



Applies To: UNM Hospital Component(s): Responsible Department: Board of Trustees4 Documents Combined & Revised: 10/2009

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

POLICY STATEMENT

UNM Hospital 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
4. Meets established financial requirements for establishing indigent status, defined as 300% of the Federal Poverty Guidelines or below; and
5. Meets medical necessity criteria and
6. The services are covered by the financial assistance program.

UNM Hospital will abide by the federal Emergency Medical Treatment and Labor Act (EMTALA) in providing care to patients at UNM Hospital. The UNM Hospital 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 Hospital Financial Services Department. UNM Care is another name for the UNM Hospital’s Financial Assistance Program. Medical services rendered to patients outside the UNM Hospital are not payable by UNM Hospital.

DETAILED POLICY STATEMENT

Identity Requirements

The patient must provide documentation to demonstrate their identity. Any of these documents may demonstrate identity: Social Security card, U.S. Passport, state issued identification, birth certificates, citizenship/naturalization records, Visa, Indian census records, certificate of Indian Blood, court records, voter registration card, divorce papers, licensed school records, licensed day care center records or a letter from a licensed physician or nurse.

Residency Requirements

The patient must be living in New Mexico and demonstrate an intention to remain in the state. Residency in New Mexico and Bernalillo County is established by living in the state and county and carrying out the types of activities associated with normal living: such as occupying a home, enrolling children in school, attaining a New Mexico driver’s license or New Mexico State issued identification card, renting a post office box, obtaining employment within Bernalillo County or the State of New Mexico.

The patient can demonstrate this residency by bank statements, home ownership, rental leases,
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and letters addressed to the patient at a home address, utility bills, and proof of enrollment of self or child in an educational institution, pay stubs, income tax returns, or other similar documents.

Patients who meet residency requirements for the State, but are not residents of Bernalillo County, will only be eligible for indigent status and financial assistance if the service they receive at the UNM Hospital is not available in their county of residence, as determined by the Medical Staff of UNM Hospital. These patients should apply for their home county indigent funds before applying for UNM Hospital financial assistance program.

Financial Requirements

The patient must verify income by providing: employment pay stubs; income tax returns; letter from employers; direct bank deposits; letters or copies of checks from Social Security, Worker's Compensation, Veteran's Affairs, Bureau of Indian affairs, or other similar documents.

The patient must verify assets. Assets may be verified by providing bank statements, investment statements or other similar documents. Retirement funds, primary residence, and vehicles are not considered in the asset level.

Medical Necessity Criteria

Only medically necessary services as determined by the treating UNM Hospital medical staff provider will be eligible for financial assistance. All services are subject to review by the Medical Director of the Utilization Review Department.

Patients may be eligible for indigent status and financial assistance under the following circumstances:

1. A patient is treated for an emergency medical condition, as determined and documented by the treating provider;
2. A patient is treated for the signs or symptoms of a communicable disease, as determined and documented by their treating provider, whether or not those symptoms are caused by communicable disease; or
3. A patient is treated for immunizations, as documented in the medical record

The following services are services which are typically not considered covered services within the meaning of this Policy:

- cosmetic surgery,
- reversal of vasectomy,
- elective pregnancy terminations,
- tubaplasties,
- infertility studies and treatment,
- other services not routinely provided by UNMH medical staff or facilities as determined by the medical staff of UNM Hospitals.(for example, liver or cardiac transplantation)

Exceptions to non-covered services will be considered by the Medical Director and Chief Medical Officer.

Other Coverage

With limited exceptions as described below, UNM Hospital's financial assistance program is the financial program of last resort. This means that government or private insurance will be a primary financial payment source before the UNM Hospital's financial assistance program. Medicaid eligible individuals must apply for Medicaid and receive a denial of eligibility prior to being considered for indigent status and financial assistance.

A patient can be eligible for indigent status and financial assistance with respect to any unpaid amounts after the government or private insurance has fully paid UNM Hospital as required under the terms of that government or private insurance plan.

UNM Hospital will subrogate with a liability payer for third party tortfeasor cases.

Indian Health Service Contract health coverage is secondary to UNM HSC's financial assistance for those Native Americans who reside in Bernalillo County and who meet the financial assistance and medical necessity criteria.

Denial and Appeal Process:

A patient will receive a letter from UNM Hospital if the patient is denied eligibility to the financial program for any reason. If a patient is not granted indigent status or financial assistance because of lack of documentation for identity, residency, income, asset or medical necessity reasons, they can appeal to the Medical Director of the Utilization Review Department and Chief Medical Officer.

Co-pay Requirements

Any patient who is not covered in whole or in part by government or private insurance and who is otherwise qualified for indigent status and financial assistance as provided in this Policy will be required to pay the following co pay amounts and will be eligible for the following levels of assistance:

Income Level (% of FPG)	Asset Level	Clinic Visit Co-Pay / Balance Owed	Emergency Dept, Diagnostics Co-Pay / Balance owed	Inpatient stay, Day Surgery Co-pay / Balance Owed
0 -100%	\$20,000	\$5 / \$0	\$10 / \$0	\$25 / \$0
100 - 200%	\$20,000	\$10 / \$0	\$20 / \$0	\$75 / \$0
200 - 300%	\$20,000	\$20 / \$0	\$75 / \$0	\$300 / \$0

Native Americans who provide documentation of tribal affiliation and qualify for financial assistance will not be required to pay a co-payment for services covered under financial assistance.

Patients can, and are strongly encouraged to, make payment arrangements for monthly payments for their unpaid balance(s). UNMH will not accrue interest on any balance owed for an account with UNMH for a self pay contract account.

Other

If a patient otherwise qualifies for the indigent status but is not eligible for full financial assistance, they will be eligible to receive a 45% discount and may set up a payment plan that will not charge interest and allow for monthly payments. If the patient accumulates multiple accounts they may request that the accounts be combined.

APPLICABILITY

This policy pertains to all UNM Hospitals and Clinics including UNM Cancer Center.

POLICY AUTHORITY

Chief Executive Officer

SUMMARY OF CHANGES

This policy replaces: UNMH Financial Assistance Policy Effective date 12/4/2009.

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Board of Trustees		
Legal (Required)			Y
Official Approver	Christine Glidden, Secretary		Y
Official Signature		Effective Date: 10/30/2015	
Origination Dates	10/1986, 11/1999, 12/1999, 11/2003, 12/4/2009		
Issue Date			ar