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ORIGINATOR: Business Services

SUBJECT: Financial Assistance Program

POLICY: McCurtain Memorial Hospital recognizes that the ability or inability to pay should not prevent a patient from receiving emergency and medically necessary services. This program is designed to assist patients who (A.) do not qualify for local, state, or federal funding programs and (B.) are not eligible for nor enrolled in private or public insurance plans providing hospital coverage, including indemnity plans. The following controls will be used to help ensure that all patients will be treated confidentially, fairly, with dignity, compassion and respect to maintain compliance of the Financial Assistance Program.

INTERPRETATION:

I. Application

1. The waiver (or discounted) amount criteria will:
 - a. Be applied consistently to all self-pay patients to the best of our ability
 - b. Not be a part of any advertisement or solicitation program
 - c. Be based on an individualized assessment of financial need
 - d. Not be claimed as bad debt
 - e. Be medically necessary as determined by the treating physician.
 - f. Be without regard to length of stay
 - g. Not be a part of a price reduction agreement with a third-party payor
2. Self-pay patients will be notified of the Financial Assistance Program upon registration during face-to-face interviews if possible.
3. First time billing statements will be mailed to the responsible party of all self-pay patients within approximately 15 days of discharge. The message on this statement shall reflect the following: "You may be entitled to a discount if you do not have medical insurance coverage. Please contact the Financial Services Office at (580) 208-3127 as soon as possible to apply."
4. The patient or responsible party should complete and submit a Financial Assistance Application within 120 days of receiving a statement for services rendered, however, we will accept applications up to 240 days post first statement date. All applications and requested supporting

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documentation must be completed within 240 days post first statement date. Patients or their responsible party may request applications by:

- a. Requesting an application in the Admissions Department
 - b. Requesting to speak to Financial Services in the Admissions Department
 - c. Calling the Financial Services Department Monday—Thursday 8 AM to 5 PM, Friday 8AM to 4 PM.
 - d. Mailing a written request to McCurtain Memorial Hospital, Attention: Financial Services Department, 1301 E Lincoln Rd, Idabel, OK 74745
 - e. Downloading an application at www.mmhok.com/financialassistance
2. Completed applications, including all required information and documentation, should be submitted to McCurtain Memorial for eligibility determination. Completed applications may be:
- a. Submitted by mail to Customer Service using the address on the application; or
 - b. Delivered in person to the hospital admitting department.
3. Applicants are notified by mail or phone call when their application is incomplete and are given an opportunity to provide the missing documentation or information within 90 days of notification. Written notices to persons with incomplete applications will include:
- a. Instructions for how to submit the requested documentation or information;
 - b. A plain language summary of this policy;
 - c. Information about Extraordinary Collection Actions (ECAs) that the hospital might take if it does not receive the information requested within the 90-day period; and
 - d. Contact information for the department that can provide assistance with the application process.
4. The application describes all the personal, financial, and other information or documentation that an individual must submit to be considered for eligibility in the Financial Assistance Program.
5. It shall be the sole responsibility of the patient or responsible party to supply information establishing eligibility for this discount.
6. Before finding a patient eligible for assistance under this Policy, McCurtain Memorial may require patients to apply for public health coverage programs, such as Medicaid, for which McCurtain Memorial presumes the patients are eligible, as instructed by the hospital's Financial Services Department. McCurtain Memorial may deny eligibility for the Financial Assistance Program to patients who have been screened for a public health coverage program and are presumed to be eligible but are not cooperating with the process to apply for the health coverage program.
7. Patients are not eligible for the Financial Assistance Program if the patient receives or is expected to receive a third-party financial settlement that includes payment intended to compensate the patient for charges related to medical care rendered by McCurtain Memorial or physician rendered services covered under the Financial Assistance Policy (Attachment A). The patient is expected to use the settlement amount to satisfy any patient account balances.

II. Determination

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1. In making eligibility determinations, McCurtain Memorial may consider factors such as: the patient's and family's earning status, sources of income and assets, nature and extent of liabilities, ability to obtain additional credit, amount of medical bills, and family size.
2. If the patient or responsible party does not qualify for Financial Assistance, McCurtain Memorial will:
 - a. Notify the patient or responsible party in writing
 - b. Provide a statement of what the patient or responsible party owes for service
 - c. Provide notification that the decision can be appealed
3. If the patient or responsible party has an income of 100% of the Poverty Guidelines or less, and qualifies for indigent care (100% discount) according to the Indigent Care Medical Services Qualifications and Guidelines (Policies 78-94-09 and 78-94-10) and funding is available, the account will be written off completely as indigent care and McCurtain Memorial will:
 - a. Notify the patient or responsible party, in writing, of the determination.
4. Patients or responsible parties who have income that falls below 300% of the current year's Federal Poverty Level may be eligible for the Financial Assistance Program. If qualified, the cost of services due from the patient will not be more than amounts generally billed (AGB) to individuals with insurance calculated using the look-back method. As defined in the IRS regulations under section 501(r) of the Internal Revenue Code. This will be updated annually.
5. McCurtain Memorial may, deny, revoke, rescind, or amend the financial assistance provided:
 - a. Fraud, theft, or misrepresentation by the patient or guarantor, or other circumstances that undermine the integrity of the Financial Assistance Program; or
 - b. Identification of a third-party payor, including a public or private health coverage program, workers' compensation, or third-party liability insurance.

III. Covered Services

1. Benefits under the Financial Assistance Program may be applied to any emergency and medically necessary health care services provided at McCurtain Memorial ("Covered Services"). Medically Necessary means 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.
2. Certain services are not eligible for benefits and are not considered Covered Services under the McCurtain Memorial Financial Assistance Program. These include, but are not limited to, the following, see also, Attachment A:
 - a. Elective or lifestyle services that are not considered emergent or medically necessary as determined by a physician at McCurtain Memorial.
 - b. Services provided for workers' compensation care or when a third party is liable for the injuries or illness requiring medical services; and
 - c. Services provided outside of the hospital setting, including physician office clinics and home health services.
3. McCurtain Memorial provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Policy. McCurtain Memorial will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical conditions. Emergency medical services are provided to

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all Alamo Heights patients in a nondiscriminatory manner, pursuant to the hospital's Emergency Medical Treatment and Active Labor Act (EMTALA) policy.

III. Collection

6. After reasonable efforts to determine eligibility are made by McCurtain Memorial, established collection practices will be followed if:
 - a. The financial information is not provided by the responsible party within 120 days of discharge date
 - b. The application is denied or revoked for any reason
 - c. Payment arrangements are not honored
 - d. Services provided are not covered services under the Financial Assistance Policy
7. In the event that a patient or responsible party has made payments on an account that has been discounted or written off, the patient will be reimbursed any monies collected over the amount owed after discount or write off has been applied.
8. In the event that a patient or responsible party has made payments in excess of the calculated ABG and McCurtain Memorial finds they are eligible for Financial Assistance, monies greater than \$5 paid above the calculated AGB will be refunded to the patient.
9. In the event that a patient or responsible party applies for financial assistance within 240 days of first statement date and has been found to be eligible, any extraordinary collection efforts by McCurtain Memorial or third parties working on behalf of McCurtain Memorial will cease and retraction will be made for any adverse reporting to credit bureaus in regards to the services for which they have been approved.
10. McCurtain Memorial, as well as third parties working on behalf of McCurtain Memorial, will not use extraordinary collections efforts within the first 120 days post discharge. Nor will McCurtain Memorial used extraordinary collection efforts while the patient or representative is actively in the process of applying for financial assistance.

IV. Distribution

1. McCurtain Memorial will ensure Financial Assistance Programs are publicized. Information regarding assistance and payment will be posted in the following areas:
 - a. Admissions stations
 - b. Emergency Waiting room
 - c. Financial Services Department
 - d. Business Office
2. McCurtain Memorial will also have free copies of the Plain Language Summary, Application, and the Financial Assistance Policy available upon request in the above mentioned areas.

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3. The Plain Language Summary, Application, and Financial Assistance Policy will also be posted on the hospital's website in languages prevalent to this region.

www.mmhok.com/financialassistance

Attachment A

Providers and Services Covered Under McCurtain Memorial’s Financial Assistance Program

Provider Name	Services
Michael West, MD	Hospitalist
Monty Grugan, DO	Hospitalist
Dawn Ferrisi, PA-C	Hospitalist
Kerri Seymour, APRN	Hospitalist
Paul Hines, MD	General Surgeon
Jeffery Martin, CRNA	Anesthesia
Jeffery Reid, CRNA	Anesthesia
David Flores, CRNA	Anesthesia
Clint Roberts, CRNA	Anesthesia

*The program also covers any provider contracted by the hospital to fill in for another provider covered under the program.

In addition to the above listed providers, the following service types’ hospital charges are eligible for under McCurtain Memorial’s Financial Assistance Program:

- Hospital Fees for Emergency Room Visits
- Hospital Fees for Inpatient Admissions
- Hospital Employed Clinician Fees for Services Rendered *Inside* the Hospital
- Hospital Fees for Outpatient Visits (Lab, X-Ray, Observation, Wound Care)
- Hospital Infusion Services Fees

While at the hospital, you could be treated by a physician who is not covered under McCurtain Memorial’s Financial Assistance Policy. Physician charges in the emergency room are not covered under this policy. If you see primary care doctor while in the hospital, charges for their services are not covered under this policy. In addition, any treatment considered elective or not medically necessary, will not be covered under McCurtain Memorial’s Financial Assistance Policy.

Attachment B Indigent Care/Financial Assistance Application

Attachment C Current Poverty Guidelines