

Marshall Medical Centers
Department: Patient Financial Services
Section: Hospital Wide
Title: Financial Assistance Policy

Approved By:	Marshall County Health Care Authority Board		
<u>Effective Date</u> June 9, 2000	<u>Review Dates</u> Sept 2007 Sept 2009 Sept 2011 Sept 2013	<u>Revision Dates</u> April, 2004 July, 2006 December 2015	

Purpose / Goals:

It is the goal of Marshall Health System (MHS) to provide medically necessary health care services to patients in the hospital’s service area as defined by Marshall Health System. The below guidelines are intended to establish a policy and appropriate procedures for use in circumstances in which financial assistance, compliant with all applicable federal, state, and local laws, is offered by MHS to its uninsured patients.

Definitions:

For purposes of this program, the following terms are defined as:

- “Emergency Care” shall mean the care or treatment for an Emergency Medical Condition, as defined EMTALA.
- “EMTALA: means the Emergency Medical Treatment and Active Labor Act (42 U.S.C 1395dd)
- “Medically Necessary Care” shall mean those services reasonable and necessary to diagnose and provide preventive palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.
- “Patient” shall mean an individual who receives care at MHS and the person who is financially responsible for the care of the patient.
- “Uninsured Patient” is defined as a person who is uninsured or does not otherwise qualify for any governmental or private program that provides coverage for any of the services rendered and either:
 - Qualifies for charity care as defined herein;
 - Does not qualify for charity care but does qualify for some discount of his/her charges for hospital services based on a substantive assessment of his/her ability to pay, such as total income, total medical bills, assets, mortgage payments, utilities, number of family members, disability considerations, etc; or
 - Has some means to pay but qualifies for a discount based on this policy.

Policy for Emergency and Medically Necessary Care

1. This policy applies to all Emergency Care and Medically Necessary Care provided in the inpatient or outpatient acute care setting, including behavioral health, and applies to all such care provided in the hospital's facility by a substantially-related entity as defined in 1.501(r) -1(b)(28) of the Treasury Regulations and promulgated under the Internal Revenue Code of 1986, as amended. This policy does not apply to payment arrangements for elective procedures as defined by MHS.
2. MHS's policy is to provide Emergency Care and Medically Necessary Care to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth below, Uninsured Patients who do not have the means to pay for services provided at MHS's facilities may request to be considered for awards of financial assistance under the Financial Assistance Policy. The eligibility criteria for financial assistance and procedures for receiving financial assistance set out in this Financial Assistance Policy are intended to ensure that MHS will have the financial resources necessary to meet its commitment to providing care to patients who are in the greatest financial need.
3. Consistent with EMTALA, MHS will provide an appropriate medical screening to any individual, regardless of race, creed or ability to pay, requesting treatment for a potential emergency medical condition. If, following an appropriate medical screening, MHS personnel determine that the individual has an emergency medical condition; MHS will provide services, within the capability of its facility, necessary to stabilize the individual's emergency medical condition or will affect an appropriate transfer as defined by EMTALA.

Principles

1. All billing and collection practices will reflect our commitment to treat all patients equally, with dignity, respect and compassion.
2. Consistent with MHS's mission and values, these policies reflect our commitment to provide financial assistance to patients who cannot pay for part or all of the care they receive, while taking into account MHS's financial ability to provide said care.
3. When possible, MHS will assist patients in obtaining health insurance coverage from private or public sources (including, but not limited to Medicaid and AllKids).

Guidelines

Marshall Health System ensures that:

1. Its employees and agents behave in a manner that reflects the policies and values of MHS, including treating patients and their families with dignity, respect and compassion.
2. Patients who do not qualify for charity care but are in need of financial assistance are offered appropriate extended payment terms or other payment options that take into account the patient's financial status.
3. Outstanding balances on patient accounts are pursued fairly and consistently, in a manner that reflects the values and commitments of our hospital in the community it serves.
4. Financial counseling is available to all patients.
5. Financial assistance policies are applied consistently with all patients.

6. Financial assistance for individual patients is balanced with the hospital's broader responsibility to keep its doors open for all that may need care in the community.
7. Patients and families will be advised of their financial responsibility, based upon their individual ability to pay.

Measures to Widely Publicize Marshall Health System's Financial Assistance Policy within the Community

1. Patients and their families are advised of the hospital's applicable policies, including charity care and the availability of need-based financial assistance in easily understood terms, as well as in any language commonly used by patients in the community.
2. Information regarding financial assistance and charity care policies, including a Plan Language Summary of this policy, is posted in the admitting and all registration areas, including the emergency room.
3. Patients are offered a copy of the Plan Language Summary of this policy as part of the registration process.
4. Patients can call MHS's Patient Financial Services Department at (256)894-6600, Monday-Friday 8:00 a.m.–5:00 p.m., to confidentially inquire about financial assistance after discharge and request a copy of this policy, a Plain Language Summary of this policy and the Financial Assistance Application (attached hereto as Exhibit A) to be mailed to their home address free of charge.

This policy, a Plan Language Summary of this policy and the Financial Assistance Application can be found online at: www.mmcenters.com/index.php/about/financial

5. Billing statements contain a conspicuous written notice informing the recipients that financial assistance is available, providing the telephone number for MHS's Patient Financial Services Department so recipients may inquire about financial assistance and directing recipients to the direct website address where this policy, a plan-language summary of this policy and the application form can be found.

Uninsured Patient Discount

1. MHS will provide Medically Necessary Care through the inpatient and outpatient departments (including emergency room services) to Uninsured Patients regardless of household income; said patients will be offered a prompt pay discount of 60% of charges to be paid within 30 days of discharge.
2. MHS will base the financial liability of uninsured patients by applying a 60% discount if paid within 30 days. Please also see "Limitations on Amounts Generally Billed" below. Persons deemed eligible for financial assistance covering less than 100% of charges for services provided will not be charged more or differently than amounts generally billed to insured patients for emergency or other medically necessary care upon completing and qualifying for financial assistance.
3. This policy is not applicable to physicians, immediate family members of a physician (as defined in 42 CFR 417.351, as amended) or to any patient who is a referral source to MHS.
4. This Policy applies to physicians providing emergency and medically necessary care in inpatient, outpatient and emergency department areas and is not applicable to professional fees, unless such fees are for services performed by an emergency physician employed by MHS.
5. Upon request, Uninsured Patients eligible for discounts described in this Policy must complete an application for Medicaid participation or for coverage by other governmental payment programs.

6. A patient who incurs catastrophic medical expenses or is deceased is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. Determination of discounts for medically indigent patients will be considered on a case-by-case basis by the Financial Assistance Coordinator.
7. Other discounts outside this policy will be considered on a case-by-case basis by the Administrative Board.

Financial Assistance Procedure

1. Hospital personnel will give patients MHS's Plain Language Summary of the Financial Assistance policy and an Application for Financial Assistance, once a patient is identified as uninsured. The timing for delivery of this Policy and the Application for Financial Assistance will depend whether identification is made at the time of service, during the billing process or during collection. The Uninsured Patient must complete the Application for Financial Assistance and provide the information described in Paragraph (2) below. Following the patient's completion of the application, hospital personnel will review the application against eligibility criteria. The Uninsured Patient will provide MHS with supporting documentation of his/her level of income.
2. In evaluating an Uninsured Patient's need for financial assistance, MHS may review the Uninsured Patient's W-2 withholding forms, Tax return for previous year, 1099, Letter from employer verifying income, verification of unemployment compensation, verification of circumstances from person(s) providing support, government agency assistance verification, as well as the verification of bank accounts and assets.
3. MHS personnel will use the Federal Poverty Level (FPL) Information available for the application calendar year to determine an Uninsured Patient's eligibility to receive financial assistance.
4. If a patient meets the eligibility criteria, the patient must sign a certification statement verifying his household income level. MHS personnel may contact the patient's employer, if any, to verify the Patient's status or may request additional documentation of income.
5. MHS will follow the Schedule of Financial Assistance to determine the amount by which a patient's bill may be discounted and /or the minimum payment required. The Schedule of Financial Assistance is based on family income. Those persons at or below 200% of the FPL will be given a 60% discount off charges and after approval of financial aid, a payment arrangement for the balance due based on the payment scale. Persons earning between 200%-300% of the FPL will receive a 60% discount off charges and offered a payment arrangement.
6. Uninsured Patient financial assistance offered under this policy is subject to review by MHS Director of Patient Financial Services to ensure compliance with this policy.

Limitation on Amounts Generally Billed

Notwithstanding above, where there is an award of financial assistance that does not cover 100% of the charges for the service, the amounts charged to patients eligible for discounted care will not be more than generally billed by MHS to patients and insurance companies.

Actions under Collections Policy in the Event of Non-Payment

The actions MHS may take with regard to non-payment by a patient who is able to pay for services, including collections action and reporting to credit agencies, are set forth in MHS's Collections Policy, which may be found at www.mmcenters.com.

Notification of Eligibility Determination

1. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial, will be provided, generally within 6 weeks of receipt of a completed application.
2. Extraordinary collection actions will be suspended during the consideration of a completed charity care application. Prior to placement with an agency, a note will be entered into the patient's account related to charity care to suspend collection activity. If the account has been placed at the agency, the agency will be notified by telephone to suspend collection efforts until a determination is made. If a charity care determination allows for a percent reduction but leaves the patient with a self-pay balance, payment terms will be established on the basis of the Schedule of Financial Assistance payment scale.

Reasonable Efforts to Determine Eligibility for Financial Assistance Prior to Extraordinary Collection Actions

Notwithstanding any other provision of any other policy at MHS regarding billing and collection matters, including the Collections Policy referred to above, MHS will not engage in extraordinary collection actions before it makes reasonable efforts to determine whether an individual who has an unpaid invoice amount from MHS is eligible for financial assistance under this financial assistance policy.

As used herein, "extraordinary collection actions" shall have the meaning set forth in the Treasury Regulations issued under Internal Revenue Code § 501(r) and include selling the patient's debt to another party (with limited exceptions); reporting adverse information to consumer reporting agencies or credit bureaus; deferring, denying or requiring payment before Medically Necessary Care is provided based on previous non-payment; and legal actions, such as placing a lien on property, attaching or seizing bank accounts, civil actions, arrest, writ of body attachments or garnishing wages.

As used herein, "reasonable efforts" shall have the meaning set forth in the Treasury Regulations issued under Internal Revenue Code § 501(r). In order to comply with this obligation MHS will:

- Ensure that this policy has been "widely publicized" (within the meaning of the regulations)
- Refrain from initiating any extraordinary collection actions for at least 120 days from the date of the first post-discharge billing statement for the care
- Provide a written notice about this policy (including a copy of the plain language summary, a statement regarding any extraordinary collection actions the hospital or an authorized third party intends to initiate, and reasonable efforts to notify the individual orally about this policy) 30 days prior to initiating any extraordinary collection actions
- Accept financial assistance applications for at least 240 days from the date of the first post-discharge billing statement
- Notify individuals who submit an incomplete application during the application period about how to complete the application (and provide contact information for assistance), and suspend any extraordinary collection actions for these individuals until eligibility is determined
- Determine whether individuals are eligible when completed applications are submitted during the 240-day application period

Then, if a completed application is submitted during the 240-day application period, MHS, acting in a timely manner, will:

- Suspend any extraordinary collection actions to obtain payment for the care
- Make a determination as to eligibility and notify the individual in writing of this determination (including the assistance for which the individual is eligible)
- Provide a billing statement indicating the amount owed and how it was determined, in the event the individual is not eligible for free care
- Refund any amounts paid above the amount required by this policy
- Reverse any extraordinary collection actions (e.g., removing adverse information from the credit report)

MHS ensures that any collection agencies providing collections services on behalf of MHS are aware of this financial assistance policy and adhere to the requirements contained herein and Section 501(r) of the Internal Revenue Code of 1986, as amended, by the execution of an Addendum to Collections Agency Services Agreement. A copy of such Addendum to Collections Agency Services Agreement is attached hereto as Exhibit B.

List of Providers

A list of providers, other than MHS, that deliver Emergency Care or other Medically Necessary Care in MHS's facility, specifying which providers are covered by this financial assistance policy, is attached hereto as Exhibit C.

This Financial Assistance Policy is also available in Spanish.

Esta política de asistencia financiera también está disponible en Español



FINANCIAL ASSISTANCE APPLICATION

Patient Name _____ Date of Birth _____

Patient Address _____

Number of years having resided there _____

Patient Telephone Number(s) _____ Patient SSN _____

Responsible Party (Name) _____

Responsible Party (Date of Birth) _____

Responsible Party (Address) _____

Name(s) of family members currently residing with you: _____

EMPLOYMENT

Are you currently: Employed () Unemployed ()

List current employment or last employment below:

Patient's Employer	Address	Phone Number
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Position	Number of years there
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Responsible Party Employer	Address	Phone Number
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Position	Number of years there
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Briefly describe why you are applying for financial assistance. (Include all employment, health, disability, death, divorce, etc., reasons involved.)



INCOME AND RESOURCES STATEMENT

INCOME:

PATIENT

SPOUSE AND/OR RESPONSIBLE PARTY

Salary (monthly)	_____	_____
Social Security	_____	_____
SSI/Disability	_____	_____
Retirement	_____	_____
Business	_____	_____
Food Stamps	_____	_____
Other Income	_____	_____

TOTAL COMBINED INCOME: _____

RESOURCES:

(Current value of each resource)

PATIENT

SPOUSE AND/OR RESPONSIBILITY PARTY

Checking Accounts	_____	_____
Savings Accounts	_____	_____
Other Property	_____	_____
Other	_____	_____

Is home paid for? Yes () No ()

Buying home? _____ Renting? _____ Payment Amount _____

MONTHLY EXPENSES:

Housing	\$ _____	Food	\$ _____
Insurance	\$ _____	Child Support	\$ _____
Car Loan	\$ _____	Credit Cards	\$ _____
Land Loan	\$ _____	Physician/Dental	\$ _____
Utilities	\$ _____	Medications	\$ _____

** For Internal use only**	
Monthly Income	\$ _____
Monthly Expenses	\$ _____
Difference	\$ _____



SUPPORTING DOCUMENTATION: READ CAREFULLY

To ensure full consideration of your application and assist us in making an informed decision, the following **MUST** be submitted:

- Documentation of income (including: paycheck stub(s), food stamps, etc.)
- Federal Tax Return or W-2 for previous year
- Credit card statement for current or previous month
- Proof of residence (including: driver's license, utility bill, etc.)

*(*You may use the bottom or back of this form, or include attachments for your response.)*

I certify the above information is true and correct. I understand the information submitted herein is subject to verification and review by the Federal & State Enforcement Agencies and other as required.

Signed: _____

Applicant's Signature

Date : _____

***If supporting documentation is not provided with this application, financial assistance will be denied. Application MUST be completed in its entirety and returned to the address on the front page within 21 days*

Addendum to Collection Agency Services Agreement

_____ [Hospital] and _____ [Collection Agency], for mutual consideration hereby acknowledged, agree, effective this _____ day of _____, to amend the current collection services agreement between the parties to include the following:

1. The [Hospital] has adopted a new policy ("policy") intended to further ensure socially just billing and collection practices for [Hospital's] uninsured patients.

A copy of the policy has been provided to [collection agency].

2. Subject to Paragraph 4 of this Addendum, [the collection agency] agrees to abide by the policy in the course of conducting its collection-related activities involving uninsured [hospital] patients. Such activities include, but are not limited to the following:

- a. All communications with any uninsured [hospital] patient or person financially responsible referred to [the collection agency] for purposes of collecting amounts owed to [hospital]; and financially responsible referred to [collection agency] for purposes of collection amounts owed to [hospital].

4. [Collection Agency] agrees not to deviate from the standards and requirements set forth in the policy without the prior written consent from [hospital].

5. [Collection Agency] agrees to abide by the regulations set forth in 501(r).

Exhibit
C

Marshall Health System Covered Providers

EMERGENCY PHYSICIANS NORTH
SOUTH EMERGENCY PHYSICIANS

This list of providers was updated December 23, 2015