

	Policy: <span style="float: right;">Page: 1 of 6</span> <b>FINANCIAL ASSISTANCE</b>	
		Date Implemented: 04/25/25
<b>Approved by:</b>  Policy and Procedure Committee Medical Executive Committee Management Committee      04/25/25	<b>Area:</b>  <b>BUSINESS OFFICE</b>	<b>Reviewed</b>  <b>Revised:</b>

### **PURPOSE:**

McBride Orthopedic Hospital (MCBOH) provides care for patients unable to pay and offers financial assistance discounts (which may include uninsured discounts) to those who qualify. The Financial Assistance Policy applies to all health care services that are both medically necessary and generally available, provided by MCBOH. Medically necessary emergency care will not be delayed or withheld based on the patient's ability to pay. MCBOH believes that health care services should be accessible to all, regardless of race, color, religion, national origin, disability, age, sex, sexual orientation, gender identity, or protected veteran status in its consideration of a patient's qualification for financial

### **POLICY:**

As part of its mission and commitment to the community, MCBOH provides financial assistance to patients of MCBOH who qualify for financial assistance pursuant to this policy. This policy also serves to meet the requirements set forth in state and federal laws, including Internal Revenue Code Section 501(r). This policy will supersede all other Financial Assistance Policies.

### **SCOPE:**

This policy shall apply to all MCBOH caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of MCBOH and specifically the Centers for Medicare & Medicaid Services (CMS) providers and entities indicated in the Applicability section.

### **ELIGIBILITY CRITERIA:**

1. All patients will be eligible to apply for financial assistance. Financial assistance is only available for health care services that are both medically necessary services and generally available; it does not cover elective services. This policy covers services billed through MCBOH. Not all services provided within MCBOH are provided by MCBOH employees and, therefore, may not be covered by this policy. A complete list of covered providers can be found in Appendix "A" of this policy. The list attached at Appendix "A" is updated annually.
2. MCBOH uses a financial assistance eligibility guideline that is based on the Amount Generally Billed ("AGB") and the published Federal Poverty Guidelines for the current calendar year. The financial assistance eligibility guideline will be maintained at the MCBOH Business Office, 9600 Broadway Extension, Oklahoma City, OK 73114. The financial assistance guidelines will be updated annually in accordance with the Federal Poverty Guidelines as published in the Federal Register by the U.S. Department of Health and Human Services. MCBOH will consider each patient's income level, family size, assets or other resources available to the patient or patient's family and amount of hospital charges when determining eligibility for financial assistance. Partial and/or full financial assistance will be granted based on the individual's ability to pay.

**MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE PROCESS:**

Copies of the Financial Assistance Policy, the Plain Language Summary and the Financial Assistance Application will be widely publicized in the following manner:

1. Online at the MCBOH website, [www.mcboh.com](http://www.mcboh.com).
2. By telephone at the MCBOH Business Office at 1-405-486-2385.
3. By mail at the MCBOH Business Office, 9600 Broadway Extension, Oklahoma City, OK 73114.
4. On posted signs, paper copies or brochures located in the Emergency Department, Admitting areas and the Business Office at MCBOH, in languages that are appropriate for the hospital's service area.
5. In person, as part of the intake or discharge process, and discussions by designated staff, when appropriate.
6. A phone number for inquiries about financial assistance will be included in patient billing statements.

**METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE:**

1. A determination of whether a patient qualifies for financial assistance may be initiated by the patient, an MCBOH representative, an external agency, a physician, or an interested party on behalf of the patient. A patient will be considered a financial assistance patient at the time sufficient information has been obtained to verify the patient's inability to pay for needed medical services.
2. It is preferred, but not required, that financial assistance requests occur prior to rendering of non-emergent, medically necessary services. However, requests for financial assistance may be initiated at any point in the collection cycle.
3. Patients without insurance must fully cooperate and comply with eligibility requirements for any Federal and/or State program for which they may be qualified.
4. Outstanding balances that are owed by a patient as a result of cost sharing or where the insurance benefits have been exhausted may qualify for financial assistance support, if the patient meets the eligibility requirements. Patients with insurance must cooperate with any insurance claim submission and exhaust their insurance or potential insurance coverage before becoming eligible for financial assistance.
5. Non-Covered Medicaid/Managed Medicaid Charges:
  - A. Medicaid/Managed Medicaid non-covered charges will be included as Charity Care Charges for patients who qualify for financial assistance.
  - B. Medicaid/Managed Medicaid patients are indigent by definition.
6. Out-of-State Medicaid/Managed Medicaid:
  - A. Patients covered by Medicaid/Managed Medicaid issued through a state other than Oklahoma will have charges included as Charity Care Charges provided McBride Orthopedic Hospital is not contracted with that particular state. Medicaid/Managed Medicaid patients are indigent by definition.

7. In order to be evaluated for financial assistance, it is the responsibility of the patient to complete a MCBOH Financial Assistance Application and provide supporting documents. The completed application must be submitted to MCBOH Business Office, 9600 Broadway Extension, Oklahoma City, OK 73114. Patients will be required to provide proof of financial need through submission of one or more of the following documents as applicable: Federal/State Tax Return from the most recent calendar year, which includes Adjusted Gross Income.
  - A. Social Security Award Letter or copy of Social Security check.
  - B. Veterans Administration letter or copy of VA check, if applicable.
  - C. Physician Disability Statement listing term of disability and documentation or proof of three or more months with no income for the period of disability, if applicable.
  - D. Federal/State assistance (SNAP, TANF, etc.).
  - E. Bankruptcy documentation, if applicable, with listed creditors showing MCBOH entities.
  - F. Letters of explanation of special circumstances. The Director of Revenue Cycle has final approval authority regarding verbal or written attestation.
  - G. Failure to provide these documents may result in a delay of or inability to process financial assistance requests. Patient assistance will not be denied under this policy for the failure to provide information that was not required to be submitted in either this policy or the Financial Assistance Application.
8. Patients may also be screened through a third-party vendor for financial assistance eligibility.

Additionally, patients may qualify for financial assistance based on an Ability to Pay Score or other presumptive methodology, when a patient does not provide a Financial Assistance Application or supporting documentation. Financial assistance (100%) presumptive eligibility:

- A. individual is homeless;
  - B. individual is deceased and has no known estate able to pay hospital debts;
  - C. individual is incarcerated for a felony with the exception of prison liability encounters; e.g., patient injured during transport or in custody; or
  - D. individual is currently eligible for Medicaid, but was not at the time of service.
9. All patients must be individually approved for financial assistance, even if another family member was previously approved or the individual was approved at MCBOH.
10. In the event a completed Financial Assistance Application is received, MCBOH will suspend Extraordinary Collection Actions (ECAs) while it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this policy. In the event an incomplete Financial Assistance Application is received, ECAs will be suspended for no more than thirty (30) days while MCBOH provides written notice to the patient that ECAs may be initiated or resume, if the Financial Assistance Application is not completed. Collection activity will resume in the following situations: (i) a partial adjustment occurs, (ii) the patient fails to cooperate with the financial assistance process, or (iii) the patient is not eligible for financial assistance.
11. The need for financial assistance shall be re-evaluated at each subsequent time of service, if the last financial assistance determination was completed more than a year prior. MCBOH retains the right to require any patient to reapply, if new information pertaining to any change in their income level becomes available that may change the patient's eligibility for financial assistance.
12. MCBOH staff will uphold the confidentiality and individual dignity of each patient. All application information and supporting documentation will be maintained in accordance with the Health

Information Portability and Accountability Act (HIPAA) and the MCBOH Information Storage, Retention and Destruction Policy.

**BASIS FOR CALCULATING FINANCIAL ASSISTANCE:**

1. If meeting the requirements of this policy, patients with income from all sources up to 200% of current Federal Poverty Guidelines will qualify for 100% discount of their hospital service. Patients not eligible for 100% will have the appropriate reduction applied according to the Financial Assistance Policy guidelines. Patients with income from all sources greater than 200% of current Federal Poverty Guidelines and up to 300% of Federal Poverty Guidelines may qualify for discounts of 85% to 90%. Household income exceeding 300% of Federal Poverty Guidelines will only be considered, if their financial responsibility exceeds 25% of their annual income.
2. The amounts charged for medically necessary and generally available medical services to patients eligible for financial assistance will not be more than the average AGB. In addition, amounts charged for medically necessary and generally available medical services to uninsured patients eligible for financial assistance will not be more than the average AGB. MCBOH determines AGB based on all claims paid in full to MCBOH by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims (Look-back Method). Patients may request in writing the current AGB percentages. Requests should be sent to the MCBOH Business Office, 9600 Broadway Extension, Oklahoma City, OK 73114. In the event the outstanding patient account balance is less than the calculated AGB discount based on deposits or previous payments made, MCBOH will refund the patient the amount over the AGB calculated amount.

**FINANCIAL ASSISTANCE OFFERED TO DUALY ELIGIBLE PATIENTS:**

Medicare charity will be written off using the Qualified Medicare Beneficiary (QMB) guidelines currently in place at MCBOH.

**OVERSIGHT:**

The MCBOH Management Committee, or its designee, is responsible for the oversight of this policy. Any material changes to the standards set forth in the policy must be approved by Management Committee prior to implementation by MCBOH.

**DEFINITIONS:**

1. **"Ability to Pay Score"** means a score will be provided by a third-party agency through a product designed to identify patients that have limited or no ability to pay for services performed.
2. **"Amounts Generally Billed (AGB)"** means the amounts generally billed for medically necessary and generally available care to individuals who have insurance covering such care. AGB percentage means a percentage of gross charges that a hospital uses to determine the AGB for any medically necessary and generally available care it provides to an FAP eligible individual.
3. **"Extraordinary Collections Actions (ECAs)"** are defined in the MCBOH Account Determination and Collections policies.

4. **"Federal Poverty Guidelines"** are determined by the Department of Health and Human Services and published in the Federal Register.
5. **"Generally Available"** means services for basic diagnostic or therapeutic care generally performed by local providers. Highly specialized, elective, or extraordinary services (such as transplants) are not typically covered, and cosmetic services or other services not generally covered by most insurance policies.
6. **"Look-Back Method"** means the methodology specified by Internal Revenue Services (IRS) Codes Section 501(r) and selected by MCBOH to determine AGB, which uses past payments from Medicare or a combination of Medicare and commercial insurer payments.
7. **"Medically Necessary Care"** means medical services for urgent and emergent conditions, for serious illness, or for attempting to rule out serious illness.
8. **"Underinsured"** means insured patients whose out-of-pocket medical costs would pose a financial burden to the patient due to high deductibles, high out-of-pocket maximum requirements, limited benefit plans or non-contracted insurance plans.

**MCBRIDE ORTHOPEDIC HOSPITAL PROVIDER LIST**

**APPENDIX A**

Providers covered by MCBOH Financial Assistance Policy that are providing emergency or other medically necessary care in the MCBOH facilities:

1. McBride Orthopedic Hospital and Clinics

Providers not covered by MCBOH Financial Assistance Policy:

Except as listed above, no other physicians or physician groups, or other professional providers (such as physician assistants or advanced practice physicians) are covered by this Financial Assistance Policy.