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 low-income 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 look back 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 low-income 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 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 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.
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 website at www.mchhs.org. All forms will be available at each point of entry and also at MCH 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, will follow the billing and collections policies The actions that may be taken are described in this 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 of most recent bank statements from all accounts,
    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. If MCH requests the patient to apply for Medicaid or other government assistance, the patient must follow through on a complete application and provide proof of denial based on a completed application before being eligible for MCH Financial Assistance.

E. In instances where the patient does not complete the application, financial assistance may still be granted based on presumptive circumstances as approved by the CFO or the Chief Executive Officer. Examples of presumptive circumstances are:
    a. Patient is deceased with no known estate.
    b. Patient is qualified for Medicaid in a state other than Iowa or Nebraska.
    c. Patient is homeless or family/friends provide documented information establishing the patient's inability to pay.
F. 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. Patient Cooperation Standards: A patient must cooperate with MCH in providing the information and documentation necessary to determine eligibility. Such cooperation includes completing any required applications or forms. The patient is responsible for notifying MCH of any change in financial situation that would impact the assessment of eligibility. A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties prior to being approved. An applicant for Financial Assistance is responsible for applying to public programs for available coverage. He or she is also expected to pursue public or private health insurance payment options.

B. 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 not more than 30% of the family's annual adjusted gross income. The amount the patients owe will not exceed the AGB.

C. For newly qualified patients the account will be reviewed following pre-defined parameters to determine a patient's ability to pay. These parameters are based on income distribution for the Omaha Metropolitan Statistical Area (MSA) which includes Washington County, with adjustments for family size as reported by the US 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.

D. In circumstances of patients being unemployed or disabled for a time period, but have the ability and plan to return to work, future earnings may be taken into consideration.

V. SELF-PAY/UNINSURED DISCOUNTS

For those uninsured patients who do not qualify for financial assistance discounts described in this policy, MCH will apply an automatic (self-pay) discount to a patient’s bill. This uninsured discount is not means-tested. Current percentage is 20%.

VI. 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
CFO/CEO	Over $4001

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.
F. Patients approved to be eligible shall be granted financial assistance prospectively for a period of six months from the approval data. Financial assistance will also be granted to all eligible accounts incurred for services received twelve months prior to the approval date. 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.
G. 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

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
			03/07/23	Ryan Nokes	Rev Cycle Manager
			3/28/23	Jennifer Newby	Dir of Finance
			5/26/23	Jennifer Newby	Dir of Finance
			1/1/2024	Jennifer Newby	CFO
			4/1/2026	Jennifer Newby	CFO
			7/15/2026	Jennifer Newby	CFO

Chart used as of 5/1/26 for Financial Assistance

# of Persons in Household	Extremely Low (30%)	Very Low (50%)	Low (80%)
1	$ 23,950	$ 39,900	$ 63,850
2	$ 27,400	$ 45,600	$ 73,000
3	$ 30,800	$ 51,300	$ 82,100
4	$ 34,200	$ 57,000	$ 91,200
5	$ 38,680	$ 61,600	$ 98,500
6	$ 44,360	$ 66,150	$ 105,800
7	$ 50,040	$ 70,700	$ 113,100
8	$ 55,720	$ 75,250	$ 120,400
Write-Off %	100%	75%	50%

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 policy.

Beckenhauer, Amber	DO	Szuszczewicz, Edward	MD	Guzinski, Rebecca	PA-C
Lee, Jeremy	DO	Terp, Patricia	MD	Karel, Michael	PA-C
Saylor, Thomas	DO	Theilen-Kocharov, Paula	MD	Katambwa, Martin	PA-C
Shirley, Mark	DO	Wildy, Kathyrn	MD	Kratochvil, Nicole	PA-C
Sisk, Kevin	DO	Wood, Walter	MD	Kurtz, Kimberly	PA-C
Amendola, Richard	MD	Zadalis, Robert	MD	Lane, Robbie	PA-C
Baumberger, Sandra	MD	Cornett, Christopher	MD	Mahon, Emily	PA-C
Birdwell, Maurice	MD	Gannon, Emmett	MD	McCabe, Dana	PA-C
Brunner-Buck, Lori	MD	Greiner, Justin	MD	Meduna, Marian	PA-C
Dorius, Timothy	MD	Hartman, Curtis	MD	Meyer, RaeAnn	PA-C
Drabek, Gregg	MD	LaGrange, Chad	MD	Nelson, Derek	PA-C
Duxbury, Amanda	MD	Luebke, Kendra	MD	Nielsen, Brandi	PA-C
Essink, Brandon	MD	Tao, Matthew	MD	Ott, Christy	PA-C
Erickson, Sean	MD	Vincent, Scott	MD	Steigner II, John	PA-C
Evans, Griffith	MD	Hollins, Andrew	MD	Town, Bruce	PA-C
Fitzgibbons, William	MD	Yang, Kai	MD	Verzal, Lynette	PA-C
Hale, Erin	MD	Willcockson, James	MD	Trausch, Paige	PA-C
Inbarusa, Jery	MD	Huang, Gary	MD	Bosanek, Mindy	APRN
Janssen, Alanna	MD	Keller, Gregory	DO	Carbonneau, Casey	APRN
Kitchen, Steven	MD	Shumway, Nathan	DPM	Miller, Amber	APRN
Kumar, Santosh	MD	Schwarz, James	MD	O'Banion, Susan Ashley	APRN
Machuca, Francisco	MD	Piperis, Peter	MD	Privitera, Nicole	APRN
Ocel, Daniel	MD	Rohde, Kristen	CRNA	Scheer, Kelsie	APRN
Popa, Irina	MD	Suing, Michael	CRNA	Thomas, Molly	APRN
Reed, Michael	MD	Tran, Tony	CRNA	Ciurej, Sarah	CRNA
Rivard, Matthew	MD	Arnold, Lynda	PA-C	Cooper, Madison	CRNA
Reel, Jill	MD	Baumann, Holly	PA-C	Corum, Becky	CRNA
Sawtelle, Bradley	MD	Beckman, Ashley	PA-C	Garrigan, Jon	CRNA
Mor (Scott), Alisha	MD	Bobbett, Shelby	PA-C	Hansen, Michael	CRNA
Saylor, Thomas	MD	Connealy, Jill	PA-C	Holland, James	CRNA
Sensarma, Sugata	MD	Dutton, Elizabeth	PA-C	Jackson, Clark	CRNA
Simonson, John(nie)	MD	Jones (Fuller), Laura	PA-C	Kirwan, Michael	CRNA
Smith, Charles	MD	Garris, Matthew	PA-C	Longe, Katrina	CRNA
Sullinger, Tim	MD	Goliber, Alisha	PA-C	Manley, Bernie	CRNA
				Francis, Nicholas	PA-C
				Stanzel, Jacqueline	APRN

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

Beckenhauer, Amber	DO	Szuszczewicz, Edward	MD	Guzinski, Rebecca	PA-C
Lee, Jeremy	DO	Terp, Patricia	MD	Karel, Michael	PA-C
Saylor, Thomas	DO	Theilen-Kocharov, Paula	MD	Katambwa, Martin	PA-C
Shirley, Mark	DO	Wildy, Kathyrn	MD	Kratochvil, Nicole	PA-C
Sisk, Kevin	DO	Wood, Walter	MD	Kurtz, Kimberly	PA-C
Amendola, Richard	MD	Zadalis, Robert	MD	Lane, Robbie	PA-C
Baumberger, Sandra	MD	Cornett, Christopher	MD	Mahon, Emily	PA-C
Birdwell, Maurice	MD	Gannon, Emmett	MD	McCabe, Dana	PA-C
Brunner-Buck, Lori	MD	Greiner, Justin	MD	Meduna, Marian	PA-C
Dorius, Timothy	MD	Hartman, Curtis	MD	Meyer, RaeAnn	PA-C
Drabek, Gregg	MD	LaGrange, Chad	MD	Nelson, Derek	PA-C
Duxbury, Amanda	MD	Luebke, Kendra	MD	Nielsen, Brandi	PA-C
Essink, Brandon	MD	Tao, Matthew	MD	Ott, Christy	PA-C
Erickson, Sean	MD	Vincent, Scott	MD	Steigner II, John	PA-C
Evans, Griffith	MD	Hollins, Andrew	MD	Town, Bruce	PA-C
Fitzgibbons, William	MD	Yang, Kai	MD	Verzal, Lynette	PA-C
Hale, Erin	MD	Willcockson, James	MD	Trausch, Paige	PA-C
Inbarusa, Jery	MD	Huang, Gary	MD	Bosanek, Mindy	APRN
Janssen, Alanna	MD	Keller, Gregory	DO	Carbonneau, Casey	APRN
Kitchen, Steven	MD	Shumway, Nathan	DPM	Miller, Amber	APRN
Kumar, Santosh	MD	Schwarz, James	MD	O'Banion, Susan Ashley	APRN
Machuca, Francisco	MD	Piperis, Peter	MD	Privitera, Nicole	APRN
Ocel, Daniel	MD	Rohde, Kristen	CRNA	Scheer, Kelsie	APRN
Popa, Irina	MD	Suing, Michael	CRNA	Thomas, Molly	APRN
Reed, Michael	MD	Tran, Tony	CRNA	Ciurej, Sarah	CRNA
Rivard, Matthew	MD	Arnold, Lynda	PA-C	Cooper, Madison	CRNA
Reel, Jill	MD	Baumann, Holly	PA-C	Corum, Becky	CRNA
Sawtelle, Bradley	MD	Beckman, Ashley	PA-C	Garrigan, Jon	CRNA
Mor (Scott), Alisha	MD	Bobbett, Shelby	PA-C	Hansen, Michael	CRNA
Saylor, Thomas	MD	Connealy, Jill	PA-C	Holland, James	CRNA
Sensarma, Sugata	MD	Dutton, Elizabeth	PA-C	Jackson, Clark	CRNA
Simonson, John(nie)	MD	Jones (Fuller), Laura	PA-C	Kirwan, Michael	CRNA
Smith, Charles	MD	Garris, Matthew	PA-C	Longe, Katrina	CRNA
Sullinger, Tim	MD	Goliber, Alisha	PA-C	Manley, Bernie	CRNA
				Francis, Nicholas	PA-C
				Stanzel, Jacqueline	APRN