

# CENTRAL TEXAS REHABILITATION HOSPITAL

## FINANCIAL ASSISTANCE POLICY

June 30, 2016

### POLICY/PRINCIPLES

The Seton Family of Hospitals (Seton) is a 501(c)(3) nonprofit organization. Its parent corporation, Ascension Health Texas (d/b/a Seton Healthcare Family), is a minority owner of Central Texas Rehabilitation Hospital. It is the policy of **Central Texas Rehabilitation Hospital** (the “Organization”) to ensure a socially just practice for providing emergency or other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

### DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- “**Amount Generally Billed**” or “**AGB**” means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “**Community**” means geographic areas, grouped by counties, Seton uses for planning in Central Texas: 1.) Central – Travis County, 2.) South – Hays and Caldwell Counties, 3.) North – Williamson County, 4.) West – Burnet, Blanco and Llano Counties, and 5.) East – Bastrop, Fayette, Gonzales and Lee Counties.
- “**Emergency Care**” means labor or a medical condition of such severity that the absence of immediate medical attention could reasonably be expected to result in seriously jeopardizing the health of the patient (or unborn child), serious impairment to bodily function, or serious dysfunction of any body organ or part.
- “**Medically Necessary Care**” means care that is determined to be medically necessary

following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.

- **“Organization”** means Central Texas Rehabilitation Hospital.
- **“Patient”** means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

### **Financial Assistance Provided**

Financial assistance described in this section is limited to Patients that live in the Community Seton defined for planning in Central Texas which is grouped by counties: 1.) Central – Travis County, 2.) South – Hays and Caldwell Counties, 3.) North – Williamson County, 4.) West – Burnet, Blanco and Llano Counties, and 5.) East – Bastrop, Fayette, Gonzales and Lee Counties.

1. Patients with income less than or equal to 250% of the Federal Poverty Level (“FPL”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
2. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 375% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. As such, the Patient portion will be the lessor of the AGB amount or the sliding scale amount. The Sliding Scale Amounts document provides a detailed list of the sliding scale amounts.
3. Patients with demonstrated financial needs with income greater than 375% of the FPL may be eligible for consideration under a “Means Test” for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.
  - a. The amount owed by the Patient, after payment by any/all third party payers, must exceed fifty percent (50%) of the Patient’s annual income.
  - b. To ensure that financial assistance does not subsidize lifestyle choices, standard allowances consistent with federal and state financial means testing guidelines for clothing, food, housing, utilities and transportation will be utilized to calculate disposable income.
4. For a Patient that participates in certain insurance plans that deem the Organization to be “out-of-network,” the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient’s insurance information and other pertinent facts and circumstances.
5. Patients that are eligible for 100% charity care may be charged a nominal flat fee of up to \$15 for services. The Patient portion will be the lessor of the AGB amount or the nominal fee amount.
6. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant’s failure to complete a financial assistance application (“FAP

- Application”).
7. Eligibility for financial assistance must be determined for any balance for which the Patient with financial need is responsible.
  8. The process for Patients and families to appeal an Organization’s decisions regarding eligibility for financial assistance is as follows:
    - a. Patients and families may submit a written appeal letter by mail to the Controller at Central Texas Rehabilitation Hospital. The appeal letter should include financial information, not considered in the Patient’s original Financial Assistance Application, important to reconsidering the Patient’s eligibility for charity care. In addition to the written appeal letter, Patients and families must include documentation of reconsideration information included in the appeal letter. Without appropriate documentation, the consideration of the appeal may be delayed until appropriate documentation is received. The appeal letter and supporting documentation must be mailed to Controller, Central Texas Rehabilitation Hospital, 700 West 45<sup>th</sup> Street, Austin, Texas 78751.
    - b. All appeals will be considered by Central Texas Rehabilitation Hospital’s 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

#### **Other Assistance for Patients Not Eligible for Financial Assistance**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by Central Texas Rehabilitation Hospital.

1. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization’s population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization’s business for that given year.
2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

#### **Limitations on Charges for Patients Eligible for Financial Assistance**

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description

and percentage(s) may be obtained by request in any admissions area. Patients may also request a free copy of the AGB calculation and percentage by mail by calling the Controller for Central Texas Rehabilitation Hospital at 512- 407- 2360 to request a copy be sent to the Patient's mailing address.

### **Applying for Financial Assistance and Other Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application instructions will be made available upon Patient request at the time of service. If a Patient wishes to apply for financial assistance after the day(s) of service, a Patient may access the FAP Application and FAP Application instructions and print directly from Seton's website. Patients may also request a copy of the FAP Application and FAP Application Instructions by mail. To request a copy of the documents by mail, Patients should call the Controller at 512-407- 2360. In each of the aforementioned accessible locations, the FAP Application and FAP Application instructions are available in English, Spanish, Chinese, Vietnamese, Korean, and Arabic.

### **Billing and Collections**

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained upon Patient request at the time of service. Patients may also request a free copy of the Billing and Collections policy by mail. To request a copy of the document by mail, Patients should call the Controller at 512- 407- 2360.

### **Interpretation**

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.