



Financial Assistance Policy

Policy and Procedure		Policy Number:	RCM-002
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		Date Effective:	05/26/2020; Version2.0: 04/25/2024
Department	Revenue Cycle Management	Date Approved:	02/24/2020; Version2.0: 04/25/2024
Version	2.0	Approved By:	USAP Board of Directors; Ratified by USAP Policy Committee

Scope

This policy applies to all RCM employees and any RCM independent contractors of US Anesthesia Partners, Inc.

Purpose

The purpose of this Financial Assistance Policy (“Policy”) is to provide a systematic method for identifying and providing financial assistance to eligible patients.

Policy

1. This Policy identifies specific criteria and application processes pursuant to which USAP will honor or extend financial assistance to eligible patients based on financial need. This includes patients who have received care that is not covered by USAP contracted medical insurance or another direct contract with USAP.
2. Financial assistance will be honored or extended without regard to the patient’s race, color, national origin, religion, age, sex, sexual orientation, marital status, disability, veteran status, or any other basis prohibited by federal, state, or local law.
3. To be eligible for financial assistance, patients must submit a financial determination letter from a facility or surgeon or complete and submit a USAP Financial Assistance Application along with any required supporting documentation.
4. USAP understands and honors the need to maintain the dignity of the patient, guarantor, and family during the application process.
5. USAP will ensure that copies of the USAP Financial Assistance Policy and Financial Assistance Application are available online and by mail, at no charge to the patient and/or guarantor. The USAP Patient Advocacy Team will be available to answer questions and assist patients with the application process.
6. Any amount paid by the patient/guarantor more than the amount due after the applicable financial assistance discount is applied will be refunded to the patient/guarantor for all qualified services.
7. Nothing in this policy takes precedence over federal, state, or local laws or regulations currently in effect today or in effect in the future. The existence of this policy does not constitute an offer of financial assistance to any patient or guarantor and creates no contractual rights or obligations.



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Version	1.0	Approved By:	USAP Board of Directors; Ratified by USAP Policy Committee

Procedure

1. Honoring External Financial Assistance & Charity

If a patient has qualified for financial assistance with a facility or a surgeon for a specific service, and a USAP provider delivered care for that service, USAP will honor the same financial assistance discount for that service.

- a. The patient is required to provide a copy of the financial assistance determination from the surgeon or facility.
- b. The financial assistance determination will be reviewed and approved by the USAP Patient Advocacy Team.
- c. Once approved, the patient will receive the same financial assistance discount for that service. If the surgeon or facility has approved a greater financial assistance discount than what the patient would be eligible for under the USAP Policy, USAP will honor the surgeon or facilities' approved discount.

2. USAP Financial Assistance

If a patient has not previously applied for financial assistance through a facility or surgeon and there is a financial need, the patient is encouraged to apply for financial assistance with USAP.

2.1 Eligibility Criteria

- a. Patients may apply for financial assistance up to 120 days after the date of the initial statement from USAP.
- b. Each eligible patient's situation will be evaluated according to relevant circumstances, such as annual income, family size, the Federal Poverty Level (FPL), unless State law stipulates an alternative evaluation process.
- c. The Financial Assistance Eligibility Discount Guidelines are utilized to determine what amount, if any, of the outstanding patient account balance will be discounted after payment by all third parties.
- d. The Financial Assistance Eligibility Discount Guidelines will be updated annually in accordance with the FPL as published in the Federal Register by the U.S. Department of Health and Human Services.
- e. The level of financial assistance will be based on a classification as Financially Indigent or Medically Indigent, as defined below.
 - i. Financially Indigent means a patient whose Annual Income is less than or equal to 200% of the FPL and is unable to pay their outstanding USAP account balance. Financially Indigent patients are eligible for a 100% discount on outstanding USAP account balances.



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- ii. Medically Indigent means a patient whose Annual Income falls between 201% - 500% of the FPL and their outstanding USAP account balance exceeds 5% of their Annual Income and is unable to pay the outstanding USAP account balance. Medically Indigent patients are eligible for discounts up to 95% on outstanding USAP account balances.
- f. When a patient's circumstances do not satisfy the requirements under the Financial Assistance Eligibility Discount Guidelines or Eligibility Criteria, a patient with unusual mitigating factors may still be able to obtain financial assistance. In these situations, the USAP Patient Advocacy Team will review all available information and decide on the patient's eligibility for financial assistance. All exceptions must be approved by a director, or Regional Vice President. All exceptions must be clearly documented, maintained and contain the mitigating factors which determined the exception.
- g. Final determination of eligibility will be communicated to the patient within thirty (30) days of receiving a complete financial assistance application, including documentation of income.

2.2 Presumptive Eligibility

- a. Uninsured patients may be determined eligible for financial assistance based on the presence of one of the criteria listed below. After at least one criterion has been demonstrated, no other proof of income will be requested. The list below is representative of circumstances in which a patient's family income is less than 200% FPL and the patient is eligible for a 100% discount on the outstanding USAP account balance.
- b. Presumptive eligibility screening should be completed as soon as possible after receipt of services and prior to the issuance of any bill for those services. When notified of a possible Presumptive Eligibility status, USAP will hold any patient statement for thirty (30) days during the completion of the Presumptive Eligibility review process.
- c. Presumptively Eligible Criteria:
 - i. Homeless
 - ii. Participation in Women, Infants and Children programs (WIC)
 - iii. Food stamp eligibility
 - iv. Participation in Supplemental Nutrition Assistance Program (SNAP)
 - v. Eligible for other state or local assistance programs (e.g., Medicaid spend-down)
 - vi. Mental incapacitation with no one to act on patient's behalf.
 - vii. Recent personal bankruptcy
 - viii. Incarceration in a penal institution



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2.2 Policy Publication

- a. To promote awareness and provide support for this Policy and Application process, USAP will provide the following resources:
 - i. Post the USAP Financial Assistance Policy and Financial Assistance Application online at www.usap.com/patients/understanding-fees-and-billing.
 - ii. Trained customer service team members are available to discuss in detail when appropriate during billing and customer service phone contacts with patients.
 - iii. Paper copies of the Policy and Application are made available to all patients upon request and without charge.
 - iv. The USAP Patient Advocacy Team is available to answer questions and provide assistance with the Policy and application. The Patient Advocacy Team can be reached at 833-479-0697.

3. Record Keeping

- a. A record, paper or electronic, will be maintained reflecting authorization of financial assistance along with copies of all application and supporting documents. All information submitted by, or on behalf of, patients pursuant to this policy, including the Financial Assistance Application, will be maintained in a secure manner. Only USAP staff members authorized to access the information will have the ability to do so, and none of the information will be disseminated outside of USAP.
- b. Summary information regarding applications processed and financial assistance provided will be maintained for a period of seven (7) years. Summary information includes the number of patients who applied for financial assistance with USAP, how many patients received financial assistance, the amount of financial assistance provided to each patient, and the total bill for each patient.

4. Definitions

- a. Annual Income – If the patient is an adult, the term Annual Income refers to the total gross annual income of the patient and any other responsible party. If a patient is married, Annual Income will also include the total gross annual income of the patient’s spouse. If the patient is a minor, the term Annual Income refers to total gross annual income of the parents, and/or any other responsible party. Resources used to supplement income such as, but not limited to savings accounts, trust funds, and life insurance, may also be considered.



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- b. **Federal Poverty Level (FPL):** Level of income at which an individual is deemed to be at the threshold of poverty. This income level varies by the size of the family unit. The poverty level is updated annually by the United States Department of Health and Human Services and published in the Federal Register. For purposes of this policy, the poverty level indicated in these published guidelines represents gross income. The FPL used for purposes of this policy will be updated annually.
- c. **Presumptive Eligibility:** A Financial Assistance eligibility determination made by reference to specific criteria which have been deemed to demonstrate financial need on the part of an uninsured patient without completion of a Financial Assistance Application.