		<b>Financial Assistance Policy</b>	
<b>Policy and Procedure</b>		<b>Policy Number:</b>	RCM - 002
		<b>Page # (of #):</b>	<b>1 of 8</b>
		<b>Date Effective:</b>	5/26/2020
<b>Department</b>	Revenue Cycle Management	<b>Date Approved:</b>	02/24/2020
<b>Version</b>	1.0	<b>Approved By:</b>	USAP Board of Directors; Ratified by USAP Policy Committee 06/30/2020

## Scope


This policy applies to all employees and independent contractors (“USAP Individuals”) of US Anesthesia Partners, Inc. and all of its subsidiary entities and all entities managed by USAP (collectively “USAP”).

## 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. Financial Assistance Applications are due no later than 120 days after the date of service.
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 in excess of 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 particular patient or guarantor and creates no contractual rights or obligations.

		<b>Financial Assistance Policy</b>	
<b>Policy and Procedure</b>		Policy Number:	RCM - 002
		Page # (of #):	2 of 8
		Date Effective:	5/26/2020
Department	Revenue Cycle Management	Date Approved:	02/24/2020
Version	1.0	Approved By:	USAP Board of Directors; Ratified by USAP Policy Committee 06/30/2020

## 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 service.
- b. Each eligible patient's situation will be evaluated according to relevant circumstances, such as annual income, family size, the Federal Poverty Level (FPL), and other resources available to the patient, guarantor, or patient's family when determining the ability to pay their outstanding USAP account balance.
- c. The Financial Assistance Eligibility Discount Guidelines (Attachment A) 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 as set forth in Attachment A.

		<b>Financial Assistance Policy</b>	
<b>Policy and Procedure</b>		<b>Policy Number:</b>	RCM - 002
		<b>Page # (of #):</b>	<b>3 of 8</b>
		<b>Date Effective:</b>	5/26/2020
<b>Department</b>	Revenue Cycle Management	<b>Date Approved:</b>	02/24/2020
<b>Version</b>	1.0	<b>Approved By:</b>	USAP Board of Directors; Ratified by USAP Policy Committee 06/30/2020

- 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 as set forth in Attachment A.
- f. When a patient's circumstances do not satisfy the requirements under the Financial Assistance Eligibility Discount Guidelines (Attachment A) 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 make a determination on the patient's eligibility for financial assistance.


## 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. Low income/subsidized housing is provided as a valid address
  - vii. Mental incapacitation with no one to act on patient's behalf
  - viii. Recent personal bankruptcy
  - ix. Incarceration in a penal institution
  - x. Patient is deceased with no known estate

		<b>Financial Assistance Policy</b>	
<b>Policy and Procedure</b>		<b>Policy Number:</b>	RCM - 002
		<b>Page # (of #):</b>	<b>4 of 8</b>
		<b>Date Effective:</b>	5/26/2020
<b>Department</b>	Revenue Cycle Management	<b>Date Approved:</b>	02/24/2020
<b>Version</b>	1.0	<b>Approved By:</b>	USAP Board of Directors; Ratified by USAP Policy Committee 06/30/2020

### 2.3 Application Process

- a. Requests for consideration for Financial Assistance or Presumptive Eligibility may be initiated by the patient, patient's guarantor, a representative of the patient or guarantor, or a USAP representative on behalf of the patient, up to 120 days after the date of service.
- b. A USAP Financial Assistance Application (Attachment B) must be completed and submitted, along with supporting documentation. Except in cases of Presumptive Eligibility, the Financial Assistance Application must be completed and signed by the patient (or guarantor/ representative).
- c. The USAP Patient Advocacy Team will support the USAP Financial Assistance Program and be available for questions about the application process, assistance filling out the application, and to verify the status of an application.
- d. Notwithstanding considerations outlined elsewhere in this policy, it is the responsibility of the patient to actively participate in the USAP financial assistance screening process. This includes providing requested information in a timely manner, including, without limitation, providing USAP with information concerning actual or potentially available health benefits coverage (including available COBRA coverage), financial status (i.e. Annual Income, financial assets), authorizing (if required) USAP to access available third party information, and to facilitate any other information that is necessary for USAP to make a determination regarding the patient's financial and insured eligibility. A patient's failure to cooperate may result in a denial of financial assistance.
- e. If the patient is deceased and a responsible party is not identified, a USAP representative may generate the request and complete the application using available information and documents.
- f. The patient may provide one or more of the following documents to establish Annual Income, if such documents are available:
  - i. Most recently filed federal income tax return;
  - ii. Most recent W-2 or 1099 forms;
  - iii. Most recent pay stub (or, if applicable, copy of unemployment statement, social security letter, etc.);
  - iv. A statement from employer if paid in cash; or
  - v. Any other verification from a third party regarding annual income.
- g. USAP does not require documentation of assets or expenses. However, applicants may elect to provide additional documentation regarding assets, expenses, income, outstanding debts or other circumstances which would show financial hardship to support a request for financial assistance equal to or greater than the amounts to which they are otherwise eligible pursuant to this policy.

		<b>Financial Assistance Policy</b>	
<b>Policy and Procedure</b>		Policy Number:	RCM - 002
		Page # (of #):	5 of 8
		Date Effective:	5/26/2020
Department	Revenue Cycle Management	Date Approved:	02/24/2020
Version	1.0	Approved By:	USAP Board of Directors; Ratified by USAP Policy Committee 06/30/2020


- h. If it is determined that an applicant has intentionally provided materially false or misleading information regarding the ability to pay medical expenses, USAP may deny the applicant’s current or future applications. If financial assistance has already been granted based on the patient’s intentional provision of materially false information, USAP may void the prior grant of financial assistance, in which case USAP retains all legal rights to seek payment from the patient of any amounts which may be due. If the provision of materially false information was unintentional, USAP will revise the determination based upon the corrected information.
- i. The financial assistance application and supporting documentation will be reviewed by the USAP Patient Advocacy Team and the final determination made by the USAP Patient Advocacy Team.
- j. Final determination of eligibility will be communicated in writing to the patient within thirty (30) days of receiving a complete financial assistance application, including documentation of income.

#### 2.4 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](http://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. Relation to Collection Policies**

- a. Any outside placements or collection efforts on the patient’s account will be placed on hold upon receipt of a financial determination letter from the surgeon or facility or a USAP Financial Assistance Application and until the USAP financial assistance determination is made, which must occur within thirty (30) days after receipt of all information necessary to determine eligibility.
- b. If financial assistance is honored or extended based on this policy, the patient’s account will be reduced by the approved financial assistance discount. USAP will not pursue collections on the amount qualified for financial assistance. The patient is responsible for the remainder of the outstanding USAP account balance.

		<b>Financial Assistance Policy</b>	
<b>Policy and Procedure</b>		Policy Number:	RCM - 002
		Page # (of #):	6 of 8
		Date Effective:	5/26/2020
Department	Revenue Cycle Management	Date Approved:	02/24/2020
Version	1.0	Approved By:	USAP Board of Directors; Ratified by USAP Policy Committee 06/30/2020


- c. USAP will under no circumstances refund a patient or third party, any amounts paid prior to qualification for finance assistance.

#### **4. 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.

#### **5. 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.
- 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.

		<b>Financial Assistance Policy</b>	
<b>Policy and Procedure</b>		Policy Number:	RCM - 002
		Page # (of #):	7 of 8
		Date Effective:	5/26/2020
Department	Revenue Cycle Management	Date Approved:	02/24/2020
Version	1.0	Approved By:	USAP Board of Directors; Ratified by USAP Policy Committee 06/30/2020

**Attachment A**  
**Financial Assistance Eligibility Discount Guidelines**  
**Based on Federal Poverty Guidelines Published 1/17/2020**  
**Effective 05/26/2020**

Financially Indigent Classification	
Number in Household	200%
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
Discount	100% of balance

Medically Indigent Classification					
Balance due must be equal to or greater than the specified % of the patient's Annual Income for eligibility					
Specified %	> 5%	> 5%	> 5%	> 10%	> 10%
Number in Household	201 - 250%	251 - 300%	301 - 350%	351 - 400%	401 - 500%
1	\$25,648	\$31,901	\$38,281	\$44,661	\$51,041
	\$31,900	\$38,280	\$44,660	\$51,040	\$63,800
2	\$34,652	\$43,101	\$51,721	\$60,341	\$68,961
	\$43,100	\$51,720	\$60,340	\$68,960	\$86,200
3	\$43,657	\$54,301	\$65,161	\$76,021	\$86,881
	\$54,300	\$65,160	\$76,020	\$86,880	\$108,600
4	\$52,662	\$65,501	\$78,601	\$91,701	\$104,801
	\$65,500	\$78,600	\$91,700	\$104,800	\$131,000
5	\$61,667	\$76,701	\$92,041	\$107,381	\$122,721
	\$76,700	\$92,040	\$107,380	\$122,720	\$153,400
6	\$70,672	\$87,901	\$105,481	\$123,061	\$140,641
	\$87,900	\$105,480	\$123,060	\$140,640	\$175,800
7	\$79,676	\$99,101	\$118,921	\$138,741	\$158,561
	\$99,100	\$118,920	\$138,740	\$158,560	\$198,200
8	\$88,681	\$110,301	\$132,361	\$154,421	\$176,481
	\$110,300	\$132,360	\$154,420	\$176,480	\$220,600
Discount	95% of balance	90% of balance	85% of balance	80% of balance	75% of balance



# Financial Assistance Policy

<b>Policy and Procedure</b>		<b>Policy Number:</b>	RCM - 002
		<b>Page # (of #):</b>	<b>8 of 8</b>
		<b>Date Effective:</b>	5/26/2020
<b>Department</b>	Revenue Cycle Management	<b>Date Approved:</b>	02/24/2020
<b>Version</b>	1.0	<b>Approved By:</b>	USAP Board of Directors; Ratified by USAP Policy Committee 06/30/2020

## Attachment B



**Please submit your application promptly. You may receive bills until we receive your information.**  
**Financial Assistance Application**

Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

### SCREENING INFORMATION

- Has the patient applied for Medicaid?  Yes  No  
 Does the patient receive public services such as TANF, SNAP, or WIC?  Yes  No  
 Is the patient currently homeless?  Yes  No  
 Is the patient's medical care need related to a car accident or work injury?  Yes  No

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number (optional): \_\_\_\_\_  
 Guarantor Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
 Guarantor Date of Birth: \_\_\_\_\_ Guarantor Social Security Number (optional): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Service(s) and Date(s) Requested for Assistance: \_\_\_\_\_  
 Employment Status of Patient (or Guarantor if applicable):  
 Employed Full Time  Employed Part Time  Unemployed (how long: \_\_\_\_\_)  
 Self-Employed  Student  Disabled  Retired  Other (\_\_\_\_\_)

### INCOME INFORMATION

Name	Employer(s) name or source of income*	Total gross monthly income (before taxes)
Patient		
Spouse		
Guarantor		

\*Includes all wages, farm or self-employment, public assistance, Social Security, unemployment/worker's compensation, retirement, strike benefits, alimony, child support, military allotments, pensions, incomes from dividends, interest, rental property and other miscellaneous income sources.

### EXPENSE INFORMATION

List all monthly household expenses:  
 Rent/Mortgage \$ \_\_\_\_\_ Medical Expenses \$ \_\_\_\_\_  
 Automobiles \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_  
 Other Debt/Expenses \$ \_\_\_\_\_ (including child support, loans, etc)

### ASSET INFORMATION

List any additional assets your family may have:  
 Current checking account balance \$ \_\_\_\_\_ Current savings account balance \$ \_\_\_\_\_  
 Please check all that apply:  Stocks  Bonds  401K  Health Savings Account(s)  Trust(s)  
 Property (excluding primary residence)  Own a business

### PATIENT AGREEMENT

I understand that U.S. Anesthesia Partners may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans. I affirm that the above information is true and correct to the best of my knowledge. I understand if the financial information I give is determined to be false, the result may be denial of financial assistance, and I may be responsible for and expected to pay for services provided.

Patient/Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_