

*Lubbock Public Health
City of Lubbock, Texas*

Subject: Charity Care and Financial Assistance Policy **Effective Date:** 10/01/2022
Review Date: 09/21/2023

Approved by: 
City Manager

Director of Public Health

Board of Health, Chair

Applies to: All individuals seeking services series from Lubbock Public Health.

SCOPE:

The scope of this policy encompasses City of Lubbock Department of Public Health clinical services. This Charity Care and Financial Assistance Policy are a formalization of procedures that have been followed to qualify a patient for charity care or financial assistance.

PURPOSE:

The public health department provides outpatient services. The department may provide 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. The department strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

DEFINITIONS:

For the purpose of this policy, the following terms and definitions are being used:

Charity Care: Discounted care provided to patients who are uninsured for the relevant medically necessary service, ineligible for government or other charity care benefit, and unable to pay. The department maintains two types of charity care for the purposes of this policy, Financially Indigent and Medically Indigent.

Financially Indigent: The patient is uninsured and their yearly household income is less than or equal to 400% percent of the Federal Poverty Guidelines (FPG) based on the number of person(s) in their household.

Medically Indigent: The patient's medical bills from the department and related providers, after payment by all third parties, exceeds 5 percent of his or her yearly household income, whose yearly household income is greater than 400% but less than 600% percent of the federal poverty guideline (FPG), and patient 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 whether full or partially discounted 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 department may publicize the policy within the community served by the department
- Limits the amount the department will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the amount generally billed to commercially or Medicare insured patients.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with the department'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 the department to provide the appropriate level of assistance to the greatest number of persons in need, the department has established 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 may 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 may be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Guidelines in effect at the time of the determination. Once a patient has been determined by the department to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts the department will charge patients qualifying for financial assistance is as follows, but not limited to:

1. Patients who are uninsured and whose family income is at or below 400% of the FPG are eligible to receive care at a fully discounted rate.
2. Patients who are uninsured or underinsured and whose family income is above 400% but not more than 600% of the FPG are eligible to receive services at discounted rates no greater than the amounts generally billed to commercially insured or Medicare patients.
3. Patients who are uninsured or underinsured and whose family income exceeds 500% of the FPG may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the department. The discounted rates may not be greater than the amounts generally billed to (receive by the department for) commercially insured or Medicare patients for the patients deemed eligible.

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 are not limited to:
 - a. An application process, in which the patient or the patient's guarantor are 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
 - c. Reasonable efforts by the department to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients in applying for such programs
 - d. Taking into account the patient's available assets and all other financial resources available to the patient

- 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 may be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

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, the department could use outside agencies in determining an estimate of 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. Eligible for Supplemental Nutritional Assistance Program (SNAP)
5. Eligible for subsidized school lunch program
6. Eligible for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down, Lubbock County Blue Card)
7. Low income/subsidized housing is provided as a valid address
8. Patient is deceased with no known estate
9. Medicaid Program participants where coverage is denied for maximum confinement, or non-covered services
10. Bankruptcy declared and confirmed within the prior (12) months of the department services being rendered
11. Any uninsured account returned from a collection agency as uncollectable

12. Participation in Temporary Assistance for Needy Families (TANF) Program
13. Participation in Children's Health Insurance Program (CHIP)
14. Participation in Free lunch program at children's respective school
15. Participation in County Indigent Health Care programs (Lubbock County Blue Card)
16. The department services provided with no history of payments
17. Patient has stated that he/she does not have the resources to pay
18. Patient has been given an indigent or charity care application but has not returned the application or the necessary documentation
19. The address on file is no longer a good address
20. Other factors that are useful in formation an expectation of payment

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

Communication of the Charity Program to Patients and Within the Community

Notification about charity care available from the department shall be disseminated by the department by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in the lobby. The department may also provide 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 department as the department may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by the department. Referral of patients for charity may be made by any member of the department's staff. 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

All applicable local, state, and federal regulatory requirements were considered in the development of the policy.

Participating Providers

All providers, while working in a Lubbock Public Health clinic, will honor the Charity Care and Financial Assistance Policy. This includes:

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