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 Owner: Traina Sunday: Assistant Director,  
 Patient Access  
 Policy Area: Admitting  
 References:

## Financial Assistance

*Printed copies are for reference only. Please refer to electronic copy for current version.*

### PURPOSE:

TPG Hospital, LLC d/b/a Northwest Surgical Hospital (“Northwest Surgical Hospital”) and Community Hospital, LLC (“Community Hospital”) understand that it can be difficult for some patients to afford to pay their medical bills. For this reason, Northwest Surgical Hospital and Community Hospital provide financial assistance for qualifying patients who receive emergency or other medically necessary care from Northwest Surgical Hospital and Community Hospital. Medically necessary emergency care will not be delayed or withheld based on the patient’s ability to pay. Northwest Surgical Hospital and Community Hospital believe that emergency, as well as medically necessary health care services, should be accessible to all regardless of race, color, religion, national origin, disability, age, sex, disability, sexual orientation, gender identity, or protected veteran status in its consideration of a patient’s qualification for financial assistance. Northwest Surgical Hospital and Community Hospital are committed to providing health services and understand that in some cases the patient will not be able to pay for the services received.

### POLICY:

As part of its mission, Northwest Surgical Hospital and Community Hospital have developed a fair and consistent process for the review and completion of requests for financial assistance to patients of Northwest Surgical Hospital and Community Hospital in need of financial assistance. Generally, eligibility for financial assistance is determined by comparing the patient’s total household income to the Federal Poverty Guidelines as established by the Department of Health and Human Services on an annual basis. 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.

#### ELIGIBILITY CRITERIA

All patients will be eligible to apply for financial assistance during the Application Period. Financial assistance is only available for emergency or other medically necessary services and does not cover Elective Services. This Policy covers services billed through HPI facilities. Not all services provided within the HPI hospitals are provided by HPI employees and therefore may not be covered by this policy. A full list of covered providers is updated quarterly and can be found in Appendix "A" of this policy. In addition, a complete list of covered providers is available from the HPI Customer Service Department, 14024 Quail Pointe Drive, OKC, OK 73134, or by telephone at 405-419-8444.

Northwest Surgical Hospital and Community Hospital will take into account 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 the financial assistance. This method allows for a fair and accurate way to assist patients who are experiencing financial hardship. Partial and/or full financial assistance will be granted based on the individual's ability to pay. Eligible individuals include patients who do not have insurance and patients who have insurance but are underinsured.

Northwest Surgical Hospital and Community Hospital use a financial assistance eligibility guideline that is based on the amount generally billed and the published Federal Poverty Guidelines for the current calendar year. The financial assistance eligibility guideline will be maintained at Northwest Surgical Hospital 9204 N May Ave, Oklahoma City, OK 73120 and at Community Hospital 3100 SW 89<sup>th</sup> Street, Oklahoma City, OK 73159. 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.

### **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:

- **Online** at the Northwest Surgical Hospital website, [www.nwsurgicalokc.com](http://www.nwsurgicalokc.com) and at the Community Hospital website, [www.communityhospitalokc.com](http://www.communityhospitalokc.com)
- **By telephone** at Northwest Surgical Hospital and Community Hospital Customer Service at 405-419-8444.
- **By mail** at the Northwest Surgical Hospital and Community Hospital Customer Service, 14024 Quail Pointe Dr., Oklahoma City, OK 73134
- **On posted signs and paper copies or brochures** located in the emergency departments, admitting areas and business offices of Northwest Surgical Hospital and Community Hospital, in languages that are appropriate for the hospital's service area.
- **In person** through Financial Counselor visits, as necessary, with patients at Northwest Surgical Hospital and Community Hospital and discussions by designated staff, when appropriate.
- **In billing statements** a phone number for inquiries about financial assistance will be included in patient billing statements.

### **METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE**

A determination of whether a patient qualifies for financial assistance may be initiated by the patient, a Northwest Surgical Hospital or 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.

The Scheduling, Pre-Registration, Insurance Verification, and Financial Counseling staff will attempt to identify all cases that will qualify for financial assistance at the time of pre-registration or admission. Patients identified, as possible financial assistance cases, will be given the financial assistance packet with information on filling out the paper work, additional documentation needed, and the required submission process.

Patients without insurance must fully cooperate and comply with eligibility requirements for any Federal and/or State program for which they may be qualified.

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.

In order to be evaluated for financial assistance, it is the responsibility of the patient to complete a Northwest Surgical Hospital or Community Hospital Financial Assistance Application and provide supporting documents. The completed application must be submitted to the Northwest Surgical Hospital or Community Hospital Central Business Office, 14024 Quail Pointe Dr., Oklahoma City, OK 73134. The patient may be asked to provide one or more of the following documents upon request:

- Federal/State Tax Return from the most recent calendar year, which includes Adjusted Gross Income
- Social Security Award Letter or copy of Social Security check
- Veterans Administration letter or copy of VA check if applicable
- 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
- Bankruptcy documentation, if applicable, with listed creditors.

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

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 when a patient does not provide a Financial Assistance Application or supporting documentation.

All patients must be individually approved for financial assistance even if another family member was previously approved for or the individual was approved for Northwest Surgical Hospital or Community Hospital. A financial assistance application must be filled out and the proof of income verified to ensure each visit meets the required criteria for financial assistance guidelines.

The process of application review, approval or denial, and patient notification of decision should not take more than thirty (30) days from the date that the completed application is received with all supporting documentation. A Northwest Surgical Hospital or Community Hospital Financial Counselor, designated business office representative, or executive with the authority to offer financial assistance will review individual cases and make a determination of financial assistance that may be offered with approval levels set forth in the Northwest Surgical Hospital or Community Hospital Obligational Authority Policy. All patients that request financial assistance will receive a letter stating if the patient was approved or denied for financial assistance. The letter will be mailed using the best available contact information provided by the patient.

In the event a completed Financial Assistance Application is received during the Application Period, Northwest Surgical Hospital and Community Hospital will suspend Extraordinary Collection Actions (ECAs), other than periodic patient statements, while it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. ECAs include assigning balances due to an outside collection agency and the reporting of unpaid balances to a Credit Bureau, which could negatively impact a patient's credit score. 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 Northwest Surgical Hospital and Community Hospital provides written notice to the patient that ECAs collection activity 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.

Northwest Surgical Hospital and Community Hospital retain 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.

Northwest Surgical Hospital and 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 Northwest Surgical Hospital and Community Hospital Records Retention Policy.

### **BASIS FOR CALCULATING FINANCIAL ASSISTANCE**

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 73% to 95% 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.

Catastrophic Assistance may be available for patients who do not otherwise qualify under the Financial Assistance Policy if the patient has a balance due to Northwest Surgical Hospital or Community Hospital that exceeds a certain threshold of the patient's income. The percentage is generally 25% of annual income, but may be reviewed and adjusted on an annual basis.

The amounts charged for emergency and medically necessary medical services to patients eligible for Financial Assistance will not be more than the average Amount Generally Billed (AGB) to individuals with insurance coverage for similar services. Northwest Surgical Hospital and Community Hospital determine AGB based on all claims paid in full to Northwest Surgical Hospital and 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 percentage or how the uninsured discount compares to insurance discounts. Requests should be sent to the Northwest Surgical Hospital and Community Hospital Central Business Office, 14024 Quail Pointe Dr., Oklahoma City, OK 73134.

### **FINANCIAL ASSISTANCE DENIAL**

Financial assistance will be denied to the patient if the patient or responsible party is uncooperative or unresponsive to reasonable efforts to work with Northwest Surgical Hospital and Community Hospital representatives, or if the patient or responsible party provides false information including information regarding their income, household size, assets or other resources available that might show financial means to pay for care. Charges for services previously rendered will be billed to the responsible party.

Financial assistance will be denied if the patient receives a third party financial settlement associated with the care rendered by Northwest Surgical Hospital and Community Hospital. The patient is expected to use the settlement amount to satisfy any patient account balances.

Financial assistance is not available to a patient who is a ward/custodial of a local, state or federal government agency or who may become a ward/custodial of local, state or federal agency as a result of conduct that is in violation of local, state or federal laws.

### **OVERSIGHT**

The Northwest Surgical Hospital and Community Hospital 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 Northwest Surgical Hospital and Community Hospital.

## **SCOPE**

This Financial Assistance Policy (“Policy”) applies to all HPI caregivers and all organizations and personnel of HPI and specifically, but not limited to, Northwest Surgical Hospital, Community Hospital, Lake Pointe Imaging, and HPI Physicians.

## **DEFINITIONS**

“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.

“Amounts Generally Billed (AGB)” means the amounts generally billed for emergency or other medically necessary 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 emergency or other medically necessary care it provides to an FAP eligible individual.

“Application Period” means the time period in which an individual may apply for financial assistance. The Application Period ends on the 240<sup>th</sup> day after Northwest Surgical Hospital or Community Hospital mails or electronically provides the individual with the first billing statement for the care, but may be extended by Northwest Surgical Hospital or Community Hospital upon extraordinary circumstances.

“Catastrophic Assistance” means those discounts on Northwest Surgical Hospital or Community Hospital bills for medically necessary care under the Financial Assistance Program for individuals or a family whose medical bills exceed a certain threshold of their income, generally 25% of annual income. Said percentage is reviewed and may be adjusted on an annual basis.

“Elective Services” means services or procedures that are non-emergent and non-medically necessary.

“Federal Poverty Guidelines” are determined by the Department of Health and Human Services and published in the Federal Register.

“Look-Back Method” means the methodology specified by IRS Codes Section 501(r) and selected by Northwest Surgical Hospital and Community Hospital to determine AGB which uses past payments from Medicare or a combination of Medicare and commercial insurer payments.

“Medically Necessary Care” means healthcare services or supplies which meet all the following requirements: (i) ordered by a physician and appropriate and necessary for the symptoms, diagnosis, or treatment of the medical or mental health condition; (ii) provided for the diagnosis or direct care and treatment of the medical or mental health condition; (iii) meet the standards of good medical practice within the medical and mental health community in the service area; (iv) not primarily for the convenience of the patient or a provider; and (v) the most appropriate level or supply of service which can safely be provided.

“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 non-contracted insurance plans.

## Attachments

[Appendix A for FAP.pdf](#)

## Approval Signatures

Step Description	Approver	Date
	Donna DeLise: VP of Clinical Services/System CNO	07/2020
	Traina Sunday: Assistant Director, Patient Access	07/2020

**HPI Provider List  
Appendix A  
Effective 1/01/2020**

**Providers Covered by HPI Financial Assistance Policy that are Providing Emergency or other Medically Necessary Care in the HPI Hospital Facilities.**

**HPI Physicians Group**

Robert F. Hines, M.D.	Orthopedic Surgeon
J. Calvin Johnson, M.D.	Orthopedic Surgeon
Sam Hong, M.D.	Gastroenterology
Josh C. McWilliams, M.D.	Emergency Medicine
Jeffrey Nees, M.D.	Neurosurgery
Koby Anderson P.A.	Physicians Assistant - Neurosurgery
Daron C. Hitt, M.D.	Hand Surgeon
C. Shane Hume, D.O.	Orthopaedic-Spine
Tammy Thomas, APRN	Advanced Practice RN–Orthopaedic-Spine

**Providers Not Covered by HPI Financial Assistance Policy**

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

Last updated 7/13/2020