

Title: Financial Assistance Program		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(s) for qualified patients, which is known as “UNM Care,” who meet each of the following:

1. Certain identity requirements;
2. State and county residency requirements;
3. Is not covered or is only partially covered by government or private insurance; and
4. Established financial requirements for establishing indigent status, defined as 300% of the Federal Poverty Guidelines or below;
5. Medical necessity criteria and
6. The services are covered by the UNM Care 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 applicable federal, state, and local laws in determining eligibility for financial assistance. Individuals will be assessed for indigent status and financial assistance eligibility when documentation is submitted to UNM Hospital Financial Services Department. As UNM Care is not a fund for payment of medical services but rather a financial assistance program, medical services rendered to patients outside the UNM Hospital are not payable by UNM Hospital.

APPLICABILITY

This policy pertains to all UNM Hospitals and Clinics including the UNM Hospitals-based clinics at the UNM Comprehensive Cancer Center.

POLICY AUTHORITY

Chief Executive Officer

REFERENCES

Personal Responsibility and Work Opportunity Reconciliation Act, 8 U.S.C. § 1621. In this Policy, the Personal Responsibility and Work Opportunity Reconciliation Act is referred to as “PRWORA.”

CMS Provider Reimbursement Manual, Chapter III, Section 310.

CMS Provider Reimbursement Manual, Chapter III, Section 312.

UNM Hospital Discount Program Policy.

UNM Hospital Patient Payment Policy.

UNM Hospital Bad Debt Policy

IMPLEMENTATION PROCEDURES

Identity Requirements

A patient seeking financial assistance under the UNM Care program must provide documentation to demonstrate his or her identity. Any of the following 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. Patients who are not “qualified aliens” or who are “unqualified aliens” under the provisions of PRWORA are not eligible for participation in the UNM Care financial assistance program, except as provided in this Policy.

Residency Requirements

To be eligible for financial assistance under the UNM Care program, 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, 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 are to receive or have received 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 coverage under the UNM Care 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 coverage under the UNM Care financial assistance program. All services are subject to review by the Medical Director of the Utilization Review Department.

Notwithstanding a patient’s immigration status, 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 a communicable disease; or
3. A patient is treated for immunizations, as documented in the medical record.

The following are services that 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 of the service in question and Chief Medical Officer.

Other Coverage

With limited exceptions as described below, the UNM Care financial assistance program is the financial program of last resort. This means that third party government or private insurance will be a primary financial payment source before the UNM Care financial assistance program will be applied. Medicaid-eligible individuals must apply for Medicaid and receive a denial of eligibility prior to being considered for indigent status and financial assistance. Notwithstanding, Indian Health Service Contract health coverage is secondary to the UNM Care financial assistance program for those Native Americans who reside in Bernalillo County and who meet the financial assistance and medical necessity criteria.

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

Denial and Appeal Process

A patient will receive a letter from UNM Hospital if the patient is denied eligibility for participation in the UNM Care financial assistance 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 that decision to the Medical Director of the Utilization Review Department and the UNM Hospital Chief Medical Officer.

Co-pay Requirements

Any patient who is not covered in whole or in part by third party 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)	Applicable Program	Asset Level	Type of Visit/Procedure		
			Clinic Visit Co-Pay	Emergency Dept. Diagnostics Co-Pay	Inpatient Stay, Day Surgery Co-Pay
0-100%	Financial Assistance/Discount Program	\$20,000	\$5	\$10	\$25
101% – 200%	Financial Assistance/Discount Program	\$20,000	\$10	\$20	\$75
201% - 300%	Financial Assistance/Discount Program	\$20,000	\$20	\$75	\$300

Notwithstanding the above table, 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 who are determined to be eligible for the UNM Care financial assistance program, shall have all amounts beyond the co-payment amounts shown in the above table, written off as charity care under this Policy. However, patients can, and are strongly encouraged to, make payment arrangements for monthly payments for their unpaid balance(s). UNM Hospital 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 indigent status but is not eligible for full financial assistance, they may be eligible to participate in the UNM Hospital Discount Program under the UNM Hospital Discount Program Policy.

DEFINITIONS

SUMMARY OF CHANGES

This policy replaces: UNMH Financial Assistance Policy Effective dated 10/30/2015.

RESOURCES/TRAINING

Resource/Dept	Contact Information
Patient Financial Services	http://hospitals.unm.edu/pfs/

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	UNMH Board of Trustees		
Committee(s)	UNMH Board of Trustees Quality and Safety Committee		Y
Legal (Required)	Scot Sauder, HSC		Y
Official Approver	Christine Glidden, Secretary		Y

Title:
Owner:
Effective Date:
Doc. #

Official Signature		
Effective Date	[Day/Mo/Year]	
Origination Date	10/1986, 11/1999, 12/1999, 11/2003, 12/2009, 10/2015 respectively	
Issue Date	Clinical Operations Policy Coordinator	

ATTACHMENTS

None