Texas Health Resources®

Policy Name: Financial Assistance	
Originating Officer (Title), Council, or Committee: VP, Revenue Cycle Operations and Chief Revenue Officer	**Effective Date:** 04/01/2023
Approved By: Texas Health Audit & Compliance Committee	**Last Reviewed Date:** 04/01/2023
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1.0 **Scope:**

1.1 Applicable Entities:
This policy applies to:
- Texas Health wholly controlled tax-exempt hospitals
- Certain other Texas Health affiliates as described in Attachment C

1.2 Applicable Departments:
1.2.1 This policy applies to all hospital departments.

1.2.2 This policy does not apply to bills from doctors, outside labs or other providers. See Attachment C.

2.0 **Purpose:**

2.1 This Policy establishes the framework pursuant to which Texas Health identifies patients that may qualify for financial assistance, provides financial assistance, and accounts for financial assistance. This Policy also serves to meet the requirements set forth in state and federal laws, including but not limited to: Texas Health and Safety Code Chapter 311 and Internal Revenue Code Section 501(r).

2.2 In coordination with the Emergency Policy of Texas Health Resources or other certain Texas Health affiliates as described in Attachment C, these entities will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance. Texas Health facilities will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

3.0 **Policy:**

3.1 All patients will be eligible to apply for financial assistance at any time during the continuum of care or billing cycle. Patients are given the opportunity to apply for financial assistance up to 365 days from the date of service. Each patient's situation will be evaluated according to relevant circumstances, such as income, assets or other resources available to the patient or patient's family when determining the ability to pay the outstanding patient account balance. Medically necessary emergency care will not be delayed or withheld based on the patient's ability to pay. Cosmetic or non-medically necessary procedures are not covered by this policy. The Texas Health Financial Assistance Policy will be administered under the Eligibility Guidelines consistent with

federal and state laws for budgeting, determining, and reporting financial assistance. It is the intent of the Texas Health Financial Assistance Policy to provide community benefits through financial assistance in accordance with the provisions of Texas Health & Safety Code Section 311.043-045 and Internal Revenue Code Section 501(r).

3.2 Procedures that are deemed not emergency or medically necessary, including but not limited to cosmetic surgery, are not covered by this policy.

4.0 **Policy Guidance:**

4.1 Texas Health's Financial Assistance Policy is available for qualifying individuals who are unable to pay their outstanding hospital/urgent care patient account balance. Texas Health is dedicated to administering its financial assistance policy in a fair, consistent and objective manner respecting the dignity of each patient served. Texas Health's Financial Assistance Policy will be administered in a manner that seeks to allocate financial assistance in a way that maximizes the benefit received by the communities Texas Health serves. No patient will be denied financial assistance because of their race, religion, or national origin or any other basis which is prohibited by law. In implementing this financial assistance policy for the benefit of the communities Texas Health serves, Texas Health will comply with all applicable federal, state, and local laws, rules, and regulations.

4.2 Patients with a family income at or below 200 percent of applicable federal poverty guidelines or patients with a family income above 200 percent of applicable federal poverty guidelines who have significant Texas Health unpaid medical bills for facilities managed by Texas Health Business Office (See Attachment C) may be eligible for financial assistance if the patient lacks sufficient funds to pay the out-of-pocket portion of their hospital/urgent care bill. Those individuals eligible for financial assistance will not be charged more than Amounts Generally Billed (AGB) to people who have insurance coverage for the same care. The financial assistance will apply to the patient's portion of the charges in excess of payments previously made to the hospital/urgent care for copayments and other out of pocket amounts.

4.3 A patient who is unable to pay their hospital/urgent care bill is encouraged to apply for financial assistance by completing a Financial Assistance Application. Hospital/urgent care admissions and social service personnel, financial counselors, and chaplains, along with Texas Health business office personnel, are all familiar with the Texas Health Financial Assistance Policy and can answer questions relating to the policy. All applications will be reviewed, and a determination made as to whether all or a portion of the patient's unpaid hospital/urgent care bill qualifies for financial assistance. It is the responsibility of the patient to actively participate in the hospital/urgent care's financial assistance screening process. This includes providing the hospital/urgent care with information concerning actual or potentially available health benefits coverage (including Medicaid eligibility and available COBRA coverage.) Financial assistance is a last resort behind all other potential reimbursements including but not limited to health insurance,

third party liability, and cost sharing plans. A patient can be denied financial assistance if they do not provide the information that has been requested in a timely manner. In some cases, Texas Health may be able to determine from financial and other information provided by independent third-party vendors that a patient qualifies for financial assistance even though a financial application has not been completed.

4.3.1 Applying for Assistance

a. Application Methods
The patient or responsible party may apply for Financial Assistance in the following ways:

- Electronically via MyChart portal @ www.texashealth.org/Costs-and-Billing/Financial-Assistance; this option is available for patients who have already received a notice that a balance is due
- Paper Applications may be obtained in the following ways:
  - Downloading a paper application @ www.TexasHealth.org/Financial-Assistance
  - Emailing a request to CustomerService@TexasHealth.org
  - Calling Customer Service @ 1.800.890.6034
  - Request via mail to 500 E. Border St. Arlington, TX 76010 Attention Financial Assistance Team
- In person
  - Admissions Office at all Hospital Locations
  - By Appointment Only @ 500 E. Border St. Arlington, TX 76010, please call 1.800.890.6034 to schedule

b. Communication Requirements - Any person seeking health care services at a Texas Health hospital should be provided written information about the Texas Health Financial Assistance Policy as part of the admission process. The hospital will make reasonable efforts to orally notify patients about the financial assistance policy and how to obtain assistance with the application process at various points before, during and after the patient receives services. Written notices shall also be conspicuously posted in both English and Spanish in the hospital's general waiting area, emergency department and in such other locations as the hospital deems likely to inform patients of the existence of the Texas Health Financial Assistance Policy. In addition, information describing the Texas Health Financial Assistance Policy shall be posted on the Texas Health website in several languages. Instructions on how to apply can be found on the reverse side of each THR billing statement.

c. In Hospital Patient Financial Counseling - Admission, Business Office, Social Services personnel, financial counselors and/or hospital chaplains should encourage patients who are at financial risk as a result of the

amount they are expected to owe "out-of-pocket" to complete a Texas Health Financial Assistance Application. To facilitate the process, it is preferred that financial screening occur, and a Financial Assistance Application be completed prior to discharge. In no case, will screening for financial assistance eligibility take place prior to providing medically necessary or emergency care in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act.

d. Financial Assistance - Request Initiated by Patient/Responsible Party - A Financial Assistance Application must be provided to any person requesting financial assistance. Financial assistance may only be granted if sufficient information is available to allow for a determination that the patient satisfies the eligibility guidelines outlined in Attachment A of this policy. Texas Health may utilize information reported on financial applications and information gathered from independent third-party sources to evaluate a patient's eligibility for financial assistance.

e. Requests Initiated on the Patient's Behalf - A request for financial assistance may be submitted by Texas Health personnel and/or its agent (on behalf of a patient or responsible party) who have knowledge of the patient's financial situation. All known facts surrounding the patient's financial condition shall be documented in a request initiated by Texas Health personnel.

f. Request Initiated by a Third Party - Texas Health may determine that a patient qualifies for financial assistance under the policy through review and analysis of financial and other information provided by an independent third-party vendor. Such information may include estimated, household size, income credit score and other relevant information. In these situations, a formal Financial Assistance Application is not required.

g. Income Verification - Verification of the patient's yearly household income can be done in either of the following ways:

- Documentation provided by patient or responsible party can include IRS Form W-2; Wages and Tax Statement; individual federal tax return or state tax returns, pay check remittance; telephone verification by employer; bank statements; Social Security payment remittance; Worker's Compensation payment remittance; unemployment insurance payment notice; unemployment compensation determination letters; response from a credit inquiry and other publicly available information; or other appropriate indicators of the patient's income. Third party documentation provided under this subsection will be handled in accordance with THR's information security procedures and the

requirements of securing protected health information
In instances where the patient or responsible party is unable to provide the requested documentation of patient's income, the patient or responsible party is required to provide a reasonable explanation of why the patient or responsible party is unable to provide the requested documentation. Reasonable attempts will be used to verify patient's attestation and supporting information.

In the instance where the patient or responsible party cannot be contacted or does not respond to inquiries, if available data exists to support a decision, a determination may be reached without additional documents. Otherwise, an application would be deemed incomplete.

h. Follow-Up Collection Efforts - In general, no subsequent attempt shall be made to collect charges from the patient or responsible party which have been approved for 100 percent write-off under the Texas Health Financial Assistance Policy (subject to the rights of subrogation) except to the extent a patient or responsible party receives a recovery from any third party or other source. An approval of financial adjustment shall not be construed as a waiver by Texas Health of its ability to enforce a hospital lien for reimbursement of any amount owed by a third-party liability carrier on behalf of a patient. Financial discounts may be completely or partially reversed in the event of a recovery from a third-party or other source or due to falsification of information on the application, or other information obtained or discovered.

i. The following collection activities will occur during the first 120 days that a medical bill is outstanding to include:

- Summary billing statements will be sent to the patient *(Identifying: Total Charges, Insurance Payments, Discounts, Patient Payments and the current balance) The statements will also include a Plain Language Summary of the Financial Assistance Policy and it will identify any extraordinary collection actions (ECA) that the hospital/urgent care intends to initiate after 130days from the date of discharge. The statements may be provided via paper and/or electronic formats.*

- Calls may be made to the patient using an outbound dialer system.

- Collection letters may be sent to the patient by Texas Health or by agencies under contract with Texas Health.

- Digital Notifications may be sent to the patient by Texas Health.

j. Actions that may be taken to obtain payment after a medical bill has been outstanding for at least 130 days from date of discharge include:

- Transfer of patient account to an external third party collection agency. The collection agency will attempt to obtain a response from the patient or responsible party by using letters, electronic statements or messages, and phone calls for at least 30 days after receiving the account.

4.3.2 Approval and Reporting

a. Management - The Texas Health VP, Revenue Cycle Operations and SVP Revenue Cycle are responsible for the oversight of the Texas Health Financial Assistance Policy. The hospital financial officers are responsible for administering this policy at each hospital location. The VP of Ambulatory Services is responsible for administering this policy at each urgent care location. These individuals have the final authority to decide whether a hospital has made reasonable efforts to determine if an individual is eligible for financial assistance and if and when the hospital may engage in extraordinary collection actions. The Texas Health Vice President Revenue Cycle Operations is responsible for the day-to-day management of the Texas Health Financial Assistance Policy.

b. Information Verification -The Texas Health Vice President Revenue Cycle Operations shall establish procedures that specify what application information is subject to verification. In no case, should the establishment of verification procedures discriminate against any group of patients nor unduly limit a patient's access to financial assistance.

c. Manual Approval - Services Already Rendered - Texas Health's business office personnel shall review all available information and determine the appropriate level of financial assistance in accordance with procedures. The final approval for financial write-offs will be the responsibility of the Vice President Revenue Cycle Operations Approval is delegated down to various levels of management, corresponding with the size of the current patient balance due and any qualifying amount of Financial Assistance.

d. Approval - Prior to Providing Services - Each Texas Health hospital listed in Attachment C shall implement a review process in coordination with CBO staff to determine eligibility for financial assistance. In the event a physician should seek an eligibility determination in advance of hospital services being provided, the entity , CBO, and Pre-Service teams will work together to provide any necessary data to the entity EFO for a

decision of acceptance of the case as a potential Financial Assistance. In granting financial assistance to individual patients in non-emergent situations, hospital leadership should consider the availability of alternative community resources, continuity of care concerns and the potential financial impact on the hospital's ability to grant financial assistance broadly to the community it serves. Regardless of whether or not financial assistance has been approved, patients will receive medically necessary emergency care without delay.

e. Notification to Applicants - In general all patients who apply for financial assistance will be notified within a reasonable time regarding the status of their request.

- Approved - The response to the patient will be sent via mail within 30 days of approval of the Financial Assistance Application.

- Denied or Pended/Incomplete - The response to the patient will be sent by mail within 30 days and will include instructions for the patient if they choose to appeal any adverse decision. If the patient's application was incomplete, Texas Health's collections activities will be halted for 30 days.

- Presumptive/Automated Screening - Notification is not sent to patients who were granted approval based on an automated (presumptive) financial assistance process.

f. Appeals - An appeal of a denied Financial Assistance Application will be considered if material changes in a patient's circumstances are documented. Changes may include, but are not limited to, a change in employment, health, marital, or family status. Appeals can be made by the patient anytime during the first 365 days from the initial billing date.

g. Reporting - All financial adjustments must be recorded on the books and records of Texas Health on a monthly basis and a financial assistance log shall be maintained for each hospital/urgent care. At a minimum, the financial assistance logs must contain the following information: patient's name, gross hospital/urgent care charges, amount of payments received on the patient's account, the amount of financial adjustment, and the financial assistance classification (e.g. Financially Indigent, Medically Indigent or Catastrophically Indigent).

h. Record Retention - Documentation sufficient to identify each patient's income, the amount owed by the patient, the review and approval processes that were followed, and the patient's status as Financially Indigent, Medically Indigent, Tier 2 Medically Indigent, or Catastrophically

Indigent shall be maintained by the Texas Health business office for the period required by the Texas Health record retention policy.

i. Remaining Balances - Patients who are approved for financial assistance will not be billed for a remaining amount that is greater than the Texas Health AGB (amounts generally billed) as defined in section 5.0.

j. Refunds - If a patient is approved for financial assistance, and the patient has made payments to the hospital/urgent care facility for copays or other out of pocket payments, the hospital/urgent care facility will refund the amount in excess of the calculated AGB, if any, that is considered to be the patient's out of pocket responsibility if that calculated amount is in excess of $5.00.

5.0 Definitions:

5.1 Amounts Generally Billed (AGB) - An average of the amounts generally billed to insured individuals. Claims during the prior fiscal year (12 months) are included in the calculation. The claims include Medicare fee-for-service as well as all other private health insurers. Each of the hospital/urgent care facilities adopting this policy separately calculates an AGB percentage annually and uses the "Look Back Method", as defined by Internal Revenue Code Section 501(r). Texas Health compares the amount paid by insured patients and their insurance companies in the prior fiscal year. A patient approved for financial assistance cannot have an out of pocket responsibility of more than AGB. THR will apply one system-wide rate for all hospital/urgent care facilities adopting this financial assistance policy. The AGB is calculated annually and the Texas Health Chief Revenue Officer will determine the system-wide AGB rate, which cannot be more than lowest individual hospital/urgent care AGB. A copy of the calculation is available in Attachment D.

5.2 Annual Income - If the patient is an adult, the term Annual Income refers to the total gross annual income of the patient and any other responsible party. If a patient is married, or has a domestic partner, Annual Income will also include the total gross annual income of the patient's spouse/domestic partner. If the patient is a minor, the term Annual Income refers to total gross annual income of the patient, parents, and/or any other responsible party. Resources used to supplement income such as, but not limited to savings accounts, trust funds, and life insurance, may also be considered.

5.3 Current Patient Balance Due - The amount owed by a patient after the application of appropriate third-party payments, discounts, and other adjustments consistent with the Patient Expected Pay policy requirements.

5.4 Eligibility Criteria - The financial criteria and procedures established by this financial assistance policy are described in Attachment A. The financial criteria shall include income levels indexed to the federal poverty guidelines and means testing. The financial

criteria does not set the income level for financial assistance lower than that required by Texas counties under Section 61.023 of the Indigent Health Care & Treatment Act or higher; in the case of the Financially Indigent, than 200 percent of the federal poverty guidelines. The federal poverty guidelines are published in the Federal Register in February of each year and, for purposes of this financial assistance policy, will become effective the first day of the month following the month of publication. The guidelines published by the Texas Department of Health Services are found on their website.

5.5 Extraordinary Collection Actions (ECA) - Per IRC Section 501(r), certain actions taken by a hospital/urgent care facility against an individual related to obtaining payment for a hospital/urgent care facility bill are considered to be extraordinary collection actions. The only ECA which will be carried out under this policy will be the reporting of adverse information to a consumer credit agency either by a Texas Health hospital/urgent care facility or one of its agents. This type of reporting will occur no sooner than 130 days from the date of the first post-discharge bill.

5.6 Financial Assistance Application - A written request from the patient, responsible party or other interested party for financial assistance under the Texas Health Financial Assistance Policy, which summarizes financial and other information needed to determine eligibility. The content of the Financial Assistance Application will be determined by the Texas Health Vice President Revenue Cycle Operations or his/her designee.

5.7 Financially Indigent - An uninsured or underinsured patient whose Annual Income is less than or equal to 200% of the applicable federal poverty guidelines.
Each patient's situation will be evaluated according to current relevant circumstances, such as income, assets or other financial resources available to the patient or patient's family.

5.8 Household Size - If the patient is an adult, the household size includes the patient, patient's spouse/domestic partner, all birthed or legally adopted minor children or other minors with whom the patient has documented legal custody of and who currently reside in the home. If the patient is a minor, the household includes the patient, the patient's parents or legal guardian, and any other minor children in the household whom the parent or legal guardian have given birth to, legally adopted or has documented legal custody of and who currently reside in the home.

5.9 Medically Indigent - A person whose Current Patient Balance Due exceeds a specified percentage of the patient's Annual Income, determined in accordance with the Eligibility Guidelines detailed in Attachment A of this policy.

5.10 Medically Necessary Care - In general, non-elective inpatient and outpatient acute hospital services that are reimbursable under the Medicare and/or Medicaid programs.

5.11 Texas Health Financial Assistance Policy - The policy implemented by Texas Health to provide financial assistance to patients who qualify as Financially Indigent, Medically Indigent, or Catastrophically Indigent. The Eligibility Guidelines for financial assistance are detailed in Attachment A of this policy.

6.0 Responsible Parties:

6.1 Texas Health Senior Vice President of Revenue Cycle

6.1.1 Responsible for oversight of the Texas Health Financial Assistance Policy.

6.2 Texas Health Vice President of Revenue Cycle Operations

6.2.1 Responsible for day-to-day management of the Texas Health Financial Policy.

6.3 Texas Health Business Office Personnel

6.3.1 Responsible for informing all patients of the existence of the Texas Health Financial Assistance Policy.

6.3.2 Responsible for review of Financial Assistance Applications and determination of level of financial assistance.

6.3.3 Responsible for notification to applicants of status of their request for financial assistance and their right to appeal an adverse decision.

6.3.4 Responsible for the processing appeals of denied Financial Assistance Applications.

6.3.5 Responsible for the retention of documentation relating to the determination of financial eligibility.

6.4 Texas Health's Hospitals - All

6.4.1 Responsible for informing patients of the existence of the Texas Health Financial Assistance Policy.

6.5 Hospital Finance Officers

6.5.1 If financial assistance is requested prior to a scheduled service, such eligibility determination will need to be approved by the hospital finance officer or their designee according to the requirements of this policy.

6.5.2 Responsible for internal controls and processes to appropriately record financial adjustments in the hospital books on a monthly basis.

7.0 External Reference:

7.1 EMTALA - Emergency Medical Treatment and Active Labor Act

7.2 Federal Register Poverty Guidelines

7.3 Indigent Health Care & Treatment Act Section 61.023 (income levels)

7.4 Internal Revenue Service Code Section 501(r)

7.5 Medical Screening Examinations and Patient Transfers (EMTALA) - THR System Policy

7.6 Texas Department of Health Services Guidelines

7.7 Texas Health and Safety Code Section 311.043-045

_8.0_ Related Documentation and/or Attachments:

8.1 Attachment A - Eligibility Criteria

8.2 Attachment B - Financially Indigent, Medically Indigent, Catastrophically Indigent Tables

8.3 Attachment C - List of Covered Entities & Non-Covered Providers/Services

8.4 Attachment D - Amounts Generally Billed (AGB) Calculation

8.5 Patient Expected Pay - THR System Policy

8.6 Bad Debt Collections - THR System Policy

8.7 Patient Due Balance Collections - THR System Policy

_9.0_ Required Statements:

Not Applicable

Attachment A

ELIGIBILITY CRITERIA

The criteria noted in this attachment shall be applied to determine whether a patient is eligible for free or discounted care under the Texas Health Financial Assistance Policy. Only adjustments relating to those patients meeting the criteria set forth in this Attachment A shall be reported as charity care in a hospital's statement of operations.

A-1.0 Financially Indigent

A patient/guarantor with estimated Annual Income between 0% and 200% of the federal poverty guidelines shall be approved for financial assistance provided the patient has insufficient funds and financial assets to pay his or her Current Patient Balance Due without incurring an undue financial hardship. In general, a Financially Indigent patient will be eligible for a discount from total gross billed charges in an amount equal to the Current Patient Balance Due at the time of the eligibility determination, of his or her hospital bill less the amount (if any) they are deemed able to pay. Eligibility determination will be based on Annual Income, family size and financial resources. A decision regarding eligibility for Financial Assistance will be made based upon the information provided by the patient in the Financial Assistance Application. In no case, will the patient's prior payments plus the remaining Current Patient Balance Due after all discounts are applied be more than the Texas Health AGB percentage of gross charges.

A-2.0 Automated/Presumptive Financial Approval

Although a patient has been notified of the Financial Assistance Policy, there are times when they choose not to complete the Financial Assistance Application, Texas Health routinely screens uninsured patients using independent third-party sources for financial assistance eligibility. In certain situations, Texas Health may determine that a patient qualifies for financial assistance through review and analysis of financial and other information provided by an independent third-party vendor such as estimated Annual Income, family size and employment status. In these situations, a formal Financial Assistance Application is not required. The Texas Health review and analysis of available data is usually completed within 30 days after the patient liability was established. If Texas Health cannot determine that a patient qualifies for financial assistance through this review process and a Texas Health Financial Assistance Application has not been submitted, collection activities will commence in accordance with normal Texas Health collection procedures. Any ECA will not begin prior to 130 days after the patient liability was established.

A-2.1 Presumptive Eligibility for Certain Medicaid Patients

There are several programs under Medicaid available in Texas. Patients who have health coverage under the Healthy Texas Women Medicaid Plan and those who have health coverage under traditional Medicaid are considered indigent based on the Medicaid screening process. Because of this prequalification, these patients are assumed to also qualify for financial assistance under the Texas Health Financial Assistance Policy. Patients who have health care coverage under the Texas Children's Health Plan are NOT automatically eligible for financial assistance under the THR Financial Assistance Policy.

A-2.2 Presumptive Eligibility for Certain Community Programs
Patients who have health coverage under Project Access or Healing Hands must also qualify for these programs with an income level below the federal poverty limits. Because of this prequalification, these patients are assumed to also qualify for financial assistance under the THR Financial Assistance Policy.

<u>A-3.0</u> <u>Medically Indigent</u>

A Medically Indigent patient is one whose annual income falls between 201% - 500% of the Federal Poverty Income Level (FPIL) and unpaid Texas Health hospital bills (after payment by all third parties) exceeds 5% of their Annual Income and who are unable to pay the outstanding Current Patient Balance Due. These Medically Indigent patients are eligible for a discount as set forth in Attachment B. However, in no case will the patient's prior payments plus the remaining Current Patient Balance Due after all discounts are applied be more than the Texas Health AGB percentage of gross charges. See Attachment B for the complete table.

<u>A-4.0</u> <u>Tier 2 Medically Indigent</u>

A Tier 2 Medically Indigent patient is one whose annual income is 501% or greater than the FPIL and whose outstanding Current Patient Balance Due after payments by all third parties, exceeds 20% of the patient's total reported Annual Income and the patient is unable to pay the Current Patient Balance Due. These Tier 2 Medically indigent patients are eligible for a discount ranging from 75% - 95%. However, in no case will the patient's prior payments plus the remaining Current Patient Balance Due after all discounts are applied be more than the Texas Health AGB percentage of gross charges. See Attachment B for the complete table.

<u>A-5.0</u> <u>Catastrophic Medically Indigent</u>

Catastrophic Medical Indigent patient is one whose annual income is 201% or greater than the FPIL and whose outstanding Current Patient Balance Due after payments by all third parties, exceeds 100% of the patient's total reported Annual Income and the patient is unable to pay the Current Patient Balance Due.

- If a patient's income level falls between 201% and 500% of the FPIL the patient will be eligible for a 97.5% discount.
- If the patient's income level is 501% or greater than the FPIL, the patient will be eligible for a 95% discount.

However, in no case will the patient's prior payments plus the remaining Current Patient Balance Due after all discounts are applied be more than the Texas Health AGB percentage of gross charges. See Attachment B for the complete table.

<u>A-6.0</u> <u>Presumptive Medically Indigent</u>

In the case of a patient whose Texas Health hospital balance after applicable discounts and any insurance payments are $40,000 or more, the account may be eligible for presumptive financial assistance without a completed Financial Assistance Application provided there is sufficient information to determine whether or not the patient otherwise qualifies. The information could include financial data obtained from a third party. In this situation, the minimum patient

responsibility shall be 25% of the patient's responsible portion. However, in no case will the patient's payments exceed the Texas Health AGB percentage of gross charges.

A-7.0 Financial Assistance

All patients seeking assistance under the Texas Health Financial Assistance Policy are encouraged to complete a Financial Assistance Application. A patient whose hospital balance after applicable discounts and insurance payments is less than $40,000 may not be classified as Medically Indigent, Tier 2 Medically Indigent, or Catastrophic Medically Indigent unless a completed Financial Assistance Application is received by Texas Health along with materials requested by Texas Health to verify the income, assets and medical expense amounts reported therein.

A-8.0 Determination of Financial Condition

The determination that a patient has insufficient funds, for both financial and medical indigence, shall be made at the time a patient's account is reviewed and will be based upon the patient's employment, existing financial situation, and family status. For purposes of this policy, assets shall include cash, stocks, bonds and other financial assets that can be liquidated within 7 days. In general, non-liquid assets and the patient/guarantor's speculative ability to generate future income will not be considered in determining whether or not sufficient funds exist to pay current medical bills.

A-9.0 Reapplication

If additional services are received within 90 days of the application date of a Financial Assistance Application, and additional financial assistance is requested, a patient does not need to complete another Financial Assistance Application unless the facts and circumstances suggest that there may have been a material change in the applicant's financial condition and/or ability to pay.

A-10.0 Non-Emergent Financial Assistance

Financial assistance under the Texas Health Financial Assistance Policy may be provided to patients with either emergent or non-emergent conditions. Priority under the Texas Health Financial Assistance Policy is given to patients with emergent medical conditions. In reviewing applications for financial assistance for non-emergent care, Texas Health will consider the availability of other resources in the community that meet the applicant's needs, the ability of Texas Health hospitals to provide the proper continuum of care, and the impact of the specific request on the ability of Texas Health to provide care to the broad community it serves.

A-11.0 Patient Cooperation

Financial assistance is a last resort behind all other potential reimbursement including but not limited to health insurance, third party liability, and cost sharing plans. It is the responsibility of the patient to actively participate in the hospital's financial assistance screening process, to authorize (if required) Texas Health to access available third party information and to provide requested information on a timely basis, including, without limitations, providing the hospital with information concerning actual or potentially available health benefits coverage (including available COBRA coverage), financial status (i.e. income, financial assets) and any other

information that is necessary for Texas Health to make a determination regarding the patient's financial and insured eligibility. A patient's failure to provide sufficient and credible information as required in this policy may result in a denial of financial assistance.

Financial assistance is one option for resolving settlement of a Current Patient Balance Due. If funds are collected on the patient's account prior to financial assistance approval, they will not be refunded to the patient unless payments exceed the Texas Health AGB percentage.

Attachment B

FINANCIALLY INDIGENT, MEDICALLY INDIGENT, TIER 2 MEDICALLY INDIGENT, CATASTROPHIC MEDICALLY INDIGENT

Based on Federal Poverty Guidelines issued 1/19/23

Financially Indigent Classification	
Number in Household	200%
1	$29,160
2	$39,440
3	$49,720
4	$60,000
5	$70,280
6	$80,560
7	$90,840
8	$101,120
Discount	100% of balance

Medically Indigent Classification Balance due must be equal to or greater than the specified % of the patient's yearly income for eligibility					
Specified %	> 5%	> 5%	> 5%	> 10%	> 10%
Number in Household	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 500%
1	$29,161 $36,450	$36,451 $43,740	$43,741 $51,030	$51,031 $58,320	$58,321 $72,900
2	$39,441 $49,300	$49,301 $59,160	$59,161 $69,020	$69,021 $78,880	$78,881 $98,600
3	$49,721 $62,150	$62,151 $74,580	$74,581 $87,010	$87,011 $99,440	$99,441 $124,300
4	$60,001 $75,000	$75,001 $90,000	$90,001 $105,000	$105,001 $120,000	$120,001 $150,000
5	$70,281 $87,850	$87,851 $105,420	$105,421 $122,990	$122,991 $140,560	$140,561 $175,700
6	$80,561 $100,700	$100,701 $120,840	$120,841 $140,980	$140,981 $161,120	$161,121 $201,400
7	$90,841 $113,550	$113,551 $136,260	$136,261 $158,970	$158,971 $181,680	$181,681 $227,100
8	$101,121 $126,400	$126,401 $151,680	$151,681 $176,960	$176,961 $202,240	$202,241 $252,800
Discount	95% of balance due	90% of balance due	85% of balance due	80% of balance due	75% of balance due

Tier 2 Medically Indigent If patient's yearly income exceeds 500% of Federal Poverty Guidelines	
Balance Due	Discount
Balance due is equal to or greater than 100% of patients yearly income	95% of balance due
Balance due is greater than or equal to 80% and less than 100% of patient's yearly income	90% of balance due
Balance due is greater than or equal to 60% and less than 80% of patient's yearly income	85% of balance due
Balance due is greater than or equal to 40% and less than 60% of patient's yearly income	80% of balance due
Balance due is greater than or equal to 20% and less than 40% of patient's yearly income	75% of balance due

Catastrophic Medically Indigent If patient's yearly income exceeds 200% of Federal Poverty Guidelines and balance due > 100% gross annual income	
Balance Due	Discount
FPL 201%- 500% and Balance due is equal to or greater than 100% of patients yearly income	97.5% of balance due
FPL greater than 500% and Balance due is equal to or greater than 100% of patients yearly income	95% of balance due

*Medically indigent/catastrophic medically indigent classification period is 90 days

Attachment C

FINANCIAL ASSISTANCE POLICY
LIST OF COVERED ENTITIES

Texas Health Wholly Controlled Hospitals

Texas Health Arlington Memorial Hospital
Texas Health Harris Methodist Hospital Alliance
Texas Health Harris Methodist Hospital Azle
Texas Health Harris Methodist Hospital Cleburne
Texas Health Harris Methodist Hospital Fort Worth
Texas Health Harris Methodist Hospital Hurst-Euless Bedford
Texas Health Harris Methodist Hospital Southwest Fort Worth
Texas Health Harris Methodist Hospital Stephenville
Texas Health Harris Specialty Hospital Fort Worth
Texas Health Presbyterian Hospital Allen
Texas Health Presbyterian Hospital Dallas
Texas Health Presbyterian Hospital Denton
Texas Health Presbyterian Hospital Kaufman
Texas Health Presbyterian Hospital Plano
Texas Health Recovery and Wellness Center

Texas Health Joint Venture Affiliates

AMH Cath Labs, LLC (dba Texas Health Heart & Vascular Hospital Arlington)
Flower Mound Hospital Partners, LLC (dba Texas Health Presbyterian Hospital Flower Mound)
Physicians Medical Center, LLC (dba Texas Health Center for Diagnostics & Surgery Plano)
Rockwall Regional Hospital, LLC (dba Texas Health Presbyterian Hospital Rockwall)
Southlake Specialty Hospital, LLC (dba Texas Heath Harris Methodist Hospital Southlake)
Texas Health Hospital Frisco
*Texas Institute for Surgery LLP, (dba Texas Institute for Surgery at Texas Health Presbyterian Dallas)
*USMD Hospital at Arlington, LP

Other Non-Hospital Entities

* Texas Health Back Care
* Texas Health Medical Support
* Texas Health Recovery and Wellness Center
Texas Health Urgent Care (dba Texas Health Breeze Urgent Care)
* Texas Health Virtual Care (dba Texas Health Care at Home)

(*Facility is not managed by Texas Health Business Office)

NON-COVERED PROVIDERS/SERVICES

Certain professional and physician services are often performed along with hospital services as ordered by various treating physicians. A patient may be billed separately for services provided by their attending physician, ER physician, radiologists, hospitalists, pathologists, cardiologists, neonatologists, anesthesiologists and/or other non-hospital providers.

The Texas Health Financial Assistance Policy applies only to services provided by the hospital entities listed in this attachment who have adopted this policy. Patients may receive additional bills for health care services from other providers which are not covered under this policy. The number of non-covered providers delivering emergency or Medically Necessary Care is extensive and frequently changing. Therefore, the following types of providers and/or lines of service have been identified as those services which are not covered under this financial assistance policy. A more extensive listing of the non-covered providers by entity can be obtained free of charge either electronically or on paper by calling 1-682-236-7188.

Non-Covered Providers include the following categories:

Ambulance Charges
Ambulatory Surgery Centers
Anesthesiologist
Attending Physician
Cardiologist
Dialysis Centers
Durable Medical Equipment (DME)
Emergency Room Physician
Home Health
Hospitalists
Neonatologist
Other Professional Providers
Outside Laboratory
Pathologist
Physicians
Radiologist

Attachment D

Texas Health - 2023 AGB Calculation
(Based on 2022 data)

Hospitals	Gross Charges**	Discounts	Discount Rate	AGB
Texas Health Allen	382,757,727	(251,018,018)	65.6%	34.4%
Texas Health Alliance	517,163,460	(333,200,762)	64.4%	35.6%
Texas Health Arlington Memorial Hospital	912,568,147	(637,600,550)	69.9%	30.1%
Texas Health Azle	160,349,846	(113,279,591)	70.6%	29.4%
Texas Health Cleburne	252,972,684	(178,415,895)	70.5%	29.5%
Texas Health Dallas	2,060,251,977	(1,416,483,029)	68.8%	31.2%
Texas Health Denton	822,857,951	(575,914,893)	70.0%	30.0%
Texas Health Fort Worth	3,121,666,663	(2,180,949,321)	69.9%	30.1%
Texas Health HEB	932,240,577	(651,841,181)	69.9%	30.1%
Texas Health Kaufman	138,060,914	(97,502,623)	70.6%	29.4%
Texas Health Plano	1,391,558,206	(894,441,938)	64.3%	35.7%
Texas Health Recovery and Wellness Center	7,042,931	(3,235,156)	45.9%	54.1%
Texas Health Southwest Fort Worth	1,115,152,971	(770,370,490)	69.1%	30.9%
Texas Health Specialty Hospital	22,581,827	(12,308,611)	54.5%	45.5%
Texas Health Stephenville	167,334,993	(112,031,210)	67.0%	33.0%
Texas Health Urgent Care	55,014,650	(36,431,354)	66.2%	33.8%
Texas Health Diagnostics and Surgery Plano	187,368,799	(108,021,751)	57.7%	42.3%
Texas Health Flower Mound	568,807,842	(370,054,432)	65.1%	34.9%
Texas Health Frisco	431,346,445	(277,295,081)	64.3%	35.7%
Texas Health Heart & Vascular Hospital Arlington	164,977,047	(117,046,555)	70.9%	29.1%
Texas Health Rockwall	402,506,451	(283,296,790)	70.4%	29.6%
Texas Health Southlake	178,385,915	(111,647,247)	62.6%	37.4%
Texas Health Institute for Surgery	172,797,291	(88,063,032)	51.0%	49.0%
Texas Health Physicians Group	1,212,125,751	(775,308,625)	64.0%	36.0%
USMD - Arlington	178,728,343	(121,726,339)	68.1%	31.9%
Totals	**15,556,619,411**	**(10,517,484,475)**	**67.6%**	**32.4%**

Texas Health Resources -- Selected AGB for 2023	25%

** Includes claims allowed during calendar year 2022 for all private health insurers and Medicare fee-for-service (excludes Medicaid, Medicaid Managed and Uninsured)