

PATIENT ELIGIBILITY

Patients may be eligible for charity care if they are uninsured and meet other specific criteria. In order to qualify for financial assistance under this Charity Care Policy, a patient must satisfy at least one of the following six conditions:

1. No third-party coverage is available.
2. Third-party coverage is available, but with limited benefits.
3. Third-party coverage is denied due to pre-existing conditions.
4. Patient is already eligible for assistance (e.g. Medicaid), but the particular services are not covered.
5. Medicaid or other government healthcare program benefits have been exhausted and the patient has no further ability to pay. Welfare assistance is denied due to resources and/or income, but the patient is deemed by UCH to be in circumstances in which an illness will make it impossible to meet financial obligations.
6. Patient is below four times the most recently available federal poverty threshold requirements.

PATIENTS WHO ARE IN ONE OF THE FOLLOWING CATEGORIES MAY ALSO BE ELIGIBLE FOR FINANCIAL ASSISTANCE:

1. A Patient who is homeless will receive 100% financial assistance. No charity transmittal is required.
2. A Patient who is deceased with no estate per Probate Court will receive 100% financial assistance. No charity transmittal is required.
3. Patient is incarcerated for a felony.
4. Patient is currently eligible for Medicaid but was not at the date of service.
5. Patient is eligible by the State to receive assistance under the Violent Crime Victims Compensation Act or Sexual Assault Victims Compensation Act.
6. Patient is eligible for Medicaid or other government healthcare program funding for certain emergency health services provided to undocumented aliens in accordance with the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Section 1011, regardless of whether Section 1011 funds for the applicable state are exhausted.
7. Patient is deemed to have minimal financial resources based on analysis of the Financial Assistance Application by UCH.

UCH will follow the **Charity Income Guidelines** below to determine level of assistance according to the federal poverty guidelines for the year in which services were rendered.

Charity Income Guidelines

Patients at or below 200% of Poverty Guidelines will receive a 100% discount.
 Patients over 200% and up to 300% of Poverty Guidelines will receive a 50% discount.
 Patients above 300% and up to 400% of Poverty Guidelines will receive a 40% discount.

2024 FEDERAL POVERTY GUIDELINES

Family Size	1	2	3	4	5	6	7	8
Income	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720

[For families/households with more than 8 persons, add \$5,380 for each additional person.]

UCH will determine if a patient whose income is above the Charity Income Guidelines qualifies for financial assistance due to extenuating circumstances.

APPLICATION PROCESS

To be considered for a discount under the Charity Care Policy, the patient must cooperate fully with the information gathering and assessment process, including:

1. Sign the Financial Responsibility Form.
2. Complete the attached Application for Financial Assistance form for consideration to decrease or eliminate patient amounts due. All patients must complete the Application. If the Application is not completed, the patient's bill immediately becomes due in full.
3. Provide UCH with all requested information needed to determine eligibility, including information necessary to apply for other existing financial resources that may be available to pay for healthcare, such as Medicaid, third-party liability, etc. If approval for a patient's Medicaid application is pending, collection activity will be suspended during the consideration of a completed charity care application.
4. Provide UCH with proof of your gross household income, including pay stubs, employer verification, copies of your W-2, 1040 tax forms or your IRS tax return summary, self-employment financial statements, bank statements, liens attached to insurance (auto, liability, life and health) or any other form of documentation that supports your reported income. Any tangible and/or liquid assets must be disclosed. Applicants who are self-employed will be asked to submit a Schedule C from their individual tax return or a statement for an S-corporation, partnership or limited liability company. Income after expenses will be used as income for charity consideration for self-employed applicants.
5. Submit your completed Financial Assistance Application Form to UCH's Corporate Office for processing: **University Clinical Health | Attn: Charity Care | 1407 Union Ave, Suite 700 | Memphis, TN 38104** Or email to: **UCH_billing@uthsc.edu**
6. Requests for financial assistance will be accepted up to four (4) weeks from the date the first statement is remitted to the patient. An application will apply only to the current medical issue. New bills for a new medical issue will require a new application.
7. Requests may be received from the patient, legal guardian, parent of a minor or incompetent dependent, or spouse.
8. The patient must promptly notify UCH of any change in financial status to enable UCH to evaluate the impact of the change on financial assistance policies governing the provision of charity care, the discounted physician bills, or provisions of payment plans.
9. Financial Assistance applications are reviewed by Revenue Services on a monthly basis. Financial Assistance approvals will be made according to these Charity Care Guidelines. Review of financial assistance applications will consider balances existing prior to the application date. The minimum discount for non-elective services is 30%.
10. The patient will be notified of eligibility for charity care generally within thirty (30) days of receiving a completed application and all requested documentation.
11. If the patient disagrees with the decision, within thirty (30) days of the denial, he/she may in writing request an appeal and include additional relevant information for review in the appeal evaluation. Decisions may be appealed once new information is available.
12. When determining the patient's income, the household size and income includes all immediate family members and other dependents in the household. This includes an adult (and spouse if applicable), natural or adopted minor children of adult or spouse, students over age 18 dependent on the family for over 50% support, and any other persons dependent on the family income for over 50% support. (A current tax return of the responsible adult is required.) The applicant's family size and adjusted gross income listed on their tax return will be compared to a template to determine what percentage of their outstanding debt can be written off to charity.
13. Medicaid or other government healthcare program beneficiaries undergo an additional asset test in accordance with federal law to determine patient eligibility based on the patient's total resources (including family income level, assets and other pertinent information). Medicaid patients are responsible for the greater of: (a) Seven percent (7%) of Available Assets (defined as cash, cash equivalent and non-retirement investments) or (b) Required payment per the Charity and private-pay Discount Worksheet for Non-Elective services.
14. All possible sources of third-party reimbursement must be exhausted or non-existent. These sources include: commercial insurance, liability insurance, governmental insurance, Title XIX, local welfare agencies and/or guardians. Failure of an applicant to cooperate with claims filing or collection from a potential third-party resource is grounds for denying an allowance.
15. If the patient qualifies for a partial discount, he/she must cooperate with UCH in establishing a reasonable payment plan for the balance of expenses and must make good-faith efforts to honor the payment plans for the discounted bills. Failure to comply with the established payment schedule will result in the balance being turned over to our collection agency.
16. If the patient does not qualify for charity care, the Collections Process is as follows: A minimum of two (2) statements are sent to the patient. If no payments are received or if the last payment received is past sixty (60) days, the patient's account is placed in collections.