

REHOBOTH McKINLEY CHRISTIAN HEALTH CARE SERVICES FINANCIAL ASSISTANCE POLICY

SCOPE:

The scope of this policy encompasses only facilities wholly owned by Rehoboth McKinley Health Care Services, Inc. including RMCH Hospital, RMCH College Clinic, RMCH Red Rock Clinic, RMCH Wellness Center, and RMCH Rapid Care clinic.

Changes reflected in this Financial Assistance Policy are a formalization of procedures which have been followed to qualify a patient for financial assistance.

PURPOSE:

RMCHCS provides inpatient, outpatient, emergency, and Physician Services. RMCHCS may provide financial care to persons who have healthcare needs and are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay, for medically necessary care based on their individual financial situation. RMCHCS is committed to ensuring the financial capacity does not prevent individuals from seeking or receiving healthcare services they need.

DEFINITIONS:

Financial Assistance: Discounted care provided to patients who are uninsured for the relevant medically necessary service, ineligible for government or other financial assistance benefit, and unable to pay. RMCHCS maintains two types of financial assistance for the purposes of this policy, Financially Indigent and Medically Indigent.

Financially Indigent: The patient is uninsured and their yearly household income is less than or equal to 300% percent of the Federal Poverty Guidelines (FPG) based on the number of person(s) in their household.

Medically Indigent: The patient's medical or hospital bills from RMCHCS and related providers, after payment by all third parties, exceeds 5 percent of his or her yearly household income, whose yearly household income is greater than 300% but less than 500% percent of the federal poverty guideline (FPG), and patient is unable to pay the outstanding patient account balance.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations and will receive a 70% discount.

Underinsured: The patient has some level of insurance or third party assistance but still has out of pocket expenses that exceed his/her financial abilities.

POLICY:

This written policy:

- Includes eligibility criteria for financial assistance, full or partially discounted care

- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how RMCHCS may publicize the policy within the community served by RMCHCS but will not publicize the names of those receiving assistance
- Limits the amount RMCHCS will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the amount generally billed to Medicare patients.
- Describes collection policies for amounts owed by patients after all discounts have been applied under this policy.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with RMCHCS's procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow RMCHCS to provide the appropriate level of assistance to the greatest number of persons in need, RMCHCS has established the following guidelines for the provision of patient financial assistance.

Eligibility Criteria and Amounts Charged to Patients

Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance may be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Services eligible under this Policy may be made available to the patient on a sliding fee scale (70% discount), in accordance with financial need, as determined in reference to Federal Poverty Guidelines in effect at the time of the determination. Once a patient has been determined by RMCHCS to be eligible for financial assistance, it shall be effective for all outstanding patient accounts and for all services provided within six (6) months after the financial assistance application is signed by the patient or responsible party or the hospital employee ("Date of Completion"). Financial assistance may be extended for an additional six (6) months with affirmation of the patient's income or estimated income and household size. All patients must reapply after the initial twelve (12) month period is over.

The basis for the amounts RMCHCS will charge patients qualifying for financial assistance is as follows, but not limited to:

1. Patients who are uninsured and whose family income is at or below 300% of the FPG are eligible to receive care at a fully discounted rate.
2. Patients who are uninsured or underinsured and whose family income is above 300% but not more than 500% of the FPG are eligible to receive services at discounted rates no greater than the amounts billed to Medicare patients.
3. Patient who are uninsured or underinsured and whose family income exceeds 500% of the FPG may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of RMCHCS. The discounted rates may not be greater than the amounts billed to Medicare.

Providers Covered and Not Covered Under This Policy

This policy is applicable to all providers employed by RMCHCS. Any questions about inclusion or exclusion of providers that are covered under this policy can be directed to the Patient Financial Services Office at 1901 Red Rock Dr., Gallup, NM 87301 or by calling a Financial Assistance Coordinator at 505-863-7188.

The RMCH FAP does not discount the following charges:

1. Services furnished by providers who do not participate in the RMCH FAP. Examples include, but are not limited to the following: outside or specialty laboratory services, radiologists, pathologists, ambulance services, non-participating and/or non-employed physicians, as well as any services performed at a facility not owned by RMCH. Patients may receive invoices from the following medical providers not included within this policy:
 - A. Emergency Room Physician groups
 - B. Anesthesia groups
2. Special promotional/package priced procedures which have already been discounted or have associated special pricing arrangements.
3. Cosmetic procedures performed purely for the purposes of enhancing one's appearance.
4. Wellness services, including, but not limited to the following: annual physicals, immunizations, flu shots, screenings, nutrition counseling and fitness programs

PROCEDURE:

Method by Which Patients May Apply for Financial Assistance

1. Financial need may be determined in accordance with procedures that involve an individual assessment of financial need and may include but not be limited to:
 - A. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need
 - B. The use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay
 - C. Reasonable efforts by RMCHCS to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs
 - D. Taking into account the patient's available assets, and all other financial resources available to the patient
 - E. A review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history
2. It is preferred, but not required, that a request for financial assistance and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance may be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
3. All complete applications will be reviewed within 30 days. Once the eligibility determination has been made, a letter will be sent to the patient advising them of the decision. For patients who are FAP eligible, the approval letter will indicate the discount percentage granted and how much the patient owes after the discount has been applied. This letter will also include contact information for assistance with patient questions regarding the approval process or payment arrangements.

Extraordinary Collection Actions

As used herein, "Extraordinary Collection Actions" has the meaning given such term in Section 501(r) of the Internal Revenue Code, including (i) deferring, denying, or requiring a payment before providing medically necessary care because of an individual's nonpayment of one or more bills for previously provided care, (ii) actions that require legal or judicial process, and (iii) reporting an individual to consumer credit reporting agencies or credit bureaus. Placing a patient's account with a collection agency is not an Extraordinary Collection Action.

1. RMCHCS will notify individuals that financial assistance is available to eligible individuals at

- least 30 days prior to pursuing Extraordinary Collection Actions to obtain payment by (i) providing written notice to the individual indicating that financial assistance is available to eligible individuals, indicating that the hospital intends to initiate or have a third party initiate actions to obtain payment, and providing a deadline after which Extraordinary Collection Actions may be pursued and which is no later than 30 days after the date of the written notice, (ii) providing the individual a plain language summary of the Financial Assistance Policy with the written notice, and (iii) making reasonable efforts to orally notify the individual about the hospital's Financial Assistance Policy.
2. Extraordinary Collection Actions will not commence for a period of 120 days after the date of the first post-discharge billing statement for the applicable care.
 3. The financial assistance application period begins on the date medical care is provided and ends 240 days after the first post-discharge billing statement or 30 days after the hospital or authorized third party provides written notice of intent to initiate Extraordinary Collection Actions, whichever is later. The hospital will widely publicize the availability of financial assistance and make reasonable efforts to identify individuals who may be eligible. If a patient submits a complete financial assistance application during the application period, the hospital will suspend Extraordinary Collection Actions and make an eligibility determination before resuming Extraordinary Collection Actions. If a patient submits an incomplete financial assistance application, the hospital will notify the patient about how to complete the application and give the patient a reasonable opportunity to do so.\
 4. Prior to engaging in Extraordinary Collection Actions, the hospital's Chief Financial Officer will identify whether reasonable efforts were made to determine whether an individual is eligible for financial assistance

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, RMCHCS could use outside agencies in determining an estimate of income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include, but are not limited to:

1. State-funded prescription programs
2. Homeless or received care from a homeless clinic
3. Participation in Women, Infants and Children programs (WIC)
4. Food stamp eligibility
5. Subsidized school lunch program eligibility
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
7. Low income/subsidized housing is provided as a valid address
8. Medicaid Program participants where coverage is denied for maximum confinement
9. Bankruptcy declared and confirmed within the prior (12) months of RMCHCS services being rendered
10. Participation in Temporary Assistance for Needy Families (TANF) Program
11. Participation in Children's Health Insurance Program (CHIP)
12. Participation in Free lunch program at children's respective school
13. Participation in County Indigent Health Care programs
14. Other factors that are useful in the formation of an expectation of payment

Patients who provide false information or who do not cooperate will not be eligible for financial assistance or discounted care assistance.

Communication of the Financial Assistance Program to Patients and Within the Community

Notification about financial assistance available from RMCHCS shall be disseminated by RMCHCS by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at admitting and registration departments, and patient financial services offices that are located on RMCHCS's campuses, and at other public places as RMCHCS may elect. RMCHCS may also provide a summary of this financial assistance policy on facility websites, in brochures available in patient access sites and at other places within the community served by RMCHCS, as RMCHCS may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by RMCHCS. Referral of patients for financial assistance may be made by any member of RMCHCS's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.