

Maniilaq Health Center

POLICY AND PROCEDURE

Hospital Wide
Supersedes: 1/11/2018

Date: 06/26/2018
Pages: 3 pages

TITLE: FINANCIAL ASSISTANCE POLICY

PURPOSE:

As the leading provider of health care services in Kotzebue, Alaska, Maniilaq Health Services is committed to providing financial assistance and community services to improve access to care, and advance medical knowledge.

SCOPE:

It is the policy of Maniilaq Health Services to:

1. Provide emergency and/or other medically necessary, without discrimination, to all patients regardless of the ability to pay;
2. Provide financial assistance for emergency and/or other medically necessary care to individuals who qualify for such assistance under this Policy; and
3. Provide a discount to certain uninsured or under-insured individuals who self-pay for items and services provided by Maniilaq Health Services.

Eligibility for financial assistance is determined based on the patient's Family Income as compared to the US Federal Poverty Guidelines adjusted for the State of Alaska (which are updated annually). In addition, in order to qualify for financial assistance, a patient must cooperate in applying for Medicaid or third-party payment programs.

A patient qualifying for financial assistance will not be charged more for emergency and/or other medically necessary care than the Amounts Generally Billed, as defined below, to individuals who have insurance covering such care.

As further described below, this Policy:

- Includes the eligibility criteria for financial assistance and sets forth the circumstances in which a patient will qualify for free or discounted care.
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this Policy, as well as the amounts to which discounts will be applied.
- Limits the amounts that Maniilaq Health Services will charge for emergency and/or other medically necessary care provided to patients eligible for financial assistance to no more than the Amounts Generally Billed to individuals who have insurance covering such care.
- Describes the method by which Maniilaq Health Services determines the Amounts Generally Billed to individuals who have insurance.
- States that Maniilaq does not maintain separate document listing the individual Providers whose services are covered by this Policy. Instead, Maniilaq Health Services' Policy is that any emergency and/or medically necessary care provided at Maniilaq by a provider credentialed by Maniilaq's Medical Staff is covered by this Policy which includes outside laboratory services. The

following are the services NOT covered by this Policy: medications; eye clinic visits and equipment; hearing aids; and dental hardware.

POLICY DETAILS

1. Financial Assistance for Uninsured and Under-Insured Patients

Uninsured patients (i.e., those patients without third-party payer coverage for health care services) and under-insured patients (i.e., those patients with insufficient third-party payer coverage for health care services) who satisfy the following criteria will qualify for a financial assistance adjustment of amounts owed for emergency and/or medically necessary care by this individual patient (but not amounts by third-party payor), based on a sliding fee scale, in the amount indicated:

- a. Indigent care: If a patient’s Family Income is less than or equal to 100% of the U.S. Federal Poverty Guidelines as adjusted for the state of Alaska, the patient will receive a 100%* charity care adjustment with respect to amounts owed by the patient. (*A nominal \$5.00 nominal fee for all covered services will be assessed).
- b. Charity Care: If a patient’s Family Income is at least 101% but less than or equal to 150% of the U.S. Federal Poverty Guidelines as adjusted for the State of Alaska, the patient will owe 25% of billed services.
- c. Charity Care: If a patient’s Family Income is at least 151% but less than or equal to 175% of the U.S. Federal Poverty Guidelines as adjusted for the State of Alaska, the patient will owe 50% of billed services.
- d. Charity Care: If a patient’s Family Income is at least 176% but less than or equal to 200% of the U.S. Federal Poverty Guidelines as adjusted for the State of Alaska, the patient will owe 50% of billed services.
- e. Charity Care: If a patient’s Family Income is at least 151% but less than or equal to 175% of the U.S. Federal Poverty Guidelines as adjusted for the State of Alaska, the patient will owe 75% of billed services.
- f. If a patient’s Family Income is greater than or equal to 200% of the U.S. Federal Poverty Guidelines as adjusted for the State of Alaska, the patient will owe 100% of billed services.

Financial Assistance is not applicable to an insurance company’s or benefit plan’s payment responsibility under a health benefits plan, regardless of whether the insurance company or health plan has made payment to the patient or to Maniilaq Health Center.

The financial assistance criteria specified above is summarized in the following table:

| Family Income | Financial Assistance Adjustment |
|---|--|
| Less than or equal to 100% FPG adjusted for the State of Alaska | 100% |
| Between 100%-150% FPG adjusted for the State of Alaska | Patient owes 25% of billed services |
| Between 150%-175% FPG adjusted for the State of Alaska | Patient owes 50% of billed services |
| Between 176%-200% FPG adjusted for the State of Alaska | Patient owes 75% of billed services |
| Over 200% FPG adjusted for the State of Alaska | No discount of billed charges |

Maniilaq Health Services includes Medicaid non-covered charges as charity adjustments for patients who qualify for financial assistance.

Uninsured patients seeking appointments any of the aforementioned excluded service areas at Maniilaq Health Services, who otherwise qualify for financial assistance under this Policy, may be asked to make payment before being seen by the physician in a non-emergency situation.

2. Income Verification: Method by which Patients May Apply for Financial Assistance

Patients may apply for financial assistance within 15 days of the visit by calling Maniilaq Health Services Registration Department at (800) 478-3312. In connection with a patient's application for financial assistance, Maniilaq Health Center may require the patient to provide various types of information relating to the Patient's Family Income including, without limitation, and respect to the patient and members of the patient's household, payroll check stubs, current years IRS W-2, and federal and state income tax returns.

Note that, in addition to the Family Income criteria specified in Section 1 above, Medicare patients also must complete a financial assistance application in order to receive financial assistance under this Policy.

3. Billing and Collection

Maniilaq Health Center management has developed policies and procedures for internal and external collection practices that take into account the extent to which a patient qualifies for financial assistance, a patient's good faith effort to apply for a government program, and a patient's good faith effort to comply with any payment agreements with Maniilaq Health Center. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their outstanding bills, Maniilaq Health Center may offer extended payment plans, will not impose extraordinary collection actions, and will not refer unpaid bills to outside collection agencies.

Patient will be allowed to apply for financial assistance for up to 240 days from the first date of billing statement.

4. Basis for Calculating the Amount Charged to Patients Who Qualify for Financial Assistance

Maniilaq Health Center will not charge patients eligible for financial assistance under this Policy for emergency and/or medically necessary care more than the Amounts Generally Billed (AGB) to individuals who have insurance covering such care (i.e., Maniilaq Health Center will charge patients eligible for financial assistance under this Policy for emergency and/or other medically necessary care more than the Gross Charges for such care multiplied by the AGB Percentage). The AGB percentage utilized by Maniilaq Health Center at any particular time is available by calling 800-478-3312.

5. Where to Find Additional Information Regarding Maniilaq Health Center's Financial Assistance

Maniilaq Health Services makes this Financial Assistance Policy, the Financial Assistance Policy Application form, and a plain language summary of this Financial Assistance Policy widely available on its website at <http://www.maniilaq.org/resources>. In addition, Maniilaq Health Services makes paper copies of this Financial Assistance Policy, the Financial Assistance Policy Application form, and a plain language summary of this Financial Assistance Policy available, upon request and without charge, in Registration areas and ER Registration areas.