

CARRELL CLINIC FOUNDATION - FINANCIAL ASSISTANCE POLICY

1. OVERVIEW

Patients may apply for financial assistance for any facility supported by the Carrell Clinic Foundation for charity care. However, eligibility for financial assistance only applies to emergency and other medically necessary care. United States citizens and residents of the United States (including resident non-citizens) are eligible for financial assistance. Each eligible patient's situation will be evaluated according to relevant circumstances, such as income or other resources available to the patient or patient's family when determining the ability to pay the patient account balance. Taking this information into consideration, the attached Financial Assistance Eligibility Discount Guidelines (Attachment B) are utilized to determine what amount, if any, of the patient account balance will be paid by the Carrell Clinic Foundation.

When a patient's circumstances do not satisfy the requirements under the Financial Assistance Eligibility Discount Guidelines or Eligibility Criteria, a patient with unusual mitigating factors may still be able to obtain financial assistance, provided that these factors and the reason for the exception are documented. In these situations, the Board of Directors will review all available information and make a determination on the patient's eligibility for financial assistance.

2. METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE

2.1 Application Process

Applying for financial assistance can be initiated by a patient requesting assistance in person, over the phone (214) 712-4200, through the mail or via the Carrell Clinic Foundation website:

www.carrellclinicfoundation.org. Mailed applications should be sent to:

Carrell Clinic Foundation
Attn: Sylvia Holt - Administrative Assistant
9301 N. Central Expressway, Suite 400
Dallas, Texas 75231
sylvia@carrellclinicfoundation.org

Additionally, Carrell Clinic Foundation or a medical provider can initiate an Assistance Application on behalf of the patient. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance.

2.2 Community and Charitable Programs

Patients of certain approved community and charitable organizations and programs with the same eligibility criteria as Attachment B qualify for financial assistance under this Policy. For organizations or programs not approved under this policy, another assistance application may be used as long as substantially the same items on the Carrell Clinic Foundation Assistance Application are satisfied or documentation as to why they were not satisfied is included. The Board of Directors will be responsible for determining the approved organizations and programs. Texas Scottish Rite Hospital (TSRH) is an approved charitable organization, and former patients who qualify and are referred by TSRH are considered to have satisfied this requirement.

3. PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE

Carrell Clinic Foundation may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide an Assistance Application or supporting documentation.

4. BASIS FOR CALCULATING FINANCIAL ASSISTANCE

The level of financial assistance will be based on a classification as Financially Indigent or Medically Indigent, as defined below. In all situations, once the patient is determined to qualify for financial assistance that individual should not be charged more for medically necessary care than the amounts generally billed to individuals who have insurance covering such care ("AGB"). This should be discussed with the healthcare provider.

4.1 Financially Indigent

"Financially Indigent" means a patient whose Yearly Household Income (as defined below in section 5.2.i) is less than or equal to 200% of the Federal Poverty Guidelines ("FPG"). These Financially Indigent patients are eligible for a 100% discount on patient account balances based on Schedule A of the Financial Assistance Eligibility Discount Guidelines (Attachment B).

Example: A patient with a Household Size of 3 (as defined below in section 5.2.ii) and Yearly Household Income of \$36,620 is eligible for a financial assistance discount of 100%.

4.2 Medically Indigent

"Medically Indigent" means a patient whose medical or hospital bills from all Carrell Clinic Foundation related providers, after payment by all third parties, are equal to or greater than 5% of their Yearly Household Income and, whose Yearly Household Income is greater than 200% but less than or equal to 500% of the FPG as set forth in Schedule B of the Financial Assistance Eligibility Discount Guidelines (Attachment B). These Medically Indigent patients will owe the lesser of the patient's account balance or 10% of the patient's gross charges not to exceed the calculated AGB amount as described in Section 4.

Example: A patient with a Household Size of 4 and Yearly Household Income of \$85,000 (between 200 - 500% of FPG) is eligible for a financial assistance discount down to the lesser of the patient's account balance or 10% of gross charges not to exceed the calculated AGB amount if the patient's total outstanding bills, after all third-party payments, are equal to or greater than 5% of the Yearly Household Income. Assuming the patient's gross charges is \$50,000 and account balance is \$10,000 (which is equal to or greater than 5% of the Yearly Household Income) and the calculated AGB amount is \$15,000; the patient's remaining obligation would be \$5,000. Please note, if the patient's remaining balance is already less than 10% of gross charges or the calculated AGB amount, the patient will receive no additional fee reduction and will be responsible for paying the remaining balance.

4.3. Financial Assistance Eligibility Discount Guidelines

The Financial Assistance Eligibility Discount Guidelines are attached and are made a part of this Policy (Attachment B). The Financial Assistance Eligibility Discount Guidelines will be updated annually in accordance with the FPG as published in the Federal Register by the U.S. Department of Health and Human Services.

5. DETERMINATION OF FINANCIAL ASSISTANCE

5.1 Financial Assistance Assessment

Determination of financial assistance will be in accordance with procedures that may involve:

5.1.i. An application process, in which the patient or the patient's guarantor is required to supply information and documentation relevant to making a determination of financial need; and/or,

5.1.ii. The use of credit reports and other publicly available information that provide information on a patient's or a patient's guarantor's estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide an Assistance Application or supporting documentation.

5.2 Definition of Household Income and Household Size

Determination of financial assistance will be based on the household income and size provided by the patient and/or by an estimated household income and size obtained from a third-party vendor.

5.2.i. Household Income

- I. Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse.
- II. Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, the patient's mother and the patient's father or legal guardian(s).

5.2.ii. Household Size

- I. Adults: In calculating the Household Size, include the patient, the patient's spouse, and any dependents (as defined by the IRC).
- II. Minors: In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father.

5.3 Income Verification

Household income may be documented through any of the following mechanisms:

5.3.i. Third Party Documentation. By the provision of third party financial documentation including IRS Form W-2; Wages and Tax Statement; pay check remittance; individual tax return; 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 Carrell Clinic Foundation's information security procedures and the requirements of securing protected health information.

5.3.ii. Participation in a Means Tested Benefit Program. By the provision of documentation showing current participation in a public benefit program such as Medicaid; County Indigent Health Program; AFDC; Food Stamps; WIC; TexCare Partnership; or other similar means tested programs. Proof of Participation in any of the above programs indicates that the patient has been deemed Financially Indigent and therefore, is not required to provide his or her income on the Assistance Application.

5.3.iii. In cases where third party documentation is unavailable, verification of the patient's

- I. Obtaining the patient's or responsible party's Written Attestation. By obtaining an Assistance Application signed by the patient or responsible party attesting to the veracity of the patient's income information provided;
- II. Obtaining the patient's or responsible party's Verbal Attestation. Through the written attestation of the Carrell Clinic Foundation employee completing the Assistance Application that the patient or responsible party verbally verified the patient's income information.

In both above instances where the patient or responsible party is unable to provide the requested third-party verification 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 required third party verification. Reasonable attempts will be used to verify patient's attestation and supporting information.

5.3.iv. Expired Patients. Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of Yearly Household Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for financial assistance.

5.4 Financial Assistance Disqualification

Disqualification after financial assistance has been granted, may be for reasons that include, but are not limited to one of the following:

5.4.i. Information Falsification. Financial assistance will be denied to the patient if the patient or Responsible party provides false information including information regarding their income, household size, assets or other resources available that might indicate a financial means to pay for care.

5.4.ii Third Party Settlement. Financial assistance will be denied if the patient receives a third party financial settlement associated with the care rendered by Carrell Clinic Foundation. The patient is expected to use the settlement amount to satisfy any patient account balances.

6. MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

6.1 Community Notification

6.1.i. Posting the Policy, Assistance Application and plain language summary on the Carrell Clinic Foundation website at the following location: www.carrellclinicfoundation.org.

6.1.ii. Annually posting a notice in the principal newspaper serving the Carrell Clinic Foundation provider service areas.

6.1.iii. Carrell Clinic Foundation informs and notifies visitors to the hospital about the Policy through conspicuous displays and other measures, such as posting of a notice in the emergency department, admitting areas and business offices of Carrell Clinic Foundation.

6.1.iv. Carrell Clinic Foundation informs and notifies the community served by the hospital facility through other affiliated organizations, community clinics and other health care providers to reach those members of the community who are most likely to require financial assistance.

6.2 Personal Notification

6.2.i. Financial Counselors may visit with patients in person.

6.2.ii. Billing statements include a notice that informs and notifies recipients about the availability of financial assistance under the Policy including a phone number for inquiries about financial assistance and the website where additional information can be obtained.

6.2.iii. Carrell Clinic Foundation staff discuss, when appropriate, in person or during billing and customer service phone contacts with patients.

6.2.iv. Paper copies of the Policy, Assistance Application and plain language summary are made available to all patients upon request and without charge including offering a plain language summary at intake or discharge.

**Carrell Clinic Foundation
Financial Assistance Eligibility Discount Guidelines
Attachment B
Effective 07/01/2018**

Based on Federal Poverty Guidelines Issued 1/26/2017

Schedule A

Financially Indigent Classification	
Patient's Yearly Income must be equal to or less than the following:	
Number in Household	200%
1	24,120
2	32,480
3	40,840
4	49,200
5	57,560
6	65,920
7	74,280
8	82,640
Patient Responsibility	0% of Balance Due

Schedule B

Medically Indigent Classification	
Balance due must be equal to or greater than 5% of the patient's Yearly Income for eligibility, and such Yearly Income must be equal to or less than the following:	
Number in Household	Up to 500%
1	60,300
2	81,200
3	102,100
4	123,000
5	143,900
6	164,800
7	185,700
8	206,600
Patient Responsibility	Lesser of Patient Account Balance or 10% of gross charges not to exceed AGB*

*AGB as defined as "Amounts Generally Billed" to individuals with insurance as stated in Section 4 of the Financial Assistance Policy

**Carrell Clinic Foundation Provider List
Attachment C
Effective 07/01/2018**

Providers Covered by Carrell Clinic Foundation Financial Assistance Policy that are Providing Emergency
or Other Medically Necessary Care in a Carrell Clinic Foundation Hospital Facility

North Central Surgical Hospital

The Carrell Clinic

Baylor Scott & White facilities

North Texas medical practices,
hospital, ASC and surgical facilities

North Texas providers of durable
medical equipment

Providers Not Covered By Carrell Clinic Foundation Financial Assistance Policy

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

carrellclinicfoundation.org

214-712-4200

Last Updated: 06/29/18