

## **Financial Assistance Policy**

Methodist Rehabilitation Center (MRC) provides Financial Assistance at reduced or no cost 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.

### **Eligibility**

Each patient must meet inpatient rehabilitation admission criteria, have the ability to make significant functional progress in a reasonable timeframe, and have an established discharge plan for post-rehabilitation care prior to admission in order to qualify for Financial Assistance under this policy. Financial assistance 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.

A. Patients who meet the following qualifications will be considered for full financial assistance (free care) for inpatient rehabilitation services.

1. Annual household income less than 250% of the Federal Poverty guidelines and inability to pay for care.
2. No insurance or other funding for care.
3. United States citizen.
4. Legal resident of the State of Mississippi<sup>1</sup>.
5. 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.
6. Patients referred from MRC's inpatient rehabilitation program may be eligible for financial assistance for up to 8 outpatient rehab visits, 1 follow-up clinic visit, and 1 neuropsychology follow-up visit. A "visit" is defined as a daily treatment session. Patients must comply with their established treatment plan and MRC policies for continuation of this additional financial assistance. The Financial Services Counselor will monitor patient compliance and assess eligibility on an ongoing basis. Individuals referred for outpatient treatment 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.

B. Patients may be eligible for financial assistance in the form of reduced charges for services rendered if (1) the income criteria for free care is not met and the patient is admitted as “self-pay”, or (2) an insured/underinsured patient’s coverage is inadequate to cover a catastrophically large medical bill.

1. Deposits. Total estimated payments due from patients (and/or the guarantor) will be calculated prior to admission. This amount typically changes given the patient’s unique situation as they move through the continuum of care. An initial deposit will be collected, preferably for 100% of the estimated discounted amount due. If the full amount is not able to be collected, other arrangements may be made on a case-by-case basis with approval by the Financial Services Counselor. The case is then monitored on an ongoing basis by the Financial Services Counselor to determine when deposits are exhausted. As the deposit amount reaches zero, the Financial Counselor will contact the case manager to determine the expected discharge date. At that time, additional payments may be calculated and additional deposits may be required prior to the continuation of the patient stay.

2. Charges will not exceed Amounts Generally Billed (AGB). Patients who receive financial assistance under our policy will not be charged more for medically necessary care than the average amount we generally bill patients having commercial insurance or Medicare coverage. 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.

**How to Apply and Obtain Assistance**

Application for Financial Assistance must be completed and approved prior to admission. In order to qualify for financial assistance, the patient must cooperate in a timely manner with the application process. All applicants will be screened for Medicaid coverage and must cooperate with Medicaid representatives to be considered for financial assistance. 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. A representative for the patient must be present for an in-person interview/meeting with the Financial Services Counselor prior to admission.
3. MRC staff may initiate the Financial Assistance application on behalf of the patient under circumstances where the patient may be unable to do so. It is ultimately the patient or patient representative's responsibility to request and provide complete and accurate information for the application.
4. The patient or patient's representative will be required to provide supporting evidence to substantiate income, including:
  - a. Prior Year Federal tax return including W-2(s)
  - b. Pay stubs representing income of household for the 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 Services Counselor will review to determine if the application is complete, supporting documentation is attached, and provide an assessment of Financial Assistance eligibility.

**Presumptive Financial Assistance Eligibility**

The hospital may use information obtained from sources other than the individual seeking financial assistance to presumptively determine that the individual is eligible.

**Patient Billing and Collections**

MRC strives to work with every patient that does not qualify for full financial assistance, to resolve unpaid balances.

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.

**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 bill the patient separately for their services. This policy does not apply to Methodist Specialty Care Center, Methodist Orthotics & Prosthetics, Methodist Pain Management or Methodist Spine & Joint.

**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%

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<sup>i</sup> A Mississippi resident is 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:

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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.