


Policy and Procedure

	ENTITY/HOSPITAL INTEGRIS Health	NUMBER SYS-RCM-100
	MANUAL System Revenue Integrity	EFFECTIVE DATE 01/04
	SUBJECT Financial Assistance	REVIEWED/REVISED 1/07, 9/07, 12/12, 1/14, 5/17, 6/18, 4/19, 5/19, 3/20, 3/21, 3/22

1.0 PURPOSE:

INTEGRIS Health, Inc. (“INTEGRIS”) provides care for patients unable to pay and offers financial assistance discounts (which may include uninsured discounts) to those who qualify. The Financial Assistance Policy applies to all health care services that are both Medically Necessary and Generally Available provided by INTEGRIS. Medically Necessary emergency care will not be delayed or withheld based on the patient’s ability to pay. INTEGRIS believes that health care services, should be accessible to all regardless of race, color, religion, national origin, disability, age, sex, sexual orientation, gender identity, or protected veteran status in its consideration of a patient’s qualification for financial assistance.


2.0 POLICY:

As part of its mission and commitment to the community, INTEGRIS provides financial assistance to patients of INTEGRIS who qualify for financial assistance pursuant to this policy. 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.

3.0 SCOPE:

This policy shall apply to all INTEGRIS caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS and specifically the CMS Providers and entities indicate in the Applicability section.

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4.0 ELIGIBILITY CRITERIA:

- 4.1 All patients will be eligible to apply for financial assistance during the Application Period. Financial assistance is only available for health care services that are both Medically Necessary and Generally Available, except as may be determined by the sole discretion of the INTEGRIS administration on a case by case basis. This Policy covers services billed through INTEGRIS at its hospitals. Not all services provided within the INTEGRIS hospitals are provided by INTEGRIS employees and therefore may not be covered by this Policy. A complete list of covered providers can be found in Appendix "A" of this Policy. The list attached at Appendix "A" is updated annually.
- 4.2 INTEGRIS hospitals use a financial assistance eligibility guideline that is based on the Amount Generally Billed ("AGB") and the published Federal Poverty Guidelines for the current calendar year. The financial assistance eligibility guideline will be maintained at the INTEGRIS Health Business Office, 3100 Quail Springs Parkway, Suite 101, Oklahoma City, OK 73134. 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. INTEGRIS will consider 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 financial assistance. Partial and/or full financial assistance will be granted based on the individual's ability to pay.

5.0 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:

- 5.1 Online at the INTEGRIS website, www.integrisk.com
- 5.2 By telephone at the INTEGRIS Health Business Office at 1-855-409-5458
- 5.3 By mail at the INTEGRIS Health Business Office, 3100 Quail Springs Parkway, Suite 101, Oklahoma City, OK 73134
- 5.4 On posted signs and paper copies or brochures located in the emergency departments, admitting areas and business offices of all INTEGRIS hospitals, in languages that are appropriate for the hospital's service area.
- 5.5 In person, as part of the intake or discharge process, through Financial Counselor visits, as necessary, and discussions by designated staff, when appropriate.
- 5.6 In billing statements, a phone number for inquiries about financial assistance will be included in patient billing statements.

6.0 METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE:


- 6.1 A determination of whether a patient qualifies for financial assistance may be initiated by the patient, an INTEGRIS 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.

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- 6.2 Patients without insurance must fully cooperate and comply with eligibility requirements for any Federal and/or State program for which they may be qualified.
- 6.3 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.
- 6.4 In order to be evaluated for financial assistance, it is the responsibility of the patient to complete an INTEGRIS Financial Assistance Application and provide supporting documents. The completed application must be submitted to the INTEGRIS Health Business Office, 3100 Quail Springs Parkway, Suite 101, Oklahoma City, OK 73134. The patient may be asked to provide one or more of the following documents upon request:
 - 6.4.1 Federal/State Tax Return from the most recent calendar year, which includes Adjusted Gross Income
 - 6.4.2 Social Security Award Letter or copy of Social Security check
 - 6.4.3 Veterans Administration letter or copy of VA check if applicable
 - 6.4.4 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
 - 6.4.5 Bankruptcy documentation, if applicable, with listed creditors showing INTEGRIS Health entities
 - 6.4.6 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
- 6.5 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 or other presumptive methodology when a patient does not provide a Financial Assistance Application or supporting documentation.
- 6.6 All patients must be individually approved for financial assistance even if another family member was previously approved or the individual was approved at another INTEGRIS hospital.
- 6.7 In the event a completed Financial Assistance Application is received during the Application Period, INTEGRIS will suspend Extraordinary Collection Actions (ECAs) while it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. 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 INTEGRIS provides written notice to the patient that ECAs 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.
- 6.8 INTEGRIS retains 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

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for financial assistance.

- 6.9 INTEGRIS 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 INTEGRIS Records Retention Policy.

7.0 BASIS FOR CALCULATING FINANCIAL ASSISTANCE:

- 7.1 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 82% to 97% 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.
- 7.2 The amounts charged for Medically Necessary and Generally Available medical services to patients eligible for financial assistance will not be more than the average AGB. In addition, amounts charged for Medically Necessary and Generally Available medical services to uninsured patients eligible for financial assistance will not be more than the average AGB. INTEGRIS determines AGB based on all claims paid in full to INTEGRIS 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 percentages. Requests should be sent to the INTEGRIS Health Business Office, 3100 Quail Springs Parkway, Suite 101, Oklahoma City, OK 73134. In the event the outstanding patient account balance is less than the calculated AGB discount based on deposits or previous payments made, INTEGRIS will refund the patient the amount over the AGB calculated amount if the payment was made within 240 days of the first statement.
- 7.3 Services provided through the Community Clinic or related to the IPAP Drug Replacement program may also be deemed presumptively eligible for financial assistance.

8.0 FINANCIAL ASSISTANCE OFFERED TO DUALY ELIGIBLE PATIENTS:

Medicare charity will be written off using the Medicare Bad Debt Policy and Procedures currently in place at INTEGRIS.


9.0 OVERSIGHT:

The INTEGRIS Health 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 INTEGRIS.

10.0 DEFINITIONS:


- 10.1 “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.

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- 10.2 “Amounts Generally Billed (AGB)” means the amounts generally billed for Medically Necessary and Generally Available 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 Medically Necessary and Generally Available care it provides to an FAP eligible individual.
- 10.3 “Application Period” means the time period in which an individual may apply for financial assistance. The Application Period ends on the 240th day after INTEGRIS mails or electronically provides the individual with the first billing statement for the care but may be extended by INTEGRIS upon extraordinary circumstances.
- 10.4 “Extraordinary Collections Actions (ECAs)” are defined in the INTEGRIS Billing and Collection Policy, SYS-RCM-116.
- 10.5 “Federal Poverty Guidelines” are determined by the Department of Health and Human Services and published in the Federal Register.
- 10.6 “Generally Available” means services for basic diagnostic or therapeutic care generally performed by local providers. Highly specialized, elective, or extraordinary services (such as transplants) are not typically covered, and cosmetic services or other services not generally covered by most insurance policies.
- 10.7 “Look-Back Method” means the methodology specified by IRS Codes Section 501(r) and selected by INTEGRIS to determine AGB which uses past payments from Medicare or a combination of Medicare and commercial insurer payments.
- 10.8 “Medically Necessary Care” means medical services for urgent and emergent conditions, for serious illness, or for attempting to rule out serious illness.
- 10.9 “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 noncontracted insurance plans.

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**INTEGRIS Provider List
Appendix A
Effective 04/01/2021**

Providers Covered by INTEGRIS Financial Assistance Policy that are Providing Emergency or other Medical Necessary Care in the INTEGRIS Hospital Facilities

INTEGRIS Medical Group
INTEGRIS Cardiovascular Physicians
Nazih Zuhdi Transplantation Institute
Jim Thorpe Rehabilitation
Great Plains Family Medicine
INTEGRIS Baptist Medical Center Interventional Radiology Physicians

Providers Not Covered by INTEGRIS 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.