

UMC HEALTH SYSTEM

STANDARD POLICY AND/OR PROCEDURE

SPP # FA – 14.7

TITLE:	Financial Assistance Policy	
Sponsoring Committee / Department		
Committee Approval Required:		
Key Words:		
Cross References:		
Date Instated: October 21, 2013	Revise/Review Date	June 6, 2024

▪ Revised items are in **black bolded** font

APPROVED BY: Mark Funderburk
 President and Chief Executive Officer

STATEMENT OF PURPOSE:

Consistent with its mission to provide high quality care, UMC Health System is committed to providing financial assistance to uninsured individuals who are in need of emergency or medically necessary treatment.

In accordance with the Affordable Care Act (ACA) and to address requirements of Internal Revenue Code (IRC) Sec. 501(r), any patient eligible for financial assistance under UMC Health System’s financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

TEXT:

I. Definitions

For the purpose of this policy, an uninsured patient is defined as an individual having no third-party coverage by a liability or commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SHCIP and CHAMPUS), Worker’s Compensation, or other third-party assistance or settlement to assist with meeting his/her payment obligations. For those patients whose benefits are limited due to exhausted days or non-covered charges, will similarly be considered as uninsured for these purposes.

II. Eligibility

UMC Health System will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the AGB to insured patients.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate before eligibility under this policy is determined. Patients who are uninsured qualify for

financial assistance if they do not qualify for any other programs including the Lubbock County Medical Indigent (LCMI) Program.

Refer to Lubbock County Hospital District Medical Indigent Program Policy (LCMI) regarding eligibility for that program.

III. Determining Discount Amount

For those patients that are uninsured and do not qualify for any other assistance programs, financial assistance is available in the form of a discount of billed charges. Once eligibility under this policy has been established, **UMC Health System** will not charge patients who are eligible more than the AGB to insured patients.

To calculate the AGB, UMC Health System uses the “look-back” method described in section 4(b)(2) of the IRS and Treasury’s 501(r) final rule.

In this method, UMC Health System uses data based on claims sent to Medicaid over the past year to determine the percentage of gross charges that is typically allowed.

The AGB percentage is then multiplied by gross charges to determine the AGB. UMC Health System re-calculates the percentage each year and is effective January 1st of each year (Attachment 2). The discount may vary by category of care.

To discuss the calculation of the AGB, contact the Director of Patient Financial Services at (806)761-0842.

IV. Applying for Financial Assistance

All uninsured patients who do not qualify for other financial assistance programs will automatically qualify for assistance under this policy. No separate application is necessary.

Assistance with completing applications for financial assistance programs is available to anyone through the UMC Health System Resource Assistance Department. Individuals that have questions about UMC Health System’s financial assistance policy or would like assistance with completing applications for other financial assistance programs may contact our financial counselors either in person at 3204 – 4th Street, Lubbock, TX 79415 or by phone (806)775-9014. Resource Assistance Department hours are Monday-Friday 8:00am-5:00pm.

V. Actions in the Event of Non-Payment

The collection actions UMC Health System may take if payment is not received are described in separate policies:

PFS DPP #201 –Statement/Collection Timeline

SPP #FA-11.6 – Review of Delinquent Accounts

SPP #FA-11.5 – Discounting of Patient Balances

In brief, UMC Health System will make certain efforts to provide patients with information about our financial assistance policy before we take certain actions to

collect your bill (these actions may include civil actions or reporting negative information to credit bureaus).

VI. Presumptive Eligibility

If patients fail to supply sufficient information to support financial assistance eligibility, UMC Health System may rely on external sources and/or other program enrollment resources to determine eligibility.

UMC Health System may use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination.

All patients presumptively determined to be eligible for less than the most generous amount of assistance available under this policy will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further financial assistance.

VII. Eligible Providers

In addition to care delivered by UMC Health System, **all** emergency and medically necessary care delivered by **all** providers in the groups listed below is also covered under this financial assistance policy:

**UMC HEALTH SYSTEM EMERGENCY CENTER PHYSICIANS – NPI
1508855578**

UMC HEALTH SYSTEM RADIOLOGISTS – NPI 1063468031 or NPI 1437170313

**UMC HEALTH SYSTEM MEDICAL PROFESSIONAL SERVICES – NPI
1487993630**

Care provided by any providers not listed above will NOT be covered under this policy. As such, the bills received by **UMC Health System** patients for care provided by any provider not listed above will NOT be eligible for the discounts described in this financial assistance policy.

Individuals that would like a free copy of the FAP and/or the FAP application mailed to them may call the Resource Assistance Department at (806)775-9014.

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should contact the Resource Assistance Department at (806)775-9014.

REFERENCES:

PFS DPP #201 –Statement/Collection Timeline

SPP #FA-11.6 Review of Delinquent Accounts

SPP #FA-11.5 Discounting of Patient Balances

SPP #PC-14.5 Emergency Care (Provisions of) – Hospital Campus

SPP #PC 14.6 Emergency Cases at Off-Campus Departments.

SPP #FA-14.7 Financial Assistance Policy Attachments 1 and 2

SPP # FA-14.7

Attachment 2

Amounts Generally Billed (AGB) by year

Calendar year	AGB %
2014	29%
2015	28%
2016	29%
2017	27%
2018	26%
2019	25%
2020	12%
2021	11%
2022	10%
2023	11%
2024	11%