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Effective Date:

January 2020

Supersedes:

January 2009

**Subject:** Financial Assistance

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## **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 of 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](http://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 22<sup>nd</sup> 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	\$ 21,150	\$ 35,250	\$ 56,400
2	\$ 24,200	\$ 40,300	\$ 64,450
3	\$ 27,200	\$ 45,350	\$ 72,500
4	\$ 30,200	\$ 50,350	\$ 80,550
5	\$ 35,140	\$ 54,400	\$ 87,000
6	\$ 40,280	\$ 58,450	\$ 93,450
7	\$ 45,420	\$ 62,450	\$ 99,900
8	\$ 50,560	\$ 66,500	\$ 106,350
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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**Subject:** Financial Assistance**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	\$ 21,150	\$ 35,250	\$ 56,400
2	\$ 24,200	\$ 40,300	\$ 64,450
3	\$ 27,200	\$ 45,350	\$ 72,500
4	\$ 30,200	\$ 50,350	\$ 80,550
5	\$ 35,140	\$ 54,400	\$ 87,000
6	\$ 40,280	\$ 58,450	\$ 93,450
7	\$ 45,420	\$ 62,450	\$ 99,900
8	\$ 50,560	\$ 66,500	\$ 106,350

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+

**MCH Attachment B**

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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 &amp; HS Financial Counselor

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**Subject:** Financial Assistance**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.**

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



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