PURPOSE:

Parkland Health and Hospital System (Parkland) is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Parkland strives to ensure that that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. Parkland will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Accordingly, this written policy:

• Includes eligibility criteria for financial assistance—discounted (Charity) care;

• Describes the method by which patients may apply for Parkland Financial Assistance;

• Describes how the hospital will widely publicize the policy within the community served;

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Parkland’s procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to healthcare services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow Parkland to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Managers established the following guidelines for the provision of patient charity.

SCOPE:

All Parkland Health & Hospital System (“Parkland”) facilities, including but not limited to hospitals, ambulatory surgery centers, clinics, and all corporate departments/divisions. The Parkland Patient Financial Services Department is established to assist Dallas
County residents in qualifying for Parkland Financial Assistance (PFA) and Out-of-county residents in qualifying for Parkland’s Charity Discount Program. Parkland Patient Financial Services Department will strive to educate its patients about the benefits and responsibilities of participation in both programs. Parkland reserves the right to use any contracted data warehousing technology, internet websites or other sources of information technology in qualifying patients for PFA.

Eligibility:

The Parkland Health and Hospital System (“Parkland”) Medically Indigent Eligibility Determination policy will standardize the method by which Parkland will determine financial responsibility for the charges incurred by the patients and how they can qualify for medically indigent services/treatment through its facilities or programs. For non-Medicare patients, the Federal Poverty Income Guidelines will be used as the basis for determining whether a person or family is financially eligible for assistance or service. For Medicare beneficiaries, in addition to the Federal Poverty Income Guidelines, an analysis of the patient’s assets is required. Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government healthcare benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious

PROCEDURE:

1. General

   A. Dallas County Hospital District d/b/a Parkland Health & Hospital System (Parkland) has the primary responsibility of providing medical care to the indigent residents of Dallas County, Texas as provided in Chapter 281 of the Health and Safety Code of the State of Texas. Parkland Financial Assistance (PFA) is not a health insurance program and does not pay for services outside of Parkland Health & Hospital System. Services not medically indicated are not eligible for the PFA program.

   B. Residents of Dallas County, Texas are determined to be eligible for discounted hospital and medical care from the Parkland, based upon his or her application
for Parkland Financial Assistance and ability to pay. The granting of financial assistance from the Parkland is delegated to the Parkland Patient Financial Services Department; and requires that the eligibility criteria be met by the applicant seeking benefits and that the applicant agree to abide by the terms of participation requirements. Parkland and the applicant will attempt to identify the applicant's eligibility for Medicaid, Medicare, state grants or other alternate sources of funding including pharmaceutical replacement programs and hospital lien to assure that the Parkland Financial Assistance (PFA) Program is utilized as the final option for payment of medical services.

C. Individuals that do not qualify for PFA may be eligible for Parkland’s Charity Discount Program (CDP). This program provides discounted services for those individuals whose gross household income falls below 400% of the current Federal Poverty Guidelines or Non-Dallas County residents who are medically indigent.

2. Regulations

A. A person, who fails to supply the information necessary for accurate medically indigent eligibility determination, shall be presumed to be able to pay the full charge for services rendered. Emergency treatment shall not be denied to anyone. For non-emergent cases the patient should be given the option to either pay a non-refundable minimum deposit, a portion of the deposit or be rescheduled when the information can be provided. In emergency cases patients will be advised of their financial responsibility prior to discharge.

B. A person, who it is found to have willfully falsified information to meet eligibility requirements, shall be barred from participation

3. Participation Criteria

A. Each individual applying for financial assistance under this policy will be asked to complete a Financial Assistance Application. Staff will provide applications the same day requested. A brief explanation will be given to the applicant explaining the process and the applicant’s responsibilities. Parkland staff will provide assistance in completing applications if needed. Further information regarding the application process can be found in the Parkland Financial Assistance Operations Manual.
B. Individuals who seek to participate in Parkland's Parkland Financial Assistance Program must meet all eligibility criteria. It is the applicant's burden of proof to provide documentation requested. The following documentation as identified in the Parkland Patient Financial Assistance Operations Manual is required:

1) Demonstration of Proof of Identity; and
2) Dallas County Residency
3) Household composition
4) Income
5) Resource Limit/Asset Test (Except Homeless Individuals)

C. Dallas County residents who have other healthcare coverage may be eligible to participate in the Parkland Financial Assistance for those services not covered under their benefit plans, but are provided at Parkland. To qualify for assistance, the applicant cannot have commercial insurance. An applicant's financial assistance classification may not be applied to deductibles, co-insurance, and co-payments of other healthcare coverage as provided for by federal billing regulations and other third party payer agreements.

4. Participation Requirements

A. Participants must agree to the following requirements:

1) Actively participate with Parkland in identifying and applying for other funding sources. Cooperation includes providing evidence of ineligibility for Medicare, Medicaid, CHIP, CHIP Perinatal, Supplemental Security Income (SSI), or other assistance programs.

2) Agreeing to make financial contributions at the time of services as established by the participant's ability to pay.

3) If a participant does not make the required payments, his or her financial assistance classification may be revoked.

B. Participants shall comply with the following payment expectations based on his or her financial assistance classifications:
1) Parkland shall provide indigent healthcare assistance with no obligation to pay for covered services rendered or prescription drugs provided to those uninsured residents who meet one of the following criteria:
   
a) Have a gross monthly household income at or below 100% of the current Federal Poverty Guidelines (as calculated pursuant to the Parkland Patient Financial Services Department Operations Manual)

b) Homeless

c) Dallas County Transitional Inmate

2) PFA 1: Uninsured individuals with a gross monthly household income of 101% - 150% of the current Federal Poverty Guidelines will be asked for a copayment at time of service for specified visit types.

3) PFA 2: Uninsured individuals with a gross monthly household income of 151% - 200% of the current Federal Poverty Guidelines will be asked for a copayment at time of service for specified visit types and/or prescription drugs provided, subject to applicable laws and regulations. The time of service copayment amounts shall be established by the Parkland and will be communicated to the participant upon establishment of eligibility.

4) PFA 3: Uninsured individuals with a gross monthly household income of 201% - 250% of the current Federal Poverty Guidelines will be asked for a copayment at time of service for specified visit types and/or prescription drugs provided, subject to applicable laws and regulations. The upfront time of service copayment amounts shall be established by the Parkland and will be communicated to the participant upon establishment of eligibility.

5. Covered Services

   A. The following services will be covered under this policy to the extent they are determined to be medically necessary:

      1) Primary and preventive services, including immunizations for flu and pneumonia, medical screening services, and annual physical examinations (Pap smears and mammograms every two years unless ordered more frequently);
2) Inpatient and outpatient hospital services provided at Parkland or at a facility with which Parkland has contracted for such services;

3) Physician services received from Parkland Medical Staff members;

4) Family planning services;

5) Laboratory and x-ray services provided at Parkland or at a facility with which Parkland has contracted for such services;

6) Skilled nursing facility services, regardless of the patient’s age.

B. Parkland shall cover only those services determined to be medically necessary. Parkland shall establish a clinical committee to review questions of medical necessity as further described in the Parkland Patient Financial Assistance Operations Manual. Exclusions from coverage, such as experimental medications or off-label drug use or cosmetic surgery services, shall be specified in the Parkland Patient Financial Assistance Operations Manual.

C. Services provided at a facility other than Parkland or by a practitioner who is not a member of the Parkland Medical Staff must be pre-approved by Parkland; failure to obtain pre-approval may result in denial of payment for such services.

6. Appeals Process

A. Participants have the ability to appeal decisions related to residency and financial obligation determinations. The Parkland Patient Financial Services Department is responsible for having a written appeals process in its departmental operations manual.

7. General Guidelines

A. All applicants for PFA program shall undergo a financial screening to determine potential funding sources and his or her ability to pay. The extent to which a resident will be financially responsible will be determined based upon pre-established financial criteria located in the Parkland Patient Financial Services Department Operations Manual.

B. Participants must notify the Parkland Patient Financial Services Department within fourteen (14) days of any change in their financial circumstances,
residency, or family size that could potentially affect the member's eligibility in the program. The failure to report any such changes may cause the participant to lose his or her eligibility in the program, and to be held liable for all benefits received while ineligible. Further, if it is determined that a member has knowingly provided incorrect information or has knowingly withheld information for the sole purpose of establishing or maintaining eligibility in the program(s), he or she will be responsible for all benefits wrongfully received as well as potentially facing legal action.

C. Eligibility Period: Enrollment periods for approved PFA participants may vary based on individual applicant situations. The enrollment period end date will be the last day of a calendar month. The minimum enrollment period is one calendar month with exception of a Prescription Only PFA enrollment period, which is limited to 14 calendar days.

1) Enrollment period shall not exceed six calendar months from date of approval for the following cases:
   a) PFA households with countable gross income equal to or less than 100% FPIL (mandatory PFA coverage group)
   b) Dallas County Transitional Inmates
   c) VIP Referrals

2) Enrollment period shall not exceed twelve calendar months from date of approval for the following cases:
   a) PFA households with countable gross income greater than 100% FPIL (optional PFA coverage group)
   b) Adolescent Youth and Family

D. Parkland will always be the payor of last resort. This policy shall not alter or modify other policies regarding efforts to obtain payments from third-party payors, patient transfers, or emergency care.

E. For those individuals that are offered employer sponsored health insurance, and it has been determined that they are unable to afford that coverage, the Patient Financial Services Financial Counseling staff will assist the patient with applying
for the Medicaid Health Insurance Premium Payment (HIPP) Program. HIPP is the Texas Medicaid program that helps families pay for employer-sponsored health insurance premiums. It is for families with at least 1 person who gets Medicaid. People enrolled in any Medicaid program, except for the Children's Health Insurance Program (CHIP) and STAR Health managed care program, are eligible to enroll in HIPP. The eligibility criteria for the HIPP Program is as follows:

1) At least one person must be Medicaid eligible
2) At least one family member has access to employer sponsored health insurance (ESI)
3) Family must pass state’s cost effectiveness test.
4) Patients can be deemed eligible up to 60 days retroactively
5) Employee may enroll at any point in the plan year.

8. Retroactive Eligibility

A. Retroactive eligibility may be available to an applicant who did not apply for PFA or CDP until after they received care at Parkland, either because they were unaware of financial assistance or because the nature of their illness prevented the filing of an application. Retroactive eligibility is available when there is an unpaid medical bill from Parkland for a service provided within (3) three full months immediately before the month an identifiable application is received, providing the individual meets all the eligibility criteria. The applicant can be ineligible for the month of application and prospective months and be approved for one or more months of retroactive eligibility.

9. Communication of the Charity Program to Patients and Within the Community:

A. Notification about charity available from Parkland, which shall include a contact number, shall be disseminated by Parkland by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at Community Outpatient Patient Centers (COPCs), admitting and registration departments, hospital business offices, and patient financial services offices that
are located on facility campuses, and at other public places as Parkland may elect. Parkland shall also publish and widely publicize a summary of this charity care policy on facility websites, in brochures available in patient access sites and at other places within the community served by the health system as Parkland deems necessary. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Parkland. Referral of patients for charity may be made by any member of the Parkland staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains or religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

10. Relationship to Collection Policies:

A. The Patient Financial Services department’s SVP of Revenue Cycle Management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections actions and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient’s good faith effort to apply for a governmental program or for charity from Parkland, and a patient’s good faith effort to comply with his or her payment agreements with Parkland. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, Parkland may offer extended payment plans will not send unpaid bills to outside collection agencies and will cease all collection efforts. Parkland will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts to determine eligibility will occur within (14) fourteen days from receiving a complete application and shall include:

1) Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital;

2) Documentation that Parkland has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital’s application requirements;
3) Documentation that the patient does not qualify for financial assistance on a presumptive basis;

4) Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

11. Regulatory Requirements:

A. In implementing this Policy, Parkland management and facilities shall comply with all other federal, state, and local laws, rules and regulations, including EMTALA that may apply to activities conducted pursuant to this Policy.

12. Emergency Medical Treatment and Active Labor Act (EMTALA) refers to Sections 1866 and 1867 of the Social Security Act, 42 U.S.C. § 1395dd, which obligates hospitals to provide medical screening, treatment and transfer of individuals with emergency medical conditions or women in labor. It is also referred to as the “antidumping” statute and COBRA (Consolidated, Omnibus Budget & Reconciliation Act).

**EQUIPMENT:**

N/A

**DEFINITIONS:**

**Assets:** Only the resources that is easily convertible to cash and unnecessary for the patient’s daily living. Examples are monies in a: Checking Account, Savings Account, Certificate of Deposit (CD), Cash in a Safety Deposit Box, Stocks, and/or Bond. IRAs and 401Ks are excluded until money is removed.

**Indigent:** Individuals with income up to 250% (percent) of the Federal Poverty Guidelines.

**Medicare Assets Testing:** An analysis performed on the assets presented and electronically documented are in total not to exceed $7,560 in net resources for a single person or $11,340 in net resources for a couple. Medicare Disabled Working Individual
(QDWI) assets must not exceed $4,000 in net resources for a single person or $6,000 in net resources for a couple. Included in the analysis, the Parkland will take into account any extenuating circumstances that would affect the determination of the Medicare patient’s indigence.

**Medically Indigent**: A person whose family unit resources or property and income is at or below two hundred percent (250%) of the Federal Poverty Income Level (FPIL) for the size of the family unit, rounded to the nearest dollar, and in accordance with all regulations and qualifications set forth in this policy.

**Nonresident**: A person whose primary home or fixed place of habitation to which the person intends to return after a temporary absence is located outside of Dallas County, Texas. A person is considered a nonresident of Dallas County, Texas, if the person attempts to establish residence solely to obtain healthcare assistance.

**Participant**: Dallas County residents who meet eligibility criteria are eligible for participation in the Parkland Financial Assistance Program. Participants will be assigned a level of financial responsibility based on the participant's ability to pay.

**Resident**: A person is a resident, if the person's primary home or fixed place of habitation to which the person intends to return after a temporary absence is located in Dallas County, Texas. Persons do not lose their residence status because of temporary absences from Dallas County. No time limits are placed on a person's absence from Dallas County. Documentation required to provide residency is further described in the Parkland Patient Financial Services Department Operations Manual.

**Resource Limit/Asset Test**: Resources are either countable or exempt. Resources from disqualified and non-household members are excluded, but may be included if processing an application for a sponsored alien. A household is not eligible if the total countable household resources exceed:

- $30,000.00 when a person living in the home is aged or has disabilities and they meet relationship requirements
- $20,000.00 for all other households.
REFERENCES:

The Indigent Healthcare and Treatment Act, Title 2, Chapter 61 of the Health and Safety Code Of the State of Texas; and Title 25, Part 1, Chapter 14 of Texas Administrative Code (TAC).