



Financial Assistance Programs Plain Language Summary

Financial Assistance for Emergency or Other Medically Necessary Care in a Minnie Hamilton Health System Facility.

Minnie Hamilton Health System (MHHS) is proud of its mission to deliver quality health care to all members of our community by offering financial assistance to those who qualify through Sliding Fee and Exoneration/Charity Care programs.

Sliding Fee Program

MHHS provides the Sliding Fee Program for patients who meet the Federal Income Poverty Guidelines. Each patient's need for financial assistance is evaluated according to the level of his/her household income, facts and circumstances, such as reported income, assets, liabilities, expenses and other available resources. Our policies and applications are also available on our website <https://www.mhhs.healthcare/patient-resources.html>.

Sliding Fee Policy

PURPOSE:

To provide a framework for which to apply discounts for the Sliding Fee Program for all patients whose gross income falls below 200% of the Federal Income Poverty Guidelines.

PROCEDURE:

1. Signage will be clearly posted that explains the program basics.
2. The qualifications for the Sliding Fee Program are based on both the number of qualifying household family members within the household and the total gross income earned by the household.
3. Household family members are defined as: a group of two people or more (one of whom is the head of household) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
4. The applicants are required to complete the Sliding Fee Program application and to provide a proof of income within 30 days after filing their application. Acceptable proof of income includes: wage statement, W-2 forms, check stub, retirement statement, unemployment statement, social security check or benefit letter, alimony check, child support check, food stamp voucher, or other documents approved by financial management.
5. Sliding fee discounts shall be applied before employee or prompt pay discounts are applied.
6. If the patient has no income, they are asked to declare so by signing a Lack of Income Verification form.
7. The Financial Assistance Application, along with the above mentioned documents verifying income or lack of it, will be processed promptly by the cashier/clerk.
8. If the patient has been approved for the Sliding Fee Program, they will receive a Sliding



Fee identification card describing the benefits such as:

Nominal fee for an office / dental visit, or % of charge, collected at the time of the visit based on Federal Income Poverty Guidelines.

- 0 - 100% and below of Federal Poverty Level = \$15 medical and \$25 for most Dental (Category A)
- 101 - 125% of Federal Poverty Level = patient pays 25% of charge (Category B)
- 126% - 150% of Federal Poverty Level = patient pays 50% of charge (Category C)
- 151% - 200% of Federal Poverty Level = patient pays 60 % of charge (Category D)
- 201% and above of Federal Poverty Level = no discount

Medical and Dental services are treated differently within the sliding fee policy.

Medical services include:

- clinic visits
- laboratory services
- diagnostic x-rays (technical component only)
- respiratory procedures, Pulse Ox., EKG (Tech.& Prof.), Aerosol Treatment, Pulmonary Function Testing (PFT), and cardiac/pulmonary rehabilitation.
- Behavioral health services

Dental services include:

Main Facility (excludes School Based Health sites)

- Most emergency diagnostic, preventative, and basic restorative services. Including: examinations, restorations and extractions, x-rays, posterior composites, periodontal therapy, and resin / stainless steel crowns.

Does not apply to fixed / removable prosthodontic services (porcelain crowns, bridge services), cosmetic procedures (including composite veneers, Invisalign, or vital bleaching, etc.)

Root Canals are included in sliding fee, however, effective November 1, 2014 they will have a base rate of \$225 for Category A with Category B and C being their respective percentages off of the additional price above the base for the procedure. See example below for clarification.



If the root canal is covered by a patient's insurance, the base price will not apply, and the standard sliding fee scale will apply to the remaining balance after insurance.

Example:	Category A	\$225
	Category B	$\$595 - \$225 \text{ Base Rate} \times 25\% = \92.50 $\$225 + \$92.50 = \$317.50$
	Category C	$\$595 - \$225 \text{ Base Rate} \times 50\% = \185.00 $\$225 + \$185 = \$410$
	Category D	$\$595 - \$225 \text{ Base Rate} \times 60\% = \222.00 $\$225 + \$222 = \$447$

School Based Health sites

- **Medical services:** Sliding fee discounts apply to clinical visits performed at school based sites. Parents will be billed for remaining balance.
 - **Dental services:** Sliding fee discounts apply to oral examinations, periodic dental cleaning procedures, bitewing x-rays, fluoride treatments, and basic restorative services.
9. Qualification for Sliding Fee remains in effect for one year from the date of approval, unless the patient or the household income should change within that year.
 10. The Sliding Fee Program benefits may apply to the outstanding patient accounts which do not exceed 365 days from the day of service. Accounts which are already sent to collection agency may not qualify for this program.
 11. It is the patient's responsibility to reapply annually for continued participation in the Sliding Fee Program.
 12. Eligibility for sliding fee discount of dental services that qualify, are that patients need to live within the defined areas of Calhoun, Gilmer, Ritchie, and Wirt counties. Employees of MHHS are eligible even when they live outside of Calhoun, Gilmer, Ritchie, and Wirt counties.
 13. MHHS will not charge an eligible individual for emergency or other medically necessary services more than the amount generally billed (AGB) to individuals who have insurance covering such care. MHHS will use the prospective Medicare method to determine AGB, which means that it will determine AGB by using the billing and coding process it would use if the eligible individual were a Medicare beneficiary, and setting AGB for the care at the amount it determines would be the total Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).
 14. MHHS will not engage in Extraordinary Collection Actions, as defined by applicable federal laws. If the individual is already a Financial Assistance recipient and he/she is cooperating in good faith to pay his/her balance but nonetheless experiencing difficulty, MHHS will endeavor to offer an extended payment plan.



15. Refer to MHHS Billing and Collections Policy for the actions the facility may take in the event of nonpayment. This policy may be obtained at no cost by contacting the business office at 304-354-9244.
16. The Financial Assistance policy, application form, and the plain language summary can be offered in English. MHHS may elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreter by request. For information about MHHS' Financial Assistance Program and translation services, please call for a representative at 304-354-9244.

No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care.

PARTICIPATING PROVIDERS AND COVERED ENTITIES:

This policy only covers the medically necessary services provided by Minnie Hamilton Health System facilities and providers listed on our website at <https://www.mhhs.healthcare/providers.html>.

Providers not included or specifically excluded from this policy are not controlled by this policy and have no obligation under this policy. This policy does not include providers operated by RPA (Radiological Physician Associates). RPA providers are excluded from and not controlled by this policy.

Certain services provided by Minnie Hamilton Health System facilities are excluded from the Financial Assistance Policy. These services include the following:

- Services that are not medically necessary
- Pharmacy services

Sliding Fee Application:

<https://nebula.wsimg.com/c154bb0e796ffe9b410db313d61283b5?AccessKeyId=1164648FCAEEA44A4AC0&disposition=0&alloworigin=1>

For additional questions regarding our Sliding Fee program, contact our program specialist via telephone **304-354-5971** or email slidingfee@mhhs.healthcare.



Exonerations/Charity Care Program

MHHS provides healthcare to all persons regardless of ability to pay. In instances in which payment would inflict undue hardship on the patient, MHHS offers patients the ability to apply for Charity Care. This policy applies to all services offered by MHHS with exception of our Long Term Care unit or Daycare services. Patients may only apply for Charity Care one time per calendar year, unless approved by CFO or CEO.

Charity care discounts may be denied if patients are eligible for other funding sources such as a Health Insurance Exchange plan or Medicaid eligibility and refuse or are unwilling to apply for these sources. Our policies and applications are also available on our website <https://www.mhhs.healthcare/patient-resources.html>.

Exonerations/Charity Care Policy:

PURPOSE:

MHHS is a not-for-profit entity established to meet the needs of the residents of our service area. Accordingly, MHHS renders service to individuals who do not have the ability to pay. Such service shall be considered charity if approved and will be determined in accordance with the following guidelines outlined below.

DEFINITIONS:

- A. Exoneration/Charity Account - The private-pay portion of an account of an individual who is unable to pay according to the guidelines that follow.
- B. Bad Debt Account - The account of an individual who is able to pay according to the following guidelines, but who chooses not to do so.

GENERAL GUIDELINES:

- A. A patient who wants to apply for charity will be required to complete an Exoneration Application Assessment Form. A social worker or the Financial Counselor may assist the patient.
- B. Applications will not be considered for approval if incomplete.
- C. Verification of income and assets is required spanning all dates of service in application. The following documentation needs to be attached to the application:
 - 1. Prior year's income tax return.
 - 2. Prior year W-2 or 1099 Form.
 - 3. Current pay stub.
 - 4. Where no such documentation is available, a signed statement from the patient/guarantor must be provided which describes the patient's current financial status.



- D. Charity Care will be denied to uninsured patients whose income falls below 138% of the Federal Poverty Level, and who refuse to take the necessary steps to obtain medical assistance through outside health and Medicaid agencies, or who refuse to submit the requested income verification information. A denial letter from Medicaid may be required to be submitted with application.
- E. Patients will be required to assign or pay to MHHS all insurance payments or liability settlements designated as payments for medical expenses.
- F. MHHS will not charge an eligible individual for emergency or other medically necessary services more than the amount generally billed (AGB) to individuals who have insurance covering such care. MHHS will use the prospective Medicare method to determine AGB, which means that it will determine AGB by using the billing and coding process it would use if the eligible individual were a Medicare beneficiary, and setting AGB for the care at the amount it determines would be the total Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).
- G. MHHS will not engage in Extraordinary Collection Actions, as defined by applicable federal laws. If the individual is already a Financial Assistance recipient and he/she is cooperating in good faith to pay his/her balance but nonetheless experiencing difficulty, MHHS will endeavor to offer an extended payment plan. Refer to MHHS Billing and Collections Policy for the actions that Minnie Hamilton Health System facilities may take in the event of nonpayment. This policy may be obtained at no cost by contacting the business office at 304-354-9244.
- H. The Financial Assistance policy, application form, and the plain language summary can be offered in English. MHHS may elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreter by request. For information about MHHS' Financial Assistance Program and translation services, please call for a representative at 304-354-9244.
- J. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care.



QUALIFICATION GUIDELINES:

- A. Total family income that lies within the Federal Poverty Guidelines will be a determining factor.
- B. Exceptions: MHHS will consider economic assets and total income. There are cases where a patient will have a low income but adequate resources to pay the account. On the other hand there may be cases where income may exceed the poverty level but collection of the account would create undue hardship. Also, future earning potential will be taken into consideration.
- C. A partial write-off may be considered in cases where a patient is able to make a partial payment but full payment would inflict undue hardship.

MISCELLANEOUS:

- A. A patient who is not otherwise eligible, but who is impoverished as a result of a long-term catastrophic illness, may be considered for charity care.
- B. Exoneration Committee will review all requests on a monthly basis. The committee shall consist of the CEO, CFO, Financial Counselor, Revenue Cycle Manager, and a representative or a manager from the Business Office.
- C. Exoneration Committee decisions will be forwarded to the Finance Committee for approval. Once approval is given from Finance Committee, they will recommend to full Board of Directors for final approval.
- D. Once decision has been made by the committee's or BOD, the patient will be notified within 30 days of the decision via phone call or letter.

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Exonerations/Charity Care Application:

<https://nebula.wsimg.com/48fee61b700d5dcd6ef44df783c110e0?AccessKeyId=1164648FCAEEA44A4AC0&disposition=0&alloworigin=1>

For additional questions regarding our Exonerations/Charity Care program, contact our program specialist via telephone **304-354-9708** or email charitycare@mhhs.healthcare.

Individuals may apply for Financial Assistance Programs by mailing a completed application, along with proof of household income, to the above below or by bringing the application and proof of household income to any patient registration area of Minnie Hamilton Health System.

Minnie Hamilton Health System
Attn: Financial Counselor
186 Hospital Drive
Grantsville, WV 26147

MHHS offers insurance marketplace counseling to assist patients finding insurance coverage. A Certified Application Counselor is available to provide information to patients regarding various insurance options, applying, and enrolling for coverage in the Affordable Care Act (ACA) Marketplace and other insurance affordability programs. MHHS is a qualified hospital under the ACA for determination of presumptive Medicaid eligibility using the Modified Adjusted Gross Income methodology. Determinations are based on preliminary information, and a temporary medical card can be issued immediately for Emergency Room and other hospital visits. Contact our Certified Application Counselor for additional information regarding affordable insurance options via telephone **304-354-5972** or email insurance.help@mhhs.healthcare.