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PURPOSE:

Parkland Health (Parkland) is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Parkland strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. Parkland will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Accordingly, this written policy:

•Includes eligibility criteria for financial assistance—discounted (Charity) care.

•Describes the method by which patients may apply for Parkland Financial Assistance.

•Describes how the hospital will widely publicize the policy within the community served. (However, Parkland will not widely publicize before care is given that certain underinsured persons may be eligible for discounted (Charity) care, to avoid even the appearance of seeking to steer them to Parkland for care.)

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Parkland's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to healthcare services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow Parkland to provide the appropriate level of assistance to the greatest number of people in need, the Board of Managers established the following guidelines for the provision of patient charity.

SCOPE:

All Parkland Health ("Parkland") facilities, including but not limited to hospitals, ambulatory surgery centers, clinics, and all corporate departments/divisions. The Parkland Patient Financial Services Department is established to assist Dallas County residents in qualifying for Parkland Financial Assistance (PFA) and Out-of-county residents in qualifying for Parkland's Self-Pay Charity Discount Program (SPCD). Parkland Patient Financial Services Department will strive to educate its patients about the benefits and responsibilities of participation in both programs. Parkland reserves the right to use any contracted data warehousing technology, internet websites or other sources of information technology in qualifying patients for PFA.

The Parkland Health ("Parkland") Medically Indigent Eligibility Determination policy will standardize the method by which Parkland will determine financial responsibility for the charges incurred by the patients and how they can qualify for medically indigent services/treatment through its facilities or programs. An eligible individual may not be charged more than AGB (amount generally billed) for emergency or other medically necessary care. Parkland will evaluate the patient's financial need in accordance with this Policy, including an analysis of the patient's assets for Medicare patients, the Federal Poverty Income Guidelines, and participation in other need-based programs. Eligibility for charity will be considered for those individuals who are uninsured, underinsured, or ineligible for any government healthcare benefit program and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, sex, race, social or immigrant status, national origin, sexual orientation, gender identity or expression, or religious affiliation.

PROCEDURE:

1. General

   A. Dallas County Hospital District d/b/a Parkland Health (Parkland) has the primary responsibility of providing medical care to the indigent residents of Dallas County, Texas as provided in Chapter 281 of the Texas Health and Safety Code.

Parkland Financial Assistance (PFA) is not a health insurance program and does not pay for services outside of Parkland Health (Parkland) unless those services are preapproved and arranged by Parkland. Services not medically necessary are not eligible for the PFA program.

B. Residents of Dallas County, Texas are determined to be eligible for discounted hospital and medical care from Parkland, based upon his or her application for Parkland Financial Assistance and ability to pay as determined under this Policy. The granting of financial assistance from Parkland is delegated to the Parkland Patient Financial Services Department and requires that (1) the eligibility criteria be met by the applicant seeking benefits and (2) the applicant agree to abide by the terms of participation requirements. Parkland and the applicant will attempt to identify the applicant's eligibility for Medicaid, Medicare, other health insurance (by way of example, Affordable Care Act, workers' compensation, commercial or individual policies), state grants or other alternate sources of funding including pharmaceutical replacement programs and hospital lien to assure that the Parkland Financial Assistance (PFA) Program is utilized as the final option for payment of medical services.

C. Individuals that do not qualify for PFA may be eligible for Parkland's Self Pay Charity Discount Program (SPCD). This program provides discounted services for those individuals who are self-pay. (See SPCD policy for further information.)

2. Regulations

A. A person who fails to supply the information necessary for accurate medically indigent eligibility determination shall be presumed to be able to pay the full charge for services rendered. Emergency treatment shall not be denied to anyone. In emergency cases patients will be advised of their financial responsibility prior to discharge. For non-emergent cases the patient should be given the option to either pay a non-refundable minimum deposit or a portion of the deposit or be rescheduled when the information can be provided.

3. Participation Criteria

A. Everyone applying for financial assistance under this policy will be asked to complete a Financial Assistance Application. Staff will provide applications the

same day requested. A brief explanation will be given to the applicant explaining the process and the applicant's responsibilities. Parkland staff will provide assistance in completing applications if needed. Applications are available in English and Spanish languages. Further information regarding the application process can be found in the Parkland Financial Assistance Operations Manual.

B. Individuals who seek to participate in Parkland's Parkland Financial Assistance Program must meet all eligibility criteria. It is the applicant's burden of proof to provide documentation requested. The following documentation as identified in the Parkland Patient Financial Assistance Operations Manual is required:

1) Identity

2) Dallas County Residency

3) Household composition

4) Income

5) Resource Limit/Asset Test (if applicable). **An Asset questionnaire should only be completed if the patient is a current Medicare recipient.**

6) If insured, proof of the patient responsibility (*e.g.,* co-pay, co-insurance, deductible) provisions of their insurance; the total dollar limits on coverage; and the existence and balance of any Health Savings Account, Flexible Spending Account or other similar vehicle designed to assist with covering medical expenses.

C. Dallas County residents who have other healthcare coverage may be eligible to participate in the Parkland Financial Assistance Program if they otherwise meet eligibility criteria and any third-party payor agreement their insurer has with Parkland does not prohibit them from doing so. It is Parkland's intent that no patient who is uninsured will pay more than a patient who is underinsured for the portion of his/her bill that constitutes the patient responsibility amount.

D. Renewals or Re-enrollment Eligibility Process will be allowed with a signed attestation of no changes to their income or residency since last application. If the patient reports any change in either their income or residency, they must

complete a new PFA application and undergo a screening for renewal and eligibility reconsideration. If the patient is currently enrolled in state or federal programs that have determined Dallas County residency and income at or below 250% of the FPL, that application can be used for PFA renewal. Patients will be required to consent to electronic verification of identification and financial review for the purposes of determining eligibility. Eligibility determinations may be made using automated verification tools. Individuals who meet the following criteria are eligible for PFA and will be re-enrolled in the program for 1 year. Individuals may be eligible for two consecutive auto PFA enrollments if the above criteria is met.

E. Dallas County residents who qualified for CHIP Perinate effective after their initial new OB visit will be eligible for PFA 0 for the initial OB visit not covered by CHIP Perinate. Dallas County residents who qualified for Pregnancy Medicaid or CHIP Perinate and those benefits either ended or converted to Texas Healthy Women Medicaid will be eligible for PFA 0 for 1 year after delivery. No application is required, but the patient or their legal representative will be required to sign a written statement swearing to the truth of the information supplied. If these post-natal patients become eligible for another funding source, PFA will become secondary. Patients who are self-pay when they deliver and have been screened for Medicaid will be eligible for PFA for 1 year from delivery. If patients chose not to apply for Medicaid or are over income for Medicaid, they will be enrolled in SPCD 4 for 1 year from date of delivery. Dallas County patients who are placed on SPCD 4 or a Package Plan will be asked for a down payment. If the patient is unable to pay the down payment during prenatal, delivery or post-natal care (up to 1 year from date of delivery) the patient will be registered and allowed to complete treatment and will be billed for services.

F. Patients receiving services from North Texas Behavioral Health Authority (NTBHA) will be referred to PFS for enrollment of PFA 0 for a period of 6 months upon verification of Dallas County residency. During the six-month period, Financial Counselors will utilize the Epic Real Time Eligibility (RTE) query to determine the patient's eligibility for PFA beyond the 6-month period by verifying FPL and continued Dallas County residency and exploring any other programs that the patient may qualify for. No application is required, but the patient or their legal representative will be required to sign a written statement swearing to the truth of the information supplied. No interview is required. Applicants will be

enrolled in NTBHA PFA Level 0 for 6 months. Retroactive coverage is 3 months prior from date of approval.

G. Patients receiving services from Dallas Housing Authority (DHA) will be referred to PFS for enrollment of PFA for a period of 1 year upon verification of Dallas County residency. During this enrollment period, Financial Counselors will utilize the Epic Real Time Eligibility (RTE) query to determine the patient's eligibility for PFA by verifying FPL and continued Dallas County residency and exploring any other programs that the patient may qualify for. No application is required, but the patient or their legal representative will be required to sign a written statement swearing to the truth of the information supplied. No interview is required. Applicants will be enrolled in DHA PFA Level 0 for 1 year. Retroactive coverage is 3 months prior from date of approval.

H. Patients who have been getting assistance from the American Kidney Fund (Foundation) that includes Dialysis, and transplant will be eligible to receive PFA for 1 year after the American Kidney Fund is no longer covering the premium for insurance upon verification of Dallas County residency. After one year, the patient will be responsible for reapplying for PFA benefits.

I. Oncology PFA will be used for eligible patients receiving care from the Parkland Outpatient Specialty clinics for Oncology services. Patients will be referred to PFS for eligibility screening. A patient's qualification for financial assistance is established when the patient completes a PFA application, provides proof of residency and income. Patients enrolled in a state or federal funded program where income has been assessed and found to be 250% or below the FPL and resides in Dallas County, may be approved for PFA adjunctively. If the PFA expires and the patient is still in treatment, PFA eligibility will automatically be extended for another year if the patient has provided proof of continued Dallas County residency and income below 250% **or** with a signed attestation of no changes to their income or residency since last application.

J. Donor Funds will be used for eligible patients for all Mammogram services including screening, diagnostic, ultrasound, and biopsy. If cancer is identified during these services, Oncology PFA will be used during the treatment plan for 1 year if the patient is a Dallas County resident and the patient meets at least one of the following criteria.

1. Participation in a State-funded prescription program
2. Confirmation that patient is unhoused/homeless or received care from a homeless clinic within the last year.
3. Participation in Women, Infants and Children programs (WIC)
4. Participation in Temporary Assistance for Needy Families (TANF) program
5. Eligibility for other state or local assistance programs that are unfunded (e.g., Emergency Medicaid or Medicaid spend-down)
6. Low income/subsidized housing is provided as a valid address.

If PFA expires and the patient is still in treatment, Oncology PFA eligibility will be automatically renewed if the patient remains a Dallas County resident and continues to meet at least one of the criteria listed above or with a signed attestation of no changes to their income or residency since last application.

4. Participants must agree to the following requirements:

A. Actively participate with Parkland in identifying and applying for other funding sources. Cooperation includes providing evidence of ineligibility for Medicare, Medicaid, CHIP, CHIP Perinatal, Supplemental Security Income (SSI), or other assistance or health insurance such as workers' compensation programs. Participants will also be **encouraged** to review options for affordable health care plans through the Affordable Care Act (ACA) Marketplace. Patients will not be required to enroll in an ACA plan to be eligible for PFA.

1) Patients participating in Dialysis (Peritoneal Clinic and Fresenius, over 65), Access Clinic (state grant to pay premiums in whole or part for HIV+ patients), UTSW transfers for Cardiovascular and Thoracic Surgery (CVTS) and Radiology Oncology will be required to go to the Marketplace to be screened for a possible ACA plan to include screening for possible off exchange ACA plans. If patients are outside of the open enrollment period, the patient may be eligible for PFA until the next open enrollment cycle.

2) Patients participating in an ACA plan contracted with Parkland can apply for PFA as secondary coverage by submitting an application along with proof of income and proof of residency. Eligibility in other assistance programs such as SNAP (Supplemental Nutritional Assistance Program, WIC (Women's, Infants and Children), Chip Perinate or Low-Income Energy Assistance Program, etc., may be used as proof of income. Patients with a monthly household income below 250% of the current Federal Poverty Income Limit (FPIL) and Dallas County residency may receive PFA as secondary to their in-network ACA plan.

3) Dallas County residents participating in an ACA plan contracted with Parkland with a monthly household income between 250% - 401% of FPIL may qualify for SPCD and receive a 75% discount off the patient bill.

4) Non-Dallas County residents participating in an ACA plan contracted with Parkland with a monthly household income above 250% - 401% of FPIL may qualify for SPCD 8 and receive a 60% discount off the patient bill.

B. Agree to make financial contributions at the time of services as established by the participant's ability to pay.

C. If a participant does not make the required payments, his or her financial assistance classification may be revoked.

D. Participants shall comply with the following payment expectations based on his or her financial assistance classifications:

1) PFA 0: Parkland shall provide healthcare assistance with no obligation to pay for covered services rendered or prescription drugs provided to those uninsured residents or those who are underinsured for their patient responsibility amounts who meet one of the following criteria:

a) Have a gross monthly household income at or below 138% of the current Federal Poverty Guidelines (as calculated pursuant to the Parkland Patient Financial Services Department Operations Manual)

b) Homeless

c) Dallas County Transitional Inmate

d) Patients eligible for Pregnancy Medicaid or CHIP Perinate for delivery

2) PFA 1: Uninsured individuals or those who are underinsured for their patient responsibility amounts with a gross monthly household income of 139% - 150% of the current Federal Poverty Guidelines will be asked for a copayment at time of service for specified visit types and/or prescription drugs provided, subject to applicable laws and regulations. The time-of-service copayment amounts shall be established by Parkland and will be communicated to the participant upon establishment of eligibility.

3) PFA 2: Uninsured individuals or those who are underinsured for their patient responsibility amounts with a gross monthly household income of 151% - 200% of the current Federal Poverty Guidelines will be asked for a copayment at time of service for specified visit types and/or prescription drugs provided, subject to applicable laws and regulations. The time-of-service copayment amounts shall be established by Parkland and will be communicated to the participant upon establishment of eligibility.

4) PFA 3: Uninsured individuals or those who are underinsured for their patient responsibility amounts with a gross monthly household income of 201% - 250% of the current Federal Poverty Guidelines will be asked for a copayment at time of service for specified visit types and/or prescription drugs provided, subject to applicable laws and regulations. The time-of-service copayment amounts shall be established by Parkland and will be communicated to the participant upon establishment of eligibility.

5. Covered Services

A. The following services will be covered under this policy to the extent they are determined to be medically necessary:

1) Emergency Services

2) Women & Infants Services

3) Primary Care (COPC)

4) Specialty Care (Diabetes, heart disease, cancer, etc.)
5) Hospitalizations
6) Pharmacy Services
7) Radiology & Laboratory
8) Dental Services (In Parkland Dental Clinics)
9) 24-hour Nurse Line
10) Inpatient Rehabilitation Services in Parkland Only
11) Primary and preventive services, including the following will be provided at no cost to the patient:
    a) Immunizations for flu
    b) Pap Screening Test
    c) MA Mammogram Screening Bilateral Digital with CAD
    d) CT Chest Lung Cancer Screen w/o IV Contrast
    e) Occult Blood FIT
    f) HPV (Gardasil) – Cervical Cancer Prevention
    g) Covid testing and vaccine

B. Parkland shall cover only those services determined to be medically necessary. Parkland shall establish a clinical committee to review questions of medical necessity as further described in the Parkland Patient Financial Assistance Operations Manual. Exclusions from coverage, such as experimental medications or off-label drug use or cosmetic surgery services, shall be specified in the Parkland Patient Financial Assistance Operations Manual.

C. Services provided at a facility other than Parkland or by a practitioner who is not a member of the Parkland Medical Staff must be pre-approved by Parkland; failure to obtain pre-approval may result in denial of payment for such services.

6. Appeals Process

   A. Participants have the ability to appeal decisions related to residency and financial obligation determinations. The Parkland Patient Financial Services Department is responsible for having a written appeal process in its departmental operations manual.

   B. Initial: Applicants who disagree with the application denial may file an appeal by contacting the department supervisor where the interview took place.

   C. Re-evaluation: If the applicant is not satisfied with the initial appeal decision, the applicant's file will be referred to the Financial Counseling Manager for re-evaluation.

   D. Director Review: Appeals not resolved at the re-evaluation level will be referred to the Patient Access Director for review.

7. General Guidelines

   A. All applicants for PFA program shall undergo a financial screening to determine potential funding sources and his or her ability to pay, which may include a determination that the patient qualifies under one of the presumptive eligibility categories described in this Policy. The extent to which a resident will be financially responsible will be determined based upon pre-established financial criteria located in the Parkland Patient Financial Services Department Operations Manual.

   B. Participants must notify the Parkland Patient Financial Services Department within fourteen (14) days of any change in their financial circumstances, insurance status, residency, or family size that could potentially affect the member's eligibility in the program. The failure to report any such changes may cause the participant to lose his or her eligibility in the program, and to be held liable for all benefits received while ineligible.

   C. Eligibility Period: Enrollment periods for approved PFA participants may vary based on individual applicant situations. The enrollment period end date will be the last day of a calendar month. The minimum enrollment period is one

calendar month except for a Prescription Only PFA enrollment period, which is limited to 14 calendar days.

1) Enrollment period shall not exceed twelve calendar months from date of approval for the following cases:

   a) PFA households with countable gross income equal to or less than 138% FPIL (mandatory PFA coverage group)

   b) Dallas County Transitional Inmates

   c) VIP Referrals

   d) HOMES patients

   e) PFA households with countable gross income greater than 138% FPIL (optional PFA coverage group)

   f) Adolescent Youth and Family

   g) Dallas Housing Authority (DHA)

D. Parkland will always be the payor of last resort. This policy shall not alter or modify other policies regarding efforts to obtain payments from third-party payors, patient transfers, or emergency care.

8. Retroactive Eligibility

A. Retroactive eligibility may be available to an applicant who did not apply for PFA or Self-Pay Charity Discount Program (SPCD) until after they received care at Parkland, either because they were unaware of financial assistance or because the nature of their illness prevented the filing of an application. Retroactive eligibility is available when there is an unpaid medical bill from Parkland for a service provided within (3) three full months immediately before the month an identifiable application is received, providing the individual meets all the eligibility criteria. The applicant can be ineligible for the month of application and prospective months and be approved for one or more months of retroactive eligibility.

B. If an application for charity assistance has been denied, an applicant has up to 120 days from the date the application was received to request the case be reopened and reprocessed.

9. Communication of the Charity Program to Patients and Within the Community:

A. Notification about charity available from Parkland, which shall include a contact number, shall be disseminated by Parkland by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at Community Outpatient Patient Centers (COPCs), admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places as Parkland may elect. Parkland shall also publish a summary of this charity care policy on facility websites, in brochures available in-patient access sites and at other places within the community served by the health system as Parkland deems necessary. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Parkland. Referral of patients for charity may be made by any member of the Parkland staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains or religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

10. Relationship to Collection Policies:

A. The Patient Financial Services department's SVP of Revenue Cycle Management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Parkland, and a patient's good faith effort to comply with his or her payment agreements with Parkland. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, Parkland may offer extended payment plans Reasonable efforts to determine eligibility will occur within (14) fourteen days from receiving a complete application and shall include:

1) Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital.

2) Documentation that Parkland has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements.

3) Documentation that the patient does not qualify for financial assistance on a presumptive basis.

4) Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

11. Regulatory Requirements:

A. In implementing this Policy, Parkland management and facilities shall comply with all other federal, state, and local laws, rules and regulations, including Emergency Medical Treatment and Active Labor Act (EMTALA) that may apply to activities conducted pursuant to this Policy.

12. EMTALA refers to Sections 1866 and 1867 of the Social Security Act, 42 U.S.C. § 1395dd, which obligates hospitals to provide medical screening, treatment and transfer of individuals with emergency medical conditions or women in labor. It is also referred to as the "antidumping" statute and Consolidated, Omnibus Budget & Reconciliation Act (COBRA).

EQUIPMENT:

N/A

DEFINITIONS:

Assets: Only the resources that are easily convertible to cash and unnecessary for the patient's daily living. Examples are monies in a: Checking Account, Savings Account, Certificate of Deposit (CD), Cash in a Safety Deposit Box, Stocks, and/or Bond. IRAs and 401Ks are excluded until money are removed.

Indigent: Individuals with income up to 250% (percent) of the Federal Poverty Guidelines.

Medically Indigent: A person whose family unit resources, or property and income is at or below two hundred percent (250%) of the Federal Poverty Income Level (FPIL) for the size of the family unit, rounded to the nearest dollar, and in accordance with all regulations and qualifications set forth in this policy.

Nonresident: 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 Dallas County, Texas. A person is considered a nonresident of Dallas County, Texas, if the person attempts to establish residence solely to obtain healthcare assistance.

Participant: Dallas County residents who meet eligibility or presumptive eligibility criteria are eligible for participation in the Parkland Financial Assistance Program. Participants will be assigned a level of financial responsibility based on the participant's ability to pay.

Resident: A person is a 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 Dallas County, Texas. People do not lose their residence status because of temporary absences from Dallas County. No time limits are placed on a person’s absence from Dallas County. Documentation required to provide residency is further described in the Parkland Patient Financial Services Department Operations Manual.

Resource Limit/Asset Test: Resources are either countable or exempt. Resources from disqualified and non-household members are excluded but may be included if processing an application for a sponsored alien. An analysis performed on the assets presented and electronically documented are in total not to exceed $9,660 in net resources for a single person or $14,470 in net resources for a couple. Medicare Disabled Working Individual (QDWI) assets must not exceed $4,000 in net resources for a single person or $6,000 in net resources for a couple. Included in the analysis, Parkland will consider any extenuating circumstances that would affect the determination of the Medicare patient’s indigence.

REFERENCES:

Texas Health and Safety Code. Title 2, ch. 61. Indigent Health Care and Treatment Act, 1989.

Texas Administrative Code. Title 25, Part 1, ch. 14. Department of State Health Services, 1990.