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Department	Patient Financial Services	Effective Date 12-1-2022

PURPOSE:

Memorial Regional Health is committed to providing Financial Assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation.

This assistance is available without regard to race, color, creed, religion, national origin, age, disability, healthcare condition, sexual orientation, gender identity or marital status.

POLICY:


Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to contribute to the cost of their care, based on ability to pay, and comply with MRH’s procedures for obtaining Financial Assistance. Individuals with the financial capacity to purchase health insurance will be encouraged to do so, as a means of providing access to health care services. Sliding Fee schedule will be advertised through posted signage throughout the hospital in a highly visible manner, through social media posts, on the Memorial Regional Health website, and verbally at registration to self-pay patients.

- I. Prior to consideration for financial assistance, patients must:
 - A. Obtain health insurance if financial capacity allows
 - B. Apply for Colorado Medicaid
 - C. Apply for Colorado Indigent Care Program (CICP)
 - 1. Onsite Financial Counselors are available to help guide patients through this process
 - D. Or Provide written documentation detailing why steps A, B or C are unable to be achieved.

- II. In order to qualify for MRH Financial Assistance, patients must be:
 - A. Financially indigent as determined by the criteria in this policy;
 - B. Medically indigent as determined by the criteria in this policy; or
 - C. Those who meet presumptive eligibility based upon the criteria in this policy

- III. Eligible Services include:
 - A. Emergency medical services provided in an emergency room setting;
 - B. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
 - C. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 - D. Medically necessary services, evaluated on a case-by-case basis at Revenue Cycle Director’s discretion.

- IV. Financial need will be determined in accordance with an individual assessment process that may include the following:

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- A. Presumptive Eligibility: In certain cases, there may be adequate information to make a financial assistance determination without a completed Financial Assistance Application (FAA) Presumptive financial assistance will be evaluated and/or reevaluated for each date of service. Some examples of sources MRH may use to determine presumptive financial assistance include:
1. Homelessness
 2. Food Stamp Eligibility
 3. Low Income/Subsidized housing is provided as a valid address
 4. Patient is deceased with no known estate
 5. Patients that are Medicaid eligible whose claim is denied by Medicaid due to exhausted benefits
- B. An applications process culminating in the completion of a Financial Assistance Application. Determination for financial assistance will be made based on income guidelines in relation to family size. See attached sliding fee schedule for additional clarification. The following documentation must be included where applicable:
1. Most recent year's tax return
 2. Pay stubs from the three (3) most recent pay periods
 3. Social security/pension benefits or award letter
 4. Three (3) months of bank statements showing direct deposits, including savings
 5. Interest statements
 6. Divorce/Custody decrees stating payments to be made
 7. Foster Care/Adoption subsidy agreements
 8. Retirement/IRA balances showing withdrawals

Assets are not taken into consideration, however income from assets may be


- V. To obtain a Financial Assistance Application:
- A. Speak with a Financial Counselor
 - B. Request at time of Service
 - C. Download from Memorial Regional Health's Website under "Resources" Tab
 - D. Request By Mail:

Memorial Regional Health
ATTN: Financial Counselor
750 Hospital Loop
Craig CO 81625

- VI. Once the patient has obtained the FAA, the form should be filled out completely, required supporting documents should be gathered and attached, and all documents should be submitted in and of the following manners within 90 days of applicable service, 90 days from the date of primary insurance payment, or 90 days from Medicaid denial:
- A. Return to Financial Counselor
 - B. By Mail at above listed address

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- VII. MRH's values of humility and compassion will be reflected in the application and approval process. Requests for financial assistance will be processed promptly and MRH Financial Counselors will notify the patient or applicant in writing within 30 days of receipt of a FAA. Financial Assistance will be approved or denied based on the completed FAA and other provisions of this policy.
- A. If Assistance is approved, patient accounts will be adjusted based on a sliding scale.
 - B. If Assistance is denied :
 1. Appeals will be considered by providing additional or clarifying information for the specific denial reason listed in the letter. Appeals will be considered by the Revenue Cycle Director and CFO.
 - C. Assistance will apply for a six (6) month period, extending retroactively six (6) months from date of approval, six (6) months moving forward from date of approval, **or** some variation on these options. Time frames will be applied based on the best financial interest of the patient. Patient must reapply as appropriate based on the time frames listed above to maintain assistance.
 - D. Patients are able to reapply for assistance if any of the following conditions are met:
 1. Six (6) months have passed since assistance denial
 2. There have been significant financial changes since most recent approval or denial that would alter the level of assistance given
 3. Approved Financial Assistance is set to expire
- VIII. Medically Indigent patients may qualify under additional criteria. Medical indigence may occur when medical bills significantly outweigh the family gross income. These patients will be considered as follows:
- A. Medical Indigent Threshold #1
 1. A patient whose family income is between 301% and 500% of the Federal Poverty Level (FPL).
 2. Patient's single incident medical bills are greater than 25% of yearly gross household income.
 3. Patient will be billed the lesser of 5% of gross annual family income or 50% of the amounts generally billed (AGB).
 - B. Medical Indigent Threshold #2
 1. A patient whose family income is greater than 500% of the FPL.
 2. Patient's single incident Medical bills are greater than 25% of yearly gross household income.
 3. Patient will be billed the lesser of 10% of gross annual family income or 50% of the AGB.
 - I. To determine AGB, MRH uses the "look-back" method described in section 4(b)(2) of the IRS and Treasury's 501 rule.
 - a. MRH uses data based on claims allowed by Medicaid in combination with Medicare fee for service and all private health insurers that pay claims to the hospital during the prior 12-month period.
 - b. The AGB percentage is the multiplied by gross charges for Emergency Care and Medically Necessary Care to determine AGB.
 - c. The Financial Assistance Program eligible patient is considered to be charged only the amount he or she is personally responsible for paying, after all deductions, discounts and insurance reimbursements have been applied. The discount resulting from the AGB calculations applies to the amount the patient is personally responsible for paying rather than the total account.
- IX. Hardship Application:

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A. Patients may be considered for additional financial assistance outside of the standard 90 day requirement referenced in VI in the event of catastrophic hardship. MRH reserves the right to consider a Hardship application on a case-by-case basis for Medically Indigent patients who MRH determines to be eligible on the basis of an unusual financial situation that creates a demonstrably catastrophic, unusual, or extraordinary situation. To apply for the Hardship program, the patient must send a letter describing the unusual circumstances and requesting consideration along with any supporting documentation to:

Memorial Regional Health
ATTN Financial Counselor
750 Hospital Loop
Craig, CO 81625

B. Consideration of a Hardship application requires that the patient declare all assets, including investments or other property of significant value, stocks, bonds, any settlements that have been received, and all other sources of assets or income.

X. Collection Attempts:

A. No account will be forwarded to collection for thirty (30) days after financial assistance application has been requested.

B. Accounts that have been approved for sliding fee schedule discount must be paid per the normal terms of our payment policy or will be sent to collections on standard hospital policy standards as follows:

1. Accounts must be paid in full within 24 months from date of service
2. Payments plans must be a minimum of \$25.00 per month
3. Accounts are subject to collections after six (6) months of nonpayment or underpayment
 - I. A minimum of one contact attempt will be made prior to forwarding an account to collections. This minimum contact attempt qualifies at the guarantor level.


REGULATORY REQUIREMENTS:

In implementing this policy, Memorial Regional Health shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

ELIGIBLE PROVIDERS:

This policy only applies to Memorial Regional Health. Patients at MRH may receive bills for additional services from outside vendors. These vendors are not covered by this policy and do not participate in Memorial Regional Health's Financial Assistance Program.

Please contact the vendor listed on the statement to obtain information about potentially Financial Assistance Programs that they may offer.

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FEDERAL POVERTY GUIDELINES 2023

Household	100% FPG	175%	200%	240%	280%	300%	500%
1	\$ 18,754.00	\$ 32,819.50	\$ 37,508.00	\$ 45,009.60	\$ 52,511.20	\$ 56,262.00	\$ 93,770.00
2	\$ 25,267.00	\$ 44,217.25	\$ 50,534.00	\$ 60,640.80	\$ 70,747.60	\$ 75,801.00	\$ 126,335.00
3	\$ 31,781.00	\$ 55,616.75	\$ 63,562.00	\$ 76,274.40	\$ 88,986.80	\$ 95,343.00	\$ 158,905.00
4	\$ 38,295.00	\$ 67,016.25	\$ 76,590.00	\$ 91,908.00	\$ 107,226.00	\$ 114,885.00	\$ 191,475.00
5	\$ 44,808.00	\$ 78,414.00	\$ 89,616.00	\$ 107,539.20	\$ 125,462.40	\$ 134,424.00	\$ 224,040.00
6	\$ 51,322.00	\$ 89,813.50	\$ 102,644.00	\$ 123,172.80	\$ 143,701.60	\$ 153,966.00	\$ 256,610.00
7	\$ 57,835.00	\$ 101,211.25	\$ 115,670.00	\$ 138,804.00	\$ 161,938.00	\$ 173,505.00	\$ 289,175.00
8	\$ 64,349.00	\$ 112,610.75	\$ 128,698.00	\$ 154,437.60	\$ 180,177.20	\$ 193,047.00	\$ 321,745.00
	Sliding Fee Discount/Financial Assistance	100% FA	80% FA	60% FA	40% FA	20% FA	Medically Indigent

*FA = Financial Assistance

**For families/households with more than 8 persons, add \$4,480.00 for each additional person