# POLICY

| **Policy Name:** | Financial Assistance Policy, Payment Plans and Uninsured Discount | | | | |
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| **Policy #:** | 8227.038 | **Policy Dept.:** | Patient Financial Services | **Population:** | ☒ **Adult**<br>☒ **Peds** |
| **Approval Authority:** | Chief Financial Officer | **Originally Effective:** | 10/2017 | **Revised Effective:** | |
| **Responsible Executive:** | Chief Financial Officer | **Revised:** | 9/20/2020, 7/1/2022, 5/25/2023 | | |
| **Responsible Office:** | Patient Financial Service | **Contact:** | Vice President, Revenue Cycle | | |

1. **Policy Statement:**

It is the policy of Erlanger Health System **(Erlanger)** to grant our patients access to essential or non-elective care, regardless of their ability to pay, through a fair and equitable system for determining financial assistance with established guidelines.

2. **Who Should Read This Policy?**

All Erlanger Staff who regularly have patient or guarantor contact, particularly those staff members working in Patient Financial Services and Patient Access.

All individuals who may be eligible or would like to apply for financial assistance pursuant to this policy.

3. **Purpose**

The purpose of this policy is to explain the financial assistance available to patients, describe the application process, and highlight other discounts and payment plans.

4. **Definitions**

**Amounts Generally Billed (AGB)**: The amounts generally billed for emergency or other Medically Necessary care to individuals who have insurance covering such care. The AGB percentage is a calculation of the percentage of the gross charges that Erlanger bills to individuals who have insurance. Using the prospective Medicare method, an individual who qualifies for financial assistance will never pay more than the AGB because an individual eligible for financial assistance pursuant to this policy is not charged for Medically Necessary care or care for an Emergency Medical Condition.

**Application Period**: A patient or guarantor may apply for financial assistance for Medically Necessary care up to 240 days **after** the date the first post-discharge billing statement for that care is provided.[1] For example, an individual receives Medically Necessary care on February 1st and is discharged in mid-February. The billing statement for that care is provided on March 2nd. The individual may apply for

[1] In the case of any billing statement that is mailed, the date of mailing is when it is "provided." The date that a billing statement is provided can also be the date such communication is sent electronically or delivered by hand.

financial assistance up to 240 days **after** March 2nd (which would result in a deadline of October 28th). This deadline may be extended in certain circumstances defined by applicable law. Once a timely application for financial assistance has been submitted, processed and approved, the determination of eligibility for financial assistance from that application will apply to all dates of service for a term of 240 days from the date of service to which financial assistance was first applied, unless otherwise specified. Erlanger may accept applications for prospective care. Any determinations made for prospective care purposes may also be used in assessing eligibility for financial assistance regarding dates of service for which the first billing statement was provided 240 days prior to the date the application was received.

**Emergency Medical Condition**: A medical condition manifesting itself by severe, acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in: placing the health of an individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Despite any limitations or expansions contained the foregoing language, this policy explicitly adopts the definition of emergency medical condition contained in 42.U.S.C. § 1395dd.

**Family**: A group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on his or her income tax return, that person may also be considered Family for purposes of the provision of financial assistance.

**Family Income**: Income for <u>all</u> Family members residing in the same household, including earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the Family, and other miscellaneous sources of funds, including other income such as prizes, awards, and gambling winnings.

Income for the purposes of this policy is determined on a pre-tax basis, and it **<u>does not</u>** include: non-cash benefits (such as food stamps and housing subsidies); or income of non-Family, except to the extent that it is used for the benefit of Family members (assistance). If a Family member operates or has an ownership interest in a business, the gross receipts, deductions, income, profit and loss statements and business operations of that business will also be evaluated in determining Family Income.

**Federal Poverty Guidelines (FPG)**: A measure of income issued every year by the Department of Health and Human Services (HHS) based on household size. It can be accessed at https://aspe.hhs.gov/poverty-guidelines. Eligibility for some of the financial assistance available in this policy is based on Family Income in relation to the applicable FPG.

**Financial Advocate**: An Erlanger representative responsible for assisting patients and guarantors with identifying and applying for public fund options (Medicare, Medicaid, etc.). These representatives also assist in the financial assistance application and determination process.

**Gross Charges**: The total charges at Erlanger's full established rates for the provision of patient care services before deductions from revenue are applied.

**Healthcare Share Program (HSP)**: A program in which an individual pays a membership fee, premium, or other amount to join or remain active in the program, but the individual is not contractually entitled or guaranteed to have medical services covered and paid by the healthcare share program. Rather, the program relies upon voluntary contributions to satisfy any medical debt of its members and is not contractually obligated to make any payment towards its members' covered medical services. These programs are not managed as a traditional insurance plans. These programs are not flexible spending or health savings accounts (commonly known as FSAs and HSAs). As a courtesy to members of these programs, Erlanger may allow 30 to 90 days to receive payment from the HSP before an account is billed to the next responsible party.

**Health Insurance Market Place**: Organization set up to facilitate the purchase of health insurance in every state of the United States in accordance with Patient Protection and Affordable Care Act. Marketplaces provide a set of government-regulated and standardized health care plans from which individuals may purchase health insurance eligible for federal subsidies.

**Medically Necessary**: Services or supplies that: (1) are proper and needed for the diagnosis or treatment of a medical condition; (2) are provided for the diagnosis, direct care, and treatment of a medical condition; (3) meet the standards of good medical practice in the local area; and (4) aren't mainly for the convenience of the patient or his or her doctor. For purposes of this policy Medically Necessary care does not include cosmetic/plastic, elective, bariatric surgery, transplant services, or services provided at “flat-rate” pricing.

**Uninsured**: A person is uninsured if he or she has no health insurance and no third-party liability/recovery (such as legal claim or lawsuit against someone else) or other assistance in meeting his or her medical payment obligations. In other words, an uninsured person is a person who is solely responsible for the full balance of his or her own medical bills without any discounts or reductions due to a contractual relationship with an insurance company or government benefit plan and without an enforceable obligation against another person or entity for the payment of such medical bills. When insurance coverage for a specific service is denied because of a lack of coverage, a person may be considered uninsured for purposes of that service where the denial was not due to the fault of the insured.

5. **Scope**

This policy applies to the following Erlanger facilities and Erlanger-employed physicians providing services in these facilities:

**Baroness-Erlanger Hospital**
975 East Third St.
Chattanooga, Tennessee 37403

**Children’s Hospital at Erlanger**
910 Blackford St.
Chattanooga, TN 37403

**Erlanger East Hospital**
1751 Gunbarrel Rd.
Chattanooga, TN 37421

**Erlanger North Hospital**
632 Morrison Springs Rd.
Chattanooga, TN 37415

**Erlanger Bledsoe Hospital**
71 Wheelertown Ave.
Pikeville, TN 37367

**Erlanger Western Carolina Hospital**
3990 E U.S. Highway 64 Alt
Murphy, NC 28906

This policy is NOT applicable to the following Erlanger facilities:

Erlanger Community Health Centers
All Erlanger ExpressCare locations
The Walk-in-Clinic at Volkswagen Drive
Erlanger Behavioral Health Hospital
Erlanger Rural Health Clinics
Erlanger Western Carolina Health Clinics

The Rural Health Clinics, Erlanger Western Carolina Health Clinics and the Erlanger Community Health Centers offer financial assistance pursuant to their individual sliding scale policies. Please see those sliding scale policies for further information about financial assistance available at those clinics and centers. Erlanger Behavioral Health Hospital offers financial assistance in accordance with its financial assistance policy.

6. **Financial Assistance**

It is the policy of Erlanger to provide Medically Necessary and emergency medical care to all individuals without discrimination and regardless of their ability to pay or eligibility for financial assistance. Additionally, pursuant to EMTALA and billing and collections policies, Erlanger does not demand or require payment prior to rendering emergency medical services. Furthermore, as outlined in Erlanger's billing and collections

policy, Erlanger does not engage in collection practices that interfere with the provision of any emergency medical care.

Erlanger provides financial assistance for Medically Necessary or emergency inpatient and outpatient care provided by Erlanger to those who qualify, as described more fully below. A list of providers covered by this financial assistance policy, and a list of providers who are excluded from this policy, can be found at https://www.erlanger.org/patient-and-family-resources/billing-insurance-information/ehs-fap-providers-covered, or by clicking on the link for "Providers Covered by Financial Assistance" at www.erlanger.org/fap. A paper copy of this list is also available for free from Ambassadors/PSRs or by contacting Patient Financial Services (PFS) in person or by mail or telephone at:

Patient Financial Services (PFS)
1501 Riverside Dr., Suite 105
Chattanooga, TN 37406
423-778-5150

Patient Financial Services (PFS)
3990 E. US Hwy. 64 Alt.
Murphy, NC 28906
828-835-3662/ 828-837-3897

Part I. Financial Assistance Available

Erlanger offers free Medically Necessary care and care for Emergency Medical Conditions covered by this policy to those individuals who qualify for financial assistance.

Part II. Eligibility

To be eligible for free care, a patient must also be ineligible for full coverage under TennCare, Medicaid or insurance available under the Health Insurance Market Place. If a patient has insurance or a potential claim for third party liability, the patient must first exhaust these sources for payment, which may include seeking care from in-network providers, prior to the application of any financial assistance to medical bills. Members of HSPs are ineligible for financial assistance.

To qualify for free care, a patient **must** have Family Income at or below 200% of the FPG for the presumptive eligibility process (or at or below 250% for the application process) and **must not** have assets sufficient to indicate that the patient can pay for his or her care. Erlanger considers a patient's Family Income and assets in evaluating eligibility for financial assistance. In addition to assets that the patient or guarantor self-reports, Erlanger may rely upon its own records, real estate records, bankruptcy filings, probate filings, credit reports, and other searchable and publicly available data to validate and evaluate an application for financial assistance. Erlanger will also consider temporary factors, such as short term layoff, unemployment, disability or other demonstrated hardships. Generally, if assets exist to pay medical debt, financial assistance will be denied.

A patient whose Family Income is equal to or less than the FPG indicated above and who does not own assets sufficient to pay for his or her care is not financially responsible for any charge associated with care provided for under this policy, after application of any payment from insurance, any benefit program, or payment from a third-party (such as lawsuit proceeds).

Because those who qualify for free care will not pay any covered charges associated with an Emergency Medical Condition or Medically Necessary care, they will not pay more than the Amounts Generally Billed for those covered services.

If the patient is deceased, a Family member or estate executor may apply for financial assistance on behalf of a deceased patient. Erlanger may rely upon prior credit reports, probate filings, bankruptcy filings, real estate records, prior tax returns and all other available data to evaluate the appropriateness of the application of financial assistance in such cases. The application and supporting documentation should reflect the decedent's circumstances prior to death, including household members, Family Income, and assets, including real estate.

Part III. How to Apply for Financial Assistance

Patients can qualify for free care through two pathways: (a) presumptive eligibility process or (b) the application process. The presumptive eligibility process, however, is only available to Uninsured patients. All other patients must apply for financial assistance using the application process.

A. Presumptive Eligibility Process

An Uninsured patient may presumptively qualify for free care if his or her Family Income is at or below 200% FPG as determined by third-party software used by Erlanger at or near the time of treatment. If a patient is determined to qualify for free care, he or she will not be billed for the Medically Necessary care or care for an Emergency Medical Condition covered by this policy. Erlanger, however, will seek payment from insurance policies as well as other appropriate third-parties. If a patient is deceased with no known estate or other known responsible party, such patient is presumptively eligible for financial assistance. If a patient is presumptively eligible for free care, he or she will not receive a billing statement for the care received.

Erlanger reserves the right to deny or reverse financial assistance based on a presumptive review if it becomes aware of significant assets or income available to pay for medical care, such as assets or income disclosed in probate or bankruptcy proceedings, for example.

Any Uninsured person who does not qualify for free care under the presumptive method may apply for free care using the application process described below.

B. Application Process

Any person may qualify for financial assistance through the application process by: (1) completing the application form and providing the documents outlined below; (2) having a Family Income at or below 250% of the FPG; and (3) have no assets sufficient to indicate that the patient can pay for his or her care.

To apply for free care, a patient must complete the financial assistance application form and provide required documentation within the Application Period. The following documents are required for a complete application:

- The most recent tax returns for all Family members. This includes tax returns for both spouses who do not file jointly and tax returns for any related person who is required to file a tax return and who resides in the same household as the patient. If any member of the family is self-employed or the owner of a business, he or she must also provide Schedule C, Schedule F, and Schedule K-1 as applicable. A Family member may also submit a recent pay-stub instead of a tax return if he or she has no other source of income other than the job reflected on the paystub. If a Family member has an ownership interest in a business entity, tax returns for that entity must be provided if the entity separately files.

**AND**

- Most recent statements for any and all bank, checking, savings, investment or other depository accounts in which a Family member has an ownership interest or withdrawal, signing or check writing authority.

**AND**

- A list of any potential claims or pending lawsuit that may result in the recovery of money or property for a patient or Family member.

A patient may also include a hardship letter with his or her application to justify the inability to pay. A hardship letter, however, is not required. The application form and the supporting documentation should be sent to:

Patient Financial Services (PFS)
1501 Riverside Dr., Suite 105
Chattanooga, TN 37406
423-778-5150

Patient Financial Services (PFS)
3990 E. US Hwy. 64 Alt.
Murphy, NC 28906
828-835-3662/ 828-837-3897

An application for financial assistance, this financial assistance policy, and a plain language summary of this policy can be found online at www.erlanger.org/fap or requested by contacting Patient Financial Services in person, by mail or telephone at the addresses and numbers listed above. These documents are also available upon request at admission/registration areas of Erlanger. These documents are available in Spanish at the website listed and upon request.

Generally, the application form and all supporting documents must be provided. If a patient does not have one of the required documents, the patient should provide a written statement with the application form explaining why the patient is not including the required document with the application form. In appropriate circumstances, Erlanger will work with the patient to determine alternative supporting documentation.

If eligibility for financial assistance cannot be determined due to missing information or documents in the application packet, the patient will receive a written notice indicating the information or documents needed and providing a time period for that required information or documentation to be submitted. Failure to provide the requested information in the time allowed may result in a denial of financial assistance.

An individual may apply for financial assistance during the Application Period. Applications for assistance are reviewed as soon as practical after receipt of the completed form and all required documentation. However, the determination of whether a patient qualifies for financial assistance may be delayed until resolution of pending claims with other potential payment sources – such as lawsuits or insurance/other benefit programs.

Financial assistance may be denied under this policy if there is reasonable suspicion of the accuracy of an application. If the patient or guarantor supplies the needed documentation and/or information requested to clarify the application within in the time provided, the financial assistance request may be reconsidered. Reconsideration will be reviewed and handled on a case-by-case basis.

Erlanger has Financial Advocates available to assist with obtaining, completing and/or submitting the financial assistance application. To reach a Financial Advocate, please contact PFS at the address and phone number listed above.

Part IV. Other Sources Used to Determine Eligibility and Use of Financial Assistance Applications

In addition to the third-party software used for presumptive eligibility and the application packet provided in the application process, Erlanger may conduct asset and other financial or credit investigations on individuals as part of the eligibility screening. If it is determined that assets exist or that the patient otherwise may be able to pay for care, financial assistance may be denied.

Erlanger routinely uses data provided by outside agencies to verify information provided and evaluate applications, such as credit-type reports and scores, assets searches, public records etc. This outside information (combined with the information provided by a patient or guarantor) is used in deciding whether the patient is eligible for financial assistance, determining medical indigence, screening for other funding and programs as well as assessing the viability of collection on the patient's account.

Any individual misrepresenting his or her income or assets will be disqualified for consideration for financial assistance and may be denied the benefit of any previously provided financial assistance. In the event the

applicant makes significant misrepresentations, the account balance will be billed to the responsible party, rather than being written off as free care.

Part V. Term of Financial Assistance Eligibility

If a patient is determined to be presumptively eligible for free care at or near the time of service, the charges for **that** service date will be written off as free care as provided under this financial assistance policy. Furthermore, a presumptively-qualified individual may receive financial assistance under this policy for a period of 240 days after a presumptive eligibility determination, assuming all requirements listed under Part II and Part III continue to be met. If a person who is presumptively-eligible becomes covered by insurance, he or she must apply for financial assistance through the application process to receive any further financial assistance.

If a patient is qualified for free care through the **application process**, free care will be provided for a term of 240 days from the date of service to which free care assistance was first applied, despite the actual date a timely application was received within the Application Period. At the end of that 240-day period, the patient may re-apply for free care using the processes described above.

Part VI. Additional Extension of Financial Assistance

Erlanger reserves the right to extend financial assistance to individuals outside of the guidelines identified above, including expanding the medical services covered, extending the time period to apply for financial assistance or offering financial assistance to those to whom payment of medical debt would be a particular hardship, despite having Family Income above 200% (or 250%, as applicable) of the FPG. Any such extension of financial assistance is within the discretion of the Vice President of Revenue Cycle or his or her designee; however, such discretion shall not be used to discriminate against persons on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, or political beliefs.

Erlanger also extends financial assistance to those individuals who are eligible and enrolled in Southeast Tennessee Project Access (STPA). These patients are eligible for free care for Emergency Medical Conditions and Medically Necessary care without applying for financial assistance for the duration of their eligibility for STPA, as indicated on their STPA identification card. The patient should provide his or her STPA card at the time of service.

Part VII. Billing and Collections

The actions Erlanger may take in the event of nonpayment are described in its billing and collections policy, which can be accessed at www.erlanger.org/fap. Individuals may also request a free paper copy of that policy from Ambassadors/PSRs or by contacting Patient Financial Services at the address or telephone numbers provided.

## Payment Plans

Erlanger does not typically provide payment plans directly. It does, however, partner with a third-party vendor that provides interest-free financing for Erlanger patients with monthly repayment options. If a patient decides to take advantage of the payment plans offered by that vendor, the vendor will invoice the patient directly. Patients can learn more about payment plans and request that their accounts be transferred to the payment plan vendor by contacting Patient Financial Services.

## Tennessee Uninsured Patient Discount

Pursuant to Tennessee law, Erlanger will not require an "uninsured patient" to pay more than the amounts allowed by Tenn. Code Ann. § 68-11-262 for care or services provided in Tennessee. For these purposes, an "uninsured patient" is a person with no public or private source of payment for medical services, including, but not limited to, Medicare, TennCare, a contract of insurance, an employer-sponsored health

plan, or other enforceable obligation under which a person is responsible for payment for healthcare services provided to the patient. The calculation of the appropriate discount to apply to Gross Charges is performed by the Tennessee Hospital Association, and the amount of discount varies among hospital facilities located in Tennessee. When Erlanger determines that an individual is an uninsured patient, the discount described in this paragraph is applied to applicable services and charges.

**Local Approval Committee(s) (as applicable)**

Approved by ____________________________ Date __________________________

Approved by ____________________________ Date __________________________

Approved by ____________________________ Date __________________________

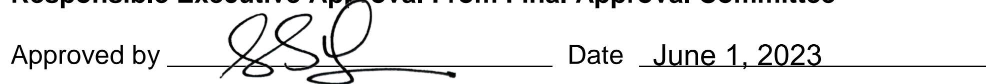
**Medical Director Approval (as applicable)**

Approved by ____________________________ Date __________________________

**Policy Committee Approval (as applicable)**

Approved by ____________________________ Date __________________________

**Responsible Executive Approval From Final Approval Committee**



Approved by ____________________________ Date June 1, 2023