UNIT: Revenue Cycle Management	October 2020
SUBJECT: Financial Assistance Program Policy	
APPROVED BY: MHG BOARD OF TRUSTEES	
EFFECTIVE DATE: October 2020	
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I. SCOPE

This policy applies to all patients who are residents of Mississippi in Memorial Hospital at Gulfport's service area, and their respective guarantors who receive medically necessary services at a Memorial Facility.

II. PURPOSE

The purpose of Memorial Hospital's Financial Assistance Program (FAP) is to establish standardized procedures for identifying, evaluating and administering financial assistance to our patients who demonstrate a genuine need for financial assistance. This need is based on the Federal Poverty Limits set annually by the U. S. Department of Health & Human Services. (https://aspe.hhs.gov/poverty-guidelines).

The Financial Assistance Program is designed to assist individuals who are uninsured or who qualify for less than full coverage under available Federal, State and local Medical Assistance Programs, but for whom residual "self-pay" balances exceed their own ability to pay. Memorial Hospital is committed to providing services to the community it serves. This document outlines a program to help facilitate access to healthcare services for the community served without discrimination on the grounds of race, color or national origin, religion, sex, gender identity, sexual orientation, or disability and to assure quality healthcare for all patients regardless of their inability to meet the associated financial obligation, on a fair and equitable basis.

III. POLICY:

Memorial Hospital at Gulfport is committed to providing financial assistance to uninsured and underinsured individuals who are residents of Mississippi in the counties served by Memorial Hospital at Gulfport, in need of emergency or medically necessary treatment and have a household income 200% or less of the Federal Poverty Guidelines (FPG). For those patients who are above the 200% FPL and do not qualify for 100% charity services, the annual self-pay discount rate will still apply (see section VII).

The annual amounts of financial assistance as well as the eligibility requirements will be reviewed and adjusted annually and are subject to approval by the Hospital's Board of Trustees.

All inpatient, outpatient, and emergency services are available for consideration except for the following:

A. Elective admissions (inpatient, outpatient/observation)

B. Services that require issuance of a Medicare Advanced Beneficiary Notice

C. Accounts greater than 240 days post discharge with no financial assistance application in process.

D. Physician office/Ambulatory visits (Physician, NP, PA, RN)

E. If your account(s) are the result of a motor vehicle accident, with possible settlement, financial assistance will not be offered. Assistance can only be requested as a last resort once all other payors are exhausted.

F. Any healthcare services or provider leasing space in a memorial facility.
   a. Encompass Rehabilitation
   b. Select Specialty Hospital

IV. DEFINITIONS

A. **Charity**: Medically necessary services rendered in an outpatient, inpatient, or emergency setting without the expectation of full payment to patients meeting the criteria established by this policy.

B. **Medically Necessary**: Hospital services or care rendered in an outpatient, inpatient, or emergency setting, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

C. **Uninsured**: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

D. **Underinsured**: Insured patients whose policies do not cover all medically necessary care.

E. **Presumptive Eligibility**: The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

F. **Discounted Services:** Patients with no insurance or third-party liable coverage that do not qualify for financial assistance under this policy are eligible for the standard uninsured discount to gross charges in effect at date of discharge.

G. **Memorial Facilities Included/Excluded in this policy:** All Memorial owned facilities except for the following:

   a. Memorial Driftwood Nursing Center
   b. Memorial Woodland Village Nursing Center
   c. Memorial Stone County Nursing and Rehabilitation Center

H. **Limitation on Charges:** The amount charged for any emergency or other medically necessary care provided to a FAP eligible individual is limited to not more than the amount generally billed to individuals who have insurance covering such care.

I. **Amount Generally Billed (AGB) Calculation:** The hospital uses the average of the three lowest commercially negotiated insurance rates when calculating the maximum amount that can be charged to patients applying for financial assistance. Financial Assistance discounts are applied to gross charges using this rate.

V. ELIGIBILITY:

Patient applications will be submitted to the Financial Assistance Program for review of the following eligibility criteria:

A. Have family incomes at or below 200% of the federal poverty level as determined by the U.S. Department of Health and Human Services.

B. The patient must be a US Citizen and a resident of MS, in the service area of the hospital.

C. Actively pursue any other means of reimbursement for services as determined by the Social Services Department and/or Financial Counselors, and has exhausted or is not eligible (i.e., Medicaid, Vocational Rehabilitation, Children's Medical Services, etc.).

D. Apply through a Financial Counselor before admission, during hospitalization or within two hundred and forty (240) days from date of discharge of ***EACH*** hospital stay.

E. Patients who have exhausted all Medicare, Medicaid or other Third-Party insurance benefits, lifetime insurance or policy benefits (for both inpatient and outpatient).

F. The services are not exceptions listed above.

G. Payments made by the patient prior to charity being offered are not refundable and paid accounts cannot be included in a Financial Assistance application.

VI. PRESUMPTIVE ELIGIBILITY

In some cases, a Financial Assistance Application is not required. Also, if patients fail to supply enough information to support financial assistance eligibility, Memorial Hospital may refer to, or rely on, external sources and/or other program enrollment resources to determine eligibility. The following are automatically eligible for 100% charity adjustments:

A. Charity eligibility for medically necessary services is presumptive for 180 days. Services rendered after 180 days of the initial approval will require a new application for review of eligibility.

B. Patient is homeless. Homeless patients identified through a registration report initiated in the electronic health record. These patients are not required to complete the application as in most cases, patient contact is limited due to limited patient resources.

C. Medicaid Denials – When Medicaid denies a claim for reasons other than 'No Active Coverage' or for provider liability, the balance will qualify for a financial assistance adjustment since the Medicaid Eligibility establishes verified FPL.

D. Patients who are visiting the area and have active Medicaid coverage in another state in which Memorial does not have a Medicaid provider ID to bill for such services. This category does not require an application, just the proof of eligibility through a denied claim or online coverage verification request.

E. Memorial Hospital may also use an eligibility vendor to gather necessary information such as household income, dependent data, and other information necessary to help identify patients who may be eligible for government programs as well as financial assistance under this policy or through other public and private programs.

F. If a dual eligible patient claim is denied by Medicare and requires the balance be billed to the patient, the balance is automatically eligible for charity since Medicaid will secondarily deny for services not covered by the primary payor. And since FPL is already established, the balance qualifies for 100% adjustment.

G. When uninsured patients are discharged from an inpatient stay with Memorial, receive evaluation and management services for transitional care management at our TCM clinic within 14 days of discharge, coordinated and scheduled by our case management department due to the lack of a primary care provider, Memorial will provide an automatic 100% charity adjustment for that one visit (Evaluation and Management service only).

VII. ELIGIBILITY EXCEPTIONS

Patient accounts not meeting the above eligibility criteria or presumptive criteria may still be submitted for further consideration if one of the following apply:

A. Patients who reside outside the hospital service area.

B. Deceased with no estate or limited estate.

C. Patients who have exhausted all Medicare or Medicaid benefits, lifetime insurance or policy benefits (for both inpatient and outpatient).

D. Full-time students: Anyone over the age of 18 is considered their own guarantor for their debt except for students age 18-21. If a full-time student age 18-21 lives with a parent(s), the household income is used for eligibility. If the student age 18-21 does not live with their legal guardian (excluding a spouse), the eligibility is based on the student's income.

E. Medically indigent patients – If a patient does not qualify for assistance based on the annual FPL limits, however, the patient has had a catastrophic medical event or has received a catastrophic medical diagnosis requiring extraordinary services.

F. All uninsured patients who do not qualify for financial assistance under this policy are eligible for the standard uninsured discount. The discount applies to gross charges, discount amount is evaluated annually, and discount is approved by the Hospital's Board of Trustees. The discount is automatically applied and excludes all cash package and plastics services.

    1. FY 2021 Discount = 70% off total gross charges for both hospital and professional services

VIII. APPLICATIONS

A. Applications are taken and processed by the Financial Counselors. Applications are available free of charge upon request by calling the financial counselors at 228-867-4118 or 228-867-4128 or our Customer service line at 1-800-844-0735, visiting in person at the main hospital, or downloading from our website at www.gulfportmemorial.com/accounts-insurance.

    1. See below in section D for hours, locations and if assistance is needed.

B. Patients are identified by Social Workers, Financial Counselors, patient, family, friends, or physician at pre-admission, during admission or at discharge. Reasonable effort will be made to provide, at a minimum, oral notification about our financial assistance program and how the patient may obtain assistance prior to or at discharge.

C. Initial eligibility determinations are computed by the Financial Counselors.

D. Patient/family is required to provide any and all verification of any statements made on the application within 240 days from date of discharge.

E. Unsigned applications may be approved by the PFS Director for those patients who are unable to assist in the application process. In these cases, applications will be completed by the Financial Counselor.

F. Family size shall be considered as those in the household who can be legally included on Federal Income Tax returns.

G. Completed applications shall be submitted to the Financial Counselor by email, fax, US postal mail, or delivered in person. The Financial Counselor will contact the individual regarding additional missing and/or incomplete information or documentation. Missing/incomplete information must be received within 15 days of notification.

A. Documentation of Income (all applicable)

1. A complete copy of your most recent Federal Income Tax Return, including W2's and/or 1099 Form; Self-Employed must include schedule C.

    a. For self-employed income that involves the re-sale of purchased supplies and materials, refer to Schedule "C" (form 1040), Line 7 "Net Income"

    b. For self-employed income that involves a service-related activity, e.g. independent truck driver or consultant, refer to Schedule "C" (form 1040) Line 7 less applicable Schedule "C" Part II Expenses with Business Office Directors' approval

2. Bank statement, ACH Deposit: social security, Disability (short term/long term), retirement, alimony, child support or unemployment.

3. If separated, please provide a notarized letter.

4. If someone is helping with your expenses such as rent or food, a letter is required.

5. Most recent month check stubs that include year to date income.

6. Food Stamps benefit history

7. Income from life insurance policies/annuities

8. Full time students must provide proof of financial aid income

9. Trust Account Income

10. Income from rental property

11. Proof of any income received on a regular basis

All residency, family size, income and asset statements received are subject to validation of authenticity. MHG retains the right to deny eligibility and/or declare that the documents provided are unacceptable if it is believed that the documentation is false or is found to be unsatisfactory. MHG can require that supporting documentation be provided. MHG has the authority to determine what is considered satisfactory proof.

Anyone found to be providing false information is ineligible for charity assistance for the following 12-month period.

B. Documentation of Residency

Proof of residency may be required as evidence by one of the following: current driver's license, car tag registration, mortgage papers, lease or rental agreement, homestead exemption receipt, voter registration card, water bill, and/or electric bill. Any documents for proof of residency must be in the applicant's name or the applicant's spouse's name and contain a physical address. No post office box may be used as proof of residency.

C. Application Disposition

1. Applications that meet the criteria will automatically be approved. Charity eligibility for medically necessary services is presumptive for 180 days. Services rendered after 180 days of the initial approval will require a new application for review of eligibility.

2. All other applications require review and will be presented to the Hospital Designee for final disposition. The Hospital Designee can be the Patient Financial Services Director, the Vice President of Revenue Cycle, or the Chief Administrative Officer.

3. Upon final decision, the Patient Financial Services Department will take appropriate action to pursue billing in denied applications and to adjust accounts approved for financial assistance.

4. Memorial Hospital's administrative team will maintain a list of approvals which will be submitted to the President/CEO for signature.

5. The Financial Counselor will send written notification of the final disposition of each account to the applicant. (excludes presumptive eligible accounts)

D. Application Support

Individuals who would like assistance with completing the financial assistance application may:

1. Come see us in our Patient Financial Services Department located on the 1st floor of the hospital at 4500 Thirteenth St., Gulfport MS 39502-1810 open Monday – Friday 8:30 AM – 4:30 PM.

2. Call our financial counselors at 228-867-4118 or 228-867-4128, Monday – Friday 8:30 AM – 4:30 PM.

3. Call our customer service department at 1-800-844-0735 or locally at 228-867-4108, Monday – Friday 8:30 AM – 4:30 PM.

4. Obtain a copy of our policy and application on our website at www.gulfportmemorial.com/accounts-insurance

IX. ACTIONS IN THE EVENT OF NON-PAYMENT

Memorial Hospital at Gulfport will make certain efforts to provide patients with information about our financial assistance policy before we or our outside collection agency representatives take certain actions to collect your bill. Refer to our Billing and Collections policy for more information. This policy can be obtained from our website, or upon request.

Memorial Hospital at Gulfport representatives will make an effort to inform Uninsured patients of our financial assistance policy. These efforts include:

A. Brochures may be available in our waiting rooms

B. Patients admitted without insurance may be offered financial assistance screening during the admission process.

C. Financial Counselors will be notified and will attempt to contact the patient.

D. Bill payment information is posted on our website, including contact information for assistance.

E. Contact information for assistance is available on our patient statements.

F. Early out vendors and collection agencies have authority to educate patients on this policy before taking further collection actions.

X. DEVIATIONS FROM THIS POLICY

Administrative staff at MHG will use good judgment in making deviations from this policy. The goal of the policy is to expand the population eligible for charity but operate within reasonable fiscal guidelines.

Any exceptions to the policy and procedures that require a specific review for action, not covered by this policy and procedure, will be referred to the Chief Financial Officer or to the appointed designee.

9/21/20

David White, Chairman
Board of Trustees, MHG

Date

9/21/20

Kent G. Nicaud
President/CEO, MHG

Date

Attachments:

- Financial Assistance Application Form
- Pharmacy Authorization for Patient Financial Assistance Programs