



Functional Area: Patient Receivables Management – Patient Services

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Approved by: Robin Sumner, Executive Director Patient Services

A handwritten signature in black ink, appearing to read "Robin Sumner".

PURPOSE

To identify and provide assistance to patients that are financially or medically indigent and demonstrate an inability to pay for medically necessary care provided to them or their dependents who qualify under the eligibility guidelines and evaluation processes defined in this policy.

POLICY

Mercy affirms and maintains its commitment to meet the health and medical needs of our communities in a manner consistent with our Mission, Vision, and Core Values. Mercy reserves the right to define and revise the criteria which yield a determination of financial assistance.

Mercy will use financial counseling, point of service screening, patient attestations, and/or a third party tool as soon as practical during the intake and/or billing process to identify patients that may qualify for financial assistance.

Mercy grants financial assistance to patients for emergency and other medically necessary care based on need. The Federal Poverty Guidelines, which consider household income and household member size (patient, spouse, and dependents), are used in determining the level of financial assistance available. Financial assistance income ranges will be reviewed annually with the release of the Federal Income Poverty Guidelines and updated in the Mercy policy to coincide with the start of each fiscal year.

Patients who qualify for financial assistance will not be required to pay more than amounts generally billed to individuals receiving care at Mercy who have insurance covering such care. The amount generally billed to individuals who have insurance is established as a percentage discount based on a look back method that considers discounts allowed to Medicare fee-for service and all private health insurers that pay claims to Mercy hospital facilities. Patients who qualify for financial assistance will not be asked to pay more than 26% of the patient's liability. A determination of financial assistance will be a financial assistance benefit of no less than 74% of the patient's liability, effective for a period of 6 months.

Mercy will provide information regarding the Financial Assistance Program in the community via patient statements, signage and brochures in patient access areas and/or in the area of treatment. The paper Financial Assistance Application and Policy are available in both English and other languages prevalent in the area and can be requested from a provider's office, facility registration, Customer Service, or obtained on www.mercy.net.

POLICY DEFINITIONS

Patient - the individual receiving medical treatment. The patient's financial position shall be the basis for determination of financial need. However, in the event the patient is an unemancipated minor, the household income of the guarantor shall be the basis for such determination.

Medically Necessary - Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine. Medical necessity according to an individual's medical coverage is guiding under the Financial Assistance Policy. In the event that an individual is uninsured, Medically Necessary is defined by Mercy. Medically Necessary excludes non-medical services generally provided for patient convenience or under other benefits including, but not limited to dental, vision, and hearing aid services.

Household Income – Includes but not limited to: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, and other miscellaneous sources. The household income does not include child support, student loans, and student grants or non-cash benefits (such as food stamps and housing subsidies).

Family - A group of two or more people who reside together and who are related by birth, marriage or adoption. Patient has claimed someone as a dependent on their income tax return; they may be considered a dependent for purposes of the provision of financial assistance.

PROCEDURE

I. Insurance Eligibility Screening

- a. Mercy requires patients who qualify for insurance coverage to obtain coverage prior to requesting financial assistance or to complete an Insurance Eligibility Screening. If the Insurance Eligibility Screening indicates a patient may be eligible for Medicaid, the patient must make a good faith effort to obtain coverage.
- b. Insured patients are not required to complete the Insurance Eligibility Screening before applying for financial assistance.

II. Applications

- a. A Financial Assistance Application may be submitted in writing (paper application), verbally (by providing financial information orally), or a combination of both.
 - i. **Written applications:** Patients may request a paper application to apply for assistance at any time or find an application on mercy.net. Information from a Medicaid Application may be used in place of the paper Financial Assistance Application.
 - ii. **Verbal applications:** Patients may apply verbally by expressing interest in financial assistance upon arrival for care, during phone registration, after contact with Eligibility Services or through Customer Service. During the verbal application process, patients will be asked to provide some basic household information to assist Mercy in determining eligibility.

- b. Presumptive Financial Assistance

- i. *Insured* patients with a balance \$6500 or greater that have made no payment arrangements after 3 monthly statements will be considered for presumptive financial assistance. Mercy will solely utilize a third-party tool to determine eligibility.
- ii. *Uninsured* patients in this situation will not be considered for a presumptive Financial Assistance Adjustment as they have not completed the Insurance Eligibility Screening.

III. Eligibility Determination

- a. Assessment of a patient's financial status will utilize patient answers provided in verbal or written applications, verification of those answers by use of a third party tool, and/or documentation needed to validate current household income, and size of the household.
- b. A paper Financial Assistance Application may be required (in addition to verbal application) in the case of discrepancy between patient screening answers and third party tool results, that suggest differing financial assistance discounts.
- c. Mercy uses the Federal Poverty Guidelines as outlined in Exhibit A to determine the level of financial assistance available to the patient.
- d. Mercy will ask patient to exhaust all alternate payment options including, but not limited to, local, state, and federal assistance programs (i.e. completing Medicaid Application or obtaining available insurance) and requiring patients to seek in-network care, before considering an application for financial assistance.

IV. Coverage Period

- a. Patients who apply for financial assistance will be notified of eligibility (approval or denial) for financial assistance via a letter.
- b. If approved, patient will receive the appropriate financial discount on eligible services that were first billed to the patient in the prior 240 days. In addition, patient will receive the discount for eligible services received for 6 months *from* the date of the approval letter. At the end of 6 months, a patient can request reevaluation or complete a new Financial Assistance Application.
 - i. If approved for presumptive financial assistance, the same coverage period applies.
- c. When processing an approved account for financial assistance, all dates of services that qualify for the Financial Assistance Adjustment will be reviewed to identify any personal payments that exceed the patient's responsibility. In the event a Financial Assistance Adjustment will create a credit on a HAR, a refund will be issued to patient per 501R requirements.

V. Included and Excluded Services

- a. All Professional Services are excluded from the Hospital and Health Services Financial Assistance Policy unless specifically listed as included. Reference the attached ***Exhibit C*** for a complete listing of included services.
- b. Non-emergent services received by insured patients that are not covered in-network by their insurance plan will not qualify for financial assistance unless their plan offers out-of-network benefits.
- c. Financial assistance will only apply to the patient's liability portion of the charge after all other third party payments are applied.
- d. Financial assistance will not be granted if account(s) are related to a personal injury claim, lawsuit, workers compensation or probate of estate as examples.

VI. Non Payment

- a. Mercy bills patients for their responsible portion via monthly statements. Patients are responsible for payment of their accounts. Patients receiving financial assistance are responsible for making payment arrangements on their remaining account balances within the statement period. If there is no payment or valid address for mailing within a 3 month statement period, the account will qualify for transfer to the collection agency. To prevent collection action, Mercy has financial counselors and customer service representatives available to assist in setting up payment options Monday through Friday, during business hours as noted on the statement.
- b. Accounts referred to the collection agency will be subject to additional collection efforts. Even when balances are with the collection agency, a patient can still request an application for financial assistance to be mailed from Mercy or the collection agency, or call Mercy Customer Service to submit a verbal application.
- c. Collection efforts that include legal action and liens are an option for the collection agency to pursue after 240 days following the first statement if a patient's account remains unpaid, without a payment arrangement or Financial Assistance Application in process.

EXCEPTIONS

- I. National Health Service Clinics (NHSC): A separate policy and application is designated for services received at the NHSC designated locations. The NHSC Application does not include any use of a third party tool and patient financial situation is assessed solely based on the documents requested or as described in the policy. For these balances, the *NHSC-specific* application should be submitted by the patient. Patients requesting financial assistance consideration for Mercy services received outside the NHSC location as well will not be required to fill out both NHSC and standard Mercy applications, rather only standard Mercy financial assistance approval process should be followed (traditional Financial Assistance Application, may be taken over phone etc).
 - a. For patients submitting both NHSC and Non-NHSC balances for consideration, the financial assistance discount percentage determined by the Mercy financial assistance screening and approval process will be applied to both NHSC and Non-NHSC balances.
 - b. In the event a patient is granted financial assistance through a NHSC application process, and later receives services outside the NHSC location, Mercy will apply the NHSC financial assistance percentage determination to the appropriate Mercy balances for the remainder of the approved period, unless a significant variance in approval percentage is noted.
 - c. If a Non-NHSC balance does not qualify for financial assistance, the NHSC balance will be considered separately.
- II. Community Clinic Services: Other community clinic financial assistance programs supersede the Mercy Hospital and Health Services Financial Assistance Policy, with the exception of the NHSC identified locations where the above exception will apply. Otherwise, reference local community policies.

- III. Patients on Spenddown: Mercy will utilize state verified spenddown information to impute the patients' household income to determine if a patient qualifies for financial assistance.
- IV. Mercy Hospital JFK Clinic: Financial assistance guidelines for JFK patients defined in Exhibit B. Patients wishing to apply for financial assistance related to services received at a JFK clinic will need to fill out the JFK Clinic Patient Financial Assistance Application rather than the standard Mercy Financial Assistance Application.
- V. International Financial Assistance Policy: The International Financial Assistance Policy supersedes this policy. See the International Finance Assistance Policy.
- VI. Patient Financial Status – Patients, who are incarcerated or homeless and confirmed no other liable party can be billed, will be deemed 100% financial assistance. In addition, bankruptcy accounts and deceased without an estate are deemed 100% charitable upon confirmation of court/legal documents, unless in some states the spouse is liable for the deceased' account.
- VII. Revenue Cycle Management- Accounts being managed under a client/third party relationship will be granted financial assistance according to the discount percentage in their own policy, exclusive of Mercy's discount percentage scale.
- VIII. Mercy Medical Supply- See (C_3002_Mercy Medical Supply Financial Assistance Policy).
- IX. Services specified as 'Excluded' in Exhibit C

DISTRIBUTION

- I. Collection Agencies
- II. Financial Leadership
- III. MRM Leadership
- IV. Business Risk and Compliance

EXHIBITS

- A. Current Year Federal Poverty Guidelines – Current Fiscal Year Financial Assistance Levels
- B. Mercy Hospital JFK Clinic-Financial Assistance Adjustment Guidelines
- C. Included and Excluded Services Listing

ATTACHMENTS

Financial Assistance Application (English and Spanish) below:

https://www.mercy.net/content/dam/mercy/en/pdf/financial_assistance_application_9_2017.pdf

https://www.mercy.net/content/dam/mercy/en/pdf/h_1026_financial_assistance_application_9.19.2017-spanish.pdf

EXHIBIT A

Hospital Services Charity Guidelines

Based in 2018 Federal Poverty Income Guidelines

Family Size				1	2	3	4	5	6	7	8	9	10	11	12
Level	% of Poverty Level	Discount	Adjust Code EPIC	Range	Range	Range	Range	Range	Range	Range	Range	Range	Range	Range	Range
I	0 - 100%	100%	9002022	\$0.00 - \$12,140	\$0.00 - \$16,460	\$0.00 - \$20,780	\$0.00 - \$25,100	\$0.00 - \$29,420	\$0.00 - \$33,740	\$0.00 - \$38,060	\$0.00 - \$42,380	\$0.00 - \$46,700	\$0.00 - \$51,020	\$0.00 - \$55,340	\$0.00 - \$59,660
II	101% - 150%	90%	9002023	\$12,141 - \$18,210	\$16,461 - \$24,690	\$20,781 - \$31,170	\$25,101 - \$37,650	\$29,421 - \$44,130	\$33,741 - \$50,610	\$38,061 - \$57,090	\$42,381 - \$63,570	\$46,701 - \$70,050	\$51,021 - \$76,530	\$55,341 - \$83,010	\$59,661 - \$89,490
III	151% - 200%	80%	9002024	\$18,211 - \$24,280	\$24,691 - \$32,920	\$31,171 - \$41,560	\$37,651 - \$50,200	\$44,131 - \$58,840	\$50,611 - \$67,480	\$57,091 - \$76,120	\$63,571 - \$84,760	\$70,051 - \$93,400	\$76,531 - \$102,040	\$83,011 - \$110,680	\$89,491 - \$119,320
IV	201% - 250%	80%	9002025	\$24,281 - \$30,350	\$32,921 - \$41,150	\$41,561 - \$51,950	\$50,201 - \$62,750	\$58,841 - \$73,550	\$67,481 - \$84,350	\$76,121 - \$95,150	\$84,761 - \$105,950	\$93,401 - \$116,750	\$102,041 - \$127,550	\$110,681 - \$138,350	\$119,321 - \$149,150
V	251% - 300%	74%	9002026	\$30,351 - \$36,420	\$41,151 - \$49,380	\$51,951 - \$62,340	\$62,751 - \$75,300	\$73,551 - \$88,260	\$84,351 - \$101,220	\$95,151 - \$114,180	\$105,951 - \$127,140	\$116,751 - \$140,100	\$127,551 - \$153,060	\$138,351 - \$166,020	\$149,151 - \$178,980

For family units with more than 12 persons, add \$4,320 to household income range for each additional person.

EXHIBIT B

Mercy Hospital JFK Clinic – St. Louis, MO Financial Assistance Adjustment Guidelines

Level	% FPG	Fee	Facility	Physician	Total
I	0-100	\$5	-	\$ 5.00	\$ 5.00
II	101-150	\$13.00	\$ 3.00	\$ 10.00	\$ 13.00
III	151-200	\$25.00	\$ 5.00	\$ 20.00	\$ 25.00
IV	201-250	\$37.00	\$ 7.00	\$ 30.00	\$ 37.00
V	251-300	\$40.00	\$ 10.00	\$ 30.00	\$ 40.00

MERCY HOSPITAL JFK CLINIC - QUALIFIED PATIENTS

Patients will qualify as an established patient at the clinic if they are uninsured. If they have access to insurance, they are no longer qualified to receive services at the Mercy Hospital JFK Clinic; including children who can qualify for Medicaid.

EXCEPTIONS

Lab Services

Patients receiving lab services on the same day as an office visit are required to pay the approved financial assistance level copay, plus the discounted lab.

Obstetric Services

The clinic rate covers all visits, labs, ultrasounds, delivery, and post partum check. In addition, newborn charges and one visit for the baby are included. These fees are assessed yearly at a discount rate and apply to all who are established with Mercy Hospital JFK Clinic.

Dental

Dental cleanings for the uninsured are \$30.00 for adults and \$25.00 for children. If restorative work is requested, those services are required to be prepaid.

**Please use the Mercy Hospital JFK Clinic Application (English and Spanish) below:*

https://www.mercy.net/content/dam/mercy/en/pdf/financial_assistance_application_jfk_clinic_english_posted_20160915.pdf

https://www.mercy.net/content/dam/mercy/en/pdf/mercy_hospital_jfk_clinic_financial_assistance_application_spanish_posted_20161207.pdf

EXHIBIT C

INCLUDED AND EXCLUDED SERVICES LISTING

INCLUDED SERVICES

All Hospital Services
 Mercy Lab Services
 Mercy Home Care Services
 Mercy Hospice Services
 Mercy Home Infusion Services

** Special pricing arrangements do not apply with financial assistance, and Uninsured discounts do not apply with financial assistance.*

All Professional Services are Excluded EXCEPT the Professional Services listed here in Exhibit C which are Included in the Hospital and Health Services Financial Assistance Policy.

Community	Department	Billing System
Ada	EMERGENCY DEPARTMENT	PB
	SLEEP CENTER	PB
	CARDIOPULMONARY SERVICES	PB
Ardmore	EMERGENCY DEPARTMENT	PB
Aurora	ANESTHESIA	HB
	OCCUPATIONAL MEDICINE - Dr Jordan	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	ECHO PF	HB
	SURGICAL ASSISTANTS - Dr Henderson	HB
Berryville	ANESTHESIA	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	ECHO/BLOOD FLOW PF	HB
	RHEUMATOLOGY CLINIC	HB
Booneville	CRNA ANESTHESIA	HB
	OPERATING ROOM RURAL (Dr. Ahmed)	HB
	FAMILY MEDICINE RH BOONEVILLE	PB
	FTSMMC FAMILY MEDICINE MAGAZINE	PB
Carthage (McCune Brooks)	ER PHYSICIANS	HB
	OUTPATIENT CLINIC Rheumatology	HB
	OUTPATIENT CLINIC Neurology	HB
	OUTPATIENT CLINIC EKG PF	HB
	PAIN THERAPY CENTER	HB
	ECHO PF	HB
	SURGERY TRAUMA ON CALL (Dr. Hargroder)	HB
	PEDIATRICS BUENA VISTA	PB
	WOMENS HEALTH CARTHAGE	PB

	FAMILY MEDICINE MEDICAL PARK DRIVE (Dr. Haffner)	PB
Cassville	ANESTHESIA	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	MEDICAL CLINIC DEPARTMENT - Dr Jordan	HB
	ECHO PF	HB
	SURGICAL ASSISTANTS - Dr Flake	HB
El Reno	CARDIOPULMONARY	PB
	EMERGENCY DEPARTMENT	PB
	PRIMARY CARE EL RENO 27TH ST	PB
Fort Scott	ANESTHESIA	HB
	ER PHYSICIANS	HB
	FAMILY MEDICINE RH LINN COUNTY	PB
	FAMILY MEDICINE RH ARMA	PB
	GENERAL SURGERY FT SCOTT	PB
	ORTHOPEDICS FT SCOTT	PB
	OBGYN FT SCOTT	PB
	CONVENIENT CARE S NATIONAL	PB
	WOUND OSTOMY CARE	PB
	IMAGING FORT SCOTT	PB
	NUCLEAR MEDICINE	PB
	VIA CHRISTI MERCY CLINIC LLC	PB
	PRIMARY CARE FT SCOTT	PB
	Fort Smith	EMERGENCY DEPARTMENT
EMERGENCY MEDICINE ORTHOPEDIC HOSPITAL		PB
Healdton	ER PHYSICIANS	HB
	PRIMARY CARE HEALDTON	PB
Jefferson	N/A	
Joplin	ER PHYSICIANS	PB
	FAMILY MEDICINE RH NEOSHO	PB
Kingfisher	ANESTHESIA SUPPORT SERVICES	HB
	ER PHYSICIANS	HB
	HYPERBARIC/OP WOUND	HB
Lebanon	EMERGENCY DEPARTMENT	HB
	OCCUPATIONAL MED PF	HB
Lincoln	ANESTHESIA	HB
	ER PHYSICIANS	HB
	MERCY HOSPITALISTS LINCOLN	HB
	URGENT CARE CTR-TROY	HB
	STLMC FAMILY MED 1003 E CHERRY	PB
	STLMC FAMILY MED WINFIELD	PB
	STLMC FAMILY MED ELSBERRY	PB
	STLMC PRIMARY CARE 1165 E CHERRY	PB
	STLMC FAMILY MED 900 E CHERRY	PB

	STLMC PSYCHIATRY 900 E CHERRY	PB
Logan County (Guthrie)	ER PHYSICIANS	HB
	HOSPITALISTS-LOGAN CTY	HB
	WOUND CENTER	HB
	ECHO PF	HB
	OKMC PRIMARY CARE EDMOND I35	PB
	OKMC PRIMARY CARE GUTHRIE ACADEMY	PB
	OKMC PRIMARY CARE EDMOND WATERLOO	PB
	OKMC PRIMARY CARE OKLAHOMA CHRISTIAN	PB
	OKMC FAMILY MEDICINE RH CRESCENT	PB
	OKMC CONVENIENT CARE RH GUTHRIE DIVISION	PB
	OKMC FAMILY MEDICINE RH GUTHRIE DIVISION	PB
Love County	ER PHYSICIANS	HB
Maude Norton (Columbus)	CORPORATE HEALTH	HB
	ER PHYSICIANS	HB
Mountain View	ANESTHESIA SERVICES	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	NEUROLOGY PF	HB
	OCCUPATIONAL MEDICINE PF	HB
	PULMONOLOGY-MT VIEW PF	HB
	ECHO PF	HB
	BRONCHODIAL PF	HB
SLEEP MEDICINE PF	HB	
Oklahoma City	EEG	PB
	EMERGENCY DEPARTMENT	PB
	ULTRASOUND	PB
Ozark (Turner)	CRNA ANESTHESIA	HB
	FTSMMC EMERGENCY MEDICINE OZARK	PB
	HOSPITALISTS	HB
Paris (Logan)	CRNA ANESTHESIA	HB
	HOSPITALISTS	HB
	URGENT CARE	PB
	EMERGENCY DEPARTMENT	PB
Rogers	N/A	
Springfield	ER PHYSICIANS	HB
	EDUCATIONAL RESOURCE CENTER (Diab Self Mgt Training)	HB
	HEADACHE CENTER	HB
	MOBILE HEALTH BUS	HB
St Louis	ER PHYSICIANS	HB
	URGENT CARE PHYSICIANS	HB
	DIETICIAN-CLRKS & CLYTN	HB
	ED CLINICAL DECISION UNIT	PB
	HOSPITAL JFK BEHAVIORAL HEALTH CLINIC	PB

	HOSPITAL JFK CLINIC	PB
	INTEGRATIVE MED AND THRPY SVCS CANCER CENTER	PB
	AUDIOLOGY OFALLON	PB
	INTEGRATIVE MED AND THRPY SVCS TESSON	PB
	INTEGRATIVE MED AND THRPY SVCS OLIVE	PB
	CHILDRENS AUDIOLOGY OLIVE MASON	PB
	INTEGRATIVE MED AND THRPY SVCS CLYNTN CLRKSN	PB
	URGENT CARE CHESTERFIELD VALLEY	PB
Tishomingo	ER PHYSICIAN	HB
Waldron (Scott County)	CRNA ANESTHESIA	HB
	ENDOSCOPY PF	HB
	OPERATING ROOM RURAL (Dr. Ahmed)	HB
	FAMILY MEDICINE RHC MANSFIELD	PB
	FAMILY MEDICINE RHC WALDRON	PB
Washington	ER PHYSICIANS	HB
	URGENT CARE PHYSICIANS	HB
	HOSPITAL WASH MCAULEY BEHAVIORAL HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY DENTAL HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY ADULT HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY WOMENS HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY CHILDRENS HEALTH SVCS	PB
Watonga	ER PHYSICIANS	HB
	HOSPITALISTS - WATONGA	HB

EXCLUDED

NON-HOSPITAL SERVICES

Residential Services (Note: Swing Beds are Eligible for Financial Assistance)

Retail Pharmacy

Optical Shop

Private Duty Nursing

Corporate Health

Integrative Medicine

All Professional Services Not Specifically Listed as Included

NOT MEDICALLY NECESSARY

Cosmetic

Cardiac and Pulmonary Rehab Phase III

Hearing Aids

Driving Assessments