TITLE: PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE FOR DISCOUNTED HOSPITAL AND MEDICAL SERVICES

PURPOSE: To define the eligibility criteria for Harris Health System Financial Assistance Program for discounted hospital and medical services.

GUIDELINES/PROCEDURES STATEMENT:

Residents of Harris County, Texas are determined to be eligible for discounted hospital and medical care from the Harris Health System, based upon the income and residency

ELABORATIONS:

I. DEFINITIONS:

A. **INDIGENT**: A Harris County resident is indigent, if his or her gross family income, as it relates to family size, falls at or below one hundred and fifty percent (≤150%) of the Federal Poverty Guidelines. Homeless individuals without permanent housing, who may live on the street, stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable situation in Harris County, and meet the income eligibility criteria defined herein, are also classified as indigent.

B. **MY HARRIS HEALTH PROGRAM**: A program that provides self-pay patients, who are Harris County Residents and have no affordable (as defined in the Affordable Care Act) access to third-party health insurance coverage, a monthly payment plan, based on family size and income, for healthcare services received at Harris Health.

C. **PARTICIPATION**: Harris County residents who meet eligibility criteria are eligible for participation in the Harris Health Financial Assistance Program. Participants will be assigned a primary care clinic and will also be assigned a level of financial responsibility based on the participant’s ability to pay.

D. **NON-RESIDENT**: 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 Harris County, Texas. A person is considered a nonresident of Harris County, Texas, if the person attempts to establish residence solely to obtain health care assistance.
E. **Resident:** A person is a Harris County 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 Harris County, Texas.

F. **Self-Pay:** A Harris County resident is determined to be self-pay, if his or her gross family income as it relates to family size, exceeds one hundred and fifty percent (>150%) of the Federal Poverty Guidelines, and the resident has no third-party health insurance coverage.

II. **General Guidelines:**

Participants for financial assistance shall undergo a financial screening to determine potential funding sources and his or her ability to pay and must agree to eligibility requirements.

A. Must be a resident of Harris County;

B. Must provide the requested documentation;

C. Actively participate with the Harris Health in identifying and applying for other funding sources. Cooperation includes providing evidence of ineligibility for insurance through the Health Insurance Exchange (under the Affordable Care Act), Medicare, Medicaid, CHIP; CHIP Perinatal, Supplemental Security Income (SSI), or other assistance programs;

D. Must notify the Harris Health System - Eligibility 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;

E. Agree to make financial contributions at the time of services as established by the participant’s ability to pay;

F. Harris County residents, who meet eligibility criteria but have other healthcare coverage, may be eligible to participate in the Harris Health System Financial Assistance Program for medical services that are provided by Harris Health but are not covered under their benefit plans. To qualify for assistance, the applicant’s insurer must be under contract with the Harris Health, and the applicant must use
the Harris Health for medical services. An applicant’s financial assistance classification may also be applied to deductibles, co-insurance, and co-payments of other healthcare coverage, as allowed by federal billing regulations and other third party payer agreements;

G. Select a primary care clinic for each family member;

H. Being a participant in good standing. Participants are considered to be in good standing when they contribute their full financial contribution requirement. If a participant does not make the required payments, his or her financial assistance classification may be revoked. Harris County residents who have had their financial assistance classification revoked will be eligible for reinstatement after making satisfactory arrangements for past due amounts and agreeing to make full payments in the future.

I. Comply with the following payment expectations based on his or her financial assistance classifications:

1. **Harris Indigent Plan:**

   All patients in this classification will be asked for a nominal co-payment for covered medical and pharmacy services provided, subject to applicable laws and regulations. In the event an Indigent patient is unable to pay the requested co-payment amount, services will be provided. Co-payment amounts shall be established by Harris Health and will be communicated to the participant upon establishment of eligibility. All charges in excess of the expected co-payment amount will be adjusted off of the patient account as a charity discount.

2. **Self-pay (Uninsured):**

   All patients in this classification will be expected to pay for covered medical services at a rate equal to the then current Medicare allowable reimbursement. Expected payment for emergency room visits, outpatient pharmacy and/or other outpatient supplies shall be established by Harris Health, and will be communicated to the participant upon establishment of eligibility. All charges in excess of the expected payment will be adjusted off of the patient account.
as an uninsured patient discount. Patients who do not qualify for the My Harris Health Program or elect not to participate in the My Harris Health Program are expected to pay in full for all healthcare services and supplies at the point of service. If minimum payment expectations cannot be met, non-emergent services may be rescheduled to a later date. Balances that are not paid in full will be billed to the patient.

3. My Harris Health Program:

Eligible Participants are required to pay for services via a monthly minimum payment (a sliding scale based on family income). The participant will sign an agreement confirming their responsibility for monthly payments. Payments do not begin until services have been provided, and no additional payments are due if the discounted fees for all cumulative services have been paid in full.

J. Emergency Services:

Harris Health will not delay in providing emergency services, specifically a medical screening examination and necessary stabilizing treatment, in order to perform a financial screening or inquire about a patient’s method of payment or insurance status.

K. Appeal Process:

Participants who disagree with the findings of the financial assistance interview are entitled to appeal the District’s decision. Participants are entitled to appeal any portion of the findings, inclusive of residency, income calculation, or any other information used to make the financial assistance determination.

L. Review of Eligibility:

Each participant’s eligibility status (Harris County residency and ability to contribute financially) will be reviewed at least annually.
REFERENCES/BIBLIOGRAPHY:

Harris Health System Policy and Regulations Manual 5.02, “Harris County Hospital District Financial Assistance Program” revised date 01/28/2016.

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Eligibility Services Department

REVIEW/REVISION HISTORY:

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