

FINANCIAL ASSISTANCE POLICY

PURPOSE

To further Mitchell County Hospital Health Systems (MCHHS) mission in meeting community need through the provision of financial assistance for medically necessary health care in a fair, consistent, respectful and objective manner to low-income patients whether they are uninsured or under-insured.

DEFINITIONS:

AGB –This is the amount generally billed. For MCHHS this is the average amount paid by Medicare and the Medicare beneficiary for Hospital services..

Annual Family Income– Includes earnings, self-employment income, unemployment compensation, workers' compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trust, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Assets – These include checking accounts, savings accounts, trust funds and other investments. Additionally, countable assets include the liquidated value of land (including farmland), equity in recreational vehicles, boats, second home, etc. .

Emergency Care or Emergency Treatment– An acute medical condition that, if not given immediate medical attention, could reasonably be expected to result in (a) placing the health of the individual in serious jeopardy;(b) serious impairment of bodily functions; or (c)serious dysfunction of any bodily organ or part.

EMTALA– The Emergency Medical Treatment and Active Labor Act (42U.S.C. §1395dd).

Family –The patient, patient's spouse (regardless of whether they live in the home) and all of the patient's children, natural or adoptive, under the age of eighteen who live at home. If the patient is under the age of eighteen, the "family" shall include the patient, the patient's natural or adoptive parent(s) (regardless of whether they live in the home), and the parent(s)' children, natural or adoptive under the age of eighteen who live in the home. In the case of unmarried adults living together all adults' income will be considered as income in financial assistance determination.

FPG –The Federal Poverty Income Guidelines (FPG) that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for award of financial assistance under this Policy.

FAP – Mitchell County Hospital Health Systems Financial Assistance Policy.

Medically Necessary Care – Medically necessary care are those services reasonable and necessary to diagnose and provide preventive, curative or restorative treatment for physical conditions in accordance with professionally recognized standards of healthcare generally accepted at the time services are provided.

Notification Period– From date of service until 120-days following date of first statement to patient/guarantor when MCHHS patient account representatives will notify patient/guarantor in all written and oral communications of MCHHS Financial Assistance Policy.

Policy –This Financial Assistance Policy as in effect from time to time.

Under-insured Patients–Patient who are insured or qualify for governmental or private programs that provide coverage for the services rendered but do not have resources to pay the private portion of the bill.

Uninsured Patients – Individuals who do not have governmental or private health insurance or whose insurance benefits have been exhausted.

POLICY FOR EMERGENCY AND MEDICALLY NECESSARY CARE

1. **Policy to Provide Care on a Nondiscriminatory Basis.** MCHHS's policy is to provide Emergency and Medically Necessary Care on a non-profit basis to patients without regard to race, creed, or ability to pay. Uninsured or Underinsured Patients who do not have the means to pay for services provided at MCHHS may request to be considered for awards of financial assistance under the Policy. The eligibility criteria for financial assistance and the procedures to apply for financial assistance set out in this Policy are intended to ensure that MCHHS will have the financial resources necessary to meet its commitment to providing care to patients who are in the greatest financial need.
2. **Policy Relating to Emergency Medical Care.** Consistent with EMTALA, MH will provide an appropriate medical screening to any individual, regardless of ability to pay, requesting treatment for a potential emergency medical condition. If, when following an appropriate medical screening, MCHHS personnel determine that the individual has an emergency medical condition MCHHS will provide services, within the capability of MCHHS, necessary to stabilize the individual's emergency medical condition, or will affect an appropriate transfer as defined by EMTALA.
3. **Care provided by MCHHS is covered by this policy.**
 - a. Care provided by independent community physicians and other independent service providers is not subject to this policy. Patients should contact these other providers to determine whether care is eligible for financial assistance.
 - b. Patients may obtain a current list of providers who are and are not subject to this policy, at no charge by (i) visiting the Patient Accounts Department, (ii) by calling 785-738-9502 or (iii) by visiting the website at www.mchks.com.
4. **Notice of Financial Assistance Policy**
 - a. MCHHS will post its Financial Assistance Policy (FAP) along with a summary of MCHHS's FAP in the emergency department, registration area and on www.mchks.com in a downloadable printable user-friendly format along with the financial assistance application. The FAP summary will be included in inpatient packets.
 - b. At the earliest feasible time, MCHHS personnel will attempt to determine whether a patient has third-party coverage for any part of their hospital bill.
 - c. The request for financial assistance may originate from the patient, family member or friend of the family, as well as from any employee of MCHHS or member of the medical staff.
 - d. MCHHS communications both verbal and written to patients/guarantors will include mention of our financial assistance policy during the timely notification period of 120-days since the date of patient/guarantor first statement.
5. **Eligibility Criteria for Financial Assistance.**
 - a. General –In general, Patients whose Annual Family Income does not exceed 175% of the FPG, who meet the other criteria set forth in this Policy.
6. **Method of Applying for Financial Assistance**
 - a. To be eligible for financial assistance under this Policy, individuals must apply for financial assistance submitting a completed MCHHS Financial Assistance Application with requested documentation and cooperate with MCHHS and its collection agencies in determining whether the patient is eligible for any other benefits or if the individual is eligible for assistance under this Policy.
 - b. Proof of income and financial documentation will be required based on the patient's Annual Family Income at the time of service. Annual Family Income determination should be based on the three-month period immediately preceding the date of service on the application, past year's Federal Income Tax Return, and bank statements for all family members for two months immediately preceding the date of service.

- c. MCHHS Patient Account Representatives may assist patient/guarantor in completing the Financial Assistance Application and answer questions the patient/guarantor may have regarding same.
- d. Once Financial Assistance Application has been given/sent to the patient/guarantor they will have 14 days to return the completed and signed application along with required documentation to Mitchell County Hospital Health Services, Attn: Patient Account Representative at P.O. 399, Beloit, KS 67420.

7. Evaluation of Consideration for Financial Assistance

- a. MCHHS patient account representative or MCHHS agents will proceed through the following hierarchy in an effort to secure the best evidence available from the patient or guarantor(responsible party) at the time of their encounter:
 - i. A completed Financial Assistance application inclusive of the patient or guarantor's signature with the following hard copy documentation
 - 1. Past three months of paystubs/records for each employed member of the family.
 - 2. All bank statements (including checking, savings, etc.) for each Family member holding such accounts.
 - 3. Past year's Federal Income Tax Return.
 - 4. A listing of assets
 - 5. If there is a discrepancy with the information that was provided from the patient, a hospital representative or their agent may request additional information to support the document.
- b. Completed and signed Financial Assistance application will be forwarded to the PFS Director once all documentation has been received for evaluation and processing.
- c. Following determination of financial assistance a letter will be sent to patient/guarantor notifying them of the determination of financial assistance.

8. Calculation of Financial Assistance

- a. Uninsured patients. When financial assistance is awarded at less than 100% your bill will be discounted to MCHHS's current Medicare average payment amount.(AGB).
- b. Under-insured patients. When financial assistance is awarded at less than 100% the qualifying level of financial assistance is applied to current self-pay balance.
- c. Financial Assistance employs a sliding scale discount that takes into consideration a patient's household income and assets. The patient must establish through completion of the Financial Assistance Application and submission of required documentation that the patient's household income is below 175% Federal Poverty Level (FPL).The discount provided per FPL income is provided below.

Income as Percent of Federal Poverty Guideline	Percent of Assistance Discount
0-125%	100%
125- 175	50%

- d. Nothing in this policy shall prohibit MCHHS from offering reduced (as provided in the paragraph below) or more favorable financial assistance to a patient based upon circumstances, including, without limitation, the patient's or his/her household's net worth, likelihood of the patient's future household earnings being sufficient to meet healthcare-related obligations within a reasonable time, the patient's or the responsible party's other reasonable financial obligations, evaluation of the patient's health services history and the patient's need for future services whether an account is discharged in bankruptcy, whether an account is for a deceased person having no estate or other means of payment and whether there exists other sources of payment.

- e. It is also recognized by the parties that there is a very small percentage of the uninsured patient population which have very substantial assets and could easily afford to pay for health care, but who, because of having tax exempt income or otherwise, will not have income reflected on a tax return or otherwise. To address these limited and extraordinary situations, MCHHS reserves the right to exempt these individuals from financial assistance.
- f. Collection/legal action maybe used to collect amounts due if the responsible party refuses to cooperate in the financial assistance determination process or make and follow suitable payment arrangements. In addition, collection/legal action may be used to collect amounts due that remain after financial assistance determinations have been made and the responsible person fails to make and follow suitable payment arrangements. Legal action may be taken to attach wages when it is believed that there is sufficient income to pay the amount due.MCHHS Patient Financial Services Director must give authority for such legal action.

FORMS

- 1.Financial Assistance Application

EFFECTIVE:12/03/2013