Montgomery General Hospital			Policies and Procedures
Title/Description **MGH FINANCIAL ASSISTANCE POLICY**			
Effective Date **OCTOBER 2000**	Reviewed Date **January 2026**	Applies To **CREDIT DEPARTMENT**	Approval

I. POLICY

MGH will make available on a first request basis a reasonable amount of uncompensated hospital services to eligible persons needing care who are unable to pay for services, regardless if they are uninsured, underinsured, ineligible for a government program, do not qualify for governmental assistance (for example Medicare or Medicaid), or who are approved for Medicaid but the specific medically necessary service is considered non-covered by Medical Assistance, or otherwise unable to pay for medically necessary care. MGH wants to make every effort to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patients shall be screened for financial assistance or payment information prior to the rendering of a medical screening examination and to the extent necessary, services needed to treat the patient or stabilize them for transfer as applicable. The granting of financial assistance will not take into account age, gender, race, social or immigration status, sexual orientation, gender identity or religious affiliation.

II. PURPOSE

To ensure the availability of quality patient care for patients who otherwise could not afford these services.

III. SCOPE

This policy applies to MGH and all MGH physician providers. (See attachments facility and provider listings).

IV. DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Emergency Care or Emergency Treatment: The care or treatment for emergency medical conditions as defined by EMTALA (Emergency Medical Treatment and Active Labor Act.)

Financial Assistance: Financial assistance of healthcare services free of charge.

Family: Two or more people who reside together and who are related by birth, adoption, marriage, same-sex marriage, unmarried or domestic partners.

Uninsured: The patient is not covered by insurance (either private or governmental) or other potential assistance options, such as Victims of Violent Crimes, Auto Insurance, 3rd Party Liability, etc. to assist with meeting his/her payment obligations for health care services received from MGH.

Underinsured: The patient has some level of insurance (either private or governmental) or other potential assistance options, but still has out-of-pocket expenses that exceed his/her financial ability to pay for health care services at MGH.

Income/Family Income: Income/Family Income is determined by calculating the following sources of income for all qualifying household members.

- Wages, salaries, tips
- Business income
- Social Security income
- Pension or Retirements Income
- Dividends and Interest
- Unemployment compensation
- Workers' compensation income
- Alimony and child support
- Legal Judgments
- Cash, bank accounts and money market accounts
- Matured certificates of deposit, mutual funds, bonds or other easily convertible investments that can be cashed without penalty
- Support Letters
- Other Income, such as income from trust funds, charitable foundations, etc.

Items that are not considered in determining income include:

- Primary Residence
- Primary Vehicle

Indigence: Income falls below 120% of the federal poverty guidelines.

Federal Poverty Guidelines: Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current Federal Poverty Guidelines can be referenced at http://aspe.hhs.gov/poverty-guidelines.

V. ELIGIBILITY

A. Services Eligible under this Policy. Financial assistance is available for eligible individuals who seek or obtain emergency and other medically necessary care from MGH Providers.

B. Services not eligible for financial assistance under this Policy regardless of whether they constitute medically necessary care include:

a. Patient accounts or services received by a patient who is involved in pending litigation that relates to or may result in a generation of recovery based on charges for services performed at MGH.

VI. ELIGIBILITY AND ASSISTANCE CRITERIA

A. Financial assistance will be provided in accordance with MGH's mission and values. Financial assistance eligibility will be considered for uninsured and underinsured patients, and those for whom it would be a financial hardship to pay in full the expected out of pocket expenses for services provided by MGH. Financial assistance will be provided in accordance with federal, state and local laws. Applicants for financial assistance are required to apply to public programs for available coverage, if eligible, as well as for pursuing public or private health insurance payment options for care provided by MGH. Patients who do not cooperate in applying for programs that may pay for their healthcare services may be denied financial assistance. MGH shall make affirmative efforts to help patients apply for public and private programs.

Typically, financial assistance is not available for patient balances consisting only when a person fails to comply reasonably with insurance requirements (such as obtaining authorizations and/or referrals) or for persons who opt out of available insurance coverage, regardless of whether or not the patient meets eligibility requirements.

B. Patient Financial Assistance Eligibility Guidelines. Except as otherwise provided herein, services eligible under this Policy will be made available to the patient based on our hospital charity program, as determined in reference to Federal Poverty Level guidelines published by the U.S. Department of Health and Human Services. [1]

[1] Federal poverty guidelines for the current year are available at http://aspe.hhs.gov/poverty-guidelines. The Provider's use of federal poverty guidelines will be updated annually in conjunction with the federal poverty guideline updates published by the United States Department of Health and Human Services.

1. Indigence:

A. When a patient is uninsured and the patient's and/or responsible party's (ex. Parents, Spouse, etc.) income is at or below **120 percent** of the federal poverty guidelines, the patient will be approved for a 100% reduction for the care provided by the Provider. This means that the fees for services are completely waived.

B. When a patient is underinsured and the patient's and/or responsible party's (ex. Parents, Spouse, etc.) income is at or below **120 percent** of the federal poverty guidelines; the patient is eligible for financial assistance. The patient's insurance will be billed, if approved the patient may not have any patient liability after insurance.

VII. AMOUNTS GENERALLY BILLED

MGH 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. MGH 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).

VIII. APPLYING FOR FINANCIAL ASSISTANCE

Eligibility determinations will be made based on MGH's policy and an assessment of a patient's financial need. Uninsured and underinsured patients will be informed of the financial assistance policy and the process for submitting an application. Applicants for financial assistance are required to apply to public programs for available coverage, if eligible, as well as for pursuing public or private health insurance payment options for care provided by MGH. MGH will process the request for financial assistance within 60 days of receipt. If there is missing documentation, the patient will be given an additional 30 days to respond to the request.

MGH will make reasonable efforts to explain the benefits of Medicaid and other available public and private programs to patients and provide information on those programs that may provide coverage for services.

Information on public or private coverage and MGH's Financial Assistance Policy will be communicated to patients in easy-to-understand, culturally appropriate language, and in the most prevalent languages spoken in applicable hospital service area communities.

A. Application Process:

Typically a patient is not eligible for financial assistance until he or she has applied for and is determined to be ineligible for applicable federal and governmental assistance programs. MGH will make resources available to assist patients in enrolling in and/or applying for federal and government programs. MGH may decide to process the financial assistance application without the documentation that the patient is ineligible for Medical Assistance or other governmental assistance programs. If the patient is able and has no income they may be asked to complete a No Income Statement Form and have it signed and notarized by the person providing the patients food and shelter.

All applicants are expected to complete the MGH Financial Assistance application form (see attachment) and provide requested documents. An individual can contact the patient financial services office for assistance with the FAP application. If documentation is not included with the application, the financial information shared on the application may be used in order to make the financial assistance determination. The patient's signature will be used as attestation to the validity of the information provided. In addition, while completed applications and supporting documentation are more likely to result in a more efficient application process, financial assistance may be awarded in the absence of a completed application and supporting documentation as provided by this policy under presumptive financial assistance (described below) or otherwise in the discretion of MGH.

Financial Assistance applications are to be submitted to the following office:

Patient Financial Services Center
MGH
401 6TH Avenue
Montgomery, WV 25136
304-442-7440 or 304-442-1247

Requests for financial assistance will be processed promptly and MGH will notify the patient or applicant in writing within 60 days of receipt of a completed application. If denied eligibility for any of the financial assistance offered, the patient may re-apply at any time. If the patient is denied financial assistance and a payment to satisfy the balance or a payment plan is not established the account may be transferred to a third party collection agency for follow-up. Please refer to MGH's Billing and Collections.

If the patient is approved for financial assistance, the eligible patient balances will be adjusted accordingly for services up to one year prior to the approval of the application. The application will remain on file for six months and may be used to grant financial assistance within the three month time period without requesting additional financial information.

The approval time period for financial assistance eligibility will begin on the date that the patient is determined eligible for assistance and one year prior to the date of eligibility. Service dates outside the one year range may be considered on a case to case basis at MGH's discretion.

B. Presumptive Financial Assistance Eligibility:

Presumptive Indigence:

MGH recognizes that not all patients are able to complete the financial assistance application or provide the required documentation. There may be instances when financial assistance is warranted and the patient qualifies for assistance, despite the lack of formal applications and income assessment described in this policy. In the normal course of assessment of a patient's ability to pay, MGH, in its sole discretion, may declare the patient's account uncollectible and classify the account as meeting eligibility criteria. Presumptive eligibility may be granted to patients based on life circumstances such as:

1. homelessness or receipt of care from a homeless clinic
2. deceased patient with no known estate.

When presumptive financial assistance eligibility is established, typically a 100% discount will be available.

IX. NOTIFICATION OF FINANCIAL ASSISTANCE AND RELATED INFORMATION

MGH's Financial Assistance Policy (FAP), the FAP application form and the plain language summary of the FAP (the "FAP Documents") shall be available to all MGH patients as follows:

A. The FAP, FAP application form and a plain language summary of the FAP are available on MGH's website,(http://www.mghwv.com), searchable by the mechanism applicable to the site generally. The FAP Documents will be printable from the website.

B. The FAP, the FAP application form and plain language summary of the FAP are available upon request and without charge, both in public locations in MGH hospitals and by mail.

C. Visitors to the facility are informed and notified about the FAP and availability of the FAP Documents by notices in patient bills and by posted notices in emergency rooms, , admitting and registration departments, hospital business offices, and patient financial services offices that are located in the facility. Information will also be included on public websites. Referral of patients for financial assistance may be made by any member of the MGH staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and others.

X. APPEALS AND DISPUTE RESOLUTION

Patients may seek a review from MGH in the event of a dispute over the application of this financial assistance policy. Patients denied financial assistance may also appeal their eligibility determination.

Disputes and appeals may be filed by contacting the Director of MGH Credit Supervisor. The basis for the dispute or appeal should be in writing and submitted within 30 days of

the patient's experience giving rise to the dispute or notification of the decision on financial assistance eligibility.

Disputes or appeals should be submitted to the following office:

MGH Credit Department
401 6th Avenue
Montgomery, WV 25136
304-442-7405

XI. COLLECTIONS IN THE EVENT OF NON-PAYMENT

MGH 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, MGH will endeavor to offer an extended payment plan.

Refer to MGH Billing and Collections Policy for the actions the hospital facility may take in the event of nonpayment. This policy may be obtained at no cost by contacting the Patient Financial Services Center at 304-442-7440 OR 304-442-1247.

XII. REGULATORY REQUIREMENTS

In implementing this Policy, MGH management and facilities shall comply with all applicable federal, state, and local laws, rules, and regulations.

XIII. RECORD KEEPING

MGH will document all financial assistance in order to maintain proper controls and meet all internal and external compliance requirements.

XIV. POLICIES REFERENCED WITHIN THIS POLICY

Patient Billing and Collections

SIGNED: Sherri Murray, Chief Financial Officer **ORIGINAL:** October 2000
APPROVALS:
Executive Staff: October 2016