

**MOBRIDGE REGIONAL HOSPITAL & CLINICS**

**SUBJECT: Financial Assistance**

**NO:**

**Purpose:** The purpose of Mobridge Regional Hospital & Clinic's Financial Assistance policy is to insure that no patient is denied admission to or outpatient treatment on the basis of race, color, religion, national origin, sex, sexual orientation, disability, age, or ability to pay. The Mobridge Regional Hospital & Clinics are committed to serving patients whether or not they can pay for part or all of the essential care they receive. The Mobridge Regional Hospital & Clinics are committed to treating all patients with compassion, from the bedside to the billing office. Mobridge Regional Hospital & Clinics retains the right in its sole discretion to determine a patient's ability to pay.

Accordingly, financial assistance is offered and available to all patients who qualify, based on the predetermined criteria outlined in this policy.

**Policy:** Mobridge Regional Hospital & Clinics Financial Assistance program is available to both new and established patients. The Financial Assistance Policy will cover all medically necessary services provided by the Institution that are ordered by physicians. The Policy will not cover services provided by non-Institution healthcare providers, patient convenience items, or insurance co-payments for Medicaid, Medicare, or other need-based programs.

Mobridge Regional Hospital & Clinics Financial Assistance program is available to all patients who indicate an inability to pay for all or a portion of their outstanding hospital or clinic bill. In order to be eligible, patients must complete an application and provide all required documentation.

**Procedure:** All other financial assistance programs (Medicaid, Disability, Medicare, IHS, etc.) will be sought before any patient will be eligible for financial assistance and proof of denial from such programs will be required before application.

If the patient is determined to potentially qualify for a financial assistance write off, a credit report authorized by the guarantor and a Financial Information Record (FIR) will need to be obtained and the following procedures will be employed:

1. Inpatient admissions and non-elective procedures can be considered for financial assistance.

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1/1/2010, 1/1/2011,  
1/1/2012, 1/1/2013,  
1/1/2014, 8/14/2014,  
1/5/2015, 2/27/2017,  
1/18/2018

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2. The FIR will be evaluated by the CFO, CEO, or the clinic business office manager. If the reported income is suspect, substantiation may be obtained by requesting one or more of the following documents:
  - a. Pay stubs
  - b. Income tax return
  - c. Written verification of wage from employer
  
3. Clinic Professional Services ONLY – Patients whose gross household income falls below 100% of Federal Poverty Level will be considered for up to 100% discount on all clinics professional service charges.

Family Size	2018 FEDERAL POVERTY GUIDELINES Monthly Amount at Various Percentage Levels									
	Income Level 80%	Income Level 90%	Income Level 100%	Income Level 120%	Income Level 130%	Income Level 135%	Income Level 140%	Income Level 150%	Income Level 185%	Income Level 200%
1	9712	10926	\$12,180	14568	15782	16389	16996	18210	22459	24280
2	13168	14814	16,460	19752	21398	22221	23044	24690	30451	32920
3	16624	18702	20,780	24936	27014	28053	29092	31170	38443	41560
4	20080	25590	25,100	30120	32630	33885	35140	37650	46435	50200
5	23536	26478	29,420	35304	38246	39717	41188	44130	54427	58840
6	26992	30366	33,740	40488	43862	45549	47236	50610	62419	67480
7	30448	34254	38,060	45672	49478	51381	53284	57090	70411	76120
8	33904	38142	\$42,380	50856	55094	57213	59332	63570	78403	84760
Financial Assistance Discount	100%	100%	100%	80%	75%	70%	65%	60%	55%	50%

4. All Other Services - Patients whose gross household income falls below 200% of Federal Poverty Level will be considered for an allowable financial assistance write off. The following schedule will be utilized and updated annually for determining the Federal Poverty Guideline test:

2018 FEDERAL POVERTY GUIDELINES Monthly Amount at Various Percentage Levels									
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Family Size	Income Level 80%	Income Level 90%	Income Level 100%	Income Level 120%	Income Level 130%	Income Level 135%	Income Level 140%	Income Level 150%	Income Level 185%	Income Level 200%
1	9712	10926	12140	14568	15782	16389	16996	18210	22459	24280
2	13168	14814	16460	19752	21398	22221	23044	24690	30451	32920
3	16624	18702	20780	24936	27014	28053	29092	31170	38443	41560
4	20080	22590	25100	30120	32630	33885	35140	37650	46435	50200
5	23536	26478	29420	35304	38246	39717	41188	44130	54427	58840
6	26992	30366	33740	40488	43862	45549	47236	50610	62419	67480
7	30448	34254	38060	45672	49478	51381	53284	57090	70411	76120
8	33904	38142	42380	50856	55094	57213	59332	63570	78403	84760
Financial Assistance Discount	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%

The guarantor's financial responsibility will be considered under the Mobridge Regional Hospital & Clinics Self Pay Policy excluding any additional prompt pay discount.

5. Patient's gross household income that exceeds 200% of the Federal Poverty Level and under 300% of the Federal Poverty Level should be evaluated as follows:

Multiply the patient's gross household income by 40%. If the total hospital bill is less than the calculated amount, the patient is not eligible for a financial assistance write off. If the total hospital or clinic bill is greater than the calculated amount, the patient is eligible for a 40% financial assistance write off.

An individual's ability to pay may or may not be represented by an income test alone. In some cases, an assessment of overall net worth may be warranted.

6. If the patient is covered by Medicaid and his/her benefits have been exhausted, documentation on the account will be accepted as approval.
7. If the patient has insurance coverage but will incur a large self pay balance, they may qualify if they meet income criteria for financial assistance write offs. A FIR must be obtained and analyzed for eligibility.

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Exceptions to the above listed criteria may be granted if extenuating circumstances exist. Any exception to the criteria must have the approval by the Mobridge Regional Hospital & Clinics Finance Committee and the CFO.

In the event that assets or a payment become available, the Mobridge Regional Hospital & Clinics reserves the right to reverse the original adjustment.

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