



OZARKS
HEALTHCARE

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Owner:	Melody Simpson
Chapter:	Finance
Areas:	Patient Financial Services

Financial Assistance Program

I. PURPOSE/OVERVIEW:

- A. As a tax-exempt, nonprofit organization, Ozarks Healthcare serves the healthcare needs of its community and is committed to providing charity care to persons who have healthcare needs. Consistent with its mission to provide exceptional, compassionate care to all we serve, Ozarks Healthcare strives to ensure that the ability to pay for healthcare is not a barrier for needed healthcare services and does not prevent patients from seeking or receiving care. Ozarks Healthcare will provide care, without discrimination, for emergency medical conditions regardless of a person's ability to pay. This policy will be made readily available to prospective and current patients and to the community at large.

II. DEFINITIONS:

The following terms are meant to be interpreted as follows within this policy:

- A. **Financial Assistance/Charity care:** Healthcare services that have been or will be provided but are never expected to result in cash inflows. Financial Assistance/Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.
- B. **Family/Household:** A group of two or more people who reside together. If the patient has claimed someone as a dependent on their income tax return; they may be considered a dependent for purposes of the provision of financial assistance.
- C. **Family/Household income:** Determined through computing federal poverty guidelines. It includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) are excluded.
- D. **Medically Necessary:** Hospital services or care rendered both inpatient and outpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity. As defined by Medicare: services or items reasonable and necessary for the diagnosis or treatment of illness or injury.
- E. **Emergency Care:** Immediate care which is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts. Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

- F. **Urgent Care:** Services necessary in order to avoid the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12 hours.
- G. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.
- H. **Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed their financial abilities.
- I. **Gross/billed charges:** The total charges at the organization's full established rates for the provision of patient care services, exclusive of any net deductions in revenue or discounting.
- J. **Episode of Care:** a single visit to an outpatient clinic, physician clinic, a single hospital stay, or series. Care provided by a physician during a hospital stay is considered part of the Episode of Care. An Episode of Care may occur one time or several times during one twenty-four (24) day.
- K. **Service Area:** The geographic area served by Ozarks Medical Center facilities. This area has been defined to include the following counties in Missouri: Howell, Oregon, Shannon, Texas, Wright, Douglas, and Ozark. The following counties in Arkansas: Baxter, Fulton and Sharp.

III. POLICY:

Patients who are eligible for financial assistance - free or discounted (partial charity) care - under this program are any OMC patients with services on an inpatient or outpatient account, who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Financial assistance under this policy is available to residents of the hospital's service area.

"Charity" or "financial assistance" refers to healthcare services provided by OMC without charge or at a discount to qualifying patients. The following healthcare services are eligible for discounting under this policy:

- A. Emergency medical services provided in an emergency room setting within our service area or outside in emergency situations
- B. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual, as defined by a physician
- C. Non-elective services provided in response to life-threatening circumstances in a nonemergency room setting, as defined by a physician

Uninsured/Underinsured patients may be assisted with applications for other means of payment or financial assistance (e.g. Medicaid, other local funding programs) BEFORE approval for financial assistance.

EXCLUDED SERVICES

- A. Cosmetic procedures and all associated costs related to provision of these services.
- B. Audiology supplies, including hearing aids, hearing aid accessories and battery packs.
- C. Retail Pharmacy, durable medical equipment, private duty nursing, ambulance services, bariatric surgery, and acupuncture
- D. Services not covered or deemed medically necessary by the Medicare/Medicaid programs.

IV. PROCEDURES

A. APPLICATION

Patients may apply or reapply for financial assistance before, during or after care, or after collection agency assignment if their situation changes, by contacting a financial counselor at 417-257-6701 to make an appointment. Their office in Parkway Shopping Center, West Plains, MO 65775. Financial assistance is also available in person through direct request at any of our facilities. Additional financial assistance information can be obtained through our website at www.ozarksmedicalcenter.com.

Insured patients with Medicare and/or commercial insurance may apply for financial assistance as a mechanism for secondary funding. Eligibility and discounting will be applicable under the provisions of this policy. Prompt-pay discounts are also available according to the guidelines within this policy. Payment plans may also be requested and may be granted according to this policy on a case-by-case basis.

It is preferred, but not required, that a request for charity 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 shall be reevaluated at each subsequent time of service if the last financial evaluation was completed more than one year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

Patients whose household income meets our current eligibility criteria (Shown in Exhibit A), may receive financial assistance. Our eligibility criteria is associated with the Federal Poverty Guidelines.

Determinations for eligibility for financial assistance will require patients to submit a completed financial assistance application **Exhibit B** (including all documentation required by the application) and may require appointments or discussions with hospital financial counselors.

When determining patient eligibility, Ozarks Medical Center does not discriminate based on race, gender, age, sexual orientation, religious affiliation, and social or immigrant status.

PRESUMPTIVE ELIGIBILITY

Additionally, Ozarks Medical Center may refer to or rely on external sources and/or other program enrollment resources if uninsured patients lack documentation that supports eligibility. For example, Ozarks Medical Center may provide financial assistance when:

1. Patient is homeless
2. Patient is eligible for other state or local assistance programs that are unfunded
3. Patient is eligible for food stamps or subsidized school lunch program
4. Patient is eligible for a state funded prescription medication program
5. Patient's valid address is considered low-income or subsidized housing
6. Patient receives financial assistance from a community clinic and is referred to hospital for further treatment

Completed applications for financial assistance are accepted anytime during or up to 120 days after first billing statement.

Once a Financial Assistance determination is made, Financial Assistance is provided for all medically

necessary services for 90 days with no additional information needed. All completed Financial Assistance applications under \$10,000 are approved by the Director of Revenue Cycle. Financial Assistance applications over \$10,000 require approval by the Vice President of Finance/CFO or designee.

B. Determining Discount Amount

Ozarks Medical Center will give uninsured patients a discount on gross charges for medically necessary or emergency care, reducing the amounts they owe to the amounts generally billed which are based upon the average of the amount that would have been paid to the hospital by private health insurers, Medicare and Medicaid.

To calculate this amount, Ozarks Medical Center uses the "look-back" method described in the IRS and Treasury's proposed rules on the Patient Protection and Affordable Care Act (PPACA). Ozarks Medical Center re-calculates this discount percentage each year.

In following this method, Ozarks Medical Center used medical claims data from the past year to determine what portion of gross charges are typically paid (by the payer and the covered individual) for claims for emergency and medically necessary care where the primary payer was Medicare fee-for-service, Medicaid or a private commercial insurer.

C. Prompt Pay Discount

D. Ozarks Medical Center offers a 20% prompt pay discount, to all patients that pay their self-pay balance in full within 30 days of the first billing statement. This discount also applies to any self-pay balance after receiving financial assistance. In order to receive this prompt pay discount all patients will need to speak with a financial counselor.

E. Applying for Financial Assistance

To apply for financial assistance, patients must submit a complete application (including supporting documents) to Ozarks Medical Center Patient Accounts, PO Box 1100, West Plains, MO 65775, either in person or by mail.

Applications can be accessed:

1. On the main campus: Patient Accounts Office
2. At any Ozarks Medical Center Clinic and/or place of service
3. By phone at 417-257-6701
4. Online at <http://www.ozarksmedicalcenter.com/patient.asp>

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to completing an application, individuals should be prepared to supply the following documentation, but not limited to:

- Income from business, self-employment, and dependents
- Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income

- Interest, dividends, rents, royalties, income from estates, trust, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

External, public sources like credit scores may also be used to verify eligibility.

For assistance in completing Ozarks Medical Center's financial assistance application, patients may contact one of our financial counselors, who will assist or answer any questions. Financial counselor locations and contact numbers are:

◦	Patient Accounts
	417-257-6701

These areas are staffed from 8:00 am to 5:00 pm Monday through Friday.

F. Communication of Financial Assistance

Ozarks Medical Center's financial assistance policy and financial assistance application are available to patients in English and Spanish.

These documents are available free of charge at our facilities, by mail, and on our website.

1. To access any of these documents at the facility, please see Patient Accounts Department at #9 Parkway, West Plains, MO 65775.
2. To have a hard copy of any of these documents mailed to you, please call 417-257-6701 or mail a request to Ozarks Medical Center, PO Box 1100, West Plains, MO 65775.
3. To access these documents online, please use the following web address:
 - a. Financial assistance policy: <http://www.ozarksmedicalcenter.com/patient.asp>
 - b. Financial assistance application: <http://www.ozarksmedicalcenter.com/patient.asp>

Ozarks Medical Center communicates the availability of financial assistance through various means to ensure our patients are aware of this policy:

1. Posting signs within waiting rooms, registration kiosks, and check-in desks, as well as emergency rooms, urgent care centers, and financial services departments
2. Providing brochures in waiting rooms and registration areas in the emergency department, urgent care, outpatient areas, and inpatient areas
3. Ensuring free copies of financial assistance documents (policy and application) can be obtained within the facility, by mail and online
4. Posting information about financial assistance (including summary, application, and policy) on Ozarks Medical Center's website
5. Providing information about the policy and how to apply during verbal communication about the patient's bill (e.g., phone calls)
6. Ensuring designated staff are knowledgeable of the financial assistance policy and can answer patients' questions or refer patients to the program

7. Notifying local physician practices and representatives of community and social service agencies, about the availability of financial assistance at Ozarks Medical Center and how interested individuals can apply

G. Actions in the Event of Non-Payment

The collection actions Ozarks Medical Center may take if a financial assistance application and/or payment is not received are described in a separate policy: Billing and Collections Policy 8251.6010.06.11.

No extra ordinary collection action will be used prior to 240 days from the first billing statement. This would include allowing our collections agencies to credit report or take legal action.

For more information on the steps Ozarks Medical Center will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Ozarks Medical Center's billing and collections policy.

You can request a free copy of the billing and collection policy at Patient Accounts Department at #9 Parkway, West Plains, MO 65775; request a free copy by mail by calling us at 417-257-6701 or mail a request to Ozarks Medical Center, PO Box 1100, West Plains, MO 65775.

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should be directed to the Patient Financial Services Department at 417-257-6701.

Attachments

- [Exhibit A.pdf](#)
- [Financial Assistance Application.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Nichole Cook	11/2020
	Melody Simpson	11/2020
	Melody Simpson	11/2020