Memorial Hospital of Carbon County

POLICY and PROCEDURE

TITLE: Financial Assistance	
Number: 400-07	**Author: Rev Cycle Director**
CEO: Kerry Ashment	
Facility: Memorial Hospital of Carbon County	

TITLE: *Financial Assistance*

I. Purpose/Expected Outcome:

In accordance with its Mission, Vision, and Values, Memorial Hospital of Carbon County (MHCC) is committed to providing medically necessary care regardless of a patient's ability to pay. This Financial Assistance Policy (FAP) is intended to provide eligible patients with free or discounted care, explain how to apply, and ensure compliance with Section 501(r) requirements applicable to tax-exempt hospital organizations.

II. Definitions

For the purposes of this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have been or will be provided by a provider and are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage or adoption. According to Internal Revenue Services rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family income is determined using the Census Bureau definition and includes income used to compute Federal Poverty Guidelines.

Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, income from estates and trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources, determined on a before-tax basis. If a person lives with a family, family income includes the income of all family members. Non-relatives, such as housemates, are not counted.

Uninsured: The patient has no level of insurance or third- party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his or her financial ability.

Gross Charges: The total charges at the organization's fully established rates for the provision of patient care services before any deductions from revenue are applied.

Emergency Medical Conditions: Defined within the meaning of Section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically Necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Poverty Guidelines: The poverty guidelines are issued annually by the U.S. Department of Health and Human Services and are used to determine eligibility for certain programs and services, including this Financial Assistance Program.

Amounts Generally Billed (AGB): No individual eligible for financial assistance under this FAP will be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care. MHCC calculates AGB using a method permitted under applicable law and makes information about the current AGB calculation available upon request.

III. Policy:

MHCC offers financial assistance to eligible patients for emergencies, to include urgent, emergent and other medically necessary care. Financial assistance may be available to uninsured or underinsured patients who lack the financial resources to pay for all or part of their care. Eligibility is determined in accordance with this policy, the related application materials, and applicable law. No patient who qualifies under this policy will be denied financial assistance on a discriminatory basis.
Financial assistance is the payer of last resort. Patients must first cooperate in seeking available third-party coverage or other funding sources, including Medicaid or other public programs, when applicable. MHCC may consider documented hardship circumstances for uninsured patients who do not qualify for other coverage. If a patient is not eligible for financial assistance, MHCC may offer payment arrangements in accordance with its payment policy.

MHCC administers this program using current Federal Poverty Guidelines and internal eligibility criteria for services provided by MHCC. Household size, household income, available resources, and other documented financial circumstances may be considered in determining eligibility.
Patients with household income at or below 200% of the applicable Federal Poverty Guidelines may qualify for a full discount on the patient-responsibility balance for approved services. Patients with household income above 100% and up to 200% of the applicable Federal Poverty Guidelines may qualify for discounted care based on MHCC's sliding scale.

IV. Procedure/Content:

Eligibility Requirements

1. Memorial Hospital of Carbon County Financial Assistance Program shall be consistently and equitably administered in accordance with established eligibility requirements.
2. All patients with a self-pay balance may be considered for financial assistance, which can include free or discounted care as indicated in Attachment B. Financial assistance generally excludes services that are not medically necessary, are not covered under this policy, or are cosmetic in nature.

3. The full application process must be completed, preferably by the patient/responsible party. Falsification of the application information, failure to fully disclose all assets and/or income, or refusal to cooperate will result in denial of financial assistance benefits.
4. All third-party resources and non-hospital financial aid programs, including public assistance available through the state Medicaid program, must be exhausted before financial assistance can be considered. If an individual has applied for and not yet received a determination, the eligibility for financial assistance will be postponed until the Medicaid Eligibility determination has been made.
5. Memorial Hospital of Carbon County reserves the right to review eligibility status at any time and to modify or revoke a prior benefit determination if financial circumstances have changed.

Method for Applying for Financial Assistance

The financial assistance application (Attachment C) may be completed before or after services are provided. To ensure full consideration before certain collection actions, patients are encouraged to apply as early as possible. MHCC will accept and process completed applications for at least 240 days from the date of the first post-discharge billing statement. All required supporting documentation must be submitted with the application.

The application may be obtained through the methods listed below:

Telephone: 307-324-2221 or 307-324-8396
Address: Memorial Hospital of Carbon County, 2221 Elm St., Rawlins, WY 82301
Website: www.MHCC.com

A patient will not be denied emergency or other medically necessary care because of nonpayment of a previous balance or before a financial assistance determination has been made, when applicable.

Measures to Widely Publicize this Policy Within the Community Served by the Facility

The Financial Counselor will make paper copies of the financial assistance policy, plain language summary, and application form available upon request and without charge.

1. Paper copies are available upon request and without charge.
2. Documents are available during normal business hours directly from the registration or by mail.
3. These documents will be made available in English and in the primary language of populations with limited English proficiency when required by applicable law.
4. As part of the intake or discharge process, patients are offered a patient information packet that outlines payment plan options and financial assistance policy information including the plain language summary (Attachment A).
5. MHCC will notify patients and the community about the availability of financial assistance through billing statements, registration or discharge materials, and other customary communications.
6. MHCC's website will provide access to financial assistance contact information and downloadable policy materials, consistent with applicable law.

Administrative/Guidelines of Financial Assistance Program:

1. Memorial Hospital of Carbon County's Financial Assistance Program will be administered according to the following guidelines.
2. The application and required supporting documentation will be reviewed by the Patient Financial Counselor.

3. The registration will complete the applicable income, assets, and discount calculation worksheets.
4. After reviewing, the Director of Patient Financial Services or designee will determine whether the patient or responsible party qualifies for financial assistance based on the application, supporting documentation, and staff recommendation.

Approval by the Director of Patient Financial Services is required for all amounts written off under the Financial Assistance Program.

Patient Accounts staff will write off approved amounts from patient accounts in accordance with established procedures.

The patient or responsible party will be notified in writing within 30 days after MHCC receives a complete application and supporting documentation.

The application will be kept on file for seven (7) years.

If the patient's or responsible party's financial circumstances change significantly between tax years, current household income as defined in Attachment C may be used to determine eligibility in lieu of federal income tax documentation. An approved application is a one-time grant.

If an applicant is habitually non-compliant with the program guidelines and assistance efforts made by the financial counselors and staff, the applicant will fall under a penalty status and will not be able to reapply for 6 months or may be required to submit a fully completed application with all required documentation prior to a non-emergent service. During this penalty status period patient balances will be eligible for collection and credit reporting after 30 days from the date of service.

Appeal Process

The patient or responsible party has the right to appeal the financial assistance decision. The appeal must be received within thirty (30) days of the determination.
The appeal must include documentation supporting why the patient or responsible party is unable to pay.

The appeal will be forwarded to the Director of Patient Financial Services for review.

The patient/responsible party will be notified within sixty (60) days from submission of the appeal if they are approved or denied.