

El Paso Fire Department's Fire Medical Services Financial Assistance Program

I. SCOPE:

This policy pertains to all patients treated or transported by the El Paso Fire Department. Transported patients who were injured while involved in the commission of a felony or criminal activity are exempt. Each patient, may request one (1) financial assistance modification per consecutive twelve (12) month period.

II. PURPOSE:

This charity care policy is the City of El Paso's uncompensated care policy and protocol for purposes of the Texas 1115 waiver program. The policy provides direction and processes for the El Paso Fire Department to identify uninsured patients who qualify for financial assistance, which includes full or partial discounts under the El Paso Fire Department's Financial Assistance Program.

III. DEFINITIONS:

- A. **"Fire Medical Services"** means any service which is rendered to a patient; (1) presenting to the El Paso Fire Department and determined to have a medical condition or injury that without immediate medical attention would result in serious harm to the patient, whether or not the patient is admitted to the hospital or treated and released, or (2) presenting as a direct admission with a medical condition that without immediate medical attention would result in serious harm to the patient.
- B. **"Federal health care program"** means any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including but not limited to: Medicare, Medicaid/MediCal, managed Medicare/Medicaid/MediCal, TriCare/VA/CHAMPUS, SCHIP, Indian Health Services, Health Services for Peace Corp Volunteers, Federal Employees Health Benefit Plan, Railroad Retirement Benefits, Black Lung Program, Services Provided to Federal Prisoners, Pre-Existing Condition Plans (PC!Ps) and Section IO11 Requests.
- C. **"Financial Assistance"** means assistance afforded to an individual determined to be Financially Indigent in accordance with the provisions of this policy.
- D. **"Gross Charge"** means the list price on the El Paso Fire Departments list price and represents the amount the Uninsured Patient is obligated to pay prior to any discount contemplated under this policy or the policies incorporated into this policy by reference.
- E. **"Financially Indigent"** means any Uninsured Patient with an annual income below 200% of the Federal Poverty Level.

- F. **"Health Insurance Policy"** means any Federal health care program, personal or group health policy or plan, whether fully insured or self-funded, which has as its primary purpose the reimbursement, in whole or in part, of medical services provided to a covered patient.
- G. **"Income"** means the sum of the Uninsured Patient's total yearly gross income.
- H. **"Uninsured Patient"** means a patient who has no Health Insurance Policy in force at any time during which the patient receives treatment or transport from the El Paso Fire Department.

IV. POLICY:

All Uninsured Patients receiving care from El Paso Fire Department Emergency Services will be treated with respect and in a professional manner before, during and after receiving care. This policy applies to all El Paso Fire Department Emergency Services except to the extent it is inconsistent with any applicable state law, in which case such state law controls. State-specific procedures, including but not limited to procedures for identifying Charity Care Discounts to report to appropriate agencies under applicable federal or state health care program requirements, will be documented as addenda to this policy or in separate policies. Further, to the extent this Policy is inconsistent with any applicable purchase, management, joint venture or other affiliation agreement, such agreement controls and the department-specific procedures documented, addenda to this policy, or in separate policies. Any state, city or department-specific addendum to this Policy, which establishes procedures or requirements that vary from those described in this Policy, must be reviewed by the City Attorney's Office and approved in writing by the Chief Financial Officer for the department and the Fire Chief, or his or her designee.

V. PROCEDURE:

- 1) *No one will EVER be denied necessary Emergency Medical Service due to either his or her inability to pay or a lack of insurance.*
- 2) The City of El Paso, Texas will address cases of financial hardship on an individual basis.
- 3) Patients who are uninsured, unemployed, homeless, or for other reasons unable to make payments may request a financial assistance review of their transport charge. Patients, or their designee, shall complete the Financial Assistance application for Gross Charge Fee Modification. The form is available on the City of El Paso Fire Department website under the link to the Fire Department or may be requested by calling Fire Department Billing at 888-987-1477 for specific Charity Care Questions.
- 4) **Application.** In order to qualify for financial assistance, the El Paso Fire Department requires the completion of the Financial Assistance Application, a copy of which is attached. The application allows for the collection of information in accordance with state law including income and documentation requirements set forth below, and 501(r). Approved applications are

valid for 6 months for all services provided. If the patient span of illness has continued beyond the initial 6 month eligibility period, the Department should re-verify financial assistance status. The El Paso Fire Department may use electronic validation from a third party vendor (i.e. credit scoring methodology) to provide Financial Assistance to patients who have not met the requirement of completing a Financial Assistance Application.

A. Calculation of Immediate Family Members. The Department will request that patients requesting financial assistance verify the number of family members in their household.

i. *Adults* In calculating the number of family members in an adult patient's household, include the patient, the patient's spouse and any dependents.

ii. *Minors* In calculating the number of family members in a minor patient's household, include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father.

B. Income Verification. Patients or the responsible party must verify the income reported on the Financial Assistance Application in accordance with the documentation requirements set forth below.

1. Documentation Requirements

i. **Documentation Available.** The income reported on the Financial Assistance Application may be verified through any of the following mechanisms:

a. **Income Indicators.** By providing any of the following items including IRS Form W-2, Wage and Tax Statement; Pay Check Remittance; Individual Tax Returns; telephone verification by employer; bank statements; Social Security payment remittances, unemployment insurance payment notices, Unemployment Compensation Determination Letters, electronic validation of income from a third party vendor (i.e. credit scoring methodology); or other appropriate indicators of yearly, monthly, weekly or hourly income.

b. **Participation in a Public Benefit Program.** By the provision of documentation showing current participation in a public benefit program such as Medicaid; County Indigent Health Program; AFDC: Food Stamps; WIC; Texas Healthy Kids; Children's Health Insurance Program; or other similar indigence related programs. Proof of participation in any of the above programs indicates that the patient is deemed Financially Indigent and therefore, is not required to provide his or her income on the Financial Assistance.

5) The Financial Assistance application will be forwarded to the client's appointed administrator or designee for review and decision. The Fire Chief and the Finance Director (or their appointed

designee) for the City of El Paso will make a final decision that will be noted on the form. The Fire Chief and the Finance Director (or their appointed designee) may waive all charges, reduce the charges, establish a payment plan or deny the request. All final resolutions will be noted on the form.

6) If approved for modification a copy of all documentation will be made and it will be held in the El Paso Fire Department files for a period of five years. The original form will be transmitted to the billing company authorizing the elimination of the patient's charges. The Fire Department will notify the patient in writing as to the final disposition of the Financial Assistance program request.

7) The City of El Paso, Texas will consider a patient's classification as Financially Indigent if their Yearly Income is less than or equal to 200% of the poverty guidelines, as updated annually in the Federal Register by the U.S. Department of Health and Human Services ("Federal Poverty Guidelines"). The updated Federal Poverty Guidelines are applied beginning the first day of the month following their release.

Example: Sample Sliding Scale Gross Fee Breakdown

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	0% pay	25% pay	50% pay	75% pay	100% pay	Not eligible
1	0-\$12,490	\$12,491-\$15,613	\$15,614-\$18,735	\$18,736-\$21,858	\$21,859-\$24,980	\$24,981+
2	0-\$16,910	\$16,911-\$21,138	\$21,139-\$25,365	\$25,366-\$29,593	\$29,594-\$33,820	\$33,821+
3	0-\$21,330	\$21,331-\$26,663	\$26,664-\$31,995	\$31,996-\$37,328	\$37,329-\$42,660	\$42,661+
4	0-\$25,750	\$25,751-\$32,188	\$32,189-\$38,625	\$38,626-\$45,063	\$45,064-\$51,500	\$51,501+
5	0-\$30,170	\$30,171-\$37,713	\$37,714-\$45,255	\$45,256-\$52,798	\$52,799-\$60,340	\$60,341+
6	0-\$34,590	\$34,591-\$43,238	\$43,239-\$51,885	\$51,886-\$60,533	\$60,534-\$69,180	\$69,181+
7	0-\$39,010	\$39,011-\$48,763	\$48,764-\$58,515	\$58,516-\$68,268	\$68,269-\$78,020	\$78,021+
8	0-\$43,430	\$43,431-\$54,288	\$54,289-\$65,145	\$65,146-\$76,003	\$76,004-\$86,860	\$86,861+
For each additional person, add	\$4,420	\$5,525	\$6,630	\$7,735	\$8,840	\$8,840

*Based on 2019 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.