Financial Assistance and Charity Care Policy

**UNITY MEDICAL CENTER, INC.**

**Article I. Scope, Parties, and Purpose**

**Section 1.01 Scope**. This Financial Assistance and Charity Care Policy ("Policy") applies to Unity Medical Center, Inc. and all entities controlled by Unity Medical Center, Inc. (collectively, Unity Medical Center").

**Section 1.02 Purpose**. Under the Patient Protection and Affordable Care Act and Internal Revenue Code Section 501(r), non-profit hospitals must establish a written financial assistance policy, adopted by the governing board of the hospital and implemented by the hospital leadership and personnel. This Policy applies to patients who may need Charity Care (as defined below) or Financial Assistance (as defined below) and makes clear that Unity Medical Center will provide, without discrimination, necessary medical care regardless of the patient's ability to pay for the services.

**Section 1.03 Available Benefits**. Charity Care (as defined below) and Financial Assistance (as defined below) are available to patients who qualify under this Policy. Underinsured and uninsured patients who do not meet charity guidelines may qualify for Financial Aid (as defined below). This Policy addresses only the most common situations that may arise, and it is not intended to be all-inclusive.

**Section 1.04 Policy Outline**. This Policy shall clarify Unity Medical Center's available assistance by providing the following information:

(a) Includes eligibility criteria for Financial Aid;

(b) Describes the basis for calculating discount amounts to patients eligible for Financial Aid under this Policy;

(c) Describes the method by which patients may apply for Financial Aid;

(d) Describes how Unity Medical Center will widely publicize this Policy within the community served by Unity Medical Center; and

(e) Limits the amounts that Unity Medical Center will charge for emergency and other medically necessary care provided to individuals eligible for Financial Aid to the amount generally billed for medically necessary care.

**Article II. Definitions.**

**Section 2.01 Board**. The Board of Directors of Unity Medical Center.

**Section 2.02 Charity Care**. Free care for people who are uninsured for the services they need; can't receive governmental or other insurance coverage; and have family income at such standard that they would qualify under the Financial Ability standard below.

**Section 2.03 Emergency Medical Condition**. Condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health, or the health of an unborn child, in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs (or as otherwise defined under the federal Emergency Medical Treatment and Active Labor Act, 42 U.S.C. §1395dd ("EMTALA").

**Section 2.04 Financial Aid**. Charity Care and Financial Assistance, collectively, available at Unity Medical Center.

**Section 2.05 Financial Assistance**. Care at a discounted rate for people who are uninsured for the services they need, cannot receive governmental or other insurance coverage, and have family income at such standard that they would qualify under the Financial Ability standard below.

**Article** III. **Eligibility Criteria.**

After an assessment of Medical Necessity and Financial Ability, Unity Medical Center may provide Financial Aid to patients who qualify under this Policy. Unity Medical Center will follow standard procedures in determining eligibility for Financial Aid as follows:

**Section 3.01 Medical Necessity**.

(a) Any patient seeking care for Emergency Medical Conditions at a Unity Medical Center facility shall be treated without discrimination and without regard to a patient's ability to pay for care. Unity Medical Center shall operate in accordance with all federal and state requirements for the provision of urgent or emergency health care services, including screening, treatment, and transfer requirements under EMTALA.

(b) In addition to services provided pursuant to EMTALA, Unity Medical Center will extend Financial Aid to eligible individuals for all other non-elective medically necessary services.

**Section 3.02 Financial Ability**.

(a) To be eligible for Charity Care, the patient's household income, adjusted for family size, retrospectively and prospectively for the six months from the determination must be less than or equal to 250% of the current Federal Poverty Guidelines. Patients who are insured and have family income less than or equal to 150% of the current Federal Poverty Guidelines may also receive Charity Care in some cases.

(b) To be eligible for Financial Assistance, the patient's household income, adjusted for family size, retrospectively and prospectively for the six months from the determination must be greater than or equal to 250%, but not more than 400% of the Federal Poverty Guidelines.

(c) Patients eligible for Medicaid or other indigent care programs may be eligible for Charity Care or Financial Assistance for non-covered services (including charges for days exceeding any length of stay limit).

**Section 3.03 Rates**.

(a) If the patient's household income is between 0%-250% of the Federal Poverty Guidelines, 100% discount (Charity Care).

(b) If the patient's household income is between 251%-300% of the Federal Poverty Guidelines, 80% discount (Financial Assistance).

(c) If the patient's household income is between 301%-400% of the Federal Poverty Guidelines, 60% discount (Financial Assistance).

**Article IV. Non-Eligible Services or Patient Responsibilities.**

Financial Aid will not be awarded for the following services or patient responsibilities, including but not limited to the following:

(a) Cosmetic procedures that are not medically necessary;

(b) Co-payments and deductible amounts due from patients who are covered by other insurance (Medicare, Medicaid, automobile insurance, worker's compensation, or liability insurance);

(c) Balances payable by other insurance;

(d) Ventricular Assist Devices;

(e) Transplants; and

(f) Elective procedures for patients.

**Article V. Determination and Screening Process**

**Section 5.01 Financial Aid Application**. All patients seeking Financial Aid are required to complete the Unity Medical Center Financial Aid Application, a copy of which is attached hereto. Patients will be instructed to complete the forms and return them by mail or in person to a Financial Aid Specialist. Patients must cooperate with Unity Medical Center to provide information and documentation necessary to apply for Financial Aid. --- Patients who qualify for Financial Assistance must cooperate with Unity Medical Center to establish a reasonable payment plan.

**Section 5.02 Factors in Assessing Financial Need**. The granting of Financial Aid shall be based on an individualized determination of financial need and medical necessity. Factors that may be considered include, but are not limited to, household size, income level, short-term layoffs, and other available means of payment.

**Section 5.03 Application Assistance**. Patients who appear to qualify for government assistance will be offered courtesy assistance with the application process. Unfunded or under-funded patients will be asked to complete Unity Medical Center Financial Aid Application at the time of registration. Financial Aid counseling communication will be clear, concise, and considerate of the patient and family members. Patients may be required to provide income and family information in addition to proof of employment. Some patients may also be asked to provide additional information about their assets, monthly expenses, and any other resources to pay for their care.

**Section 5.04 Grant or Denial of Assistance**. Determination of eligibility or denial of Financial Aid will be communicated to the responsible party within thirty (30) days of receipt of all required documentation. The granting of Financial Aid shall be based on an individualized determination of financial need and medical necessity.

**Article VI. Relationship to Billing and Collection Policy.**

Unity Medical Center maintains a separate policy outlining its billing and debt collection procedures. In accordance with its Billing and Collection Policy, Unity Medical Center will not engage in, nor will they authorize their collection agencies to engage in, Extraordinary Collection Actions without verifying that patients have been given the opportunity to apply for Financial Aid.

**Article VII. Record Keeping.**

**Section 7.01 Maintenance of Records**. A record, paper or electronic, will be maintained reflecting authorization of Financial Aid, along with copies of the Unity Medical Center Financial Aid Application and other documentation provided upon request.

**Section 7.02 Retention of Records**. Summary information regarding Unity Medical Center Financial Aid Applications processed and Charity Care and Financial Assistance provided will be maintained for a period of seven years. Summary information includes the number of patients who applied for Financial Aid at Unity Medical Center, how many patients received Financial Aid, the amount of Financial Aid provided to each patient, and the total bill for each patient.

**Section 7.03 Reporting**. The cost of Financial Aid will be reported annually in the Unity Medical Center's Community Benefit Report. Financial Aid will be reported as the cost of care provided, not charges, using the most recently available operating costs and the associated cost to charge ratio.

**Article VIII. Additional Information.**

**Section 8.01 Communication of Assistance Available**. Notification about Charity Care and Financial Assistance available from Unity Medical Center shall be disseminated to the community by various means, which may include, but are not limited to, publishing this Policy on Unity Medical Center's websites, placing posters or notifications around the Unity Medical Center, and making brochures available at all patient registration areas through a conspicuous display in a manner reasonably calculated to reach community members most likely to need Charity Care or Financial Assistance.

**Section 8.02 Regulatory Requirements**. In implementing this Policy, Unity Medical Center will comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy.

**Section 8.03 Availability of Forms and Policy**. Copies of this Policy and Unity Medical Center Financial Assistance Applications will be made available upon request and without charge by contacting a Financial Assistance Specialist or by submitting a written request to Unity Medical Center, Attn: Financial Assistance Department. Unity Medical Center's Financial Assistance Specialists are also available to answer any questions about this Policy.

Approved by the unanimous Written Consent of the Board of Directors as of the 1st day of \_\_July\_\_\_\_, 2019.