

<b>MADISON COUNTY MEMORIAL HOSPITAL</b>	
<b>SUBJECT:</b> Financial Assistance Policy	<b>POLICY #:</b> CD-003
<b>DEPARTMENT:</b> Business Office	<b>PAGE:</b> 1
<b>REFERENCE:</b>  Federal Poverty Guidelines Chart	<b>APPROVED BY:</b>  <i>Patrick McGee, CFO</i>
	<b>DATE:</b> 12/2/2008
	<b>REVISED DATE:</b> 1/1/2019

**PURPOSE:** To determine the criteria and process by which Madison County Memorial Hospital (MCMH) will determine the patient’s eligibility for financial assistance and ensure that MCMH meets its community obligation to provide financial assistance in a fair, consistent and objective manner.

**POLICY:** This policy is specifically designed to address the financial assistance eligibility for patients who need financial assistance and receive care from MCMH. It is the policy of MCMH that if anyone who identifies themselves with the inability to pay for all or part of their medical care, he or she maintains the right to apply for financial assistance.

**PROCEDURE:** When the patient presents, the admission staff will ask about insurance coverage (after being medically screened/triaged when in the ER). If the patient does not have insurance coverage, MCMH will either give the patient a packet of information that covers the financial assistance policy or offer immediate assistance from the financial counselor, who will review the financial assistance application with the patient. The patient will then need to complete the financial assistance application and a checklist of all required documents, provide all information the document requests, and submit it to the financial counselor. If a patient meets the eligibility criteria, the patient must then sign a certification statement verifying their household income level. It is then determined if the patient is eligible for the County or Charity Program. If it is determined that the patient is not eligible for assistance for either program, the patient will be informed by the hospital financial counselor.

### **ELIGIBILITY CRITERIA**

The Madison County Memorial Hospital financial assistance eligibility criteria are based on gross household income and household size. A student who is not claimed as a

dependent his or her parents tax return will be evaluated based on the students' income. If the student is claimed as a dependent, the parent's or parents' household income will be used to determine if he or she is eligible for financial assistance.

Free Care is granted to eligible patients with a household income up to 100% of the Federal Poverty Guidelines.

## **FACTORS DETERMINING PATIENT'S QUALIFICATION FOR ASSISTANCE**

\* FAMILY SIZE

\* INCOME LEVEL

The calculation for Indigent and Charity Care Financial Assistance are based on the size of the patient's immediate family, annual household income, and a sliding scale comparing household income with the federal poverty income guideline.

**Indigent Care** is the term that describes the medical service provided to uninsured, low income families. Individuals who live in a family whose combined income falls below 125% of the federal poverty level qualify for Indigent care.

**Charity Care** is the term that describes the medical care services provided to low income patient's whose income is more than 125% of the federal poverty level.

**County Funds** cover Inpatient, Outpatient testing, Direct Admit Observation and certain ER visits that are not covered under HCRA

**HCRA Funds** is the term that describes the program that is a payment mechanism between counties and hospitals.

The current federal poverty guidelines chart is updated annually. The 2019 poverty guidelines are listed below:

*Maximum income level per family size  
To qualify for County Indigent or Charity*

<u>Family Size</u>	<u>Indigent 100%</u>	<u>Charity 125%</u>
<u>1</u>	<u>\$12,490</u>	<u>\$15,612</u>
<u>2</u>	<u>\$16,910</u>	<u>\$21,137</u>
<u>3</u>	<u>\$21,330</u>	<u>\$25,975</u>
<u>4</u>	<u>\$25,750</u>	<u>\$32,187</u>
<u>5</u>	<u>\$30,170</u>	<u>\$37,712</u>
<u>6</u>	<u>\$34,590</u>	<u>\$43,237</u>
<u>7</u>	<u>\$39,010</u>	<u>\$48,762</u>
<u>8</u>	<u>\$43,430</u>	<u>\$54,287</u>

The applicant may not have more than \$5,000 worth of assets. However, pursuant to the section 10c-26.06 Florida Administrative Code, the value of the following assets are not included in the \$5,000 limit: Homestead, Household furnishings, one vehicle, clothing, tools used for employment and cemetery plots, etc.

Ownership of the above listed items will not prevent an applicant from qualifying an Indigent. Food stamps are not to be included in an applicant's income. Family size is to include any relative living under the same roof and any non-related children under 5 years of age and living under the same roof.

### **ELIGIBLE SERVICES**

Services eligible under this financial assistance policy include:

1. Emergency medical care given in an emergency setting.
2. Medically necessary services, for example, inpatient or outpatient services given to evaluate, diagnose or treat an injury, illness, disease or its symptoms.
3. Medical services that are necessary and given in a non-emergency setting to care for issues that threaten life.

**EXCLUSIONS:** Services not eligible for financial assistance include:

1. Endoscopy Surgeries/OR Surgeries
2. OP Physical Therapy

Providers not employed by Madison County Memorial Hospital are not covered under this policy.

Providers performing pathology services or other specialty services for Madison County Memorial Hospital's patients are not included in this financial assistance policy.

## **EMERGENCY MEDICAL SERVICES**

Madison County Memorial Hospital will provide emergency care in accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations. All patients are seen and given care prior to being screened for financial assistance and/or payment ability in an emergency. Care will be provided at an equal level for all patients, regardless of ability to pay.

## **FINANCIAL ASSISTANCE**

Financial assistance may be given to patients, or their guarantors, who meet the guidelines for what is required in terms of income levels under this policy. Madison County Memorial Hospital expects patients or guarantors to cooperate by applying for assistance or other public programs we identify as sources of help to cover the cost of services and care. Patients or guarantors who choose **not** to cooperate may be denied financial assistance.

## **AMOUNTS BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE**

**Basis for calculating amounts generally billed:** Following a determination of financial assistance eligibility, an individual will not be charged more than the amounts generally billed (AGB) individuals with insurance covering the same care for emergency or other medically necessary care.

The AGB is calculated, or determined, using the average allowed amounts for the top three (3) payers. Current average allowed is 45%, leaving the percentage discounted before patients at 55% effective with this revised Financial Assistance Policy. The AGB will be recalculated in July of each year, and the new rate implemented at the beginning of the new fiscal year, October 1<sup>st</sup>. Madison County Memorial Hospital is a Critical Access Hospital, and services are reimbursed at cost. Madison County Memorial Hospital chooses to use the average allowed by the three (3) insurance payers, in establishing the amount of allowed charges billed to our uninsured population.

If you have any questions about the AGB percentages, please call the Business Office Manager at (850) 253-1924, for additional information that will be provided, free of charge. Patients who are covered under Madison County Memorial Hospital's financial assistance policy and determined eligible for financial assistance will not be expected to pay gross charges for any eligible service received while covered under the Madison County Memorial Hospital's financial assistance policy.

## **APPLYING FOR FINANCIAL ASSISTANCE**

Patients will be informed of Madison County Memorial Hospital's financial assistance policy and the process for submitting an application. To determine if the patient or guarantor is eligible for financial assist, Madison County Memorial Hospital asks for the Income and Household Attestation be signed by the patient or guarantor, and necessary information and documents to prove income. Acceptable forms of proof of income will be pay stubs, bank statements reflecting income, W2, or most recent Tax Return. A detailed list of acceptable income verification avenues are listed the document portion of this document. Madison County Memorial Hospital may include use of external publically available data sources that provide information on a patient's or guarantor's ability to pay such as credit scoring if information is not returned within 30 days of signed Attestation. Madison County Memorial Hospital may review past history of patient or guarantor regarding payments on outstanding balances.

Madison County Memorial Hospital will make a reasonable effort to explain the Medicaid benefits, and any other state or local programs that may be available for the patient or guarantor to apply for. Once the patient or guarantor has been screened, and found potentially eligible for any of these programs, public or private, Madison County Memorial Hospital expects him or her to apply. If a patient or guarantor chooses not to apply, he or she may be denied financial assistance.

**Documentation:** Most applicants seeking financial assistance must submit required documents to verify income, including all sources of income received by the household unit. If required documents are not supplied, Madison County Memorial Hospital may ask for other information. If the applicant cannot provide the required documents, then a decision about financial assistance may be made based solely on information provided. Income documentation includes the following:

1. Money, wages (including overtime) and salaries before any deductions. (Most recent pay stubs of all individuals contributing to the household income or written verification from employer(s) of current year to date wages.)
2. Income Tax Return (last year's)
3. Farm Income (last year's)
4. Personal Property Tax (last year's)
5. Regular payment from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments and public assistance (including Aid to Families with Dependent Children).

Income information will be used to figure or calculate an annual gross income on which a decision will be based. Credit Scores of less than 550 will represent sufficient proff of indigence.

When a patient or guarantor claims "no income", a signed letter by this person will be accepted as fair explanation or reason. If the patient is being supported by another

person, that person must submit confirmation in writing of the type of support given to the patient/guarantor applying for Madison County Memorial financial assistance policy.

Please mail or bring financial assistance application to:

Madison County Memorial Hospital  
224 NW Crane Avenue  
Madison, Florida 32340

Any Madison County Memorial Hospital patient or guarantor may submit an application for assistance before or after receiving services.

**Obtaining financial assistance information:** To obtain a copy of the Madison County Memorial Hospital financial assistance application, financial assistance policy call, visit or contact us online.

**By phone:**

Please call the Patient Financial Services at (850) 253-1955 to request a copy of the financial assistance application, financial assistance policy. It will be mailed to you free of charge.

**In person:**

Please visit our Business Office at: 224 NW Crane Avenue, Madison, FL 32340, to obtain a copy of the financial assistance application, financial assistance policy.

**Online:**

Please visit [www.mcmh.us](http://www.mcmh.us) to access a copy of the financial assistance application, financial assistance policy.

The financial assistance application, financial assistance policy are all free to you. If you need help to complete the financial assistance application, please call our Financial Counselor at (850) 253-1955 to set up an appointment.

Information on financial assistance and the notice posted in the hospital will be translated and in any language that is the primary language spoken by 1 or 5 percent-whichever is fewer of the residents in the primary service area.

**ELIGIBILITY DETERMINATIONS AND DISPUTE RESOLUTION**

Eligibility determinations will be made in accordance with the Madison County Memorial's policy. Every effort will be made to issue a decision on the same day we receive a completed application and all necessary information. If that is not possible, the applicant will be informed within 20 business days of the date Madison County Memorial

Hospital receives the completed application. Madison County Memorial Hospital's financial services representatives will record the reason for the denial in our patient accounting system.

Applicants denied assistance may reapply if there has been a change of income or status. The original, signed applications will be kept on file. Applicants found ineligible for financial assistance may dispute the decision in writing by providing information as to the reason for the dispute and any helpful information to describe the basis for the dispute or appeal. A dispute or appeal letter must be received within 30 days of the date of the determination letter.

Disputes or appeals should be submitted to: Attention: Business Office Manager, Madison County Memorial Hospital, 224 NW Crane Avenue, Madison, FL 32340.

Once an applicant is approved for financial assistance, the assistance will be automatically applied to unpaid accounts for eligible services.

## **NOTIFICATION OF FINANCIAL ASSISTANCE**

Information on the Madison County Memorial Hospital's financial assistance policy and information on help applying is posted in hospital admitting locations, as well as the hospital emergency department.

## **COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT**

**Collection actions:** No account will be subject to collection actions without first making reasonable efforts to determine whether the patient is eligible for financial assistance. No extraordinary collection actions will be pursued against a patient if the patient or guarantor has provided documentation showing that an application has been submitted for Medicaid or other publicly sponsored health programs, and that an eligibility determination is still pending.

This timeframe may be shortened if a decision has been made on financial assistance, or when a payment plan has been established and agreed to, but the patient or guarantor is no longer making the required payments.

If a statement is sent to a patient or guarantor, and mail is returned as undeliverable, Madison County Memorial Hospital will attempt to find a correct address. If the correct address cannot be found, Madison County Memorial Hospital will attempt to contact the patient or guarantor by telephone at the number listed by the patient or guarantor. If efforts to communicate with the patient or guarantor fail, accounts will be sent for in-house collection efforts.

**Reasonable efforts to inform patient of financial assistance:** Prior to sending an account to in-house collections, the patient will generally receive a statement and a letter. This will include a telephone number for information on paying patient balances.

## **ENFORCEMENT**

Madison County Memorial Hospital's staff is expected to uphold the highest ethical standards. At no time should any staff member use false information or lie in an attempt to collect an account. All business must be conducted in the name of the caller of Madison County Memorial Hospital. By no means should a staff lie about being an employee of a credit bureau, collection agency, law firm, etc. Everything a staff member says must be true and correct using a professional approach. Madison County Memorial Hospital's staff as well as all third-party vendors working on behalf of Madison County Memorial Hospital will uphold and adhere to the Fair Debt Collection Practices Act.

## **CONFIDENTIALITY**

Madison County Memorial Hospital will protect the privacy of each patient's financial and personal health information.

**REGULATORY REQUIREMENTS:** Madison County Memorial Hospital will comply with all federal, state and local laws, rules and regulations as well as reporting needs that may apply to the work and action done as a result of our financial assistance policy. If required, on financial assistance given under this policy will be reported once a year on Internal Revenue Service Form 990 Schedule H.

## **POLICY APPROVAL**

Madison County Memorial Hospital's Board has approved the Madison County Memorial Hospital Financial Assistance policy. This policy is subject to review at any time. Any substantive changes to the policy must be approved by the Madison County Memorial Hospital Board.



## ATTACHMENT A: DEFINITIONS

The following definitions apply to all sections of the policy.

**Amount generally billed (AGB):** The amount generally billed (AGB) is the maximum payment Madison County Memorial Hospital expects directly from patients or guarantors who are eligible for financial assistance, for services that qualify under the financial assistance guidelines.

**Emergency Medical Condition:** As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term “emergency medical condition” means: a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contraction:
  - a. There is inadequate time to effect a safe transfer to another hospital before delivery, or
  - b. Transfer may pose a threat to the health or safety of the woman or the unborn child

**Family Unit:** A family is two or more persons related by marriage, birth of adoption, who reside together. All of these are considered as members of one family and therefore make up the household. This includes unmarried couples applying for assistance if they have mutual children together and same sex-married couples.

**Federal Poverty Guidelines:** The Federal Poverty Guidelines (FPG) use income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

**Financial Assistance:** Assistance given to eligible patients or guarantors, who might otherwise have financial hardship, to dismiss all or part of their financial requirements for medically necessary care provided by Madison County Memorial Hospital.

**Free Care:** Care for which patients or guarantors can qualify for the balance of the account to be written off.

**Guarantor:** A person, other than the patient, who is responsible to pay the patient's account.

**Household:** Family of one is a person who may be the only one living in a housing unit or who may be living in a housing unit in which one or more persons also live, but are not related to the applicant by marriage, birth or adoption. For example, people who live with others include a lodger, a foster child, a ward or an employee. A family of two or more persons includes people who are related by marriage, birth or adoption who live together; all such related persons are thought of as members one family: an unmarried couple with a mutual child; and same-sex couples who are married. If a household includes more than one unrelated family, the poverty guidelines are applied separately to each family and not to the household as a whole. Sometimes, a copy of a divorce decree or court documents proving legal separation may be required. If married, but not living together, income documents will be required from both people.

**Income:** Income is how much everyone who lives in the household makes, before taxes are taken out, from all sources (gross income).

**Medically necessary:** As defined as services or items that a patient could or must receive for the diagnosis or treatment of illness or injury.

**Payment plan:** A financial payment plan that Madison County Memorial Hospital and the patient or guarantor agrees to for out-of-pocket fees. The plan takes into account the patient's financial issues, the amount owed and any prior payments.

**Qualification period:** Applicants who are eligible for financial assistance will be given this assistance for 365 days. Assistance will also be applied to past unpaid accounts for eligible services.

**Uninsured patient:** A patient with no third party coverage such as commercial third party insurance, a Federal Health Care program (including without limit Medicare, Medicaid, Champus), Worker's Compensation or other third party assistance to assist with meeting a patient's payment obligations.

**Unrelated individual:** An unrelated individual may be the only person living in a housing unit, or may be living in a housing unit in which one or more persons also reside, but are not related to the applicant by marriage, birth, or adoption.