POLICY STATEMENT
The UNM Health Sciences Center offers financial assistance from the patient’s medical bill for any qualified patient who:
1. Has met certain residency requirements; and
2. Is not covered or is only partially covered by government or private insurance; and
3. Has met established financial criteria; and
4. Has met medical necessity criteria and
5. The services in question are covered by the financial assistance program.

UNM HSC will abide by the federal Emergency Medical Treatment and Labor Act (EMTALA) in providing care to patients at UNM HSC.
UNM Care is another name for the UNM HSC’s financial assistance program. Medical services rendered to patients outside the UNM HSC facilities are not payable by UNM HSC.
Patients who are denied financial assistance will be given a letter of ineligibility indicating why they were denied financial assistance and how they can appeal the decision.

DETAILED POLICY STATEMENT
Residency Requirements
The patient must be living in New Mexico and demonstrate an intention to remain in the state. Residence in New Mexico is established by living in the state and carrying out the types of activities associated with normal living: such as occupying a home, enrolling children in school, getting a NM driver’s license or ID, renting a post office box, obtaining employment, etc. within Bernalillo County or the State of New Mexico and show an intent to remain a resident of Bernalillo County or the State of New Mexico. The patient can demonstrate this residency by bank statements, home ownership, rental leases, utility bills, pay stubs, income tax returns, or other similar documents.
Temporary Visas will not be considered a demonstration of intent to stay in the County or the State.
Patients who are not US Citizens, not resident aliens or not present in the United States under color of law may be eligible for financial assistance under the following circumstances:
1. A patient is treated for an emergency medical condition
2. A patient is treated for the signs or symptoms of a communicable disease whether or not those symptoms are caused by communicable disease
3. A patient is treated for immunizations
If the medical circumstances above are not present the patient is eligible for a 45% discount on billed charges and the same low down payments if they meet the criteria defined in this policy.
Patients who meet residency requirements for the State, but are not residents of Bernalillo County, will only be eligible for financial assistance if the service they receive at the UNM HSC is not available in their county of residence, as determined by the medical Staff of UNM Hospital. These patients should apply for their home county funds before approval for UNM HSC financial assistance.

**Financial Requirements**
The patient must verify income by providing check stubs, income taxes, letters from employers, direct bank deposits, letters from Social Security, or other similar documents. The income of the immediate family is then compared to the guidelines to determine eligibility. Guidelines are based on the Federal Poverty Guidelines (FPG) and revised annually. The patient must verify assets by providing bank statements, investment statements or other similar documents. Retirement funds, primary residence, and vehicles are not considered in the asset level.

**Medical Necessity Criteria**
Medically necessary services, as determined by the medical attending and UNM Hospital’s utilization department may qualify for financial assistance.

The following services are not covered services within the meaning of this Policy:

- cosmetic surgery,
- reversal of vasectomy,
- elective pregnancy interruptions,
- tuboplasties,
- infertility studies and treatment,
- and other services determined from time to time as determined by the medical staff of UNM Hospitals.

**Other Coverage**
With limited exceptions as described below, UNM HSC’s financial assistance program is the payer of last resort. This means that government or private insurance will be a primary financial payment source before UNM HSC’s financial assistance program. A patient can be eligible for financial assistance with respect to any unpaid amounts after the government or private insurance has fully paid UNM HSC as required under the terms of that government or private insurance plan. UNM HSC will subrogate with a liability payer.

Indian Health Service Contract health coverage is secondary to UNM HSC’s financial assistance for those Native Americans who reside in Bernalillo County and who meet the financial assistance and medical necessity criteria.

**Co pay Requirements**
Any patient who is not covered in whole or in part by government or private insurance and who is otherwise qualified for financial assistance as provided in this Policy will be required to pay the following co pay amounts and will be eligible for the following levels of assistance:

<table>
<thead>
<tr>
<th>Income Level (% of FPG)</th>
<th>Asset Level</th>
<th>Clinic Visit Co-Pay / Balance Owed</th>
<th>Emergency Dept, Diagnostics Co-Pay / Balance Owed</th>
<th>Inpatient stay, Day Surgery Co-pay / Balance Owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 100%</td>
<td>$5,000</td>
<td>$5 / $0</td>
<td>$10 / $0</td>
<td>$25 / $0</td>
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<tr>
<td>100 - 200%</td>
<td>$10,000</td>
<td>$10 / $0</td>
<td>$20 / $0</td>
<td>$75 / $0</td>
</tr>
<tr>
<td>200 - 300%</td>
<td>$16,000</td>
<td>$20 / $0</td>
<td>$75 / $0</td>
<td>$300 / $0</td>
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</tbody>
</table>

Title: Financial Assistance
Owner: Board of Trustees
Effective Date: 12/4/2009
Doc. #2617
Native Americans who provide documentation of tribal affiliation and qualify for financial assistance will not be required to pay a co-payment for services covered under financial assistance. Patients can, and are strongly encouraged to, make payment arrangements for monthly payments for their unpaid balance(s) without interest.

APPLICATION
This policy pertains to all UNM HSC Hospitals and Clinics including UNMMG, and UNM Cancer Center.

POLICY AUTHORITY
Chief Executive Officer

SUMMARY OF CHANGES
This policy replaces: Bernalillo County Financial Assistance, Out of County Medically Indigent Financial Assistance, Medical Services and Financial Assistance for Non-United States Citizens, Low Income Uninsured Patient Discount.

RESOURCES/TRAINING

<table>
<thead>
<tr>
<th>Resource/Dept</th>
<th>Internet/Link</th>
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<tr>
<td>Patient Financial Services</td>
<td><a href="http://hospitals.unm.edu/pfs/">http://hospitals.unm.edu/pfs/</a></td>
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DOCUMENT APPROVAL & TRACKING

<table>
<thead>
<tr>
<th>Item</th>
<th>Contact</th>
<th>Date</th>
<th>Approval</th>
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<tbody>
<tr>
<td>Owner</td>
<td>Board of Trustees</td>
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<tr>
<td>Legal (Required)</td>
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<td></td>
<td>Y</td>
</tr>
<tr>
<td>Official Approver</td>
<td>Michelle Melendez, UNMH Board of Trustees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official Signature</td>
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<td>Effective Date: 12/4/2009</td>
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</tr>
<tr>
<td>Issue Date</td>
<td>2/11/2010</td>
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