

## ADMINISTRATIVE/OPERATIONS POLICY FINANCIAL ASSISTANCE POLICY

Effective Date: July 1, 2016

Approval: CHRISTUS Health President

Policy Initiated by: Revenue Cycle

Application: System Wide

**SCOPE:** The provisions of this policy are applicable to all non-profit, tax-exempt hospitals operated by CHRISTUS Health 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 free or discounted emergency and medically necessary health 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.

**POLICY:** CHRISTUS is 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 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.

### PROCEDURES:

#### A. Program Eligibility

1. To be eligible for the CHRISTUS Financial Assistance Program under this Policy, the patient must be uninsured or participate in a government-sponsored program for the indigent, such as county health care assistance programs. Commercially-insured and Medicare patients may be eligible for assistance under the CHRISTUS Hardship Discount Policy.
2. Patients interested in financial assistance will receive free financial counseling from CHRISTUS to identify potential public or private health coverage programs to assist with long-term health care needs.
3. Except as otherwise described in this Policy, uninsured or indigent patients who apply for the Financial Assistance Program will qualify if their gross family income is at or below 400% of the then-current Federal Poverty Guidelines. Uninsured patients who apply for the Financial Assistance Program may also qualify for assistance under this Policy, regardless of income level, if they have medical or hospital bills that exceed 10% of their gross family income.
4. CHRISTUS reserves the right to deny assistance to patients who meet the income level criteria if, in the judgment of CHRISTUS, such patients have sufficient net assets to pay for Covered

Services (as defined in Section B.1) at usual and customary charges. In reviewing available assets, CHRISTUS will not consider the value of a patient's primary residence, primary vehicle, or retirement account. Patients who disagree with the denial may appeal as described below in Section D.8.

5. Before finding a patient eligible for assistance under this Policy, CHRISTUS may require patients to apply for public health coverage programs for which CHRISTUS presumes the patients are eligible, as instructed by CHRISTUS financial counselors. CHRISTUS may deny eligibility for the Financial Assistance Program to patients who have been screened for a public health coverage program and are presumed to be eligible but are not cooperating with the process to apply for the health coverage program. As a condition to participation in the Financial Assistance Program, CHRISTUS may also require patients to apply for future health care coverage through the federal health care exchange if the individual is eligible for subsidized premiums.
6. Patients are not eligible for the Financial Assistance Program 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 facility. The patient is expected to use the settlement amount to satisfy any patient account balances.
7. In making eligibility determinations, CHRISTUS may consider factors such as: the patient's and family's earning status, sources of income and assets, nature and extent of liabilities, ability to obtain additional credit, amount of medical bills, and family size.
8. CHRISTUS will evaluate patients to determine if they meet electronic eligibility criteria for the Financial Assistance Program without the patients completing an application. Uninsured patients are ordinarily presumed to be eligible for financial assistance in the following circumstances:
  - a. Homelessness;
  - b. Deceased with no estate;
  - 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;
  - e. Recent personal bankruptcy;
  - 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;
  - h. Affiliation with a religious order with a vow of poverty
  - i. Not required to file a Federal tax return for the most recently concluded calendar year; or

CHRISTUS Health understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. There may be instances under which a patient's qualification for financial assistance is established without completing the formal financial assistance application. In these circumstances a public record-based electronic screening tool may be utilized by the HOSPITAL to determine whether a patient's account is uncollectible and whether the patient is qualified for electronic eligibility. A patient electronically found to be eligible may be asked to verify basic financial information before receiving financial assistance. CHRISTUS will complete the steps necessary to determine electronic eligibility for financial assistance prior to classifying the account as bad debt.

## **B. Covered Services**

1. Benefits under the Financial Assistance Program may be applied to any emergency and medically necessary health care services provided at the hospitals listed in Exhibit A ("Covered Services"). This Policy uses the Medicare definition of "medically necessary," which is "health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine."
2. Certain services are not eligible for benefits and are not considered Covered Services under the CHRISTUS 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 facility;
  - b. Services provided for workers' compensation care or when a third party is liable for the injuries or illness requiring medical services; and
  - c. Services provided outside of the hospital setting, including at urgent care centers, ambulatory surgery centers, physician office clinics, home health and hospice. These facilities may have their own charity care policies for indigent patients.
3. CHRISTUS defines "care" / "episode of care" as the set of services provided to treat a clinical condition or procedure. Financial assistance applications, and all considerations for adjustment, prior payment refund, etc. will be limited to the specific account(s) tied to the established episode of care in which the Financial Assistance application is being filed.
4. CHRISTUS provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Policy. CHRISTUS 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 patients in a non-discriminatory manner, pursuant to each hospital's Emergency Medical Treatment and Active Labor Act (EMTALA) policy.

## **C. How to Apply for Financial Assistance**

1. The patient or patient's 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
    - iv. Downloading an application at [www.christushealth.org/charitycare](http://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 for eligibility in the CHRISTUS Financial Assistance Program.
  - c. CHRISTUS may electronically qualify some patients for the most generous discount offered under the Financial Assistance Program based on external data sources and electronic eligibility tools that use patient demographic data, credit reports and other publicly available information. Patients who do not electronically qualify may apply for the Financial Assistance Program using the application.
2. The application for the Financial Assistance Program must be submitted to CHRISTUS within 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.
3. Completed applications, including all required information and documentation, should be submitted to CHRISTUS 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.
4. Applicants are notified by mail when their application is incomplete and are given an opportunity to provide the missing documentation or information within 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 (ECAs) that the 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.

#### **D. Eligibility Determinations**

1. For completed applications, CHRISTUS will make a determination regarding the applicant's eligibility in a timely manner and consistent with this Policy.
  - a. If CHRISTUS believes an individual who has submitted a completed application may qualify for Medicaid, CHRISTUS 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 may not initiate or resume any ECAs to obtain payment for the care at issue until the eligibility determination has been made.
2. If CHRISTUS finds the applicant is eligible for free care (100% discount) as the result of a completed application, CHRISTUS will:
  - a. Provide the applicant with a written notice that indicates the individual was determined to be eligible for free 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 ECA taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS credit disclosure made for the relevant episode of care.
  - d. Individuals approved for free care (100% discount) as the result of an electronic review are not eligible to receive a written notice of said approval, nor are individuals eligible for a refund. Approval notices and Refunds will only be granted if the patient subsequently completes and is approved through the application process.
3. If CHRISTUS finds the applicant is eligible for assistance other than free care, CHRISTUS 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 (AGB) 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, unless that amount is less than \$5; **and**
  - c. Take all reasonably available measures to reverse any ECA taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS credit disclosure made for the relevant episode of care.

4. If CHRISTUS finds the applicant is not eligible for assistance, CHRISTUS 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 D.10 below.
5. Under the following circumstances, CHRISTUS may revoke, rescind, or amend the financial assistance provided:
  - a. Fraud, 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.
6. 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 60 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.
7. Eligibility determinations will not be based on information that CHRISTUS has 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.

#### **E. Length of Eligibility Determination**

At the discretion of CHRISTUS, Financial Assistance Program eligibility 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, at its 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.

#### **F. Discounts Available Under the Financial Assistance Program**

1. Following a determination of eligibility under this Financial Assistance Policy, a patient deemed to be eligible for financial assistance ("Eligible Patient") will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care ("AGB").

2. In general, Eligible Patients with a gross family income at or below 200% of the Federal Poverty Level will qualify for 100% discount (free care) on all Covered Services.
3. In general, Eligible Patients with a gross family income between 200% and 400% of the Federal Poverty Level will qualify for a sliding scale discount on all Covered Services, ranging from 50% to 100% discount on eligible services.
4. There may be circumstances in which CHRISTUS has billed a patient more than AGB before the patient had submitted a completed application or before CHRISTUS determined the patient was an Eligible Patient. If an Eligible Patient has paid charges in excess of AGB, the 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, unless such excess payment is less than \$5.
5. Eligibility determinations will be made and discounts will be offered without regard to race, creed, color, religion, gender, orientation, national origin, or physical disability.

#### **G. Amounts Generally Billed Calculation**

CHRISTUS uses the Prospective Medicare Method to determine AGB, by using the billing and coding process it would use if the individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount it determines Medicare and the Medicare beneficiary together would be expected to pay for the care.

#### **H. Actions in the Event of Non-Payment**

1. Unpaid discounted balances of patients who qualify for the Financial Assistance Program are considered uncollectible bad debts.
2. CHRISTUS does not conduct, or permit collection agencies to conduct on its behalf, Extraordinary Collection Actions (ECAs), 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.
3. The System Director of Patient Financial Services maintains oversight and responsibility for determining if CHRISTUS has made reasonable efforts and whether an ECA is appropriate. If a patient believes an ECA 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.
4. Under no circumstance will CHRISTUS pursue an ECA until 120 days after the date of the first post-discharge billing statement for the care at issue.
5. At least 30 days before initiating an ECA, CHRISTUS 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.
6. As authorized by state and federal law, CHRISTUS 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 will notify the patient of such a lien in accordance with state law.

#### **I. Providers Who Participate in the Financial Assistance Program**

CHRISTUS hospitals may contract with physician groups and other independent contractors that provide 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 this Policy. 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.

#### **J. Distribution of the 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 financial counselors will also distribute the summary of this Policy to patients as appropriate during counseling sessions.
2. Each billing statement from CHRISTUS 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 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](http://www.christushealth.org/charitycare) and are also available upon request and without charge in each 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 hospital facility.



**APPROVED BY:**

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Ernie W. Sadau  
President & CEO

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Date



TITLE: Financial Assistance Policy		
DEPT: Revenue Cycle	Effective Date: 07/01/2016	
REVISION: 2.0	Revision Date: 06/01/2018	Page 9 of 10

**Attachment A**  
Participating Hospitals

CHRISTUS Highland Medical Center...Shreveport, LA  
CHRISTUS St. Frances Cabrini Hospital...Alexandria, LA  
CHRISTUS Coushatta Health Care Center...Coushatta, LA  
CHRISTUS St. Patrick Hospital...Lake Charles, LA  
CHRISTUS St. Michael Hospital...Texarkana, TX  
CHRISTUS St. Michael Rehabilitation Hospital...Texarkana, TX  
CHRISTUS St. Michael Hospital – Atlanta...Atlanta, TX  
CHRISTUS St. Elizabeth Hospital...Beaumont, TX  
Kate Dishman Rehabilitation Hospital...Beaumont, TX  
CHRISTUS Hospital – St. Mary...Beaumont, TX  
CHRISTUS Jasper Memorial Hospital...Jasper, TX  
CHRISTUS Spohn Shoreline Hospital...Corpus Christi, TX  
CHRISTUS Spohn Memorial Hospital...Corpus Christi, TX  
CHRISTUS Spohn South Hospital...Corpus Christi, TX  
CHRISTUS Spohn Hospital Kleberg...Kleberg, TX  
CHRISTUS Spohn Hospital Alice...Alice, TX  
CHRISTUS Spohn Hospital Beeville...Beeville, TX  
CHRISTUS Santa Rosa Hospital – Medical Center...San Antonio, TX  
CHRISTUS Santa Rosa Hospital – Westover Hills...San Antonio, TX  
CHRISTUS Santa Rosa Hospital – New Braunfels...New Braunfels, TX  
Children’s Hospital of San Antonio...San Antonio, TX  
CHRISTUS St. Vincent Regional Medical Center...Santa Fe, NM  
CHRISTUS Mother Frances Hospital...Tyler, TX

**Attachment B**  
Provider Listing

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. The list of providers who are authorized to provide care in this facility but do not participate in the CHRISTUS Financial Assistance Policy can be found at [www.christushealth.org/charitycare](http://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) are not employed by the hospital and do not follow this Policy, but they do follow a similar policy. Please ask your CPG doctor for more information.