SUBJECT: FINANCIAL ASSISTANCE	REFERENCE #
	PAGE: 1 OF: 7
DEPARTMENT: PATIENT ACCOUNTS	EFFECTIVE: 01/01/96
APPROVED BY: Management Executive Council (MEC)	REVISED: 05/16, 05/17 5/18, 5/19, 11/19, 5/20, 5/21, 09/22, 12/23

PURPOSE:

This policy serves to establish and ensure a fair and consistent method for the review and completion of requests for financial assistance to patients in need. This includes insured and uninsured patients.

POLICY:

A. Fitzgibbon Hospital will provide essential medical services regardless of the patient's ability to pay.

B. Eligible services include medical services provided and billed by John Fitzgibbon Memorial Hospital and its medical providers (collectively "FH"). Financial Assistance is available only for emergency or medically necessary services. It does not apply to elective services/procedures such as chiropractic services, long term care, or cosmetic surgery. It also does not apply to the portion of services that have been paid for by another insurance company or government program.

C. Discounts are offered based upon family/household size and household annual income. Family/household size is determined by dependents on tax return. All alternative payment resources must be exhausted, including all third-party insurance payment(s), pending litigation, Federal programs, and State programs prior to applying the discount.

    1. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

    2. Income includes: gross wages; salaries; tips; income from business and self employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

D. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines (FPG). The sliding fee schedule allows for household incomes at 100% of FPG to qualify for 100% financial assistance through household incomes at 200% of FPG to qualify for 63% financial assistance (see Appendix D). The patient eligible for partial financial assistance will not be billed more than Amount Generally Billed.

E. Amount Generally Billed (AGB) is calculated by reviewing all past claims that have been paid to FH for medical care by Medicare fee-for-service and private insurances in a prior twelve (12) month period. This amount can include co-insurance, copayments, and deductibles. The AGB will be calculated at least annually. See Appendix A for AGB.

F. A determination of financial assistance will be effective for a period of up to 12 months including subsequent emergent or medically necessary care from the date the application was approved and will include all outstanding receivables, including those at bad debt agencies, but excluding those in

legal status. A change in financial situation or the addition of third party payer eligibility may alter the approval period and require further review. If FH has received payments during the application period FH will refund excess payments unless amount is less than five dollars ($5.00). The application period will begin when the completed application and all required documents outlined in Discount Application Process section B are received.

G. In the case of a catastrophic medical event, patients who may not ordinarily qualify for Financial Assistance may be granted aid on a case-by-case basis.

H. Those patients, without insurance, that have inquired and are not eligible for financial assistance under this policy will receive a twenty percent (20%) discount on the balance due and will be considered for additional discounts and assistance.

I. If a Patient meets the Presumptive Eligibility categories listed below the patient shall not be required to provide documentation. Presumptive Eligibility categories:

1. Homelessness which is defined as an individual without permanent housing who may live on the streets, stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle, or in any other unstable or non-permanent situation.
2. Deceased with no estate.
3. Mental incapacitation with no representative.
4. Medicaid eligible but not on date of service if within the Application Period
5. Medicaid eligible, on date of service, for the following: hospital inpatient copays, hospital non-covered inpatient days, hospital and professional non-covered charges and unmet spenddown amounts.
6. Medicaid eligible for patients with out of state coverage.
7. Incarceration in a penal institution.

DISCOUNT APPLICATION PROCESS:

A. All Patients will be offered a Plain Language Summary and an application for financial assistance under the Financial Assistance Policy (FAP) as part of the intake or discharge process to/from FH. Information regarding the FAP may be available through the following resources: Patient Accounts Department at (660) 831-3730; FH website at www.fitzgibbon.org; FH facility at 2305 South 65 Highway, Marshall, MO 65340.

B. A completed application, including required documentation, family/household income and family/household size, must be on file and approved by the Patient Accounts office before a discount will be granted (see attached form titled "Request for Financial Information"). Required documents

include a copy of last year's federal income tax return; income verification including three prior pay period pay stubs, government assistance support documentation, and/or retirement income documentation; and last month's bank statement, which will be used only for income verification purposes when no other documentation is available. Applications will be accepted any time – before, during or after care, up to 1 year post discharge (see Appendix B).

C. Once all necessary documents are received by the Patient Accounts office, processing will occur within thirty (30) days.

D. If application is incomplete or additional information is needed to complete the application the Patient Accounts office will notify the applicant. The applicant will have two-weeks from the date of notification to provide the information. If information is not provided, reasonable effort will have been made and collection will resume according to the Billing and Collection Policy. The Billing and Collection Policy may be available through the following resources: Patient Accounts Department at (660) 831-3730 or FH facility at 2305 South 65 Highway, Marshall, MO 65340.

E. The discount applies to Fitzgibbon Hospital services, including inpatient, outpatient, and community-based services. See Appendix C for clinic and professional services which are also covered under FH financial assistance policy, as well as, services not covered.

ATTACHMENTS:

Financial Assistance Letter *(Form ID: FIN1)*

Request for Financial Information form *(Form ID: FIN2)*

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Appendix A

The Amount Generally Billed (AGB) effective May 1, 2022 was calculated based on a rolling twelve month period of May 2021 through April 2022. Medicare fee-for-service and private insurance claims were used to determine the AGB of thirty-seven percent (37%).

Appendix B

HRSA requires a minimum of two hundred forty (240) days after the first post discharge billing statement for financial aid applications to be accepted.

Appendix C

Clinic and professional services which are covered under FH financial assistance policy are:

- Akeman-McBurney Medical Clinic (NHSC site)
- Fitzgibbon Anesthesia Group
- Fitzgibbon Family Health (NHSC site)
- Fitzgibbon Hospitalist Group
- Fitzgibbon Mental Health (NHSC site)
- Fitzgibbon Wound Clinic
- Grand River Medical Clinic (NHSC site)
- Marshall Emergency Physicians
- Marshall Family Practice (NHSC site)
- Marshall Orthopedic & Sports Medicine
- Marshall Surgical Associates
- Marshall Women's Care (NHSC site)
- Mid-Missouri Family Health at Fitzgibbon
- Missouri Valley Physicians at Fitzgibbon
- Fitzgibbon Professional Building (NHSC site)
- Fitzgibbon Outpatient Clinic
- Pilot Grove Medical Clinic at Fitzgibbon

Clinic and professional services which are not covered under FH financial assistance policy are:

- Fitzgibbon Chiropractic Clinic

Appendix D

The sliding scale fee schedule based on the 2023 Federal Poverty Guidelines:

SCHEDULE OF DISCOUNTS BASED ON GROSS MONTHLY INCOME
January 2023 – December 2023

FITZGIBBON HOSPITAL FA SCALE	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	
FPL	100%	125%	150%	175%	200%	FAMILY SIZE
1	14,580	18,225	21,860	25,515	29,160	1
2	19,720	24,650	29,580	34,510	39,440	2
3	24,860	31,075	37,290	44,748	49,720	3
4	30,000	37,500	45,000	54,000	60,000	4
5	35,140	43,925	52,710	63,252	70,280	5
6	40,280	50,350	60,420	72,504	80,560	6
7	45,420	56,775	68,130	81,756	90,840	7
8	50,560	63,200	77,100	91,008	101,120	8
plus HH member (each)	5,140	6,425	7,710	8,995	10,280	EACH ADDITIONAL FAMILY MEMBER
BALANCE DUE FROM PATIENT	0%	10%	20%	30%	37%	BALANCE DUE FROM PATIENT
FA Coverage Discount	**100%**	**90%**	**80%**	**70%**	**63%**	

Fitzgibbon Hospital
Patient Accounts
2305 S. Highway 65, P.O. Box 250
Marshall, MO 65340
(660) 831-3730

Dear Patient/Guarantor:

A request has been made that you be evaluated for financial assistance on your outstanding bills with Fitzgibbon Hospital and/or its employed medical providers. Consideration for assistance will be based on your household annual income and family/household size.

All sources of payment must be exhausted before financial assistance is considered. Examples of payments would be all medical insurances, third party and liability claims. Should you qualify for financial assistance, you will be responsible for any patient convenience items.

To process this request for assistance, we need your immediate cooperation in providing the following information:

- A completed financial assistance application
- A copy of your last year's federal income tax return
- Three prior period income verification (i.e., paycheck stub)
- A copy of last month's bank statement *(optional for National Health Services Corps sites)*

If you need assistance or more information, please call Patient Accounts at (660) 831-3730.

Fitzgibbon Hospital and Clinics
Marshall, MO

REQUEST FOR FINANCIAL INFORMATION

Date of Request:_____

PATIENT NAME	AGE	PHONE NO.	PATIENT SOC. SEC. #
			Optional
GUARANTOR NAME	**AGE**	**RELATION TO PATIENT**	**SOC. SEC. #**
			Optional
SPOUSE NAME	**AGE**	**PHONE NO.**	**SOC. SEC. #**
			Optional

APPLICANT ADDRESS		NEXT OF KIN	
STREET		NAME	PHONE NO.
CITY, STATE, ZIP		ADDRESS – STREET, CITY, STATE, ZIP	
GUARANTOR EMPLOYER		**SPOUSE EMPLOYER**	
NAME	PHONE NO.	NAME	PHONE NO.
ADDRESS		ADDRESS	
POSITION / TITLE	HOW LONG EMPLOYED?	POSITION / TITLE	HOW LONG EMPLOYED?
GROSS MONTHLY INCOME	**$**	**GROSS MONTHLY INCOME**	**$**
PAYDAY: _____Weekly _____Every other week _____1st & 15th _____Once a month		PAYDAY: _____Weekly _____Every other week _____1st & 15th _____Once a month	

INCOME	GUARANTOR	SPOUSE
Wages / Salary		
Social Security / Pension		
Rental Income		
Alimony / Child Support		
Other Government Assistance / Public Assistance		
Unemployment		
Total Monthly Income	**$**	**$**

Number of Dependents, per Federal Income Tax, living in your home	**#**

I/We certify that the above statements and financial information are true and correct as of this date.

Signature of Responsible Party	Signature of Spouse
X	**X**