



PATIENT FINANCIAL ASSISTANCE POLICY

PURPOSE:

The charity care program is used to help patients' access medically necessary healthcare services when that patient does not have the financial resources, or access to adequate third-party health insurance to pay for all or part of the charges. Financial assistance discounts based upon financial need will not be provided for elective procedures, except as may be determined by the sole discretion of the Tulsa Rehabilitation Hospital administration on a case-by-case basis. **This policy is intended to comply with section 501(r) of the Internal Revenue Code.**

This Financial Assistance Policy ("Policy") applies to Tulsa Rehabilitation Hospital ("TRH"). Unless otherwise specified, this Policy does not apply to physicians or other medical providers services are not included in a TRH bill as outlined in "Providers Covered and Not Covered by the TRH Financial Assistance Policy" provider list. This Policy does not create an obligation for TRH to pay for such physicians' or other medical providers' services.

POLICY:

It is the policy of TRH to provide medically necessary services to all who seek our care regardless of race, creed, or ability to pay. TRH may offer financial assistance to patients who qualify under the guidelines set forth in this policy. This policy applies to all medically necessary services provided in either the inpatient or outpatient settings at all TRH sites.

TRH upholds and honors individuals' right to appeal decisions and seek reconsideration.

PROCEDURE:

Measures to Publicize

1. TRH will make a copy of its current policy available to the community by posting a plain English summary of the Policy on its website (www.tulsa-rehabhospital.com), along with a downloadable copy of the Policy with instructions. There will be no fee for downloading a copy of the Policy, financial assistance application or plan language summary.
2. A copy of the Policy will be posted in locations throughout its facilities and/or by calling TRH at 1-918-820-3499.
3. Paper copies of the Policy and its application form are available upon request and to the public free of charge in English, Spanish, Chinese and Vietnamese.



4. TRH will have information printed on the billing statements that notifies and informs recipients about the availability of financial assistance under the Policy. This information will include a phone number for inquiries and the website where additional information can be obtained.
5. Registration staff will make a plain English summary of the Policy available to all uninsured patients and will provide a copy of the Policy to any person who requests one.
6. TRH will conspicuously display items like signs or brochures with general information about the availability of financial assistance in public areas of the hospital including the admitting areas.
7. TRH will run periodic public service announcements regarding the Policy through the appropriate media source.

Method for Applying or Obtaining Financial Assistance

1. A patient/guarantor can request financial assistance in person.
2. A patient/guarantor can request financial assistance by calling 1-918-820-3499.
3. A patient/guarantor can request financial assistance through the mail.
4. A patient/guarantor can request financial assistance applications via the TRH website (www.tulsa-rehabhospital.com).
5. Mailed applications should be sent to Tulsa Rehabilitation Hospital, 7909 South 101st East Avenue, Tulsa OK 74133.
6. It is ultimately the patient/guarantor's responsibility to provide the necessary information to qualify for financial assistance. Patients who need additional information about this Policy, or who need assistance with the financial assistance application process, may call 1-918-820-3499 or visit the above location Monday through Friday from 8:00 a.m. to 4:30 p.m.

Eligibility Criteria

1. All patients who meet IRF medical necessity and admission criteria may apply for financial assistance at any time during the continuum of care or after care is received.
2. The Policy applies to all medically necessary care provided by TRH.
3. Each patient's situation will be evaluated according to relevant circumstances, such as income, assets or other resources available to the patient or patients' family when determining the ability to pay the outstanding patient account balance.



4. Generally, patients with a family income at or below 250% of the current years Federal Poverty Guidelines (FPG), will receive a 100% discount after properly completed paperwork is submitted showing a financial need.

5. Medically Indigent patients are eligible to receive a 100% discount after properly completed paperwork is submitted showing a financial assistance need. "Medically Indigent" is defined as:

- A patient who's medical or hospital bills from all related or unrelated providers, after payment by all third parties, exceed 15% of their yearly household income.
- A patient whose yearly household income is greater than 250% but less than or equal to 500% of the FPG.
- A patient who is unable to pay the outstanding patient account balance.

A sliding scale discount will also be applied to patients without resources to pay their full bill.

6. Individuals who are uninsured and are represented by one or more of the following may be considered presumptive eligible for 100% discount in the absence of a completed financial assistance application:

- Individual is homeless
- Individual is deceased and has no known estate able to pay hospital debts. The patient's account is written off to charity when the system identifies the deceased flag is on the account.
- Individual is incarcerated for a felony
- Individual is currently eligible for Medicaid, but was not at the time of service
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7. If the patient had opportunities to ensure insurance coverage (e.g. Medicaid, third-party liability (TP)L or Patient Affordable Care through Healthcare.gov) and did not cooperate or follow through with his/her responsibility, this factor may disqualify the patient from consideration for financial assistance.

8. Financial assistance is used as an option of last resort. Because financial assistance will provide no reimbursement for services, all sponsorship and payment options should be aggressively pursued with the patient before financial assistance is proposed.

9. No extraordinary collection activity will occur until 120 days after the first post-discharge billing statement. Extraordinary collection activity (ECA) is defined as allowing a collection agency to report the account to a credit reporting agency and/or allowing anyone including an outside vendor to sue for non-payment without establishing patients Financial Assistance Policy (FAP) eligibility. If at any time during a 240-day time span from the first post-discharge



billing statement the patient requests assistance, any ECA in progress will be suspended until such time that eligibility can be determined.

PLEASE NOTE: The financial assistance offered under this Policy generally excludes the following, unless it is determined to be medically necessary:

- MVA (Auto Accident) care
- Charges occurring after a patient is appropriate for another level of care
- Charges needed to facilitate eligibility for long term or healthcare benefits
- Financial assistance for Tulsa Rehabilitation Hospital (“TRH”) rehabilitation is based on bed availability. Two beds will be held to accommodate patients using financial assistance.

Determination of Financial Assistance

An application may be needed to determine financial assistance, along with household gross income, family size and potential use of credit reports to determine ability to pay.

The following documentation may be requested to verify income and process the request for financial assistance:

- W-2
- Prior year’s tax return
- Paycheck or retirement check stubs
- Social Security letters or deposit slips showing the amount of the deposit
- U.S. unemployment check stubs
- Bank account statements
- Copy of Women, Infant and Children (WIC) or food stamp card
- Letters of explanation of special circumstances. The Director of Patient accounting has final approval authority regarding verbal or written attestation.
- A credit report may be pulled, with the patient’s approval, to determine ability to pay.

Basis for Calculating Amounts Charged

1. No patient who qualifies for financial assistance will be charged more for medically necessary care than amounts generally billed (AGB) to patients having insurance.
2. The AGB language is included in the FAP as required by Internal Revenue Code (IRC) Section 501(r).
3. Amounts generally billed are determined under the prospective method using Medicaid reimbursement rates. However, once the patient is determined to qualify for financial



assistance, the individual will receive a 100% discount for emergency or other medically necessary care which is less than the AGB.

4. TRH, in accordance with applicable regulations, may change the methodology for calculating the AGB in the future.

Actions Taken in the Event of Non-Payment (Collections)

Reasonable efforts are taken to determine a patient's eligibility for financial assistance under this Policy with respect to covered services prior to engaging in collection efforts with the patient. Such efforts include notifying a patient about this Policy, helping a patient remedy an incomplete financial assistance application and informing an applicant about his/her eligibility determination once a completed application has been received.

If the patient is found to either not qualify for financial assistance under this Policy or is unresponsive to TRH's efforts to obtain the information necessary to determine eligibility for financial assistance, the patient's account may be moved to bad debt and the delinquent account turned over to collections.

The notification period for the availability of the financial assistance program begins on the date the care is provided to the patient. Collection efforts may begin after the 120th day notification period from the first post-discharge billing statement, however, financial assistance applications must be accepted, processed, and an eligibility determination made when the Financial Assessment Application form is received. It is the goal of TRH to make a determination concerning the patient's eligibility for financial assistance as soon as sufficient information is available concerning the patient's financial resources.

At least 30 days before any Extraordinary Collection Actions ("ECA") are initiated by TRH, a patient is notified, in writing regarding any ECA's TRH intends to initiate to obtain payment, as well as the availability of financial assistance for eligible individuals. Along with this notice, the patient is provided a plain language summary of this Policy. TRH will also make a reasonable effort to orally notify its patients about this Policy and how they may obtain assistance with the Financial Assessment Application process during the period between mailing the ECA initiation notice and resuming or initiating ECAs. ECAs may occur no earlier than 120 days from the provision of a patient's first post-discharge billing statement, as outlined in Treas. Reg. Sec. 1.501(r)-6(c)(3)(i). ECAs may include credit reporting and suit authorization.

The Revenue Cycle Director is responsible for determining that TRH has made reasonable efforts to determine a patient's eligibility for financial assistance under this Policy before engaging in any ECAs.