
 <p>Revenue Cycle</p>	<p>Subject: Financial Assistance Policy</p> <p>Policy Number: 3500.070</p> <p>PAGE 1 OF 7</p>
<p>Approved By: Robert Boos, Senior Vice President Revenue Cycle Services</p>	<p>Generated By: Finance Division • Patient Account Services</p>
<p>Approved By:</p>	<p>Effective Date: Jan 99</p>
<p>Final Approval:  Date: <u>4/2/26</u></p>	<p>Revised Date: June 25</p> <p>Reviewed Date: June 25, March 26, April 26</p>
	<p>Reference: 26 C.F.R. § 1.501(r)</p>

System Policy:

To be used by the following Acute Care Medical Units: Methodist Medical Center, Parkwest Medical Center, Fort Sanders Regional Medical Center, LeConte Medical Center, Fort Loudoun Medical Center, Roane Medical Center, Morristown-Hamblen Health System, Cumberland Medical Center, Claiborne Medical Center

Purpose Statement:

Covenant Health is committed to providing measurable quality health services in a caring environment, which fulfill the needs of our patients, physicians, employers, employees, and community. It is the express philosophy of Covenant Health that no one should be denied necessary medical care because of the inability to pay. In conjunction with this philosophy, the financial assistance protocol and procedures will provide guidance to the hospital personnel in determining financial assistance.

Covenant Health provides free or partially free care to patients referred from community or charitable organizations that have agreements with individual hospitals to provide specific services to identified patients with no charge to the patient, i.e., community free clinics and mammography voucher program. These patients will be presumed eligible for charity care and will not require additional screening or income level verification.

Policy:

Covered Services

All emergency and other medically necessary care, including care provided in the facility by a substantially-related entity, shall be eligible for financial assistance with the following exceptions:

1. The portion of services currently covered by other programs.
2. Those services which would be covered by insurance or governmental payers had the individual followed the requirements of the applicable policy.
3. Non-emergent emergency department services, services that are not medically necessary, elective inpatient services, elective outpatient services, and/or services not covered by third party insurers (e.g., solely cosmetic surgery, teeth extractions in an outpatient setting, etc.).

Eligibility for Assessment

Patients who demonstrate an inability to pay and have exhausted all sources of payment assistance may be screened for financial assistance eligibility. In addition, patients who are deceased and verification of probate, or lack thereof, reveals that the estate contains no assets to cover their outstanding debt are eligible for financial assistance (see Covenant Health Patient Account Services Policy 3500.500 "Deceased/No Estate Verification Process). To be eligible for financial assistance consideration; the patient/guarantor must complete a financial disclosure using the Hospital Financial Assistance Application (**Attachment A**), except in cases where no survivors of a deceased patient can be located (see Procedure). The patient/guarantor first must meet income criteria as indicated within the financial assistance policy. If the patient/guarantor meets the income test for financial assistance consideration, then the patient/guarantor's financial disclosure will be screened to determine qualification for financial assistance based upon assets/holdings.



Revenue Cycle

Subject: Financial Assistance Policy

Policy Number: 3500.070

PAGE 2 OF 7

No eligible individual will be charged more for emergency or other medically necessary care than the amounts generally billed (AGB) to insured individuals. The AGB is calculated by using the "look-back" method. An annual calculation of each facility's AGB using a 12-month "look-back" method of all payers exclusive of Medicaid and Self Pay will be performed for determination of applicable adjustments to the AGB discount percentage. The AGB percentage applicable for each facility is disclosed in Covenant Health Patient Account Services Fair Charges Policy 3500.580, Table II. This policy is available free of charge by contacting the Knoxville Business Office Services, 1420 Centerpoint Blvd., Building C, Knoxville, TN, 37932, or by telephone at 865-374-3000.

Income Limitations

To qualify for financial assistance, the patient/guarantor must have anticipated future annual income, as calculated under this policy, at or below 300% of the current federal poverty limits, as set forth by the United States Department of Health and Human Services. The federal poverty limits are as follows:

2026 HHS (United States Department of Health & Human Resources)				
Persons in Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii	
1	\$15,960.00	\$19,950.00	\$18,360.00	
2	\$21,640.00	\$27,050.00	\$24,890.00	
3	\$27,320.00	\$34,150.00	\$31,420.00	
4	\$33,000.00	\$41,250.00	\$37,950.00	
5	\$38,680.00	\$48,350.00	\$44,480.00	
6	\$44,360.00	\$55,450.00	\$51,010.00	
7	\$50,040.00	\$62,550.00	\$57,540.00	
8	\$55,720.00	\$69,650.00	\$64,070.00	
For each add'l person, add	\$5,680.00	\$11,360.00	\$17,040.00	

Income shall include, but is not limited to, adjusted gross income plus non-taxable retirement income (i.e., Social Security), child support, unemployment compensation and "in-kind" payments (for example, use of property rent free). The value of food stamps will be excluded from "in-kind" payment consideration. In addition, 10% of the patient/guarantor's net assets, as determined by reducing the market value of assets less any outstanding debt, will be added to income for determination of total annual income (see Asset Limitations).

Asset Limitations

The guidelines for determining assets include, but are not limited to, primary dwelling (and attached land), automobiles, liquid assets, investments, farm land, business property, rental property, farm and/or business equipment including livestock and crops. All real property will be considered at fair market value. The values of both real and personal property will be reduced by any existing liabilities incurred by the applicant in obtaining the assets (net assets) with the exception of primary dwelling. The primary dwelling net asset will be the amount of equity above \$100,000. Actual or potential third party liability to the patient, hospital or the guarantor by common law, contract, statute or otherwise shall be considered an asset and must be listed on the Hospital Financial Assistance application.

External Sources Used for Assessment

Kelley Blue Book – Used to find values of vehicles owned by the patient.

<http://www.kbb.com/>

Accurint – Used for skip tracing addresses (Return Mail) or Date of Death

<https://secure.accurint.com/app/bps/main>

The following are examples of websites used to locate the correct value of the applicant's properties if they do not provide a copy of their tax assessment from the county they own property.



Revenue Cycle

Subject: Financial Assistance Policy

Policy Number: 3500.070

PAGE 3 OF 7

Knox County Property Search
<https://knoxcounty.org/property/>

State of Tennessee Property Search
http://www.assessment.cot.tn.gov/RE_Assessment/

Catastrophic Exceptions

For catastrophic illness, exceptions to income and asset limitations may be made on a case-by-case basis. The amount considered for financial assistance will be based upon the facility's evaluation of the patient's and/or guarantor's ability to pay all or a percentage of gross charges, taking into consideration the patient's and/or guarantor's assets, liabilities, liquidity, and future earning capacity.

Procedure

Upon referral from Pre-Admission and/or Emergency Patient Registration, the patient will be assigned a Financial Counselor. The Financial Counselor shall initiate Credit Screening of the patient and/or guarantor and work with appropriate hospital and agency staff to ensure that all efforts of coverage have been exhausted before consideration of hospital financial assistance. If, as stipulated by the financial assistance policy, all payment sources have been exhausted and the patient/guarantor meets the income/asset limitations, the patient/guarantor may complete a Hospital Financial Assistance Application (see **Attachment A**) for all patient balances. **The patient/guarantor may also receive a Hospital Financial Assistance Application by:**

- Obtaining an application at any Covenant Health Facility registration area.
- Requesting to have an application mailed by calling 865-374-3000.
- Requesting an application by mail at Knoxville Business Office Services, 1420 Centerpoint Blvd. Building C, Knoxville, TN, 37932.
- Downloading an application through the Covenant Health website: www.covenanthealth.com.

The patient may receive assistance with completing the application and submitting the required documentation by contacting Knoxville Business Office Services at 865-374-3000. This application must include verification of the applicant's disclosed income and assets, as listed in **Attachment B**.

Upon completion of the application process, it will be the responsibility of the Director of Patient Accounting or Collections Manager to review all applications with the Financial Counselor for the recommendation of granting financial assistance. For procedures pertaining to uninsured discounts, refer to Covenant Health Patient Account Services Fair Charges policy 3500.580. All eligible applicants authorized for financial assistance will be afforded a discount on a sliding scale based on income limitations as follows:

Annual Household Income

Family Size	Poverty Guidelines	0- 200% of Guideline	201 - 300% of Guidelines
1	\$15,960.00	\$31,920.00	\$47,880.00
2	\$21,640.00	\$43,280.00	\$64,920.00
3	\$27,320.00	\$54,640.00	\$81,960.00
4	\$33,000.00	\$66,000.00	\$99,000.00
5	\$38,680.00	\$77,360.00	\$116,040.00
6	\$44,360.00	\$88,720.00	\$133,080.00
7	\$50,040.00	\$100,080.00	\$150,120.00
8	\$55,720.00	\$111,440.00	\$167,160.00
each add'l person, add	\$5,680.00	\$11,360.00	\$17,040.00

Amount of Patient Responsibility / Out-of-Pocket Expense:

Financial Assistance Percentage for Income Categories Above	
0 – 200% of Poverty Limits	201 – 300% of Poverty Limits
100.0%	90.0%

Financial assistance may take the form of the hospital writing off part or all of the payment due for covered services for eligible patients. Prior to authorizing a financial assistance discount under the hospital financial assistance policy, the Business Office Manager/Director or Collections Manager will be required to obtain approvals from the Director of Patient Accounting, Vice President Revenue Cycle, Facility CFO, Facility CAO, and Executive Vice President/CFO, as noted below:

WRITE-OFF AMOUNT		APPROVAL REQUIREMENTS
\$0.00	\$4,999.99	Supervisor or Manager
\$5,000	\$9,999.99	Supervisor or Manager & Director of Patient Accounting
\$10,000.00	\$99,999.99	Supervisor or Manager, Director of Patient Accounting, Vice President of Revenue Cycle & Facility CFO
\$100,000.00	Above	Supervisor or Manager, Director of Patient Accounting, Vice President Revenue Cycle, Facility CFO, Facility CAO & Executive Vice President/CFO

Once financial assistance has been granted to a patient and applied to the patient's account, the application and supporting documentation will be scanned into the patient's financial folder. Financial information pertinent to financial assistance granted and remaining patient balances, if applicable, will be so noted on the patient's "system" billing record. For all denied applications, a financial transaction will be applied to patient's account indicating non-eligibility. Patients will be deemed to be eligible for charity on future accounts with dates of service within 6 months from the date financial assistance is granted. An additional application will not be required for up to 12 months from the date financial assistance is granted. However, additional information may be needed upon request.

A letter of notification will be sent to the patient informing of the final outcome of the application for financial assistance.

- A list specifying which providers (other than the facility and those delivering emergency and other medically necessary care in the facility) are covered by the facility's Financial Assistance policy and which are not is available through the Covenant Health website: www.covenanthealth.com; or may be obtained by requesting to have an application mailed by calling 865-374-3000 or requesting an application by mail at Knoxville Business Office Services, 1420 Centerpoint Blvd. Building C, Knoxville, TN, 37932.

Billing and Collections

Should the patient fail to complete and submit the required application and documentation for financial assistance or fail to setup an agreed payment arrangement, further collection efforts may occur. Covenant Health will not engage in any extraordinary collection actions before it makes reasonable efforts to determine whether an individual who has an unpaid bill is eligible for financial assistance under this policy. Reasonable efforts to determine whether the individual who has an unpaid bill is eligible for financial assistance include notification to the individual of the financial assistance policy, contacting individuals who have submitted incomplete financial assistance applications regarding how to complete the FAP and allowing a reasonable time period to do so, and reviewing completed financial assistance applications for financial assistance eligibility. The actions Covenant Health may take in the event of nonpayment and the process and timeframes for taking these actions are more fully described in the Covenant Health Patient Services Bad Debt Policy 3500.040. A free copy of this policy may be obtained by calling

the Business Office at 865-374-3000 or by writing to Knoxville Business Office Services, 1420 Centerpoint Blvd., Building C, Knoxville, TN, 37932.

For purposes of this policy, "extraordinary collection actions" (ECAs) include notification to credit bureaus and legal or judicial actions leading to garnishment of wages. Covenant Health notifies the patient of the financial assistance policy before initiating any ECAs and refrains from initiating any ECAs for at least 120 days from the date of the first post-discharge billing statement. At least 30 days prior to the ECA, Covenant Health provides notice informing the individual of potential ECA if the individual does not submit or complete a financial assistance application or pay the amount due by a deadline specified in the notice. Depending on dollar amounts as specified in the Covenant Health Patient Services Bad Debt Policy 3500.040, the Business Office Director, Vice President of Patient Revenue Cycle, Chief Financial Officer, or President and Chief Administrative Officer will have final authority for determining whether all reasonable efforts have been made to determine if an individual is eligible for financial assistance before any ECAs are pursued.

At least 30 days prior to initiating one or more ECAs, the hospital will provide the individual with a written notice stating that financial assistance is available for eligible individuals, identifying the ECAs that the hospital intends to initiate, and stating a deadline after which the ECA will be initiated that is at least 30 days after the date of the notice. This notification will include a plain language summary of the FAP and how the individual may obtain assistance with the FAP application process. Reasonable efforts will also be made to notify the patient by telephone or orally of the FAP and how to obtain assistance with the FAP application process. All ECAs will be halted if a financial assistance application is received and will remain on hold until a determination is made by Covenant Health and communicated in writing to the responsible party. If the financial assistance application is approved, all actions taken on the account will be reversed and any amounts paid above the amount required will be refunded.

Covenant Health does not sell any accounts receivable accounts to outside firms. All accounts remain property of and under the policies set by Covenant Health.

Copies of Referenced Policies

For copies of any policies referenced within this policy, please call 865-374-3000 and submit your request. A copy will be mailed free of charge to the address provided.

References:

Federal Register / Vol. 91, No.10 / Thursday, January 5, 2026 / pp. 1797-1798

Annual Update of the HHS Poverty Guidelines, available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>,

26 C.F.R. § 1.501(r)



emergencies. These respondents include adults, 18 years and older; adolescents, 15 to less than 18 years; and parents or guardians on behalf of their children less than 15 years of age.

In 2019, a PCCPHE GenIC, titled "Risk Factors for Harmful Algal Blooms (HABs)," was conducted to identify sources of and risk factors for HAB exposures. New information gained about HAB exposures were used to improve HAB incident response,

communication, and outreach at the state and national level.

No PCCPHE GenICs were conducted during the past three-year approval period. However, two NPDS-related follow-up studies were implemented during the 2020–2023 approval period using the Secretary's Public Health Emergency PRA Waiver for COVID-19. During a non-pandemic situation, these two studies would have used this Generic ICR. These studies assessed

unintentional exposures associated with cleaning products (e.g., bleach, hand sanitizers) in home settings to determine knowledge, attitudes, and practices regarding cleaning behaviors and help guide public health messaging.

CDC requests OMB approval for an estimated 250 annual burden hours. No revisions affecting public burden are proposed and there is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Adult Poison Center Callers	Call-back Questionnaire for Self	1,200	1	10/60	200
Adolescent Poison Center Callers	Call-back Questionnaire for Self	150	1	10/60	25
Parent or Guardian Poison Center Callers	Call-back Questionnaire for Proxy	150	1	10/60	25
Total					250

Jeffrey M. Zirger,
Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.
[FR Doc. 2026-00718 Filed 1-14-26; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

DATES: *Effective Date:* January 13, 2026 unless an office administering a program using the guidelines specifies a different effective date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about

poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, visit <http://aspe.hhs.gov/poverty/> or contact Jennifer Burnyszynski in the HHS Office of the Assistant Secretary for Planning and Evaluation at osaspinfo@hhs.gov or (202) 690-7858.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283. You also may visit <https://www.uscis.gov/i-864>.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used by Medicaid and a number of other Federal programs as a criterion for some or all eligibility determinations. The poverty guidelines issued here are a simplified version of the poverty thresholds that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the applicable percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2026 notice reflect the 2.63 percent price increase between calendar years 2024 and 2025. After updating for inflation, the guidelines are rounded and standardized to establish the same interval between each family size. In rare circumstances, rounding and standardizing in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and rounding and standardizing in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for

the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2026 guidelines are roughly equal to the poverty thresholds for calendar year 2025, which the Census Bureau expects to publish in final form in September 2026.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2026 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$15,960
2	21,640
3	27,320
4	33,000
5	38,680
6	44,360
7	50,040
8	55,720

For families/households with more than 8 persons, add \$5,680 for each additional person.

2026 POVERTY GUIDELINES FOR ALASKA

Persons in family/household	Poverty guideline
1	\$19,950
2	27,050
3	34,150
4	41,250
5	48,350
6	55,450
7	62,550
8	69,650

For families/households with more than 8 persons, add \$7,100 for each additional person.

2026 POVERTY GUIDELINES FOR HAWAII

Persons in family/household	Poverty guideline
1	\$18,360
2	24,890
3	31,420
4	37,950
5	44,480
6	51,010
7	57,540
8	64,070

For families/households with more than 8 persons, add \$6,530 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the "OMB" (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

This notice does not provide definitions of such terms as "income" or "family" as there is considerable variation of these terms among programs that use the poverty guidelines. The legislation or regulations governing each program define these terms and determine how the program applies the poverty guidelines. In cases where legislation or regulations do not establish these definitions, the entity that administers or funds the program is responsible to define such terms as

"income" and "family." Therefore, questions such as net or gross income, counted or excluded income, or household size should be directed to the entity that administers or funds the program.

Date: January 13, 2026.

Robert F. Kennedy, Jr.

Secretary, Department of Health and Human Services.

[FR Doc. 2026-00755 Filed 1-14-26; 8:45 am] **BILLING CODE 4150-05-P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Population based Research in Infectious Disease Study Section, October 30, 2025, 10:00 a.m. to October 31, 2025, 06:00 p.m., National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 which was published in the **Federal Register** on 9/24/2025, 90 FR 45951, Doc Number 2025-18519.

This meeting is being amended to change the date to January 12 to January 13, 2026.

Date: January 12, 2026.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026-00760 Filed 1-14-26; 8:45 am] **BILLING CODE 4150-01-P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.