

Resolution amending the City Council Policy 29 - Charitable Care Policy for City Emergency Medical Services specifying guidelines for waiving Emergency Medical Services charges to increase the income requirements for patients eligible to participate in Government Healthcare Programs from at or below 200% to at or below 400% the Family Poverty Line.

WHEREAS, the Center for Medicare and Medicaid Services is now requiring EMS providers to establish a Charitable Care policy in order to maintain eligibility for future Texas Ambulance Supplemental Payment Program reimbursements;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CORPUS CHRISTI, TEXAS THAT:

SECTION 1. City Council Policy 29 is amended by adding the following language that is underlined (added) and deleting the language that is stricken (~~deleted~~) as delineated below:

29. – Corpus Christi Fire Department Charitable Care Program

I. PURPOSE:

To provide procedures and guidelines regarding the Charitable Care Program.

II. SCOPE:

The Corpus Christi Fire Department (CCFD) is committed to providing the highest quality care to all its patients. CCFD recognizes that some patients may be unable to pay for all or a portion of the services provided by CCFD. In furtherance of its mission and values, CCFD provides financial assistance to patients who meet qualifications for financial assistance through the Charitable Care Program. No patient will be denied financial assistance because of gender, race, creed, color, national identity/ethnic origin, religion, age, sexual orientation or disability. In addition, CCFD will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance.

III. DEFINITIONS:

Bad Debt: Any balance due amount submitted for payment by the guarantor that has not paid in full and unlikely to be paid for various reasons resulting in an uncompensated care write-off.

Family Income or Gross Income: Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from

estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Family Income is based on definitions used by U.S. Bureau of the Census.

Federal Poverty Level (“FPL”) or Federal Poverty Guidelines (“FPG”): A measure defined by the United States Department of Health and Human Services based on Gross Income and household size to indicate poverty threshold.

Financial Assistance: A full or partial reduction in charges incurred at CCFD and its substantially related entities to patients for emergency or medically necessary services who have qualified for a discounted rate in accordance with the provisions of this Charitable Care Policy. An Uninsured Self-Pay Patient who is not eligible for coverage through a Government Healthcare Program or other insurance, and who has Family Income less than ~~200%~~400% FPG, may be eligible to receive Financial Assistance in the form of discounted charges.

Financial Assistance Committee: A committee consisting of CCFD administrative personnel whose purpose is to review and determine eligibility of applicants for Financial Assistance.

Financial Assistance Deductible: The portion of a CCFD bill that is the patient’s responsibility once approved for Financial Assistance. This amount may be determined by CCFD or its contracted EMS Billing Company as set forth in this Charitable Care Program.

Financially Indigent: A patient who CCFD has determined to be unable to pay some or all of the patient’s bills due to the Family Income of the patient and/or the patient’s family being below specified thresholds based on the Federal Poverty Level (FPL) and/or because their monetary assets are below specified thresholds.

Government Healthcare Program: Any healthcare program operated or financed at least in part by the federal, state or local government, including but not limited to, Medicare, Medicaid, Children with Special Health Care Needs (“CSHCN”), and Children’s Health Insurance Program (“CHIP”).

Gross Charges: Charges that are billed to individuals receiving services at CCFD.

Presumptive Eligibility: A patient who has not submitted a completed application for Financial Assistance, but whose circumstances fit within one or more of the following criteria:

- a. Homeless as screened by a CCFD Paramedic;
- b. Qualification for Christus Spohn’s, CCMC’s, or Driscoll Children’s Charitable Care Policy.
- c. Eligible for Governmental Healthcare Program, but not on the date of service or for a non-covered service;

- d. Enrolled in one or more Governmental Non-Healthcare Programs for low-income individuals having eligibility criteria at or below ~~200%~~400% of the FPL;
- e. Identified utilizing third party software as having eligibility criteria at or below ~~200%~~400% of the FPL.
- f. Registered in the Corpus Christi Coordinated Entry Program through the Salvation Army

IV. OVERVIEW:

CCFD or its contracted billing company will identify patients who may be eligible for Financial Assistance through our Charitable Care Program.

A patient may also request Financial Assistance if not identified by CCFD. A patient requesting Financial Assistance will be referred to the contracted EMS Billing Company for guidance on the application process. A patient seeking Financial Assistance generally must complete an application with the CCFD's Contracted EMS Billing Company. However, if applicable, Presumptive Eligibility may be determined in lieu of reviewing a Financial Assistance application. Patients who meet any of the criteria for Presumptive Eligibility will be deemed eligible for a 100% discount and will not be asked to submit an application for Financial Assistance.

A patient is only eligible for Financial Assistance after all other financial resources available to the patient have been exhausted and the patient is without sufficient income to cover out of pocket expenses, as determined by CCFD or its Contracted EMS Billing Company. Existing and potential financial resources for the patient, including but not limited to, private health insurance and any Governmental Healthcare Program, will be reviewed.

ELIGIBILITY

1. Any patient receiving or seeking to receive emergency or medically necessary care from CCFD may apply for Financial Assistance. If the patient does not qualify for any Governmental Healthcare Program and Family Income is below ~~200%~~400% of the FPL, 100% of the gross charges will be written off according to the Charitable Care Policy. In addition to using the FPL to determine a patient's eligibility for Financial Assistance, the following factors will be considered:
 - a. Family Income: Family Income generally must fall within FPL with consideration to family size, geographic area, and other relevant factors.
 - b. If a patient may qualify for coverage, the patient must have applied for and been denied coverage by all potential funding sources,

including but not limited to, Medicaid, CSHCN, CHIP, Medicare (if applicable), and/or any potential commercial program.

- c. Employment Status.
- d. Current Financial Obligations (e.g. medical debt, tax obligations, child support, mortgages, student loans, etc.).
- e. Good Faith: Patients are expected to cooperate with the application process. A patient's cooperation with the application process may be a consideration of a Financial Assistance determination

ELIGIBILITY DETERMINATION

1. A determination of eligibility for Financial Assistance is effective for six months and is applicable toward all outstanding balances incurred during the time period approved. Financial Assistance may be extended for a time period longer than six months as an exception, but not longer than a twelve-month period of time without review and approval extension.
2. If Financial Assistance is approved, Financial Assistance will apply to balances after all third-party payments have been collected. If a patient or any other payer source has made a payment during the period of Financial Assistance approval, the payment(s) will be applied to the balance owed by the patient and Financial Assistance will apply to the remaining balance.
3. The Financial Assistance Committee retains the authority to change a previous decision regarding a patient's eligibility for Financial Assistance or may adjust the extent of Financial Assistance on a case by case basis.
4. A patient's eligibility for Financial Assistance may be reevaluated when one or more of the following occur:
 - a. Subsequent rendering of services;
 - b. Change in Family Income;
 - c. Family size change;
 - d. Six months has elapsed since the patient qualified for Financial Assistance; or
 - e. The Financial Assistance process is not completed.

AMOUNTS CHARGED TO A PATIENT

1. If a patient/family is not eligible to participate in a Government Healthcare Program, CCFD offers the following Financial Assistance to Uninsured Self-Pay Patients who qualify for CCFD's Charitable Care Program.

- a. With Gross Income between 0% and ~~200%~~400% of the FPL, there is a 100% discount off billed charges.

APPLICATION FOR FINANCIAL ASSISTANCE

1. A Financial Assistance application may be completed by anyone who requests it or is identified with a need. A sample application is attached as Appendix B – Financial Assistance Application.
2. The patient must cooperate with the application process to be considered for Financial Assistance. If a patient does not cooperate with the application process, Financial Assistance may be denied or revoked. The patient is required to provide the following documentation, at a minimum: any evidence of third-party coverage, employment status, verification of employment and income, proof of residency, and family size.
3. Proof of household income including any of the following:
 - a. Most recent federal income tax returns
 - b. Last 2 paycheck stubs, or written verification of wages from employer, or current W2 forms
 - c. Unemployment, disability, or child support payments
 - d. Food Stamp or SSI/SSA/SSD award letter
 - e. Most current 2 bank statements
 - f. If you report a \$0 income, please attach a brief explanation of how you are meeting basic needs.
4. A Listing of current household expenses such as Mortgage/Rent, Utilities, Loans, Credit Cards, Food, Child Support, Medical and Auto Insurance, Medical Bills/Medications and other types of expenses incurred each month
5. CCFD or its Contracted Billing Company will provide a written decision regarding a patient's eligibility for Financial Assistance to the applicant within 60 days of receipt of Financial Assistance determination. This notification will include the discount amount approved and if payment is expected from the patient. The notification does not include specific reasons for the determination.
6. A patient whose Financial Assistance application has been denied may appeal such determination. Appeals should include supporting documents that demonstrate inability to pay that were not available or included at the time of the initial consideration.
7. Financial Assistance applications are available at no charge.

PASSED AND APPROVED on the _____ day of _____, 2021:

Paulette M. Guajardo _____

Roland Barrera _____

Gil Hernandez _____

Michael Hunter _____

Billy Lerma _____

John Martinez _____

Ben Molina _____

Mike Pusley _____

Greg Smith _____

ATTEST:

CITY OF CORPUS CHRISTI

Rebecca Huerta
City Secretary

Paulette M. Guajardo
Mayor