEO

August 27, 2019

Date



TITLE: Financial Assistance Policy		
DEPT: Revenue Cycle		Effective Date: 01/01/2019
	Revised 5/22/2019 to reflect the increase effective as of 01/01/2019 to the standard discount to Uninsured Patients from 45% of total charges to 55% of total charges; further revised 08/15/2019 to correct an omission in Section A.1 of the Procedures section regarding full charity care for insured patients.	Page 15 of 15

**Attachment A
Participating Hospitals**

Facility Name	Business Office Address & Hours of Operation	URL to Financial Assistance Policy & Physician Listing	Business Office Phone Number
CHRISTUS Highland Medical Center...Shreveport	1453 East Bert Kouns Ind Loop Shreveport, LA 71105		800-555-5511
CHRISTUS St. Frances Cabrini Hospital...Alexandria	3330 Masonic Drive Alexandria, Louisiana 71301		800-555-5511
CHRISTUS Coushatta Health Care Center...Coushatta	1635 Marvel Street Coushatta, Louisiana 71019		800-555-5511
CHRISTUS St. Patrick Hospital...Lake Charles	524 Dr. Michael Debakey Lake Charles, LA 70601		800-555-5511
CHRISTUS Lake Area Hospital...Lake Charles	4200 Nelson Rd Lake Charles, Louisiana 70605		800-555-5511
CHRISTUS St. Michael Hospital...Texarkana	2600 St Michael Dr Texarkana, TX 75503		800-555-5511
CHRISTUS St. Michael Rehabilitation Hospital...Texarkana	2400 St Michael Dr Texarkana, TX 75503		800-555-5511
CHRISTUS St. Michael Hospital – Atlanta...Atlanta	1007 Williams Atlanta, TX 75551		800-555-5511
CHRISTUS St. Elizabeth Hospital...Beaumont	2830 Calder St Beaumont, Tx 77702-1809		800-555-5511
Kate Dishman Rehabilitation Hospital...Beaumont	2830 Calder Street Beaumont, TX 77702		800-555-5511
CHRISTUS Hospital – St. Mary...Beaumont	3600 Gates Blvd Port Arthur, Tx 77642-3858		800-555-5511
CHRISTUS Jasper Memorial Hospital...Jasper	1275 Marvin Hancock Dr Jasper, Tx 75951-4935		800-555-5511

CHRISTUS Spohn Shoreline Hospital...Corpus Christi	600 Elizabeth St Corpus Christi, TX 78404		800-555-5511
CHRISTUS Spohn Memorial Hospital...Corpus Christi	2606 Hospital Blvd Corpus Christi, TX 78405		800-555-5511
CHRISTUS Spohn South Hospital...Corpus Christi	5950 Saratoga Blvd Corpus Christi, TX 78414		800-555-5511
CHRISTUS Spohn Hospital Kleberg...Kleberg	1300 General Cavazos Blvd Kingsville TX 78363		800-555-5511
CHRISTUS Spohn Hospital Alice...Alice	2500 East Main St Alice, TX 78332		800-555-5511
CHRISTUS Spohn Hospital Beeville...Beeville	1500 East Houston St Beeville, TX 78102		800-555-5511
CHRISTUS Santa Rosa Hospital Medical Center...San Antonio	2827 Babcock Rd San Antonio, TX 78229		800-555-5511
CHRISTUS Santa Rosa Hospital Westover Hills...San Antonio	11212 State Hwy 151 San Antonio, TX 78251		800-555-5511
CHRISTUS Santa Rosa Hospital New Braunfels...New Braunfels	600 N Union San Antonio, TX 78130		800-555-5511
CHRISTUS Santa Rosa Creekside ED...San Antonio	244 Creekside Crossing San Antonio, TX 78130		800-555-5511
CHRISTUS Santa Rosa Alon ED...San Antonio	11503 NW Military Hwy #122 San Antonio, TX 78229		800-555-5511
Children's Hospital of San Antonio...San Antonio	333 N Santa Rosa San Antonio, TX 78207		800-555-5511
CHRISTUS St. Vincent Regional Medical Center...Santa Fe	455 St. Michaels Dr. Santa Fe, New Mexico 87505		800-555-5511
CHRISTUS Mother Frances Hospital...Tyler	800 E. Dawson Tyler, Texas 75701		800-555-5511
CHRISTUS Mother Frances South Tyler...Tyler	8389 S. Broadway Tyler, Texas 75703		800-555-5511

CHRISTUS Mother Frances Hospital Sulphur Springs... Sulphur Springs	115 Airport Rd Sulphur Springs, Texas 75482		800-555-5511
CHRISTUS Mother Frances Hospital Jacksonville... Jacksonville	2026 S. Jackson Jacksonville, Texas 75766		800-555-5511
CHRISTUS Mother Frances Hospital Winnsboro...Winnsboro	719 W. Coke Rd. Winnsboro, Texas 75494		800-555-5511
CHRISTUS Mother Frances Louis and Peaches Heart Hospital...Tyler	703 S. Fleishel Tyler, Texas 75701		800-555-5511

Attachment B
Provider Listing (Add Provider List)

Medically-necessary hospital services provided by CHRISTUS hospital employees are covered under the CHRISTUS Financial Assistance Policy. However, some services provided in CHRISTUS hospitals are not provided by CHRISTUS employees and instead are provided by independent physicians, groups or other entities. Payment arrangements for these services must be made directly with those individuals and groups. A list of providers who are authorized to provide care in this facility and whether the provider does or does not participate in the CHRISTUS Financial Assistance Policy can be found at www.christushealth.org/charitycare or can be obtained at the Emergency Department of the CHRISTUS facility.

[For facilities other than St. Vincent] Please note that this CHRISTUS hospital does not employ physicians. Doctors employed by CHRISTUS Physician Group (CPG) or Trinity Clinic (TC) are not employed by the hospital and do not follow this Policy, but they do follow a similar policy. Please ask your CPG or TC doctor for more information.