It is the policy of Providence Health Services of Waco (the “Organization”) to ensure a socially just practice for providing emergency or other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.

2. This policy applies to all emergency and other medically necessary services provided by the Organization, which include Providence Health Center, DePaul Center, Breast Center, and the Ascension Medical group. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.

3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

For the purposes of this Policy, the following definitions apply:

- “501(r)” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- “Amount Generally Billed” or “AGB” means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “Community” means McLennan County, Texas
- “Emergency Care” means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of
immediate medical attention may result in serious impairment to bodily function, serious
dysfunction of any bodily organ or part, or placing the health of the individual in serious
jeopardy.

- "Medically Necessary Care" means care that is determined to be medically necessary
  following a determination of clinical merit by a licensed provider. In the event that care
  requested by Patient covered by this policy is determined not to be medically necessary
  by a reviewing physician, that determination also must be confirmed by the admitting or
  referring physician.
- "Organization" means Providence Health Services of Waco.
- "Patient" means those persons who receive emergency or medically necessary care at
  the Organization and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

Financial assistance in this Section is limited to Patients that live in the Community.

1. Patients with income less than or equal to 250% of the Federal Poverty Level ("FPL"), will be
   eligible for 100% charity care write off on that portion of the charges for services for which the
   Patient is responsible following payment by an insurer, if any.

2. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the
   FPL, will receive a sliding scale discount on that portion of the charges for services provided for
   which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the
   sliding scale discount will not be charged more than the calculated AGB charges. The sliding
   scale discount is as follows:

   251% to 300% - 90% Discount
   301% to 350% - 85% Discount
   351% to 400% - 80% Discount

3. Patients with demonstrated financial needs with income greater than 400% of the FPL may be
   eligible for consideration under a “Means Test” for some discount of their charges for services
   from the Organization based on a substantive assessment of their ability to pay. This “Means
   Test” will be based on the following calculation: Total Household Income less Federal Standard
   Living Expenses. Eligibility for financial assistance may be determined at any point in the
   revenue cycle and may include the use of presumptive scoring to determine eligibility
   notwithstanding an applicant’s failure to complete a financial assistance application ("FAP
   Application”).

4. For a Patient that participates in certain insurance plans that deem the Organization to be “out-
of-network,” the Organization may reduce or deny the financial assistance that would otherwise
be available to Patient based upon a review of Patient’s insurance information and other pertinent facts and circumstances.

5. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.

6. The process for Patients and families to appeal an Organization’s decisions regarding eligibility for financial assistance is as follows:
   a. Patients and families may appeal any decision regarding eligibility for financial assistance by contacting the Director of Business Services at Providence Health Services of Waco (254-751-4182) or by mail to: Providence Health Center, 6901 Medical Parkway, Waco, Texas, 76712 to the attention of the Director of Business Services.
   b. All appeals will be considered by Providence Health Services of Waco’s 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

Other Assistance for Patients Not Eligible for Financial Assistance

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by Providence Health Services of Waco.

1. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization’s population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization’s business for that given year.

2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the “look-back”
method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage may be obtained by request in any admissions area. Patients may also request a free copy of the AGB calculation description by contacting the organization’s Financial Counseling Department at 254-751-4848.

**Applying for Financial Assistance and Other Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application instructions will be made available upon patient request at the time of service. If a patient wishes to apply for financial assistance after the day(s) of service, a patient may access the FAP Application and FAP Application instructions and print directly from Providence Health Services of Waco’s website. Patients may also request a copy of the FAP Application and FAP Application Instructions by contacting the Organization’s Financial Counseling Department located at 6901 Medical Parkway, Waco, Texas or by phone at 254-751-4848. In each of the aforementioned accessible locations, the FAP Application and FAP Application instructions are available in English and Spanish.

Large deductible or coinsurance balances will be considered when determining qualification for 100% charity care, financial assistance or applicable discount, regardless of patient’s insured status.

For a Patient that participates in certain insurance plans that deem the Health Ministry to be “out-of-network,” the Health Ministry may reduce or deny the financial assistance that would otherwise be available to the patient based upon a review of the patient’s insurance information and other pertinent facts and circumstances. The Health Ministry should consider the specific facts and circumstances of the patient to determine whether it is appropriate to reduce or deny financial assistance, including whether

- the patient participates in a plan that provides health care coverage for the needed service and designates the Health Ministry as “out-of-network,”
- the Health Ministry, to the extent possible, has been upfront and transparent about coverage limitations that may exist in utilizing its facilities or providers, recognizing that emergency situations may not allow for such communication, and
- the patient still knowingly chooses to utilize the Health Ministry as an out-of-network provider or healthcare facility for those services.
A patient may be denied financial assistance if the patient provides false information on a FAP application or in connection with the presumptive scoring eligibility process. A patient may not be denied financial assistance based solely upon the patient’s citizenship, immigration status, or lack of a Social Security number.

**Billing and Collections**

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained upon Patient request at the time of service. Patients may also request a free copy of the Billing and Collections Policy by mail. To request a copy of the document by mail, Patients should contact the Organization’s Financial Counseling Department located at 6901 Medical Parkway, Waco, Texas, 76712 or by phone at 254-751-4848.

**Interpretation**

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.