

COXHEALTH

SYSTEM POLICY – Finance

TITLE: Financial Assistance Policy (FAP)

SUBMITTED BY: Dana Christiansen, Administrative Director - Patient Access Services

APPROVED BY: Jake McWay, CFO & Executive Vice President

PURPOSE:

The purpose of CoxHealth's Financial Assistance Policy (FAP) is intended solely for the benefit of Indigent patients and any acceptable Guarantors for debts incurred due to Emergency Services and Medically Necessary Services. The FAP is not to be construed to benefit third parties such as insurance companies or others who are obligated for a patient's health care expenses. The FAP is also meant to comply with Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder and shall be interpreted and applied in accordance with such regulations. The FAP has been adopted by the governing body of CoxHealth in accordance with the regulations under Section 501(r).

SCOPE:

The FAP and any corresponding procedures apply to all CoxHealth hospitals and physician clinics set forth on **Schedule 3** of the FAP (collectively "CoxHealth") available on the CoxHealth website.

POLICY:

CoxHealth wants to assist patients who need help paying their hospital bills. As a nonprofit health care organization, CoxHealth cares about our patients and the communities we serve through better health and better health care.

Our staff can help Patients with the following:

- Apply for health insurance through the Marketplace
- Apply for Medicaid assistance
- Determine if qualify for Financial Assistance from CoxHealth

CoxHealth Financial Assistance

First and foremost, a patient's financial circumstances will not affect their care. All patients are treated with respect and fairness. Patients who meet certain income guidelines may qualify for CoxHealth Financial Assistance, including reduced hospital charges and payment plans.

Subject to **Schedule 1, available on the CoxHealth website**, patients who are eligible for Financial Assistance will be billed not more than the amounts generally billed to individuals who have insurance covering such care. Information regarding amounts generally billed and its calculation is available on **Schedule 1 on the CoxHealth website**.

Financial Assistance approval will be in effect for 6 months from the date of approval. Exceptions to the Financial Assistance qualification criteria will be considered on an individual basis.

Medical Qualifications for Financial Assistance

CoxHealth will provide, without exception, care for emergency medical conditions to all patients seeking such care, regardless of ability to pay or to qualify for Financial Assistance, in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Financial Assistance is available only for emergency and medically necessary services. It does not apply to elective procedures such as cosmetic surgery. It also does not apply to the portion of services that have been paid for by a third party such as an insurance company or government program.

Income Guidelines for Financial Assistance

The amount of Financial Assistance patients may be eligible to receive is based on Federal Poverty Level information set by the U.S. government each year. A Financial Assistance Income and Discount Schedule that shows these income levels is reflected on **Schedule 2, available on the CoxHealth website**. In addition to income, the discount will also take into account the size of family.

A list of providers who are included in this Policy is as available as **Schedule 3**, available on the CoxHealth website. Other services which are separately billed by other providers, such as independent physicians, are not eligible under CoxHealth's Financial Assistance Policy. A full listing of these providers is available as **Schedule 4** available on the CoxHealth website.

Applying for Financial Assistance

Patients or their legal guardian may apply for Financial Assistance at any time – before, during or after care, up to 240 days after initial bill. Information is provided with the bill about how to apply for assistance. Applications may be submitted directly through the MyChart online portal. An application is also available as **Schedule 5** on the CoxHealth website, upon request at CoxHealth facilities at any registration desk, or by calling customer service at 417-269-3117. The application requires proof of income such as an income tax return or paycheck stub. Examples of documents which may be used as proof of income can be found on the application form.

Patients enrolled in Medicaid automatically qualify for Financial Assistance for emergency and medically necessary hospital services that are not covered by Medicaid. Patients may also be approved for additional Financial Assistance based on the patient's financial position. Eligibility for this type of assistance does not automatically qualify the patient for assistance on future accounts.

Collection Policy

See CoxHealth's Collection Policy in Policy Manager or available as **Schedule 6** of the FAP on the CoxHealth website.

Completed applications may be submitted through the MyChart Online Portal or may be returned by mail, fax or electronic mail to:

CoxHealth
Attn: Financial Counselors

1423 N Jefferson Ave.

Springfield MO 65802

Direct Phone: 417-269-6765 (or the main customer service line printed online and on statements)

Fax: 417-269-0518

Email: FinancialAssistanceApplications@coxhealth.com

Or completed applications may be returned in person (not mailed) to any Cox Outpatient Registration Desk or Cox Emergency Department in Springfield, Branson, Monett, Lamar, or at the following locations:

CoxHealth Primrose 1115 E Primrose Springfield MO 65807 Customer Service	CoxHealth Monett 1000 US-60 Monett, MO Outpatient Registration
Cox Medical Center Branson Medical Plaza One 11 Skaggs Rd Branson, MO Business Office/ 2 nd floor	Cox Barton County Hospital 29 NW 1 st Lane Lamar, MO Outpatient Registration

Or by email to: FinancialAssistanceApplications@CoxHealth.com

REFERENCE:

These corresponding policies can be found in Policy Manager:

1. Financial Assistance Policy Schedules (lists all and directs to access at CoxHealth.com)
2. 501r Oversight Policy