

# UNM

## Sandoval Regional Medical Center, Inc.

Applies To: UNM SRMC  
 Responsible Department: Patient Financial Services  
 Effective: December 2015

<b>Title:</b> Financial Assistance Program Policy	<b>Policy</b>
<b>Patient Age Group:</b> <input checked="" type="checkbox"/> <i>N/A</i> <input type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

### POLICY STATEMENT

UNM Sandoval Regional Medical Center offers financial assistance for the patient's medical bill for qualified patient who:

1. Meets certain identity requirements and
2. Meets State and county residency requirements; and
3. Is not covered or is only partially covered by government or private insurance; and  
     Meets established financial requirements for establishing indigent status, defined as 300% of the Federal Poverty Guidelines or below; and
4. Meets medical necessity criteria and
5. The services are covered by the financial assistance program.

UNM SRMC will abide by the federal Emergency Medical Treatment and Labor Act (EMTALA) in providing care to patients at SRMC. The Medical Center will abide by all federal, state, and local laws in the provision of financial assistance. Individuals will be assessed for indigent status and financial assistance eligibility when documentation is submitted to UNM SRMC Financial Services Department. SRMC Care is another name for the UNM SRMC's Financial Assistance Program. Medical services rendered to patients outside the UNM SRMC facility are not payable by UNM SRMC. Financial Assistance is available only for services provided directly by UNM SRMC or a physician employed by the facility. UNM SRMC cannot through this policy assist any patient in paying for services provided by an independent provider or practitioner, even if those services are provided at UNM SRMC.

### PROCEDURE

For purposes of this policy, "financial assistance" refers to healthcare services provided by UNM SRMC at no charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;

3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, i.e., appropriate or necessary services as determined by a Provider/Practitioner, which are provided according to generally accepted principles of good medical practice, for the diagnosis or direct care and treatment of an illness, injury, or medical condition, and are not services provided only as a convenience.

Financial assistance will be based on an individualized determination of financial need and shall not take into account age, gender, race, color, national origin, religion, social or immigrant status, sex, sexual orientation, gender identity, spousal affiliation or physical or mental handicap.

UNM SRMC will seek funding from potential third-party payers, including government programs, before providing financial assistance under this policy. Individuals must cooperate with UNM SRMC in seeking alternative funding and providing information deemed reasonably necessary by UNM SRMC for pursuing other funding and processing applications for financial assistance. In addition, in order to receive financial assistance, individuals must apply for or be enrolled (or in the process of enrolling) in insurance coverage or government programs for which they are eligible.

The patient, or representative, must fill out an application for financial assistance prior to being deemed eligible. UNM SRMC will provide assistance to individuals in completing financial assistance applications and enrolling in government programs and insurance options available through the Affordable Care Act.

Patients who meet certain criteria and are not eligible for other coverage programs may be presumptively qualified for financial assistance and may not be required to submit a full application. Categories of presumptive eligibility include.

1. Participation in the food stamp program;
2. Patient is deceased with no known estate;
3. Patients enrolled in limited service Medicaid programs that use a defined family income at or below 300% of the Federal Poverty Guidelines, specifically, Medicaid for Pregnant Women-Pregnancy Related Services Only or Family Planning Services and Alternative Benefit Plan (ABP).

Patients may apply for financial assistance by submitting an application on a form provided by UNM SRMC. In order for UNM SRMC to make a determination of eligibility for financial assistance, patients must complete the application and supply all documentation required to substantiate qualifications.

Applications may be obtained in the following ways:

1. By contacting a financial counselor at (505) 994-7157.
2. A copy of the policy will be provided by mail free of charge upon request to a customer service representative or a financial counselor.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need. Translations of this policy and application are available in other languages upon request.

The patient or the patient's guarantor is required to complete a financial assistance application and supply personal, financial and other information and documentation relevant to verifying family income and making a determination of financial need. Documentation requirements include but are not limited to:

1. A completed financial assistance application
2. Prior year's tax return(s)
3. Minimum of two most recent pay stubs
4. Minimum of two most recent bank statements for savings and checking accounts.
5. Copies of checks or award letters from Social Security, Worker's Compensation, Veteran's Affairs, Bureau of Indian Affairs or other similar programs.
6. The patient must verify assets by providing bank statements, investment statements or other similar documents. Retirement funds that cannot be drawn against, primary residence and vehicles are not considered in the asset level.

UNM SRMC may also:

1. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
2. Include reasonable efforts by UNM SRMC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
3. Take into account other resources available to the patient;
4. UNM SRMC will notify patients of additional information required to complete the financial assistance application.
5. Take into account the patient's available assets exceeding \$10,000 (excluding primary residence and a vehicle used for daily transportation to school or work). Assets exceeding \$10,000 can be requested for payment towards UNM SRMC medical bills.

Non-emergent services may be scheduled prior to making a request for financial assistance; however a determination on the financial assistance application is generally required prior to obtaining services. The need for financial assistance will be re-evaluated at any time additional information relevant to the eligibility of the patient for financial assistance becomes known. The determination may be made at any point in the collection cycle.

Requests for financial assistance shall be processed promptly and UNM SRMC shall notify the patient or applicant in writing within 30 days of receipt of a completed application. UNM SRMC will expedite the review of applications submitted prior to the receipt of services.

UNM SRMC uses the Federal Poverty Guidelines (FPG); in effect at the time the application is reviewed, to determine eligibility for financial assistance. UNM SRMC will update the FPG, which is published annually by the U.S. Department of Health and Human Services, effective each year as of the later of March 1st or 30 days from the date of publication.

Additionally, UNM SRMC may offer to patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills extended payment plans, and will not impose wage garnishments or liens on primary residences, and will cease all collection efforts, unless the payment agreement is broken or the patient ceases to cooperate with UNM SRMC to resolve their account.

Patients will be given 240 days after the first post-discharge bill to learn about the FAP and apply for assistance; but UNM SRMC may initiate Extraordinary Collection Activities (ECAs) as soon as 120 days after the first post-discharge bill. However, if an individual is subsequently determined FAP-eligible before 240 days then UNM SRMC will reverse the ECA and start the process anew.

UNM SRMC will provide patients with a notice, a minimum of 30 days in advance of initiating an ECA. This notice will inform patients of any ECA that UNM SRMC may initiate or resume if the patient has not paid the outstanding balance or initiated the financial assistance process. This notice will also provide a plain language summary of the UNM SRMC financial assistance policy.

In implementing this Policy, UNM SRMC will comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

The request for assistance and proof of eligibility is the responsibility of the applicant. UNM Sandoval Regional Medical Center Indigent Program responsibility is:

- To advise the applicant of policies and procedures governing the request for medical assistance.
- To assist the applicant in completing the application.
- To render a written decision on coverage.

Applicants are assured of confidentiality of both financial and medical information.

## **Eligibility**

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### **Residency and Citizenship Requirements**

The patient must be a Citizen of the United States or have appropriate legal authority to be in the USA (Alien residency card, worker visa, or conditional lawful permanent resident (LPR) status, Official Refugee Status or established political asylum. Active Student Visa

Applicants must also be living in Sandoval County, New Mexico and demonstrate an intention to remain in the State and County. Residency in New Mexico is established by living in the State and carrying out the types of activities associated with normal living; such as occupying a home, enrolling children in school, getting a NM driver's license, State or County ID, Proof of a physical address from US Postal Service when needed, obtaining employment, etc. within Sandoval County.

The patient can demonstrate this residency by : providing bank statements, home ownership, rental leases, utility bills (including Cable and Satellite), or 3 pieces of mail addressed to the patient, or pay stubs.

SRMC staff reserves the right to request complimentary documentation to substantiate Income, Residency and Citizenship

Temporary Border crossing or Tourism Visas will not be considered a demonstration of intent to stay in Sandoval County or the State.

Patients who are not US Citizens and not legally permitted in the United States under color of law will be able to obtain a 45% discount off the hospital Charges.

### **Application Requirements**

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Applications for Sandoval Regional Medical Center financial assistance program are available upon request at the following locations.

UNM Sandoval Regional Medical Center  
3001 Broadmoor Blvd NE  
Rio Rancho, NM 87144  
(505) 994-7000

Sandoval County Administration Offices  
1500 Idalia Road, Building B  
Bernalillo, NM 87004  
505-867-2291

Applications must be completed, signed and submitted with required documents to one of the locations previously listed within 6 months of the date of discharge for inpatient and outpatient services; if any applicant is married (legally or domestic partnership as determined by NM State law) and the spouse/partner is a household member, the spouse/partner must also sign the application and submit income.

Approved applications are valid for a period of one (1) to twelve (12) months. The coverage can be deemed retroactively as necessary, but cannot be retroactive more than 12 months. The CFO or designee would need to approve financial aid retro coverage exceeding 12 months.

Any change in the applicant's income, resources or residency other than federal cost of living adjustments will require notification to UNM SRMC for possible reapplication and reconsideration of eligibility.

Misrepresentations of facts or any attempt to circumvent the policy of UNM SRMC in order to become or remain eligible for medical assistance is grounds for denial of financial assistance.

If an applicant qualifies for and fails to cooperate or follow through with an application for any other source of assistance, the application for financial assistance may be denied.

All other Federal, State, local and private sources must be exhausted before eligibility can be determined for Sandoval Regional Medical Center Indigent Assistance. SRMC Patient Financial Services Counselors will assist the applicant in determining what other sources of assistance are available to the applicant.

Any applicant approved for State/Sandoval County assistance programs with an appropriate verification process determining indigence may qualify for SRMC Indigent Assistance.

### **Other Coverage**

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With limited exceptions as described below, UNM Sandoval Regional Medical Center Financial Assistance is the payer of last resort. This means that government or private insurance will be primary financial payment source before UNM Sandoval Regional Medical Center Indigent Assistance. Individuals who are eligible for Exempt (full) or Alternative Benefits plan Medicaid must apply for, and receive a denial of eligibility prior to being considered for indigent status.

A patient can be eligible for indigent status with respect to any unpaid amounts after the government or private insurance has fully paid UNM Sandoval Regional Medical Center as required under the terms of that government or private insurance plan. UNM Sandoval Regional Medical Center Financial Assistance will subrogate with a liability payer.

### **Assistance Level of Coverage**

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For the purpose of this policy, the following levels of assistance will be given in accordance with qualification criteria to determine assistance level(s).

Elective surgeries not covered by SRMC care or not covered at 100%, 50% of the surgery balance is due before the surgery unless declared clinically urgent/emergent.

The patient will qualify for the following discount level based on the family's size in accordance to the Federal Poverty Level (FPL) guideline as published as of the later of March 1 or 30 days from publication. Subject to the availability of other assets,

- 0%-200% of FPL=100% Discount
- 201%-300% of FPL= 70% Discount
- 301% or above of FPL = 0% discount (patient may apply for self pay discount)

Patients may qualify for SRMC Financial Assistance if premiums are deemed unaffordable based on affordable care act requirements. At which point, premiums will be reduced from monthly income when calculating FPL.

Patients can, and are strongly encouraged to, make payment arrangements for monthly payments for their unpaid balance(s) without interest rate impact.

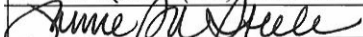
For uninsured individuals who do not meet the criteria for indigent status, UNM SRMC offers a 45% discount from total billed for all other services

**Applicability**

This policy pertains to all services provided by UNM Sandoval Regional Medical Center and UNM Sandoval Regional Medical Clinics.

**Document Approval & Tracking**

**DOCUMENT APPROVAL & TRACKING**

Item	Contact	
<b>Owner</b>	SRMC CFO	
<b>Official Approver</b>	Jamie Silva-Steele, President and CEO	
<b>Official Signature</b>		Date: 12/30/15
<b>Effective Date</b>	December 2015	