FINANCIAL ASSISTANCE, HARDSHIP, and COLLECTION POLICY

PURPOSE

In keeping with Myrtue Medical Center's mission, it is considered not only appropriate but also necessary to make adjustments to patient care charges under certain circumstances. It is not the intent of this policy to restrict this practice, but rather to establish clear guidelines by which to accomplish this task.

OBJECTIVES

1. To establish an objective standard by which to evaluate the provision of Financial Assistance to qualifying patients.

2. To establish the procedures through which the Financial Assistance Program will be facilitated, including how Financial Assistance decisions will be made, how adjustments will be reported, and who will be authorized to make decisions regarding exceptions.

3. To establish an objective standard by which to provide program and insurance enrollment services to patients.

4. To establish an objective standard by which to provide collection services, uninsured discount, and hardship services to patients.

Policy Definitions:

- Financial Assistance: Financial Assistance is defined as the forgiveness of charges on an account for medically necessary services provided to patients who are unable to pay based on income level or family size only.

- Uninsured Discount: Myrtue Medical Center will provide eligible uninsured patients who receive inpatient or outpatient medically necessary services from the Medical Center with a discount from charges

- Medically Necessary Services: "Medically necessary" refers to inpatient or outpatient health care services provided by Myrtue Medical Center for the purpose of evaluation, diagnosis or treatment of an injury, illness, disease or its symptoms which otherwise, if left untreated, would pose a threat to the patient's ongoing health status; services must be clinically appropriate and within generally accepted medical practice standards and represent the most appropriate and cost effective supply, device or service that can be safely provided at, and readily available at Myrtue Medical Center, with a primary purpose other than patient or provider's convenience. Expressly excluded from

medically necessary services are health care services that are cosmetic, experimental or part of a clinical research program; private and/or non-Myrtue medical or physician professional fees; and services and/or treatments not provided at Myrtue Medical Center.

- Co-Pay: The amount the patient and insurance carrier contractually agreed would be the patient's responsibility to pay at the time of service.

- Household Assets: All cash or non-cash assets owned by a member of a household that can be converted to cash including:
  - Cash held in savings accounts and checking accounts;
  - Equity in real estate, including farm land, closely held business assets and primary residence;
  - Cash value of stocks, bonds, treasury bills, certificates of deposit and money market accounts;
  - Vehicles other than an automobile of reasonable value used as the primary source of transportation; and
  - Lump sum or one-time receipts of funds, such as inheritances, lottery winnings, non-medical insurance settlements.

- Household Income: All pre-tax income, however derived, of all persons 18 years old and over who reside in a household.

- Primary Service Area: "Primary service area" for the Medical Center means the zip codes from which the hospital derives 90% of its business.

- Covered Providers: Providers and services billed by Myrtue Medical Center. This does not apply to outpatient specialist's professional fees, Physician's Lab, Nebraska/Iowa Radiology, See the Trainer, Petersen Family Wellness and Lewis Family Aquatic Complex, ambulance (air or ground) services, Western Iowa Medical or other DME suppliers.

Processes:

A. FINANCIAL ASSISTANCE/SLIDING FEE DISCOUNT PROGRAM

PURPOSE: This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured). In addition to quality health care, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Financial Advocate's role is to work with the patient and/or guarantor to find reasonable payment alternatives.

Myrtue Medical Center will offer a Sliding Fee Discount Program to all who are unable to pay for their services. MMC will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, gender identity, creed, religion, disability, national origin, or any other characteristic protected by law

The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

The Sliding Fee Discount Program includes all charges billed by Myrtue Medical Center. Providers that see patients at Myrtue Medical Center and bill for those services through their private or group practice are not covered by this program.

All patients are charged the same rates for each medical procedure regardless of their ability to pay or request for financial assistance.

Many specialty providers come to Myrtue Medical Center to provide services to patients. Please ask a patient financial advocate if you provider is a Covered Provider under this policy prior to service.

The following guidelines are to be followed in providing the Financial Assistance review/Sliding Fee Discount Program.

a. **Notification:** Myrtue Medical Center will notify patients of the Sliding Fee Discount Program by:
    i. A Payment Policy Brochure will be available to all patients at the time of service.
    ii. Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
    iii. Sliding Fee Discount Program form will be included with collection notices sent out by Myrtue Medical Center
    iv. An explanation of our Sliding Fee Discount Program and our form are available on Myrtue Medical Center's website.
    v. Myrtue Medical Center places notification of Sliding Fee Discount Program in the clinic waiting area.
b. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained from the Front Desk, Patient Access, Patient Financial Advocate, Business Office or online at MyrtueMedical.org.
c. **Administration:** The Financial Assistance/Sliding Fee Discount Program procedure will be administered through the CEO or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the form. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
d. **Completion of Form:** The patient/responsible party must complete the Sliding Fee Discount Program form in its entirety. By signing the Financial Assistance/Sliding Fee Discount Program form, persons authorize Myrtue Medical Center access in confirming income as disclosed on the form. Providing false information on a Sliding Fee Discount Program form will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

    If a form is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their form adjusted. If a patient does not provide the requested information within the two week time period, their form will be re-dated to the date on which they supply the requested information. Any accounts turned over

for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

e. **Eligibility:** Financial Assistance will be based on income and family size only. Myrtue Medical Center uses the Census Bureau definitions of each.
    i. **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.
    ii. **Income** includes: earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, 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. *Noncash benefits (such as food stamps and housing subsidies)* ***do not*** *count.*
f. **Income Verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, or letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to Myrtue Medical Center's CEO or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
g. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the Myrtue's sliding fee schedule. The most current sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
h. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the form is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Myrtue Medical Center. Sliding Fee Discount Program forms cover outstanding patient balances for six months prior to form date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program form.
i. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be sent a statement regarding their payment obligations. If the patient is not on the sliding fee schedule they will be referred to the sliding fee discount program form available on the website or in paper at Myrtue Medical Center. If the patient does not make effort to pay or fails to respond within 120

days, this constitutes refusal to pay. At this point in time, Myrtue Medical Center can explore options including offering the patient a third party lending partner payment plan,, waiving of charges, or referring the patient collections efforts.

j. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Patient Financial Advocate's office, in an effort to preserve the dignity of those receiving free or discounted care.
    i. Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on Myrtue Medical Center's shared directory, noting names of applicants, dates of coverage, and percentage of coverage. Denials will also be logged.

k. **Policy and Procedure review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CFO. The SFS will be updated based on the current Federal Poverty Guidelines. Annually our policy and procedures will be reviewed and examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

l. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.

2024 Sliding Fee Schedule Layout

POVERTY LEVEL	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%
FAMILY SIZE	100% DISCOUNT	90% DISCOUNT	80% DISCOUNT	70% DISCOUNT	60% DISCOUNT	50% DISCOUNT	40% DISCOUNT	30% DISCOUNT	20% DISCOUNT	10% DISCOUNT	0% DISCOUNT
1	$ 15,060	$ 16,566	$ 18,072	$ 19,578	$ 21,084	$ 22,590	$ 24,096	$ 25,602	$ 27,108	$ 28,614	$ 30,120
2	$ 20,440	$ 22,484	$ 24,528	$ 26,572	$ 28,616	$ 30,660	$ 32,704	$ 34,748	$ 36,792	$ 38,836	$ 40,880
3	$ 25,820	$ 28,402	$ 30,984	$ 33,566	$ 36,148	$ 38,730	$ 41,312	$ 43,894	$ 46,476	$ 49,058	$ 51,640
4	$ 31,200	$ 34,320	$ 37,440	$ 40,560	$ 43,680	$ 46,800	$ 49,920	$ 53,040	$ 56,160	$ 59,280	$ 62,400
5	$ 36,580	$ 40,238	$ 43,896	$ 47,554	$ 51,212	$ 54,870	$ 58,528	$ 62,186	$ 65,844	$ 69,502	$ 73,160
6	$ 41,960	$ 46,156	$ 50,352	$ 54,548	$ 58,744	$ 62,940	$ 67,136	$ 71,332	$ 75,528	$ 79,724	$ 83,920
7	$ 47,340	$ 52,074	$ 56,808	$ 61,542	$ 66,276	$ 71,010	$ 75,744	$ 80,478	$ 85,212	$ 89,946	$ 94,680
8	$ 52,720	$ 57,992	$ 63,264	$ 68,536	$ 73,808	$ 79,080	$ 84,352	$ 89,624	$ 94,896	$ 100,168	$ 105,440
9	$ 58,100	$ 63,910	$ 69,720	$ 75,530	$ 81,340	$ 87,150	$ 92,960	$ 98,770	$ 104,580	$ 110,390	$ 116,200
10	$ 63,480	$ 69,828	$ 76,176	$ 82,524	$ 88,872	$ 95,220	$ 101,568	$ 107,916	$ 114,264	$ 120,612	$ 126,960
11	$ 68,860	$ 75,746	$ 82,632	$ 89,518	$ 96,404	$ 103,290	$ 110,176	$ 117,062	$ 123,948	$ 130,834	$ 137,720
ADDITION FOR EACH DEPENDENT	$ 5,380	$ 5,918	$ 6,456	$ 6,994	$ 7,532	$ 8,070	$ 8,608	$ 9,146	$ 9,684	$ 10,222	$ 10,760

B. Hardship Review

a. If you cannot meet the standard payment plan and would like to be considered for a non-standard payment plan based on your financial situation. Please complete the Hardship Review section on the Financial Assistance form. Hardship Review will not reduce your outstanding balance but if you qualify, it can extend the amount of time you have to pay off that balance.

C. Collections

   a. Uninsured Discount:

      i. Myrtue Medical Center will provide uninsured patients who receive inpatient or outpatient medically necessary services from Myrtue Medical Center, with an "uninsured discount" from Myrtue's charges so long as the patient, at the time the services are rendered has no coverage for the payment of medical care (whether through employer-based coverage, insurance, commercial health care coverage, governmental health care coverage, or other third-party liability).
      ii. Myrtue Medical Center will review accounts registered as self-pay on a monthly basis and apply uninsured discounts to qualifying accounts.
      iii. If the Business Office is notified of insurance coverage less than 10 days of payer timely filing deadlines, the remaining unpaid balance is the patient's responsibility.
      iv. The uninsured discount rate will be reviewed annually based on yearly audited financial statements using the look-back method for all payers.
      v. Application of the uninsured discount does not preclude a patient from applying and qualifying for additional financial assistance.

   b. Payments

      i. When guarantor pays account in full within 15 calendar days of the first statement date, a 10% discount may be available. Discounts do not apply to co-payments related to Rural Health, Behavioral Health, and OP Surgical Clinic visits or payment plans.
      ii. Payment plans are available through a third party lending institution.
      iii. Prior to a major service, 75% of estimated patient responsibility will be expected to be paid or approved financing from third party lender for the full amount estimated. Major Service is MRI, CT, OB, and surgery.
      iv. If insurance reimburses additional money to an account that was given a prompt pay discount, the discount will be reversed. If a credit balance is created after the discount is reversed, balance will be applied to other outstanding accounts or refund will be issued to the guarantor if the credit is greater than $8.00.
      v. Administrative review of patient's financial information will be done for patients who have been denied by third party lender on a case by case basis.

   c. Collection Practices:

      i. Myrtue Medical Center will send statements thirty days apart to the patient to inform the patient of the amount due. If the amount due is not paid in full within 30 days of first statement Myrtue Medical Center or its agent will make an attempt to contact the patient by telephone at the number provided by the patient to inform the patient of the amount due and of the patient's opportunity to complete a Financial Assistance form, and stating that completion of such form may afford the patient free or reduced cost care.
      ii. If the patient does not make payment in full within 120 days of first statement, Myrtue Medical Center may refer the outstanding account balance to a collection agency.
      iii. Myrtue Medical Center and/or its collection agencies may engage in routine collection practices after 120 days from the date of the first statement.
      iv. 240 days from the date of the first statement Myrtue Medical Center and/or its collection agencies may engage in additional collection practices including but

not limited to reporting to credit bureaus, filing liens, garnishing wages, and taking legal action to collect balances owed.

v. Myrtue Medical Center and/or its collection agency may place liens on real property following final judgment in a lawsuit brought to collect the account balance. Absent special circumstances, Myrtue Medical Center will instruct its collection agency not to foreclose on liens on primary residences until the residence is sold or the patient and his/her spouse have died or otherwise vacated the residence.

vi. Myrtue Medical Center may choose to classify delinquent accounts as "presumptive charity" when independent results indicate an inability to pay Presumptive charity means the patient has low ability to pay and low assets.

vii. The Patient Financial Advocate electronically submits adjustment requests in Myrtue Medical Center's electronic medical record (EMR). The Revenue Cycle Director is authorized to approve adjustments up to $500. The CFO is authorized to approve adjustments up to $2,500. All other adjustments must be authorized by the CEO.

d. Refunds:

i. Any credit balances will be applied to other outstanding accounts. Remaining credit balances greater than $8.00 will be refunded to the guarantor.

e. Communication: In addition to communications listed under B(1) Myrtue Medical Center will make every effort to make Financial Assistance information available to our patients , but not limited to:

i. Patient Financial Advocates will be available at the hospital to assist patients in understanding and applying for available resources, including the Medical Center's Financial Assistance Program; Monday through Friday with voicemail availability.

ii. Annual education will be provided to all Patient Financial Advocates and admitting staff. All Myrtue Medical Center employees will be kept informed of Financial Assistance policies and options through newsletters and other publications;

D. FINANCIAL COUNSELING

Myrtue Medical Center provides a Patient Financial Advocate to assist patients with meeting the requirements of the hospitals financial and collection policies.

a. Medical Coverage

The Patient Financial Advocate is available to assist patients with applying for medical coverage through Medicaid or Healthcare.gov.

b. Pre-service Financial Planning

Whenever possible a Patient Financial Advocate will contact the patient at least 72 hours prior to select services with an estimated patient cost, to work with patient to secure patient responsibility, and to determine available financial assistance or uninsured discount. Payment of patient's responsibility will be requested prior to service. See Payment Options. If patient is unable to meet their financial obligation prior to the time of their scheduled service, administration will consult with ordering physician and determine if the service may be delayed, rescheduled or cancelled.