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|  | DEPARTMENT: Patient Accounting | SUBJECT: Financial Assistance Policy |
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Financial Assistance Policy

1. Purpose: Miners' Colfax Medical Center recognizes the need to provide financial assistance for medically necessary services to the uninsured and underinsured based on the patient's ability to pay. Approval for financial assistance will be based on information obtained from the patient and/or other agencies available.

As part of its purpose, Miners' Colfax Medical Center endeavors to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving needed medical care. To that end, MCMC provides emergency and other medically necessary care free or at a discount if a patient is unable to pay. This policy defines the process that will be used to determine whether any MCMC patient, whether uninsured or underinsured, is eligible for full or partial financial assistance

Based on the patient's or guarantor's financial need, MCMC is committed to providing services ranging from 20% discount up to no charge. The discount is based upon financial need, as a community benefit to persons who are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay for emergency or other medically necessary care. MCMC is dedicated to assisting and counseling patients in managing the financial aspects of the care they receive from MCMC, and to sustaining MCMC's financial viability and its readiness to fulfill its commitment to improve the health of individuals, families and communities

Financial assistance is available only to persons who are unable to pay for their care and are uninsured or underinsured and ineligible for current enrollment in or additional support from government programs or other third-party coverage. It is the patient's or guarantor's obligation to complete the process 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. Refusal to purchase or enroll in a health insurance program by an individual who is able to do so may disqualify that individual from receiving financial assistance from MCMC.

This Financial Assistance Policy applies to all emergency and other medically necessary care provided by the MCMC.

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2. **Applicability: Patient Accounting, Patient Access**

3. **Effective Date:** Immediately upon approval by Board of Trustees.

4. **Policy:** Miners' Colfax Medical Center will assist patients in obtaining a mechanism for a payment plan for their medical bills via a sliding scale based on income guidelines.

5. **References:** HRSA (Health Resources and Services Administration) US Department of Health and Human Services; Presbyterian Financial Assistance Policy and Colfax County Indigent Fund Guidelines.

6. **Procedure:** Miners' Colfax Medical Center will, prior to or at the time of registration, complete a financial assessment of each patient to determine their ability to pay for services.

6.1 If the individual appears to be without funds, and not eligible for other State programs, an application will be initiated to the Colfax County Indigent Fund. (Refer to Colfax County Indigent Fund).

6.2 If the individual does not qualify for the Colfax County Indigent Fund, eligibility for full or partial financial assistance will be based on the current Federal Poverty Guidelines, as set forth on the sliding scale attached. However, annual household income may not be the only factor considered when determining eligibility for financial assistance. Other factors that may be considered include net worth, employment status and earning capacity, family size, amount and frequency of needed healthcare services, other sources of payment for the services rendered, and other financial obligations.

6.3 Patients who do not provide the requested information necessary to completely and accurately assess their financial situation in a timely manner and/or who do not cooperate with efforts to secure governmental healthcare coverage may not be eligible for financial assistance.

6.4 Financial assistance may be granted prospectively or retrospectively. All persons applying for or receiving financial assistance will be treated with dignity and respect. All overdue accounts will be reviewed internally to determine whether the patient is eligible for financial assistance prior to initiation of any external collection efforts, legal proceedings, or other extraordinary collection efforts.

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- 6.5 Discounts will be applied as payments are received in accordance with the sliding scale.
- 6.6 This Financial Assistance Policy applies only to medically necessary services and does not include physician or professional charges that are not billed by the hospital or elective procedures for which no evidence of medical necessity can be determined.
- 6.7 The hospital will take reasonable measures to assure that patients are made aware of the existence of this Financial Assistance Policy. Employees in the scheduling, patient access, patient accounting services and emergency departments will be fully versed in this policy, have access to the financial assistance application forms, and be able to direct questions to the appropriate Miners' Colfax Medical Center representatives. Patients will be provided with information about financial assistance upon request, including specific information as to how eligibility is determined and the method of applying for assistance.
- 6.8 Notices of this Financial Assistance Policy will be posted on the hospital's website and in several prominent locations within the hospital, such as the emergency department, billing office, and registration areas. The notices will be clearly visible to the public.
- 6.9 Patients who may qualify for financial assistance from a governmental program, such as Medicaid, will also be provided with information on such programs. Insured patients who qualify for financial assistance may be eligible for financial assistance for deductible balances.
- 6.10 Patients who are eligible for financial assistance will not be charged for emergency or other medically necessary care at rates higher than the amounts generally billed to third-party payers. The use of gross charges to such patients is prohibited.
- 6.11 In the event a patient approved for financial assistance fails to comply with payment terms for a period of more than 121 days, the account may be turned over to a collection agency in accordance with the hospital's collection policy. Any collection agencies used by the hospital will agree to refrain from abusive collection practices.
- 6.12 This policy will be applied equally to all patients regardless of payer. Applications that do not meet established criteria may be approved based upon extraordinary circumstances with the documented approval of the CEO or CFO.
- 6.13 Applications for charity care will be reviewed within thirty (30) days of receipt of a completed application. Patients will be notified of the hospital's eligibility determination in a timely manner.
- 6.14 Approved financial assistance will be in effect six months prior to and six months after the date of approval. Services provided later than six months

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after approval will be subject to a renewal application. All applications for charity care will be maintained for a period of six months.

- 6.15 The cost of financial assistance will be reported annually on the medical center's cost report. Charity Care will be reported as the cost of care provided and will not include bad debt.
- 6.16 This policy will be reviewed annually to determine appropriateness to current community and financial conditions. Policy revisions must be approved annually by the Board of Trustees.
- 6.17 The Hospital's Financial Assistance Policy will be widely publicized. Any patient who requests information about this policy or requests an application will be provided with such. Any patient who informs Hospital personnel that he or she cannot afford to pay for services will be provided with information about this policy or referred to appropriate hospital personnel who can provide assistance.
- 6.18 The Financial Counselor will assist individuals with obtaining and completing financial assistance applications. Applications may be obtained from the Financial Counselor or Patient Accounting Department upon request.
- 6.19 Information obtained from the Department of Human Services may be used to assist in determining eligibility for financial assistance if the patient is unable to complete an application.
- 6.20 Except in extraordinary circumstances, to be eligible to receive financial assistance, the following criteria must be met:

- 6.20.1.1 The patient must apply for Medicaid assistance and/or disability. In cases where the patient has active Medicaid/Medicare that will not cover the entire bill, it will not be necessary to complete a new application for Medicaid.

- 6.20.1.2 The patient has stated he or she does not have the financial means to pay the amount owed.

- 6.20.1.3 The Patient is not eligible for any other resources such as contracts for MHU patients, or any government assistance programs for certain diagnosis such as TB or HIV.

- 6.20.1.4 No insurance coverage is available to cover the amount owed.

- 6.20.1.5 The patient provides a complete and accurate application for financial assistance. For patients who owe an extraordinary balance that is catastrophic to

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the family income base, catastrophic protection may be provided by limiting payment liability to 100 percent of annual household income. Determinations to provide catastrophic financial assistance will be made by the CEO or CFO.

The following information should be included with the application for financial assistance:

- 1) A copy of the patient's most recent income tax return.
- 2) A copy of the patient's last 2 check stubs (showing gross income), if available, or a letter from the employer stating the patient's income
- 3) A Medicaid denial from the Department of Human Services.
- 4) Reasonable proof of declared assets and expenses listed on the financial assistance application.

Once a patient has submitted required information, the Financial Counselor will review and analyze the application as follows:

- 1) Once all information has been verified and approved, the application will be forwarded to Administration for final approval by signature
- 2) If the application is denied, the patient will be notified by letter of the denial and will be expected to begin payment on the account.
- 3) Once final approval has been obtained, the application will be sent to the Patient Accounting Manager for adjustment.
- 4) Applications will be returned to the Financial Counselor for filing and notifying patients of the amount of financial assistance for which they qualify.
- 5) Documentation of the final determination will be made on the patient's account.
- 6) Eligibility for financial assistance will remain valid for a period of six (6) months.
- 7) If the patient receives proportional assistance, he/she must agree to an approved payment schedule to repay any remaining balance.

NOTE: Applications that do not meet established criteria may be approved based on extraordinary circumstances with the documented approval of hospital Administration (CEO or CFO). A copy of the application is attached to this policy.

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Sliding Scale - The following sliding scale, based on the Federal Poverty Guidelines, will be used to determine the amount of financial assistance for which a patient qualifies; provided, however, in addition to income and family size, the following factors may be considered when determining the amount of financial assistance for which a patient is eligible.

- 1) Net worth
- 2) Employment status and earning capacity
- 3) Amount and frequency of bills for healthcare services
- 4) Other sources of payment for the services rendered
- 5) Other financial obligations
- 6) Catastrophic or extraordinary circumstances

Annual 2019 Poverty Guidelines for the 48 Continental United States

| Household/ Family Size | Minimum Fee | 20% pay | 40% pay | 60% pay | 80% pay | 100% |
|--------------------------------|-------------|---------|---------|---------|---------|---------|
| | 100% | 125% | 150% | 175% | 200% | >200% |
| 1 | \$12,490 | 15,613 | 18,735 | 21,858 | 24,980 | 24,981 |
| 2 | \$16,910 | 21,138 | 25,365 | 29,593 | 33,820 | 33,821 |
| 3 | \$21,330 | 26,663 | 31,995 | 37,328 | 42,660 | 42,661 |
| 4 | \$25,750 | 32,188 | 38,625 | 45,063 | 51,500 | 51,501 |
| 5 | \$30,170 | 37,713 | 45,255 | 52,798 | 60,340 | 60,341 |
| 6 | \$34,590 | 43,238 | 51,885 | 60,533 | 69,180 | 69,181 |
| 7 | \$39,010 | 48,763 | 58,515 | 68,268 | 78,020 | 78,021 |
| 8 | \$43,430 | 54,288 | 65,145 | 76,003 | 86,860 | 86,861 |
| For each additional person add | \$4,420 | \$5,525 | \$6,630 | \$7,735 | \$8,840 | \$8,841 |

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| Income below 100% | Federal Poverty Level = 100% Discount |
| Income from 100-124% | Federal Poverty Level = 80% Discount |
| Income from 125-149% | Federal Poverty Level = 60% Discount |
| Income from 150-174% | Federal Poverty Level = 40% Discount |
| Income from 175-200% | Federal Poverty Level = 20% Discount |