

<b>Financial Assistance Policy</b>	
<b>Effective Date:</b> 7/1/18	<b>Replaces Policy:</b> N/A
	<b>Policy Owner:</b> Revenue Cycle

**Introduction:**

Memorial Hospital is committed to providing access to quality healthcare for the community it serves including patients in difficult financial circumstances, and offers financial assistance to those with an established need to receive emergency medical care and medically necessary hospital services. This policy serves to establish and ensure a fair and consistent method for uninsured and under-insured patients to apply and be considered for financial assistance. Please note that not all medical services at Memorial Hospital qualify for assistance under this policy.

**Scope:**

This policy applies to all patients and guarantors who receive services provided by Memorial Hospital.

**Policy Details:**

**I. Eligibility Criteria for Financial Assistance**

- A.** The granting of financial assistance 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.
- B.** Individuals may qualify for financial assistance if they meet the below criteria:
  - 1. Uninsured or under-insured AND
  - 2. Annual family income is not more than four hundred percent (400%) of the current federal poverty guidelines AND
  - 3. Patients who qualify for government health care benefit programs such as Medicare, Medicaid, and the Colorado Indigent Care Program (CICP) must comply with federal, state and local program requirements. **Financial assistance is not a substitute for insurance.**
- C.** Individuals **do not** qualify for financial assistance if they:
  - 1. Receive transplant, self-pay package, single case agreement, grants & research, or third party liability services
  - 2. Are non-compliant in furnishing documentation/information requested by their insurance company or Memorial Hospital.

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## **II. Discounts**

- A.** An individual eligible for financial assistance will not be charged more than the Amounts Generally Billed (AGB) for emergency and other medically necessary care.
- B.** Uninsured guarantors automatically receive a 45% discount on total billed charges. On a billing statement, guarantors will see the gross (full) charges, less discount to view the remaining balance owed.
- C.** Under-insured guarantors receive a negotiated insurance discount on total billed charges. Discounts are negotiated by the hospital and insurance plan. For more information, you can speak with the insurance plan or information is also available in the explanation of benefits (EOB) provided after the insurance claim is adjudicated.

## **III. Documentation Requirements**

- A.** In order to expedite a smooth processing of the financial assistance program application, please be sure to send all applicable documents. Please submit original copies. Failure to submit a complete application with all required attachments may result in delays or in a denied application.
- B.** Acceptable Forms of Documentation for Income Verification
  - 1. Last 3 Month's Pay Check Stubs
  - 2. Last 3 most recent bank statements from all banking or credit union institutions
  - 3. The previous year's tax return
  - 4. Current W-2 Form
  - 5. Unemployment Benefit Letter
  - 6. Social Security Letter
  - 7. In cases where the patient or guarantor is undocumented and they are unable to provide any of the above, they must provide their last 3 months of pay stubs
  - 8. Educational Assistance (Grant Letter)
  - 9. Spousal Maintenance
- C.** Assets: The patient's household savings, checking, investment assets, real property assets, and overall financial position will be considered.
- D.** Family Expenses: Monthly expenses (e.g. mortgage, utility, etc.) are not considered in the financial assistance application. The application has a section that requires expense disclosure which is intended for governmental program eligibility screening.
- E.** Family Income: Income documentation must be provided for ***each family member*** listed on the application.

## **IV. Application Guidelines**

- A.** Policy Publications and Where to Apply
  - 1. WEB - The Memorial Hospital financial assistance policy is available online at the following website: <https://www.uchealthbillpay.org/Home.aspx>. Click on 'Financial Assistance' to download a copy of the financial assistance policy in English or Spanish.
  - 2. CALL: 866-429-6045 Customer service is available Monday through Friday 8:00am to 5:00 pm (MST) to answer questions and send applications.
  - 3. VISIT – The Financial Counseling office is located at 1400 E. Boulder, Colorado Springs, CO 80909. Phone: 719-365-5681, open Monday - Friday 8:00am-4:00pm. Paper copies are available upon request and without charge, both in public locations in the hospital and by mail.
- B.** Application Guideline and Process
  - 1. Guarantor must submit a complete financial assistance application along with all income documentation attachments (see documentation requirements above).

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2. Applications will be processed within 30 days of receipt and a determination letter will be sent to the guarantor.
3. Income information not received within 30 days from the application date will result in an automatic denial which will be mailed to the guarantor. Guarantors have up to 240 days from the first billing statement to request a reconsideration of an incomplete and denied application upon promptly furnishing all required information.
4. Financial Assistance is re-evaluated every 90 days from the last signed and dated Financial Assistance Application. Exceptions to the 90 day rule are: patients receiving acute care over a significant period of time or patients receiving prenatal care.

### **V. Billing and Collections**

- A. Four billing statements will be sent within a 120 day period for balances owed by the guarantor. The statement includes charges, payments, and discounts (adjustments).
- B. Memorial Hospital offers flexible payment plans, in addition to any approved financial assistance program discounts.
- C. Memorial Hospital will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this policy.
- D. If a collection agency identifies a patient as meeting Memorial Hospital' financial assistance eligibility criteria, the patient's account may be considered for financial assistance. Collection activity will be suspended on these accounts and Memorial Hospital will review the financial assistance application. If a partial adjustment occurs, the patient fails to cooperate with the financial assistance process, or if the patient is determined not eligible for financial assistance, collection activity will resume.

### **VI. Emergency Services**

- A. Memorial Hospital provides medical screening examinations and emergency care to stabilize patients, regardless of their ability to pay and in compliance with the Emergency Medical Treatment and labor Act (EMTALA). Memorial Hospital prohibits any actions that would discourage individuals from seeking emergency medical care and does not perform debt collection activity in the Emergency Department.

### **VII. Confidentiality**

- A. Memorial Hospital staff will uphold the confidentiality and individual dignity of each patient. Memorial Hospital will meet all the HIPAA requirements for handling personal health information.

### **VIII. Customer Service**

- A. Hours of operation: Monday - Friday, 8:00am to 5:00pm (MST)
- B. Phone: 866-429-6045

### **Definitions:**

**Patient:** An individual who receives medical care.

**Guarantor:** An individual who is ultimately financially responsible for healthcare services and who is typically 18 years of age and older. Pregnant/expecting mothers under the age of 18 are also individuals who are ultimately responsible for paying their healthcare bills. A patient may be his/her own guarantor.

The current version of this policy can be viewed on The Source. Printing is discouraged.

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**Uninsured:** The guarantor has no insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The guarantor has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.

**Family:** The United States Census Bureau defines a family as a group of two or more people who reside together and who are related by birth, marriage or adoption. Family members are not responsible for services rendered to patients ages 18 and older.

**Family Income:** Income is determined on a before-tax basis and excludes capital gains or losses. Financial Assistance applications consider various sources of income as listed below:

- Wages, Unemployment compensation, Worker's 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.
- Non-cash benefits (such as food stamps and housing subsidies) are excluded.
- Includes spousal income generated from any of the above sources

**Financial Assistance:** The cost of providing free or discounted care to individuals who cannot afford to pay all or a portion of their hospital medical bills based on the eligibility rules identified in this policy. Memorial Hospital may determine inability to pay before or after medically necessary services are provided.

**Billing Statement:** Four billing statements will be sent within a 120 day period for balances owed by the guarantor. The statement includes charges, payments, and discounts (adjustments).

**Medically Necessary Care:** Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate in terms of type, frequency, extent, site and duration; and
- Not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other healthcare provider.

Emergent services are deemed to be Medically Necessary.

### **References:**

### **Related Policies:**