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Mee Memorial  
Healthcare System

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Owner	Heidi Weatherwax: Senior Manager Revenue Cycle
Area	Patient Financial Services

## Financial Assistance Policy

### POLICY

Mee Memorial Healthcare System is built on a team of dedicated health care professionals - physicians, nurses, technicians, management, trustees, volunteers, and many other devoted health care workers. Together, we serve to protect the health of our community. Our ability to serve requires a special relationship built on trust and compassion. Through mutual trust and goodwill, Mee Memorial Healthcare System and patients will be able to meet their responsibilities. This policy is designed to strengthen that relationship to ensure that all patients receive services regardless of their ability to pay.

### PURPOSE

Mee Memorial Healthcare System does not discriminate and is fair in reviewing or assessing the applications of patients who apply for financial assistance. To comply with federal, state, and local regulations, Mee Memorial Healthcare System provides financial assistance to patients and families when they are unable to pay, all or part, of their medical bill(s). This policy is intended to describe Mee Memorial Healthcare System's Financial Assistance (Charity Care) Policy, and how Mee Memorial Healthcare System reviews the patient's financial resources to determine if financial assistance can be provided.

### DEFINITIONS

**Billed Charges:** Charges for services performed by Mee Memorial Healthcare System as published in the Charge Description Master (CDM).

**Charge Description Master:** A list of services accompanied by individual prices and codes used to bill for services rendered.

**Charity Care:** Free or discounted care provided when the patient is not expected to pay a bill, or is only

expected to pay a small amount of the billed charges based on financial need.

**Discounted Care:** A deduction from the original billed charges that is applied for cash or prompt payment. The discount is usually described as a percentage of Gross Charges.

**Family Members:** Any person 18 years and older, include a spouse, domestic partner, and dependent children under the age of 26 years, whether living at home or not.

**Federal Income Tax Return:** The Internal Revenue Service (IRS) form(s) used to report taxable income [the form(s) must be signed and dated forms that are copies of what was sent to the IRS].

**Federal Poverty Level (FPL):** The level of income that the government utilizes to define poverty.

**Financial Assistance:** A discount of billed charges for Uninsured or Under-insured patients who qualify for Mee Memorial Healthcare System's Financial Assistance Program.

**Household Income:** The total income of all family members who reside in the same household as the patient, that are included on the Patient's income taxes.

**Out-of-Pocket-Costs:** Costs in which the patient is responsible to pay from personal funds (i.e. Co-Payments, Co-Insurance, Deductibles, or Non-Covered Services).

**Payment Plan:** A series of payment installments made over a period of time to resolve out-of-pocket costs.

**Qualifying Patient:** A patient who meets the financial qualifications for Financial Assistance as defined below.

**Self-Pay Liability:** Any balance due by the patient or guarantor.

**Third-Party Coverage:** An insurance policy purchased for protection of certain events (i.e. automobile or general liability coverage).

**Uninsured Patient:** A person who do not have any form of Health Insurance

**Under-insured Patient:** A person whose health insurance does not cover the expense of the care received.

## PROCEDURE

Financial Assistance (Charity Care) is not a substitute for personal responsibility; patients are expected to work with Mee Memorial Healthcare System when seeking Financial Assistance.

Mee Memorial Healthcare System is committed to providing financial assistance (charity care) to patients who seek Emergency Medical Care or Medically Necessary care, but have limited, or no means, to pay for the care provided. Mee Memorial Healthcare System operates in accordance with this written policy:

- Defines qualifying care guidelines for Financial Assistance – Complete Charity Care (free) or Partial

#### Charity Care (discounted care)

- Describes how Mee Memorial Healthcare System advertises the Financial Assistance Program to the community
- Describes the procedures of how Mee Memorial Healthcare System determines if a patient qualifies for Complete or Partial Charity Care
- Describes the application process for patients to apply for the Mee Memorial Healthcare System Financial Assistance Program
- Describes how Mee Memorial Healthcare System limits the amount billed to patients who qualify for complete or partial financial assistance.

#### I. Qualifying Care for Financial Assistance:

- A. Any Emergency Medical Care or other medically necessary care provided at Mee Memorial Healthcare System that are billed directly by Mee Memorial Healthcare System
  1. Emergency and Hospitalist Physician services are excluded as Mee Memorial Healthcare System does not directly bill the Professional services rendered.
    - a. Patients seeking Financial Assistance for these services are encouraged to contact these billing companies directly.

#### II. Advertisement of Financial Assistance

- A. Patients are informed of Mee Memorial Healthcare System's Financial Assistance Program in several ways, which include:
  1. Notifications posted in all Patient Access and Emergency areas
  2. Included within Mee Memorial Healthcare System's Conditions of Admissions form
  3. Financial Assistance information is included on all Patient statements, in plain language, with phone numbers to call for further information
  4. All Financial Assistance Program information is advertised on Mee Memorial Healthcare System's website

#### III. Eligibility for Financial Assistance

- A. Eligibility for Financial Assistance will be reviewed for patients who are uninsured or under-insured with high medical costs, and are unable to pay for their care. Mee Memorial Healthcare System bases the determination of financial assistance as listed in this policy. Any decisions made under this policy, including approving or denying Financial Assistance (Charity Care), is based solely on the Patient's financial need; a patient's race, color, national origin, citizenship, religion, gender, sexual preference, age, or disability are not taken into account for determination.
  1. Medi-Cal Share of Cost (SOC) amounts are not eligible for Financial assistance as these amounts are determined by the State, and is considered an out-of-pocket cost that is required by the State as a condition of receiving Medi-Cal benefits.
  2. Patients may qualify for Financial Assistance, under this policy, if they meet the following criteria:
    - a. Household income is at, or below, 400% of the Federal Poverty Level (FPL)
  3. In the event that the patient does not meet the household income requirement, the below options are considered by the Patient Financial Services Manager and Chief Financial

Officer:

- a. If the patient's income exceeds 400% of the Federal Poverty Level (FPL) by 20%, and the total outstanding account balance exceeds 10% of the patient's annual income; partial financial assistance will be considered.
- b. Any patient who exceeds the aforementioned exception, will be offered a 25% discount and formal payment plan.

**B. Financial Assistance Determination**

1. Patients are to provide several documents to assist Mee Memorial Healthcare System in determining whether the patient qualifies for the Financial Assistance Policy. This information includes:
  - a. Last 2 years of Federal Income Taxes
  - b. Driver's License or State identification
  - c. Last 3 months of check stubs OR a letter from Patient's employer showing proof of wages
  - d. If Self-Employed, a copy of the company's income statement
  - e. Last 3 months of bank statements
2. In determining eligibility, Mee Memorial Healthcare System utilizes the above information to assist in aligning each patient with the below Federal Poverty Level Chart (2024, ASPE):

**2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)**

**Dollars Per Year**

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%	200%
1	7,530.00	11,295.00	15,060.00	18,825.00	19,578.00	20,029.80	20,331.00	20,782.80	22,590.00	26,355.00	27,108.00	27,861.00	30,120.00
2	10,220.00	15,330.00	20,440.00	25,550.00	26,572.00	27,185.20	27,594.00	28,207.20	30,660.00	35,770.00	36,792.00	37,814.00	40,880.00
3	12,910.00	19,365.00	25,820.00	32,275.00	33,566.00	34,340.60	34,857.00	35,631.60	38,730.00	45,185.00	46,476.00	47,767.00	51,640.00
4	15,600.00	23,400.00	31,200.00	39,000.00	40,560.00	41,496.00	42,120.00	43,056.00	46,800.00	54,600.00	56,160.00	57,720.00	62,400.00
5	18,290.00	27,435.00	36,580.00	45,725.00	47,554.00	48,651.40	49,383.00	50,480.40	54,870.00	64,015.00	65,844.00	67,673.00	73,160.00
6	20,980.00	31,470.00	41,960.00	52,450.00	54,548.00	55,806.80	56,646.00	57,904.80	62,940.00	73,430.00	75,528.00	77,626.00	83,920.00
7	23,670.00	35,505.00	47,340.00	59,175.00	61,542.00	62,962.20	63,909.00	65,329.20	71,010.00	82,845.00	85,212.00	87,579.00	94,680.00
8	26,360.00	39,540.00	52,720.00	65,900.00	68,536.00	70,117.60	71,172.00	72,753.60	79,080.00	92,260.00	94,896.00	97,532.00	105,440.00
9	29,050.00	43,575.00	58,100.00	72,625.00	75,530.00	77,273.00	78,435.00	80,178.00	87,150.00	101,675.00	104,580.00	107,485.00	116,200.00
10	31,740.00	47,610.00	63,480.00	79,350.00	82,524.00	84,428.40	85,698.00	87,602.40	95,220.00	111,090.00	114,264.00	117,438.00	126,960.00
11	34,430.00	51,645.00	68,860.00	86,075.00	89,518.00	91,583.80	92,961.00	95,026.80	103,290.00	120,505.00	123,948.00	127,391.00	137,720.00
12	37,120.00	55,680.00	74,240.00	92,800.00	96,512.00	98,739.20	100,224.00	102,451.20	111,360.00	129,920.00	133,632.00	137,344.00	148,480.00
13	39,810.00	59,715.00	79,620.00	99,525.00	103,506.00	105,894.60	107,487.00	109,875.60	119,430.00	139,335.00	143,316.00	147,297.00	159,240.00
14	42,500.00	63,750.00	85,000.00	106,250.00	110,500.00	113,050.00	114,750.00	117,300.00	127,500.00	148,750.00	153,000.00	157,250.00	170,000.00

- A. If patients are uninsured, based on the information provided to Mee Memorial Healthcare System, Patients can qualify for the following:
  1. Household income less than or equal to 200% of the FPL – 100% assistance
  2. Household income greater than 200-300% of the FPL – 50% assistance
  3. Household income greater than 300-400% of the FPL – 35% assistance
  4. Household income greater than 400% of the FPL – does not qualify for Financial Assistance Program. Refer to Self-Pay Discounts Policy
- B. Patients with Commercial Insurance, Non-Contracted Managed Care Plans, and High medical Costs may qualify for the following:
  1. Household income is less than or equal to 350% of the FPL, and the insurer paid an

- amount, equal to or greater than the patient liability -- 50% assistance
2. Household income is greater than 350-400% of the FPL, -- 35% assistance
  3. Household income greater than 400% of FPL -- does not qualify for Financial Assistance Program and would follow the Self-Pay Discount Policy.
  4. Household income less than or equal to 200% of the FPL - 100% Assistance.

#### C. How Patients Apply for Financial Assistance

1. In order to be considered for Financial Assistance, under this policy, the patient or guarantor is expected to:
  - a. Submit a true, accurate, and complete confidential Financial Assistance Application within 120 days of the first statement received.
    - i. Any information provided by a patient or guarantor regarding monetary assets will only be used to see if the patient qualifies for Financial Assistance; it is not used for any other collection efforts of Mee Memorial Healthcare System.
  - b. Work with Mee Memorial Healthcare System's Patient Financial Services and Financial Counselors to find other sources of coverage, or assist in provided all necessary information to complete the Financial Assistance Application in its entirety.
    - i. If the patient has third-party insurance that would have covered the visit, the patient or guarantor is responsible to provide the necessary information to Mee Memorial Healthcare System in a timely fashion. Failure to do so, may result in a denial of Financial Assistance.
  - c. If the patient or guarantor becomes uncooperative and is no longer willing to provide all necessary information during the application process for Financial Assistance will be notified, in writing, that in order to qualify they must provide all information, or they will no longer be considered for Financial Assistance and Mee Memorial Healthcare System will proceed with our collection process.

#### D. Eligibility Period

1. Patient Financial Services in collaboration with the Patient Financial Counselor, will apply the Financial Assistance discount to all eligible patient balances that occur prior to the application approval date.
2. The Financial Assistance Approval will apply to any eligible services received up to 180 days after the Financial Assistance Application approval date.
3. Any services rendered 181 days after the Financial Assistance Approval date will require a separate application.

#### E. Refund of Previously Paid Amounts

1. Mee Memorial Healthcare System will refund any patient payments that were paid that exceed the complete or partial assistance, or if payments were made prior to the patient or guarantor qualifying for Financial Assistance.

#### F. Appeal Regarding Application

1. Patients may submit a written appeal request to the Chief Financial Officer of Mee

Memorial Healthcare System under the following circumstances:

- a. The patient or guarantor believes their Financial Assistance application was not approved according to policy; or
- b. The patient or guarantor disagrees with the way the policy was applied to their case

2. The appeal must be submitted within 30 days of the application determination date.

## REFERENCES

ASPE Poverty Guidelines  
[Poverty Guidelines | ASPE \(hhs.gov\)](https://www.hhs.gov/ashpe/docs/2018/poverty-guidelines)

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## Attachments

[Poverty Guidelines\\_2024.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Approval	Mark Woolery: Chief Financial Officer	01/2024
Policy Owner	Heidi Weatherwax: Senior Manager Revenue Cycle	01/2024