

PURPOSE:

To provide guidelines for Financial Assistance to uninsured and underinsured individuals who need emergency or medically necessary care and do not have adequate financial resources to pay for these services.

POLICY:

Margaret Mary Health [MMH] is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services, MMH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. MMH will provide, without discrimination, care for emergent medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with MMH's procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

DEFINITIONS:

Financial Assistance: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Financial assistance 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 Service 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, which uses the following income when computing federal poverty guidelines: earnings, 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, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

- o Noncash benefits (such as food stamps and housing subsidies) are not included in income
- o Determined on a before-tax basis; (gross)
- o Excludes capital gains or losses; and
- o If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates are not included).

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/her financial abilities.

Gross charges: The total charges at MMH's full established rates for the provision of patient care services before 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).

PROCEDURE:

A. Services Eligible Under This Policy. For purposes of this policy, "financial assistance" refers to healthcare services provided by MMH without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. Emergency medical services provided in an emergency room setting.
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at MMH's discretion.

B. Eligibility for Charity. Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistances shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.

C. Method by Which Patients May Apply for Financial Assistance.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need
 - b. Include reasonable efforts by MMH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs
 - c. Take into account the patient's available assets, and all other financial resources available to the patient.
2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of nonemergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services, if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

3. MMH's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for financial assistance shall be processed promptly and MMH shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

D. Eligibility Criteria and Amounts Charged to Patients. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by MMH to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts MMH will charge patients qualifying for financial assistance is listed in Appendix A

E. Income Verification: Patient must provide documentation to support need. MMH requires the following documentation:

- Prior year's Federal Tax Return, including all Schedules, W2's, and 1099's, etc.
- Last two month's bank statements
- Proof of each employed household member's last 30 days gross pay (copies of pay stubs)
- Social Security Award Letter,
- Pension Benefit Confirmation Letter
- Unemployment Insurance Award Letter
- Other supporting documents required, if applicable are:
 - > copies of any weekly or monthly child support or alimony income
 - > copies of any monthly rental income
 - > copies of any monthly self-employment income

F. Regulatory Requirements. In implementing this Policy, MMH management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

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DATE: 12/3/2020

REVIEWED BY: Craig Polkow
DATE: 12/3/2020

EFFECTIVE DATE: 1/1/2021

APPROVED BY: Margaret Mary Health Board of Directors

President

Appendix A

Persons in Household	2021 Federal Poverty Guidelines (FPG)	MMH 100% Discount (200% of FPG & Below)	MMH 75% Discount (250% of FPG & Below)	MMH 50% Discount (275% of FPG & Below)	MMH 25% Discount (300% of FPG & Below)
1	\$12,880	\$25,760	\$32,200	\$35,420	\$38,640
2	\$17,420	\$34,840	\$43,550	\$47,905	\$52,260
3	\$21,960	\$43,920	\$54,900	\$60,390	\$65,880
4	\$26,500	\$53,000	\$66,250	\$72,875	\$79,500
5	\$31,040	\$62,080	\$77,600	\$85,360	\$93,120
6	\$35,580	\$71,160	\$88,950	\$97,845	\$106,740
7	\$40,120	\$80,240	\$100,300	\$110,330	\$120,360
8	\$44,660	\$89,320	\$111,650	\$122,815	\$133,980