

Financial Assistance Policy

POLICY:

The purpose of the Methodist Rehabilitation Center (MRC) Financial Assistance Program is to provide services to low income Mississippi residents who are uninsured or underinsured and do not have adequate financial resources to pay for the medically necessary healthcare services provided by MRC.

Process:

Eligibility Criteria

Patients who meet the following qualifications will be considered for financial assistance:

1. The patient meets the respective rehabilitation program admission criteria and has the ability to make significant functional progress in a reasonable timeframe. Priority will be given to patients with first time traumatic spinal cord injury and/or first time traumatic brain injury, due to the limited availability of specialty rehabilitation services for those conditions.
2. Is a United States citizen.
3. Is a legal resident of the State of Mississippi.
4. The patient's injury cannot have derived as the result of being involved in a criminal activity that would be a predictor for a poor patient outcome.
5. The patient must have an established discharge plan for post-rehabilitation care. This plan must be confirmed prior to admission under the Financial Assistance Program.
6. Patients referred from MRC's inpatient rehabilitation program shall be eligible for financial assistance for up to 8 outpatient rehab visits, 1 follow-up clinic visit provided they have a skilled rehabilitation need, have the ability to make significant functional progress in a reasonable time and meet the financial calculation requirement. Outpatients from external referral sources are not covered by this program.
7. Exceptions to funding and/or hospital services covered within this policy are at the discretion of the Executive Vice President of Finance and/or delegated official.

Non-Participating Providers

MRC is contracted with University of Mississippi Medical Center and other specialized providers for physician and nurse practitioner services. These providers do not participate in this Financial Assistance Policy and may or may not bill you separately for their services. This policy does not apply to Methodist Specialty Care Center or Methodist Orthotics & Prosthetics.

Basis for Calculating Amounts Charged to Patients

MRC limits the amount charged for medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than gross charges for the care multiplied by the Amounts Generally Billed (AGB) percentage. The AGB percentage is determined using the look-back method, calculated annually. The percentages are determined by utilizing the sum of all claims paid by Medicare fee for service and all private health insurers divided by the sum of the gross charges for these claims. See Exhibit A for the most current AGB percentages. The AGB percentage is calculated at each service level.

Method for Applying for Financial Assistance

Patients will not be eligible for free or discounted care unless they cooperate in a timely manner with the application process and efforts to help secure available free governmental coverage. All information will be verified. An incomplete application will be denied.

1. Financial counseling or screening for financial assistance eligibility is conducted by MRC's Patient Financial Services Counselor.
2. The patient may request the Financial Assistance Application in person, over the phone, by mail or by accessing the electronic version via the MRC website, www.methodistonline.org.
3. MRC staff may initiate the application on behalf of the patient under circumstances where the patient may be unable to complete the application. It is ultimately the patient or patient representative's responsibility to request and provide accurate information.
4. In order to process the Financial Assistance Application, the patient or patient's representative must provide the following items to verify income:
 - a. Federal tax return including W-2(s)
 - b. Payroll stubs for last 2 months

- c. Bank statements for the current month and/or other income verification
5. Additional information will be needed from the patient to substantiate the following:
 - a. Household information
 - b. Size of household
 - c. Dependents
 - d. Physical address
 - e. Monthly income
 - f. Monthly expenses
 - g. Total assets
 - h. Total liabilities
6. When the application is received, the Financial Assistance Counselor will review and determine if the application is complete and whether the documentation supports Financial Assistance eligibility.

Presumptive Financial Assistance Eligibility

The hospital facility may use information obtained from sources other than the individual seeking financial assistance to presumptively determine that the individual is eligible. Examples are homeless patients, accounts returned from collections for lack of collectability, and bankruptcy.

Collection Process

1. In all instances, the hospital will make every effort to work with the patient/guarantor to determine an equitable payment schedule following established guidelines with consideration of the patients' financial and medical circumstances.
2. MRC will employ an outside collection agency only after giving the patient or responsible party multiple notices regarding the availability of financial assistance and adequate time in which to apply. Prior to accounts being listed for collections, the Patient Financial Services billing and collection process will be completed, the patient's record reviewed to verify reasonable efforts were taken to ensure that financial assistance was offered if appropriate based upon established guidelines. Collection agencies will be directed to follow MRC's guidelines regarding collection.
3. MRC will not force the sale or foreclosure of a patient's primary residence to pay an outstanding medical bill.

DEFINITIONS:

Bad Debt: Expenses resulting from treatment for services provided to a patient and/or guarantor who, having the requisite financial resources to pay for health care services, has demonstrated by his/her actions an unwillingness to comply with the contractual arrangements to resolve a bill.

Financial Assistance: Providing inpatient and outpatient rehabilitation services and other approved services, according to established hospital guidelines, to uninsured or underinsured patients who cannot afford to pay for care.

1. Uninsured/underinsured patients who do not have the ability to pay based on established criteria;
2. Insured/underinsured patients whose coverage is inadequate to cover a catastrophic situation;
3. Patients whose income is sufficient to pay for basic living costs but not medical care, and also those patients with generally adequate incomes who are suddenly faced with catastrophically large medical bills;
4. Patients who demonstrate ability to pay part but not all of their liability.

Financial assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, deductibles or both.

Medical Necessity: An individual who has a rehabilitation need and the ability to make significant functional progress in a reasonable time.

Mississippi Resident: An individual who is of legal age or is an emancipated minor and shall have established a home in Mississippi where he or she is habitually present for a period of at least one hundred and eighty days, with the bona fide intention of making this state his or her permanent residence, supported by documentary proof. An extension of this definition includes:

1. The parents, parent or guardian having custody of a minor seeking financial assistance shall have established a home in Mississippi where such parents, parent, or guardian are/is habitually present for a period of at least one hundred and eighty days, with the bona fide intention of such parents, parent or guardian to make this state their his or her permanent residence, supported by documentary proof; or
2. A nonresident of Mississippi prior to marriage, and marries a person who has established a home in Mississippi where he or she is habitually present for a period of at least one hundred and eighty days, with the bona fide intention of making this state his or her permanent residence, supported by documentary proof.

Uninsured/Underinsured: Those individuals who have no health insurance or other source of third party coverage (or insufficient coverage), which would apply to the services for which the individual sought treatment, when this is due to the lack of sufficient financial resources to pay for health care services as determined by MRC financial eligibility guidelines.

Visit: A daily treatment session.

Exhibit A

AGB Percentages

Amounts Generally Billed is equal to charges multiplied by the percentages below for each patient service area.

	FY 2018
Acute Inpatient Rehabilitation	60%
Outpatient Rehab/Therapy	38%
Hospital Clinic	43%