


## Policy and Procedure

	<b>ENTITY/HOSPITAL</b> INTEGRIS Community Hospital	<b>NUMBER</b> SYS-RCM-100
	<b>MANUAL</b> System Revenue Integrity	<b>EFFECTIVE DATE</b> 02.06.2019
	<b>SUBJECT</b> Financial Assistance	<b>REVIEWED/REVISED</b> 02/19, 02/20,03/21, 07/22

### 1.0 PURPOSE:

INTEGRIS COMMUNITY HOSPITAL provides care for patients unable to pay and offers financial assistance discounts (which may include uninsured discounts) to those who qualify. The Financial Assistance Policy applies to all health care services that are both Medically Necessary and Generally Available provided by INTEGRIS COMMUNITY HOSPITAL. Medically Necessary emergency care will not be delayed or withheld based on the patient's ability to pay. INTEGRIS COMMUNITY HOSPITAL believes that health care services, should be accessible to all regardless of race, color, religion, national origin, disability, age, sex, sexual orientation, gender identity, or protected veteran status in its consideration of a patient's qualification for financial assistance.

### 2.0 POLICY:


As part of its mission and commitment to the community, INTEGRIS COMMUNITY HOSPITAL provides financial assistance to patients of INTEGRIS COMMUNITY HOSPITAL who qualify for financial assistance pursuant to this policy. This Policy also serves to meet the requirements set forth in state and federal laws, including Internal Revenue Code Section 501(r). This policy will supersede all other Financial Assistance Policies.

### 3.0 SCOPE:

This policy shall apply to all INTEGRIS COMMUNITY HOSPITAL caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS COMMUNITY HOSPITAL and specifically the CMS Providers and entities listed below.

- INTEGRIS COMMUNITY HOSPITAL – COUNCIL CROSSING
- INTEGRIS COMMUNITY HOSPITAL – DEL CITY
- INTEGRIS COMMUNITY HOSPITAL - MOORE
- INTEGRIS COMMUNITY HOSPITAL – OKC WEST

## Policy and Procedure

	<b>ENTITY/HOSPITAL</b> <b>INTEGRIS Community Hospital</b>	<b>NUMBER</b> <b>SYS-RCM-100</b>
	<b>MANUAL</b> <b>System Revenue Integrity</b>	<b>EFFECTIVE DATE</b> <b>02.06.2019</b>
	<b>SUBJECT</b> <b>Financial Assistance</b>	<b>REVIEWED/REVISED</b> <b>02/19, 02/20,03/21, 07/22</b>

**4.0 ELIGIBILITY CRITERIA:**

- 4.1 All patients will be eligible to apply for financial assistance during the Application Period. Financial assistance is only available for health care services that are both Medically Necessary and Generally Available, except as may be determined by the sole discretion of the INTEGRIS COMMUNITY HOSPITAL administration on a case by case basis. This Policy covers services billed through INTEGRIS COMMUNITY HOSPITAL at its hospitals. Not all services provided within the INTEGRIS COMMUNITY HOSPITAL are provided by INTEGRIS COMMUNITY HOSPITAL employees and therefore may not be covered by this Policy. A complete list of covered providers can be found in Appendix “A” of this Policy. The list attached at Appendix “A” is updated annually.
  
- 4.2 INTEGRIS COMMUNITY HOSPITAL use a financial assistance eligibility guideline that is based on the Amount Generally Billed (“AGB”) and the published Federal Poverty Guidelines for the current calendar year. The financial assistance eligibility guideline will be maintained at the INTEGRIS COMMUNITY HOSPITAL Business Office, 8686 New Trails Dr., The Woodlands, TX 77381. The financial assistance guidelines will be updated annually in accordance with the Federal Poverty Guidelines as published in the Federal Register by the U.S. Department of Health and Human Services. INTEGRIS Community Hospital will consider each patient's income level, family size, assets or other resources available to the patient or patient's family and amount of hospital charges when determining eligibility for financial assistance. Partial and/or full financial assistance will be granted based on the individual's ability to pay.

**5.0 MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE PROCESS:**


Copies of the Financial Assistance Policy, the Plain Language Summary and the Financial Assistance Application will be widely publicized in the following manner:

- 5.1 Online at the INTEGRIS COMMUNITY HOSPITAL website, [www.Integriscommunityhospital.com](http://www.Integriscommunityhospital.com)
- 5.2 By telephone at the INTEGRIS COMMUNITY HOSPITAL Business Office at 1.877.516.0911, Option 1.
- 5.3 By mail at the INTEGRIS COMMUNITY HOSPITAL Business Office, 8686 New Trails Dr., The Woodlands, TX 77381
- 5.4 On posted signs and paper copies or brochures located in the emergency departments, admitting areas of all INTEGRIS COMMUNITY HOSPITALS, in languages that are appropriate for the hospital's service area.
- 5.5 In person, as part of the intake or discharge process, and discussions by designated staff, when appropriate
- 5.6 In billing statements, a phone number for inquiries about financial assistance will be included in patient billing statements.

**6.0 METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE:**


- 6.1 A determination of whether a patient qualifies for financial assistance may be initiated by the patient, an INTEGRIS COMMUNITY HOSPITAL representative, an external agency, a physician, or an interested party on behalf of the patient. A patient will be considered a financial assistance patient at the time sufficient information has been obtained to verify the patient's inability to pay for needed medical services.

## Policy and Procedure

	<b>ENTITY/HOSPITAL</b> INTEGRIS Community Hospital	<b>NUMBER</b> SYS-RCM-100
	<b>MANUAL</b> System Revenue Integrity	<b>EFFECTIVE DATE</b> 02.06.2019
	<b>SUBJECT</b> Financial Assistance	<b>REVIEWED/REVISED</b> 02/19, 02/20,03/21, 07/22

- 6.2 Patients without insurance must fully cooperate and comply with eligibility requirements for any Federal and/or State program for which they may be qualified.
- 6.3 Outstanding balances that are owed by a patient as a result of a deductible, coinsurance or where the insurance benefits have been exhausted may qualify for financial assistance support if the patient meets the eligibility requirements. Patients with insurance must cooperate with any insurance claim submission and exhaust their insurance or potential insurance coverage before becoming eligible for financial assistance.
- 6.4 In order to be evaluated for financial assistance, it is the responsibility of the patient to complete an INTEGRIS COMMUNITY HOSPITAL Financial Assistance Application and provide supporting documents. The completed application must be submitted to the INTEGRIS COMMUNITY HOSPITAL Business Office, 8686 New Trails Dr., The Woodlands, TX 77381. The patient may be asked to provide one or more of the following documents upon request:
  - 6.4.1 Federal/State Tax Return from the most recent calendar year, which includes Adjusted Gross Income
  - 6.4.2 Social Security Award Letter or copy of Social Security check
  - 6.4.3 Veterans Administration letter or copy of VA check if applicable
  - 6.4.4 Physician Disability Statement listing term of disability and documentation or proof of three or more months with no income for the period of disability if applicable
  - 6.4.5 Bankruptcy documentation, if applicable, with listed creditors showing INTEGRIS COMMUNITY HOSPITAL entities
  - 6.4.6 Failure to provide these documents may result in a denial of financial assistance. Patient assistance will not be denied under this policy for the failure to provide information that was not required to be submitted in either this Policy or the Financial Assistance Application
- 6.5 Patients may also be screened through a third-party vendor for financial assistance eligibility. Additionally, patients may qualify for financial assistance based on an Ability to Pay Score or other presumptive methodology when a patient does not provide a Financial Assistance Application or supporting documentation.
- 6.6 All patients must be individually approved for financial assistance even if another family member was previously approved or the individual was approved at another INTEGRIS COMMUNITY HOSPITAL.
- 6.7 In the event a completed Financial Assistance Application is received during the Application Period, INTEGRIS COMMUNITY HOSPITAL will suspend Extraordinary Collection Actions (ECAs) while it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. In the event an incomplete Financial Assistance Application is received during the Application Period, ECAs will be suspended for no more than thirty (30) days while INTEGRIS COMMUNITY HOSPITAL provides written notice to the patient that ECAs may be initiated or resume if the Financial Assistance Application is not completed. Collection activity will resume in the following situations: (i) a partial adjustment occurs, (ii) the patient fails to cooperate with the financial assistance process, or (iii) the patient is not eligible for financial assistance.
- 6.8 INTEGRIS COMMUNITY HOSPITAL retains the right to require any patient to reapply if new information pertaining to any change in their income level becomes available that may change the patient's eligibility for financial assistance.

## Policy and Procedure

	<b>ENTITY/HOSPITAL</b> INTEGRIS Community Hospital	<b>NUMBER</b> SYS-RCM-100
	<b>MANUAL</b> System Revenue Integrity	<b>EFFECTIVE DATE</b> 02.06.2019
	<b>SUBJECT</b> Financial Assistance	<b>REVIEWED/REVISED</b> 02/19, 02/20,03/21, 07/22

6.9 INTEGRIS COMMUNITY HOSPITAL staff will uphold the confidentiality and individual dignity of each patient. All application information and supporting documentation will be maintained in accordance with the Health Information Portability and Accountability Act and the INTEGRIS COMMUNITY HOSPITAL Records Retention Policy.

### 7.0 BASIS FOR CALCULATING FINANCIAL ASSISTANCE:

7.1 If meeting the requirements of this Policy, patients with income from all sources up to 150% of current Federal Poverty Guidelines will qualify for 100% discount of their Hospital service. Patients not eligible for 100% will have the appropriate reduction applied according to the Financial Assistance Policy guidelines. Patients with income from all sources greater than 150% of current Federal Poverty Guidelines and up to 300% of Federal Poverty Guidelines may qualify for discounts of 82% to 97% of their gross yearly income whichever is less. Household income exceeding 300% of Federal Poverty Guidelines will only be considered if their financial responsibility exceeds 25% of their annual income.

7.2 The amounts charged for Medically Necessary and Generally Available medical services to patients eligible for financial assistance will not be more than the average AGB. In addition, amounts charged for Medically Necessary and Generally Available medical services to uninsured patients eligible for financial assistance will not be more than the average AGB. INTEGRIS COMMUNITY HOSPITAL determines AGB based on all claims paid in full to INTEGRIS COMMUNITY HOSPITAL by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims (Look-back Method). Patients may request in writing the current AGB percentages. Requests should be sent to the INTEGRIS COMMUNITY HOSPITAL Business Office, 8686 New Trails Dr., The Woodlands, TX 77381. In the event the outstanding patient account balance is less than the calculated AGB discount based on deposits or previous payments made, INTEGRIS COMMUNITY HOSPITAL will refund the patient the amount over the AGB calculated amount if the payment was made within 240 days of the first statement.

7.3 Services provided through the Community Clinic or related to the IPAP Drug Replacement program may also be deemed presumptively eligible for financial assistance.

### 8.0 FINANCIAL ASSISTANCE OFFERED TO DUALY ELIGIBLE PATIENTS:

Medicare charity will be written off using the Medicare Bad Debt Policy and Procedures currently in place at INTEGRIS COMMUNITY HOSPITAL.


### 9.0 OVERSIGHT:

The INTEGRIS COMMUNITY HOSPITAL Health Board of Directors, or its designee, is responsible for the oversight of this policy. Any material changes to the standards set forth in the Policy must be approved by the Board prior to implementation by INTEGRIS COMMUNITY HOSPITAL.

### 10.0 DEFINITIONS:


10.1 “Ability to Pay Score” means a score will be provided by a third-party agency through a product designed to identify patients that have limited or no ability to pay for services performed.

## Policy and Procedure

	<b>ENTITY/HOSPITAL</b> INTEGRIS Community Hospital	<b>NUMBER</b> SYS-RCM-100
	<b>MANUAL</b> System Revenue Integrity	<b>EFFECTIVE DATE</b> 02.06.2019
	<b>SUBJECT</b> Financial Assistance	<b>REVIEWED/REVISED</b> 02/19, 02/20,03/21, 07/22

- 10.2 “Amounts Generally Billed (AGB)” means the amounts generally billed for Medically Necessary and Generally Available care to individuals who have insurance covering such care. AGB percentage means a percentage of gross charges that a hospital uses to determine the AGB for any Medically Necessary and Generally Available care it provides to an FAP eligible individual.
- 10.3 “Application Period” means the time period in which an individual may apply for financial assistance. The Application Period ends on the 240th day after INTEGRIS COMMUNITY HOSPITAL mails or electronically provides the individual with the first billing statement for the care but may be extended by INTEGRIS COMMUNITY HOSPITAL upon extraordinary circumstances.
- 10.4 “Extraordinary Collections Actions (ECAs)” are defined in the “Application Period” means the time period in which an individual may apply for financial assistance. The Application Period ends on the 240th day after INTEGRIS COMMUNITY HOSPITAL mails or electronically provides the individual with the first billing statement for the care but may be extended by INTEGRIS COMMUNITY HOSPITAL upon extraordinary circumstances. Billing and Collection Policy.
- 10.5 “Federal Poverty Guidelines” are determined by the Department of Health and Human Services and published in the Federal Register.
- 10.6 “Generally Available” means services for basic diagnostic or therapeutic care generally performed by local providers. Highly specialized, elective, or extraordinary services (such as transplants) are not typically covered, and cosmetic services or other services not generally covered by most insurance policies.
- 10.7 “Look-Back Method” means the methodology specified by IRS Codes Section 501(r) and selected by INTEGRIS COMMUNITY HOSPITAL to determine AGB which uses past payments from Medicare or a combination of Medicare and commercial insurer payments.
- 10.8 “Medically Necessary Care” means medical services for urgent and emergent conditions, for serious illness, or for attempting to rule out serious illness.
- 10.9 “Underinsured” means Insured patients whose out-of-pocket medical costs would pose a financial burden to the patient due to high deductibles, high out-of-pocket maximum requirements, limited benefit plans or noncontracted insurance plans.

## Policy and Procedure

	<b>ENTITY/HOSPITAL</b> INTEGRIS Community Hospital	<b>NUMBER</b> SYS-RCM-100
	<b>MANUAL</b> System Revenue Integrity	<b>EFFECTIVE DATE</b> 02.06.2019
	<b>SUBJECT</b> Financial Assistance	<b>REVIEWED/REVISED</b> 02/19, 02/20,03/21, 07/22

**INTEGRIS COMMUNITY HOSPITAL Provider List  
Appendix A  
Effective 04/01/2021**

**Providers Covered by INTEGRIS COMMUNITY HOSPITAL Financial Assistance Policy that are  
Providing Emergency or other Medical Necessary Care in the INTEGRIS COMMUNITY  
HOSPITAL Facilities**

INTEGRIS Medical Group  
INTEGRIS Cardiovascular Physicians  
Nazih Zuhdi Transplantation Institute  
Jim Thorpe Rehabilitation  
Great Plains Family Medicine  
INTEGRIS Baptist Medical Center Interventional Radiology Physicians

**Providers Not Covered by INTEGRIS COMMUNITY HOSPITAL Financial Assistance Policy**

Except as listed above, no other physicians or physician groups, or other professional providers (such as physician assistants or advanced practice physicans) are covered by this Financial Assistance Policy.