

MID-COLUMBIA MEDICAL CENTER 1700 East 19th Street The Dalles, OR 97058	SCOPE: All MCMC Providers and Facilities
SUBJECT/TITLE:  <p style="text-align: center;"><b>FINANCIAL ASSISTANCE</b></p>	
DEPARTMENT: Finance	OWNER: Director, Revenue Cycle

**Purpose:**

MCMC's Philosophy is to humanize, personalize, and demystify the healthcare experience for patients and their families. Our Values are high quality, cost-effective healthcare services for every patient regardless of their ability to pay. In keeping with this Philosophy, we recognize that medical bills for medically necessary services are often unexpected and, at times, difficult to pay. MCMC's Financial Assistance program offers financial support and guidance to support our mission of providing outstanding patient care to the Mid-Columbia region.

This policy provides guidelines for managing requests for financial assistance from patients receiving care at Mid-Columbia Medical Center (MCMC). MCMC currently includes patients being seen at Mid-Columbia Medical Center and the Outpatient Clinics operated by MCMC. Specifically, this policy:

- Includes eligibility reasons for Financial Assistance, including both free and discounted care;
- Describes how MCMC decides the amount patients who qualify for Financial Assistance will pay under this policy;
- Describes how patients apply for Financial Assistance;
- Describes how the facility will publicize this policy in the community it serves;
- Describes how the facility limits the amounts billed to patients who qualify for Financial Assistance; and
- Describes the facility's billing and collection practices.

**PERSONS AFFECTED:**

This policy applies to MCMC patients receiving care in both inpatient and ambulatory settings.

**POLICY:**

MCMC meets community obligations to provide financial assistance in a fair, consistent and objective manner. Based on eligibility, MCMC assists persons with financial need by providing discounts or by waiving all or part of the charges for services provided.

**DEFINITIONS:**

1. **Financial Assistance:** Financial Assistance is defined as the forgiveness of charges on an account for Medically Necessary services provided to patients who are unable to pay based on income level, financial analysis or demographic indicators.
2. **Medically Necessary Services:** Medically Necessary refers to inpatient or outpatient healthcare services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms which otherwise if left untreated would pose a threat to the patient's ongoing health status; services must be clinically appropriate and within generally accepted medical practice standards. MCMC uses the Oregon Health Plan (OHP) - Division of Medical Assistant Programs (DMAP) "Prioritized List of Health Services" when determining if a service is medically necessary and eligible for financial assistance. Services that are cosmetic, experimental or part of a clinical research program are not considered Medically Necessary Services for purposes of this policy.

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3. Primary Service Area: The community of patients served by MCMC and eligible for financial assistance includes all State of Oregon residents and patients residing in the following State of Washington counties adjacent to Oregon: Benton, Cark, Klickitat, Skamania, and Walla Walla. Oregon and Washington identification card, residential lease agreement or suitable documentation (i.e., shelter usage, state issued assistance, etc.) is required to show proof of residency.
4. International Patient: Anyone seeking and/or receiving medical care at MCMC who does not have proof of residency in the US (e.g., state issued identification card, residential lease agreement or suitable documentation (i.e., shelter usage, state issued assistance, etc.)).
5. Household Assets: All cash or non-cash assets owned by a member of a household that can be converted to cash including:
  - a) Cash held in savings accounts and checking accounts.
  - b) Cash value of stocks, bonds, treasury bills, certificates of deposit and money market accounts.
  - c) Lump sum or one-time receipt of funds, such as inheritance, lottery winnings, and insurance settlements.
6. Qualified Assets: Assets that meet the defined criteria in excess of \$100,000 will be added to the annual income when making a determination.
7. Household/Family Members: A household is a single individual 18 years or older, or an individual and their spouse, domestic partner, and dependent children under 18 years, who live in the same household, and any other person for whom the individual is financially responsible, and claimed as a dependent on the individual's taxes.
8. Federal Poverty Guidelines: Level of income the federal government uses to define poverty.
9. Household Income: Income of all family members who live in the same household as the patient, or at the home address the patient uses on tax returns or on other government documents.
10. Presumptive Financial Assistance: When it is assumed a patient will qualify for financial assistance based on information available (i.e., current Medicaid program status, credit based financial assessment, etc.).
11. DMAP/OHP non-covered services: The Oregon Health Evidence Review Commission maintains a list of condition and treatment pairings known as the "List of Prioritized Health Services". These pairings have been ranked by the State in priority from most important to least important and subsequently assigned a line number. Services prioritized as most important are funded by the State as part of the Oregon Health Plan. The funding level is set at a line designated by the State. This means, any pairing that occurs above the line is considered funded. Any pairing that occurs below the line is not funded. Below the line services are typically categorized as treatments that do not have beneficial results, treatments for cosmetic reasons, and conditions that resolve on their own. In addition, some medical services are excluded from funding by ORS statute 410-120-1200 "Excluded Services and Limitations".
12. Amounts Generally Billed (AGB): The average amount received from Medicare, Medicaid, other payers' and patient payments for services, procedures and tests. This is usually described as a percent of gross charges.
13. Emergency Medical Treatment and Active Labor Act (EMTALA): Patients requiring emergent or urgent medical care and pregnant women in active labor shall be treated without regard to their ability to pay.

**RESPONSIBILITIES**: Patient Business Services personnel involved in managing a request for financial assistance from a patient who is or has received care at MCMC are responsible for understanding and complying with this policy.

**POLICY REQUIREMENTS**:

1. Communication of Financial Assistance and Patient Education
  - a. MCMC will make every effort to make Financial Assistance information available to our patients including, but not limited to:
    - i. Signage in main admitting areas in predominant languages;
    - ii. Brochures explaining Financial Assistance shall be made available in all patient care areas;

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Please view the current version on <https://mcmc.ellucid.com>.

If you must use a printed version of a document, please ensure you are utilizing the most current version.

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- iii. Billing statements will include information regarding the availability of Financial Assistance;
- iv. Website will contain information regarding the availability of Financial Assistance. The Billing and Financial Assistance Guide may be found at <https://www.mcmc.net/for-patients-guests/financial-assistance/>;
- v. MCMC will offer financial assistance customer service Monday thru Friday with voicemail availability.
  - i. Patient Business Services staff will be available to assist patients in understanding and applying for available resources, including the Financial Assistance Program;
- vi. MCMC will make copies of this policy available in main admitting areas, by request;
- vii. MCMC will offer the Financial Assistance Policy, instructions, and application available in predominant languages;
- viii. MCMC offers interpreter services to translate documents or help with the application process as needed;
- ix. MCMC will require every collection agency, to which accounts are referred, to provide a telephone number a patient can call to request financial assistance. Patient Business Services staff are available by phone to help patients identify appropriate financial options or assistance programs.

**2. Qualifying Care Under this Policy**

- a. MCMC uses the Oregon Health Plan (OHP) – Division of Medical Assistance Programs (DMAP) Prioritized List of Health Services to determine Medically Necessary Services. Services that are not eligible for Financial Assistance under this policy include:
  - i. Services considered non-covered or not medically necessary by the Oregon Health Plan (OHP) – Division of Medical Assistance Programs (DMAP);
  - ii. Services provided to a patient for whom MCMC is considered out-of-network and under their insurance plan network are generally not covered. Exceptions may be made when appropriate out-of-network authorizations are obtained and after payment is received from the insurance company.
  - iii. Patients who are not responsible for the bill (e.g., Community/Agency funded support);
  - iv. Patients who have insurance but choose not to utilize coverage;
  - v. Elective cosmetic surgery procedures;
  - vi. Other elective procedures (e.g., include but are not limited to infertility services, andrology services, sterilization with the exception of in-house postpartum bi-lateral tubal ligation, reversal of sterilization, circumcision, and routine vision exams);
  - vii. Transplant and CAR-T therapy;
  - viii. Take home prescriptions or supplies issued by the Pharmacy;
  - ix. Medical Equipment (i.e., eyeglasses, contact lenses, or equipment used in the treatment of sleep apnea); and
  - x. Experimental services or services that are part of a research trial.

**3. Eligibility**

- a. Eligibility for Financial Assistance will be determined for patient who have medical costs and are uninsured, underinsured or otherwise unable to pay for their care. The eligibility requirements are outlined below:
  - i. Patients may qualify for Financial Assistance under this policy if their household/family income is at or below 400% of the Federal Poverty Level (FPL). Eligibility levels are detailed in the Financial Assistance Levels section below.

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- ii. Financial Assistance is generally secondary to all other financial resources available to the patient, including insurance, government programs, medical cost sharing plans, third-party liability and assets.
- iii. Consideration for assistance includes a review of the patient's or responsible party's (e.g., spouse, domestic partner, legal guardian, etc.) household income, number of people in the household, assets, credit history and other indicators of the party's ability to pay. A hardship allowance determination may be made separately for extenuating circumstances when the patient's household is found not to meet income guidelines for financial assistance.  
Financial assistance level is based on household size and income. Assets may also be taken into consideration. The current Federal Poverty guidelines may be found at <http://aspe.hhs.gov/poverty-guidelines>
- v. MCMC will keep all applications and supporting documentation confidential. MCMC may, at its own expense, request a credit report to further verify the information in the application.
- vi. Financial assistance will not be considered without a completed Financial Assistance Application or Screening. If sufficient information can be obtained through screening that allows for a final determination, a financial application may not be needed.
- vii. The patient resides in MCMC's Primary Service Area.
- viii. Services are emergent, defined as services provided in the emergency department or urgent care. MCMC follows Emergency Medical Treatment and Active Labor Act (EMTALA) regulations. The current EMTALA regulations may be found at <https://www.cms.gov/regulations-and-guidance/legislation/emtala>.
- ix. Financial assistance is not available for international patients.
- x. MCMC and collection agencies will not provide assistance after an account has entered legal court proceedings.

4. Financial Assistance Levels

- a. Full financial assistance will be provided to a responsibility party with gross family income at or below 200% of Federal Poverty Level (FPL). See Appendix A for current Federal Poverty Level income.
- b. Partial financial assistance will be provided to a responsible party with gross household income between 201% and 400% of the Federal Poverty Level based on the sliding scale below. The adjustment percentage is applied to the amount generally billed. See Appendix B for how amount generally billed is calculated.

<b><u>Financial Assistance Sliding Scale</u></b>	
<b>Income as a Percentage of Federal Poverty Level</b>	<b>Financial Assistance Adjustment Percent</b>
<u>0-200%</u>	<u>100%</u>
<u>201-300%</u>	<u>75%</u>
<u>301-350%</u>	<u>50%</u>
<u>351-400%</u>	<u>25%</u>

Source: ORS 442.610 eff. 1/1/2021

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***FINANCIAL ASSISTANCE*****5. How Patients Apply for Financial Assistance**

- a. Requests for financial assistance may be made verbally or in writing at any point before, during or after the provision of care.
- b. Information about the financial assistance policy may be obtained free of charge by phone, in person, or in writing. See Appendix D for contact information.
- c. Financial assistance requests may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social services or hospital personnel. Staff will reach out to the patient/responsible person in order to complete a screening.
- d. Anyone requesting financial assistance from MCMC will be screened for eligible medical programs prior to being given a Financial Assistance Application, which includes instructions on how to apply.
- e. Consideration for financial assistance will occur once the applicant has completed Financial Assistance Screening and/or supplies a completed Financial Assistance Application with supporting documents, including verification of income. Acceptable verification of income includes the following:
  - i. Most recent three months' worth of payroll stubs;
  - ii. Copy of the most current year's IRS tax return;
  - iii. Verification of Social Security or unemployment benefits;
  - iv. Verification of assets, including the most current bank statement;

In the absence of income, a letter of support from individuals providing for the patient's basic living needs will be accepted. MCMC may require additional verification of income and assets.

- f. MCMC will make every attempt to make assistance determinations within 21 days of receiving a completed Financial Assistance Application.
  - g. Financial assistance applications that are not complete will be held for a term of 90-days. If proper documentation is not received within those 90-days then a new application may be required.
  - h. Notification of financial assistance determinations will be mailed to the responsible party. When a patient received discounted care (rather than free care), reasonable payment arrangements consistent with the responsible party's ability to pay will be extended for amounts payable by the patient.
- 6. Eligibility for Other Programs**
- a. Financial assistance is secondary to all other financial resources available to the patient including insurance, government programs, third-party liability, medical cost sharing program payments and liquid assets.
  - b. Patients must apply for any other available coverage prior to financial assistance being considered. This includes, but is not limited to, State or Federally funded programs, such as Medicaid and Medicare.
- 7. Presumptive Financial Assistance Eligibility**
- a. Financial Assistance may be granted in the absence of a completed application in situations where the patient does not apply but other available information substantiates a financial hardship that would make the debt virtually uncollectible. Examples of these exceptions where documentation requirements are waived include, but are not limited to:
    - i. An independent credit-based financial assessment indicates indigence;
    - ii. An automatic financial assistance determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:
      - 1) Patient has an active limited Medicaid plan, including Citizen Alien Waived Emergency Medical (CAWEM coverage, or a Medicare Savings Plan such as SMF, SMB, or QI-1; or
    - iii. Patients with current active Medicaid coverage will have assistance applied for past dates of service.

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**FINANCIAL ASSISTANCE****8. Eligibility Period**

- a. The notification of financial assistance will indicate an approval period for Financial Assistance. In general, the approval period for Financial Assistance will apply to existing patient balances as of the date of the approval and includes and eligible services provided by MCMC within six months (180 days) from the effective date of approval.
- b. The approval period may be shortened if the patient has other eligibility for coverage.
- c. Patients will need to reapply for Financial Assistance if additional services are needed after the expiration of the approval.

**9. Appeal Regarding Application of the Policy**

- a. Patients may submit a written request for reconsideration to the Patient Business Services Manager if they believe their Financial Assistance application was not approved according to this policy.

**10. Covered Providers**

- a. Financial Assistance applications and determinations only cover MCMC balances. A list of MCMC providers delivering emergency or medically-necessary care may be found at <https://www.mcmc.net/find-a-provider/>.
- b. See Appendix C for a list of non-covered providers.

**11. Discounts for Uninsured Patients**

- a. MCMC provides discounts to patient who do not have health insurance coverage. This discount is not applicable to International Patients.
- b. The discount scale was established by calculating the average Amounts Generally Billed using a look back method. See Appendix B.

**12. Billing/Collections Practices**

- a. MCMC will send a minimum of three (3) statements to the patient, informing the patient of the amount due and of the patient's opportunity to complete a Financial Assistance Application. MCMC will also make an attempt to contact the patient by telephone at the number provided by the patient (if any) to inform the patient of the amount due and the patient's opportunity to complete a Financial Assistance Application, and stating that completion of such application may afford the free or discounted care.
- b. A patient who is making timely payments on all agreed-upon in-house installment arrangements for payment of healthcare services shall not be charged interest on outstanding amounts. Interest on amounts owed will not exceed the weekly average one-year constant maturity treasury yield as published by the Board of Governors of the Federal Reserve System, for the week preceding the date when the patient was first billed, except that the interest may not be less than two percent per annum or more than five percent per annum.
- c. If there is a balance owed after financial assistance determination and the patient does not comply with agreed-upon payment arrangements, MCMC will make two attempts to provide the patient with notice by mail. If the patient's financial situation has changed, the patient will be given an opportunity to work out new payment arrangements.
- d. If the patient does not make payment arrangements, or if the patient fails to comply with any payment arrangements made, MCMC may refer the outstanding account balance to a collection agency. Prior to sending a patient to collections, MCMC will complete a presumptive financial assistance screening for the patient.
- e. MCMC may choose to classify delinquent accounts as "presumptive charity" when independent results indicate an inability to pay; using pre-collection/early out vendor screening.

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**FINANCIAL ASSISTANCE****APPENDIX A****2021 Federal Poverty Levels (FPL) Table**

The ASPE generally releases the FPL amounts in January of each year. The FPL Table will be updated annually on February 1<sup>st</sup> of each year and will be valid through January 31<sup>st</sup> of the following year.

<b>Persons in Family/Household</b>	<b>48 Contiguous States and District of Columbia</b>
<b>1</b>	<b>\$12,880</b>
<b>2</b>	<b>\$17,420</b>
<b>3</b>	<b>\$21,960</b>
<b>4</b>	<b>\$26,500</b>
<b>5</b>	<b>\$31,040</b>
<b>6</b>	<b>\$35,580</b>
<b>7</b>	<b>\$40,120</b>
<b>8</b>	<b>\$44,660</b>
<b>For families/households with more than 8 persons, add \$4,540 for each additional person.</b>	

Source: ASPE U.S. Federal Poverty Guidelines: <https://aspe.hhs.gov/poverty-guidelines>

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***FINANCIAL ASSISTANCE*****APPENDIX B****AGB Calculations & Table**

The method used to calculate AGB is a historical look-back method based on actual paid claims including portions paid by insured individuals and excludes Medicaid, Self-Pay and Workers' Compensation. A single average percentage of gross charges or multiple percentages for separate categories of care or separate items or services. The AGB rate will be updated annually on January 1<sup>st</sup> of each year and implemented with 120 days of any AGB change.

<b>Facility</b>	<b>Service</b>	<b>Effective</b>	<b>AGB Rate</b>	<b>Self-Pay Discount</b>
MCMC Hospital	All Services	1/1/2021	38.6%	61.4%
MCMC Professional	All Services	1/1/2021	69.0%	31.0%

Source: R:\PA\PROCED FIN ASSISTANCE Amounts Generally Billed (AGB) Calculation.xlsx



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***FINANCIAL ASSISTANCE*****APPENDIX C**

Below is a list of entities affiliated with MCMC, but who make their financial assistance determinations independent of MCMC and may or may not honor a determination letter previously provided to the patient by MCMC:

- a. Diagnostic Radiologists, P.C. (radiologist interpretation fees)
- b. Columbia Gorge Pathology Assoc LLP (pathologist interpretation fees)
- c. Northwest Regional Heart and Vascular (Cardiologists)
- d. Oxford Anesthesia Management, LLC (anesthesiologist fees)

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***FINANCIAL ASSISTANCE*****APPENDIX D****CONTACT INFORMATION**

Information about the financial assistance policy may be obtained free of charge by phone, in person, or in writing.

For help filling out the application, call **(541) 296-7500**, Monday-Friday, 9:00 a.m.-4:30 p.m.

**Mail or fax:**

Mid-Columbia Medical Center  
Patient Financial Services  
PO Box 1580  
The Dalles, OR 97058  
**Fax:** (541) 296-7619

**In person:**

Patient Business Services, 2<sup>nd</sup> Floor  
Water's Edge Health & Wellness Center  
Physical Address: 551 Lone Pine Blvd.  
The Dalles, OR 97058

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***FINANCIAL ASSISTANCE*****Procedure:****REFERENCES:**Mid-Columbia Medical Center: <https://www.mcmc.net/for-patients-guests/financial-assistance/>ASPE U.S. Federal Poverty Guidelines: <http://aspe.hhs.gov/poverty-guidelines>Health Evidence Review Commission: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/index.aspx>Prioritized List of Health Services: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>Emergency Medical Treatment and Active Labor Act (EMTALA): <https://www.cms.gov/regulations-and-guidance/legislation/emtala>**RELATED DOCUMENTS/EXTERNAL LINKS:**

- Financial Assistance Application

Review/Revision Date	Title	Description of Change
<i>Created 1991</i>		
<i>Reviewed 5/25/04</i>		<i>None</i>
<i>Revised 4/19/05</i>		
<i>Reviewed 2/26/10</i>		<i>None</i>
<i>Reviewed 5/1/10</i>		<i>None</i>
<i>Revised 5/1/11</i>		
<i>Revised 8/1/11</i>		
<i>Revised 8/27/12</i>		
<i>Revised 11/1/13</i>		
<i>Revised 4/3/2018</i>		
<i>Revised 6/23/2021</i>		<i>Detailed description of financial assistance process and components. Updated language for regulatory changes/compliance. Updated FPL income table.</i>