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Owner Scott Blair: Dir Revenue Cycle  
Area Revenue Cycle  
Applicability INTEGRIS Health Enterprise-wide

## Financial Assistance, SYS-RCM-100

### 1. PURPOSE:

INTEGRIS Health, Inc. ("INTEGRIS Health") provides care for patients unable to pay and offers financial assistance discounts (which may include uninsured discounts) to those who qualify. The Financial Assistance Policy applies to all health care services that are both Medically Necessary and Generally Available provided by INTEGRIS Health. Medically Necessary emergency care will not be delayed or withheld based on the patient's ability to pay. INTEGRIS Health believes that health care services, should be accessible to all regardless of race, color, religion, national origin, disability, age, sex, sexual orientation, gender identity, or protected veteran status in its consideration of a patient's qualification for financial assistance.

### 2. POLICY:

As part of its mission and commitment to the community, INTEGRIS Health provides financial assistance to patients of INTEGRIS Health who qualify for financial assistance pursuant to this policy. This Policy also serves to meet the requirements set forth in state and federal laws, including Internal Revenue Code Section 501(r). This policy will supersede all other Financial Assistance Policies.

### 3. SCOPE:

This policy shall apply to all INTEGRIS Health caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS Health and specifically the CMS Providers and entities indicated in the Applicability section.

### 4. ELIGIBILITY CRITERIA:

1. All patients will be eligible to apply for financial assistance. Financial assistance is only

available for health care services that are both Medically Necessary and Generally Available, except as may be determined by the sole discretion of the INTEGRIS Health administration on a case by case basis. This Policy covers services billed through INTEGRIS Health at its hospitals. Not all services provided within the INTEGRIS Health hospitals are provided by INTEGRIS Health employees and therefore may not be covered by this Policy. A complete list of covered providers can be found in Appendix "A" of this Policy. The list attached at Appendix "A" is updated annually.

2. INTEGRIS Health hospitals use a financial assistance eligibility guideline that is based on the Amount Generally Billed ("AGB") and the published Federal Poverty Guidelines for the current calendar year. The financial assistance eligibility guideline will be maintained at the INTEGRIS Health Business Office, 5300 N. Independence Ave, Suite 130, Oklahoma City, OK 73112. The financial assistance guidelines will be updated annually in accordance with the Federal Poverty Guidelines as published in the Federal Register by the U.S. Department of Health and Human Services. INTEGRIS Health will consider each patient's income level, family size, assets or other resources available to the patient or patient's family and amount of hospital charges when determining eligibility for financial assistance. Partial and/or full financial assistance will be granted based on the individual's ability to pay.

## **5. MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE PROCESS:**

Copies of the Financial Assistance Policy, the Plain Language Summary and the Financial Assistance Application will be widely publicized in the following manner:

1. Online at the INTEGRIS Health website, [www.integrishhealth.org](http://www.integrishhealth.org)
2. By telephone at the INTEGRIS Health Business Office at 1-855-409-5458
3. By mail at the INTEGRIS Health Business Office, 5300 N. Independence Ave, Suite 130, Oklahoma City, OK 73112
4. On posted signs and paper copies or brochures located in the emergency departments, admitting areas and business offices of all INTEGRIS Health hospitals, in languages that are appropriate for the hospital's service area.
5. In person, as part of the intake or discharge process, through Financial Counselor visits, as necessary, and discussions by designated staff, when appropriate.
6. A phone number for inquiries about financial assistance will be included in patient billing statements.

## **6. METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE:**

1. A determination of whether a patient qualifies for financial assistance may be initiated by the patient, an INTEGRIS Health representative, an external agency, a physician, or an interested party on behalf of the patient. A patient will be considered a financial assistance patient at the time sufficient information has been obtained to verify the patient's inability to pay for needed medical services.

2. It is preferred but not required that financial assistance requests occur prior to rendering of non-emergent, medically necessary services. However, requests for financial assistance may be initiated at any point in the collection cycle.
3. Patients without insurance must fully cooperate and comply with eligibility requirements for any Federal and/or State program for which they may be qualified.
4. Outstanding balances that are owed by a patient as a result of cost sharing or where the insurance benefits have been exhausted may qualify for financial assistance support if the patient meets the eligibility requirements. Patients with insurance must cooperate with any insurance claim submission and exhaust their insurance or potential insurance coverage before becoming eligible for financial assistance.
  1. Non-Covered Medicaid/Managed Medicaid Charges:
    - a. Medicaid/Managed Medicaid non-covered charges will be included as Charity Care Charges for patients who qualify for financial assistance. Medicaid/Managed Medicaid patients are indigent by definition.
  2. Out-of-State Medicaid/Managed Medicaid:
    - a. Patients covered by Medicaid/Managed Medicaid issued through a state other than Oklahoma will have charges included as Charity Care Charges provided the applicable INTEGRIS Health facility is not contracted with that particular state. Medicaid/Managed Medicaid patients are indigent by definition.
5. In order to be evaluated for financial assistance, it is the responsibility of the patient to complete an INTEGRIS Health Financial Assistance Application and provide supporting documents. The completed application must be submitted to the INTEGRIS Health Business Office, 5300 N. Independence Ave, Suite 130, Oklahoma City, OK 73112. Patients will be required to provide proof of financial need through submission of one or more of the following documents as applicable:
  1. Federal/State Tax Return from the most recent calendar year, which includes Adjusted Gross Income
  2. Social Security Award Letter or copy of Social Security check
  3. Veterans Administration letter or copy of VA check if applicable
  4. Physician Disability Statement listing term of disability and documentation or proof of three or more months with no income for the period of disability if applicable
  5. Federal/State assistance (SNAP, TANF, etc.)
  6. Bankruptcy documentation, if applicable, with listed creditors showing INTEGRIS Health entities
  7. Letters of explanation of special circumstances. The Director of Revenue Cycle has final approval authority regarding verbal or written attestation.
  8. Failure to provide these documents may result in a delay of or inability to process financial assistance requests. Patient assistance will not be denied under this policy for the failure to provide information that was not required to be submitted in either this Policy or the Financial Assistance Application

6. Patients may also be screened through a third-party vendor for financial assistance eligibility. Additionally, patients may qualify for financial assistance based on an Ability to Pay Score or other presumptive methodology when a patient does not provide a Financial Assistance Application or supporting documentation.
  1. Financial assistance (100%) presumptive eligibility:
    - a. Individual is homeless
    - b. Individual is deceased and has no known estate able to pay hospital debts
    - c. Individual is incarcerated for a felony with the exception of prison liability encounters; e.g. patient injured during transport or in custody
    - d. Individual is currently eligible for Medicaid, but was not at the time of service
7. All patients must be individually approved for financial assistance even if another family member was previously approved or the individual was approved at another INTEGRIS Health hospital.
8. In the event a completed Financial Assistance Application is received, INTEGRIS Health will suspend Extraordinary Collection Actions (ECAs) while it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. In the event an incomplete Financial Assistance Application is received, ECAs will be suspended for no more than thirty (30) days while INTEGRIS Health provides written notice to the patient that ECAs may be initiated or resume if the Financial Assistance Application is not completed. Collection activity will resume in the following situations: (i) a partial adjustment occurs, (ii) the patient fails to cooperate with the financial assistance process, or (iii) the patient is not eligible for financial assistance.
9. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial assistance determination was completed more than a year prior. INTEGRIS Health retains the right to require any patient to reapply if new information pertaining to any change in their income level becomes available that may change the patient's eligibility for financial assistance.
10. INTEGRIS Health staff will uphold the confidentiality and individual dignity of each patient. All application information and supporting documentation will be maintained in accordance with the Health Information Portability and Accountability Act and the INTEGRIS Health Records Retention Policy.

## **7. BASIS FOR CALCULATING FINANCIAL ASSISTANCE:**

1. Subject to other provisions of this Policy, Patients with income from all sources less than or equal to 200% of current Federal Poverty Guidelines will qualify for 100% discount of the portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any, if such Patient determined to be eligible pursuant to presumptive scoring (described in Paragraph 5 below) or submits a financial assistance application (an "Application") on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for up to 100% financial

assistance if Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.

2. Subject to the other provisions of this Policy, Patients with income from all sources greater than 200% of current Federal Poverty Guidelines but not exceeding 400% of Federal Poverty Guidelines will receive a sliding scale discount on that portion of charges for services provided for which the Patient is responsible following payment by an insurer, if any, if Such Patient submits and Application on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for the sliding scale discount financial assistance if Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.
3. Household income exceeding 400% of Federal Poverty Guidelines will only be considered if their financial responsibility exceeds 25% of their annual income.
4. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring for a Patient with a sufficient unpaid balance within the first 240 days after the Patient's first discharge bill to determine eligibility for 100% charity care notwithstanding Patient's failure to complete a financial assistance application. If Patient is granted 100% charity care without submitting a completed financial assistance application and via presumptive scoring only, the amount of financial assistance for which Patient is eligible is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A determination of eligibility based on presumptive scoring only applies to the episode of care for which the presumptive scoring is conducted.
5. The amounts charged for Medically Necessary and Generally Available medical services to patients eligible for financial assistance will not be more than the average AGB. In addition, amounts charged for Medically Necessary and Generally Available medical services to uninsured patients eligible for financial assistance will not be more than the average AGB. INTEGRIS Health calculates AGB by dividing the sum of the amounts of all claims for emergency or other medically necessary care that have been allowed by Medicaid in combination with Medicare and all private health insurers over a 12-month period, divided by the sum of the associated gross charges for those claims (Look-back Method). Patients may request in writing the current AGB percentages. Requests should be sent to the INTEGRIS Health Business Office, 5300 N. Independence Ave, Suite 130, Oklahoma City, OK 73112. In the event the outstanding patient account balance is less than the calculated AGB discount based on deposits or previous payments made, INTEGRIS Health will refund the patient the amount over the AGB calculated amount.
6. Services provided through the Community Clinic or related to the IPAP Drug Replacement program may also be deemed presumptively eligible for financial assistance.

## **8. FINANCIAL ASSISTANCE OFFERED TO**

# DUALLY ELIGIBLE PATIENTS:

Medicare charity will be written off using the Medicare Bad Debt Policy and Procedures currently in place at INTEGRIS Health.

## 9. OVERSIGHT:

The INTEGRIS Health Board of Directors, or its designee, is responsible for the oversight of this policy. Any material changes to the standards set forth in the Policy must be approved by the Board prior to implementation by INTEGRIS Health.

## 10. DEFINITIONS:

1. "**Ability to Pay Score**" means a score will be provided by a third-party agency through a product designed to identify patients that have limited or no ability to pay for services performed.
2. "**Amounts Generally Billed (AGB)**" means the amounts generally billed for Medically Necessary and Generally Available care to individuals who have insurance covering such care. AGB percentage means a percentage of gross charges that a hospital uses to determine the AGB for any Medically Necessary and Generally Available care it provides to an FAP eligible individual.
3. "**Application Period**" means the time period in which an individual may apply for financial assistance and receive reimbursement for payments made in excess of Patient responsibility. The Application Period ends on the 240th day after INTEGRIS Health mails or electronically provides the Patient/Guarantor with the first billing statement for services provided but may be extended by INTEGRIS Health upon extraordinary circumstances.
4. "**Extraordinary Collections Actions (ECAs)**" are defined in the INTEGRIS Health Billing and Collection Policy, SYS-RCM-116.
5. "**Federal Poverty Guidelines**" are determined by the Department of Health and Human Services and published in the Federal Register.
6. "**Generally Available**" means services for basic diagnostic or therapeutic care generally performed by local providers. Highly specialized, elective, or extraordinary services (such as transplants) are not typically covered, and cosmetic services or other services not generally covered by most insurance policies.
7. "**Look-Back Method**" means the methodology specified by IRS Codes Section 501(r) and selected by INTEGRIS Health to determine AGB which uses past payments from Medicare or a combination of Medicare and commercial insurer payments.
8. "**Medically Necessary Care**" means medical services for urgent and emergent conditions, for serious illness, or for attempting to rule out serious illness.
9. "**Underinsured**" means insured patients whose out-of-pocket medical costs would pose a financial burden to the patient due to high deductibles, high out-of-pocket maximum requirements, limited benefit plans or non-contracted insurance plans.

# INTEGRIS Provider List

## Appendix A

### Providers Covered by INTEGRIS Health Financial Assistance Policy that are Providing Emergency or other Medical Necessary Care in the INTEGRIS Health Hospital Facilities

INTEGRIS AllSet Urgent Care  
INTEGRIS Medical Group  
INTEGRIS Cardiovascular Physicians  
Nazih Zuhdi Transplantation Institute  
Jim Thorpe Rehabilitation  
Great Plains Family Medicine  
INTEGRIS Baptist Medical Center Interventional Radiology Physicians

### Providers Not Covered by INTEGRIS Health Financial Assistance Policy

Except as listed above, no other physicians or physician groups, or other professional providers (such as physician assistants or advanced practice physicans) are covered by this Financial Assistance Policy.

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### Approval Signatures

Step Description	Approver	Date
Executive Leadership Team Approver	Michael Weed: Chief Financial Officer	02/2026
System Policy Committee	Jennifer Rountree: Director Compliance	02/2026
VP Approver 1	Casey Ahlden: VP Revenue Cycle Scott Blair: Dir Revenue Cycle	01/2026 11/2025

### Applicability

AllSet Urgent Care Clinics, INTEGRIS Baptist Medical Center (IBMC), INTEGRIS Canadian Valley Hospital (ICVH), INTEGRIS Grove Hospital (IGH), INTEGRIS Health - Corp., INTEGRIS Health All Document Search, INTEGRIS Health Edmond Hospital (IHE), INTEGRIS Health Endoscopy Centers, INTEGRIS Health Enid Hospital (IHENID), INTEGRIS Health Medical Group (IHMG), INTEGRIS Health Ponca City Hospital, INTEGRIS Health Woodward Hospital, INTEGRIS Hospice, INTEGRIS Jim Thorpe Rehabilitation, INTEGRIS Lakeside Women's Hospital (LWH), INTEGRIS Miami Hospital (IMH), INTEGRIS Southwest Medical Center

## Standards

No standards are associated with this document

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