

Department: Patient Financial Services

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Scope: Patient Financial Services

Effective Date:

January 2020

Supersedes:

January 2009

Subject: Financial Assistance

I. PURPOSE

Memorial Community Hospital and Health System (MCH) recognizes the individual's right to quality healthcare regardless of age, sex, race, religion, national origin, or ability to pay. MCH will provide medical services to patients who have limited or no financial means. The Business Office staff will, at all times, uphold the Mission Statement of MCH and assure confidentiality of information and preservation of individual dignity for all who seek charitable services. Business Office personnel will especially attend to the needs of those who are poor and disadvantaged and act with integrity in all endeavors. This policy outlines the guidelines to be used to ensure that adequate and appropriate follow-up is completed to ensure deserving patients receive financial assistance. No patient that qualifies for financial assistance will be charged more than the amounts generally billed (AGB) for emergency and other medically necessary care. Medically necessary care is determined by the ordering physician. MCH uses the prospective payment method to determine the AGB for our patients. Elective and cosmetic care are not covered under the MCH financial assistance program.

Business Office personnel will work with patients to find payment solutions when necessary. This policy is written to ensure a fair and comprehensive system of distributing financial assistance to the poor and financially burdened within the available resources of the hospital. In no event will individuals eligible for financial assistance under this policy be required to pay more than amounts generally billed (AGB) for patients having medical insurance with respect to emergency and other medically necessary care provided.

II. POLICY

- A. MCH&HS is a not-for-profit healthcare organization that provides care to its patients without regard for their ability to pay. The MCH philosophy is that patients who genuinely cannot afford to pay their medical bills will not be denied treatment at any MCH&HS facility.
- B. The MCH financial assistance policy applies to services received at MCH and by its employed physicians. This policy does not apply to physicians providing care at MCH who are not employees, as well as some other types of care including lab work, radiology, professional over-reads etc. See attachment D for a complete list of physicians & groups to which this policy does not apply.
MCH staff will, at all times, protect the confidentiality of information and preservation of dignity for all who seek financial assistance
- C. Financial assistance is provided to uninsured patients with demonstrated inability to pay for medically necessary services. Financial assistance is offered to insured patients to the extent allowed under the patient's insurance carrier contract. Medically necessary services must be supported by a physician order and exclude any cosmetic services.
- D. Patients who do have the means to pay their medical bills will be expected to settle their bills in a timely manner.
- E. The Emergency Department will maintain an open-door policy without regard to the patient's ability to pay. Documentation of the patient's financial needs will be determined in accordance with EMTALA guidelines.
- F. Brochures, this policy, the application form as well as the plain language summary and billing and collections policies are available on the MCH&HS website at www.MCH&HS.org. All forms

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will be available at each point of entry and also at MCH&HS Financial Office located at Memorial Community Hospital, 810 N 22nd Street, Blair, Nebraska.

- G. Financial screening begins with the pre-registration process and is continued throughout the hospital registration and billing processes.
- H. All efforts will be made to establish whether the patient is eligible for financial assistance prior to service, if possible; otherwise as soon as possible following service.
- I. For patients who do not qualify for financial assistance and/or have a balance due after the assistance has been applied then the billing and collections policies will be followed and actions that may be taken are described in that policy which is located on the MCH website and also may be obtained by visiting MCH Patient Financial Services office or calling the MCH Patient Financial services office at 402-426-1288.

III. APPLICATION PROCESS:

- A. The application process may take place at the time of scheduling, during admission, discharge, financial counseling or whenever possible. All patients will be given a minimum of 240 days from the mailing date of the first discharge billing to complete the financial assistance application. The application may be returned by mail or by hand delivering to the MCH Patient Financial Services office.
- B. The application process includes completing a personal financial application (attachment A) and providing verification documents.
- C. Verification may include;
 - a. The applicant's most recently filed federal tax return (multiple years of tax returns may be necessary in some circumstances). Family income excludes capital gains and losses.
 - b. Two most recent pay stubs,
 - c. Two months most recent bank statements,
 - d. The applicant's net worth and/or liquid assets may also be a determining factor in the decision for the amount of financial assistance being granted.
 - e. Reasonable household or business expenses may be considered.
 - f. Financial support from another party living in the same household may be considered.
- D. In instances where the patient does not complete the application, financial assistance may still be granted based on presumptive circumstances as approved by the Operations Director or the Chief Executive Officer. Examples of presumptive circumstances are:
 - a. Patient is deceased with no known estate.
 - b. Patient is homeless or family/friends provide undocumented information establishing the patient's inability to pay.
- E. For each date of service, confirmation of continued eligibility must be updated at least every 6 months, or as requested by a financial counselor.

IV. QUALIFICATION REQUIREMENTS:

- A. Catastrophic assistance will be evaluated prior to financial assistance. A catastrophic occurrence will be defined as one resulting in medical bills grossly exceeding the patient's ability to pay. In these situations, the patient's responsibility will be limited to 30% of the family's annual adjusted gross income. The amount the patients owe will not exceed the AGB. All patients qualifying for financial assistance are required to pay a \$25 copay for each episode of care received.

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B. For newly qualified patients the account will be reviewed following pre-defined parameters to make a determination of a patient's ability to pay. These parameters are based on income distributions for the Omaha Metropolitan Statistical Area (MSA), which includes Washington County, with adjustments for family size, as reported by the U.S. Department of Housing and Urban Development (HUD). The most currently available information will be used in determining eligibility. Generally speaking, MCH provides discounts ranging from 50-100% for patients who are at or below the 40th percentile of household income for the Omaha MSA. The financial assistance discount is taken off the charge master rate.

# of Persons in Household	Extremely Low (30%)	Very Low (50%)	Low (80%)
1	\$ 20,000	\$ 33,300	\$ 53,300
2	\$ 22,850	\$ 38,050	\$ 60,900
3	\$ 25,700	\$ 42,800	\$ 68,500
4	\$ 28,550	\$ 47,550	\$ 76,100
5	\$ 32,470	\$ 51,400	\$ 82,200
6	\$ 37,190	\$ 55,200	\$ 88,300
7	\$ 41,910	\$ 59,000	\$ 94,400
8	\$ 46,630	\$ 62,800	\$ 100,500
Write-Off %	100%	75%	50%

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- C. Due to circumstances of patients being unemployed or disabled for a time period, but having the ability and plan to return to work then future earnings may be taken into consideration.

V. APPROVAL PROCEDURE(S):

- A. Application for financial assistance will be reviewed for approval determination when all efforts to obtain third party reimbursement or eligible government assistance have been exhausted.
- B. The Financial Counselor will review the application for completeness. The Financial Assistance approval form (see attachment B) will be completed and attached to the application. The application will be routed to the appropriate person for approval.
- C. Approval levels will be the following:

PFS Lead	\$0 to \$4000
Operations Director	\$4,001 to \$7,500
CFO/CEO	Over \$7,501

- D. After approval of the application has been granted, the Financial Counselor will note the guarantor account with the date and percentage of assistance and then write off the agreed upon balance using the appropriate adjustment code.
- E. The Financial Counselor will review all accounts with a current approved application on a monthly basis and write off the correct amount. Transaction lists will then be forwarded to the appropriate person for signed approval.
- F. Patients qualifying for 100% assistance must make a \$25 co-pay at each date of service. Multiple episodes on the same day require just one co-payment. If co-payment is not made at the time of care, the patient will have 5 working days to present the co-payment or financial assistance will be terminated. Qualifying applicants must sign the MCH Financial assistance agreement form. (see attachment C)
- G. Patients approved to be eligible shall be granted financial assistance prospectively for a period of six months from the approval date. Financial assistance will also be granted to all eligible accounts incurred for services received six months prior to the approval date. Financial assistance may be applied to accounts with dates of service occurring in the prior 240 days that are in a bad debt status and have been placed with the collection agency. If the amount of assistance is less than 100% then the guarantor must pay their amount before the account will be called back from collections and financial assistance applied. The patient's financial liability will be figured based on the amount owed minus the assistance. Any court costs or collection fees that have been incurred for accounts with a time frame greater than 241 days will be the responsibility of the patient.
- H. Patient not qualifying for financial assistance will be considered for an interest free payment arrangement per the Self Pay Payment Plans policy, # 601.110. [601.110 Payment Arrangements.doc](#)

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Date:	Originated by:	Title	Date:	Revised by:	Title
1-8-09	Tahlia Nelson	PFS Lead	12-20-15	Tahlia Nelson	PFS Lead
			8-12-19	Jennifer Newby	Dir of Finance
			6/16/20	Jennifer Newby	Dir of Finance
			4/6/21	Jennifer Newby	Dir of Finance
Date:	Approved by:	Title	Date:	Reviewed by:	Title
			4-20-16	Tahlia Nelson	PFS Lead
			4/6/21	Brandi Austin	Revenue Cycle Manager
			5/17/22	Jennifer Newby	Dir of Finance

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MCH Health System Financial Assistance Approval:

Name: _____ Guarantor # _____

- Household Income – Previous Year’s Tax Return on file:
- Household Income – Current Year’s Income Estimated due to change in income:
- Catastrophic Assistance:

Household Income Qualifications (circle appropriate level):

# of Persons in Household	Extremely Low (30%)	Very Low (50%)	Low (80%)
1	\$ 20,000	\$ 33,300	\$ 53,300
2	\$ 22,850	\$ 38,050	\$ 60,900
3	\$ 25,700	\$ 42,800	\$ 68,500
4	\$ 28,550	\$ 47,550	\$ 76,100
5	\$ 32,470	\$ 51,400	\$ 82,200
6	\$ 37,190	\$ 55,200	\$ 88,300
7	\$ 41,910	\$ 59,000	\$ 94,400
8	\$ 46,630	\$ 62,800	\$ 100,500

Write-Off % 100% 75% 50%

Current Balance: _____ **Amount of write off \$** _____

Special Considerations (Check all that apply):

- ___ If previously granted 100% write-off, have \$25 copays been paid for all subsequent episodes?
- ___ Guarantor has significant liquid assets documented
- ___ Other (Explain)

Reviewed by: _____ **Date:** _____

Approved by: _____ **Date:** _____

PFS Lead \$0-\$4,000
Ops Director - \$4,001-\$7,500
CFO/CEO - \$7,500+

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MCH Financial Assistance policy attachment C



Memorial Community Hospital & Health System’s Financial Assistance agreement:

Account #

Patient Name,

You have applied and been approved for financial assistance through MCH Health system. The amount of your discount is XXX% of charges after the required \$25 copay per date of service. This discount will apply to any deductible or coinsurance amounts owed, but will not apply to any co-payments. Each bill that you incur will be reduced by this amount for a 6-month time period after the required \$25 co-payment is received. This is to be paid at the time of service and applies to medically necessary services only and does not apply to elective or cosmetic care. Failure to make the required \$25 co-pay will result in termination of the assistance. If your financial status should change during the approval time period you must notify the business office of the change. If you are still in need of assistance at the end of the 6-month time period you may re-apply.

Signing below indicates your understanding of the above.

Applicant’s signature

Date

Sincerely,
MCH & HS Financial Counselor
Patient Financial Services Office
402-426-1255

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MCH Financial Assistance policy attachment D

Memorial Community Hospital and Health System is committed to meeting the needs of our patients and has a financial assistance program available for patients unable to pay the cost of their medical care. The following providers follow the MCH&HS policy.

Bosanek, Mindy	APRN	Corum, Becky	CRNA
Miller, Amber	APRN	Garrigan, Jon	CRNA
O'Banion, Susan Ashley	APRN	Hansen, Michael	CRNA
Privitera, Nicole	APRN	Holland, James	CRNA
Scheer, Kelsie	APRN	Jackson, Clark	CRNA
Thomas, Molly	APRN	Kirwan, Michael	CRNA
Beckenhauer, Amber	DO	Longe, Katrina	CRNA
Lee, Jeremy	DO	Manley, Bernie	CRNA
Saylor, Thomas	DO	Suing, Michael	CRNA
Shirley, Mark	DO	Tran, Tony	CRNA
Sisk, Kevin	DO	Arnold, Lynda	PA-C
Baumberger, Sandra	MD	Beckman, Ashley	PA-C
Birdwell, Maurice	MD	Connealy, Jill	PA-C
Brunner-Buck, Lori	MD	Dutton, Elizabeth	PA-C
Dorius, Timothy	MD	Fuller, Laura	PA-C
Drabek, Gregg	MD	Goliber, Alisha	PA-C
Duxbury, Amanda	MD	Guzinski, Rebecca	PA-C
Essink, Brandon	MD	Karel, Michael	PA-C
Fitzgibbons, William	MD	Katambwa, Martin	PA-C
Inbarusa, Jery	MD	Kratochvil, Nicole	PA-C
Kitchen, Steven	MD	Kurtz, Kimberly	PA-C
Machuca, Francisco	MD	Lane, Robbie	PA-C
Ocel, Daniel	MD	Mahon, Emily	PA-C
Popa, Irina	MD	McCabe, Dana	PA-C
Reed, Michael	MD	Meduna, Marian	PA-C
Reel, Jill	MD	Meyer, RaeAnn	PA-C
Sawtelle, Bradley	MD	Nelson, Derek	PA-C
Scott, Alisha	MD	Nielsen, Brandi	PA-C
Sensarma, Sugata	MD	Ott, Christy	PA-C
Simonson, Johnnie	MD	Steigner II, John	PA-C
Smith, Charles	MD	Town, Bruce	PA-C
Sullinger, Tim	MD	Trausch, Paige	PA-C
Theilen-Kocharov, Paula	MD	Zadalis, Robert	MD
Wood, Walter	MD		

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The following providers and groups are independent contractors and do not follow the MCH&HS policy but may provide financial assistance pursuant to another policy.

Radiology Consultants		Stanley, Gerald	MD
Core Lab		Polk, Sara	DPM
Kettlehut, Brett	MD	Ung, Kham Vay	DPM
Pettis, Shawn	MD	Wear III, Robert	MD
Carollo, Scott	MD	Sensarma, Sugata	MD
Chauinard, Mark	MD	Greenwald, Herman	MD
Henry, John	MD	Khan, AU	MD
O'Connor, Stephen	MD	Meyer, Galen	MD
Pritza, Ronald	MD	Wattenhofer	MD
Slattery, Terrance	MD	Dobleman, Thaomas	MD
Tierney, Dennis	MD	Herbin, Brian	PAC
Moran-Hansen, Jessica	MD	Reed, Michael	MD
Schack, Stanley	MD	Beckenhauer, Amber	DO
Lund, Bryce	MD	Beckman, Ashley	PAC
Goodman, Scott	MD	Buck, David	MD
Treves, John	MD	Kumagai, Steven	MD
Siebels, Daivd	PAC	Hecht, Eva	AUD
Schulte, Raymond	MD	Azalone, Temple	MD
Meinhold, Steven	DPM	Bor, Timea	MD
Leishman-Barb, Andrea	DO	Chen, Vanessa	MD
Buddharaju, Laxmi Narayana R	MD	Fredrickson, Thomas	MD
Haskins, Gregory	MD	Hudson, Jalila	MD
Prauner, Christina	APRN	Macdissi, Adam	MD
Ramos, Douglas	MD	Oung, Twethida	MD
Perfilio, Adrienne	MD	Vargha, Jala	MD
Sood, Navdeep	MD		