



Facility Name:	Mercy Revenue Cycle	
Policy / Procedure:	MRC PSERV Financial Assistance Program Policy_Professional Services	
Original Effective Date:	7/1/2015	
Version Effective Date:	02/12/2024	
Approved:	Garrett Kates (Exec Dir-Pat Receivables Mgmt)	Date: 02/12/2024

PURPOSE

To identify and provide assistance to patients that are financially or medically indigent and demonstrate an inability to pay for medically necessary care provided to them or their dependents who qualify under the eligibility guidelines and evaluation processes defined in this policy.

POLICY

Mercy affirms and maintains its commitment to meet the health and medical needs of our communities in a manner consistent with our Mission, Vision, and Core Values. Mercy reserves the right to define and revise the criteria which yield a determination of financial assistance.

Mercy will use financial counseling, point of service screening, patient attestations, and/or a third-party tool as soon as practical during the intake and/or billing process to identify patients that may qualify for financial assistance.

Mercy grants financial assistance to patients for emergency and other medically necessary care based on need. The Federal Poverty Guidelines, which consider household income and household member size, are used in determining the level of financial assistance available. Financial assistance income ranges will be reviewed annually with the release of the Federal Income Poverty Guidelines and updated in the Mercy policy.

Mercy will provide information regarding the Financial Assistance Program in the community via patient statements, signage and brochures in patient access areas and/or in the area of treatment. The paper Financial Assistance Application and Policy are available in both English and other languages prevalent in the area and can be requested from a provider’s office, facility registration, Customer Service, or obtained on www.mercy.net/fa.

- Completed applications for financial assistance can be returned to:

Mercy Health
 Attention Financial Assistance
 1570 W. Battlefield, Suite 120
 Springfield MO 65807

Fax: 417-829-4604

Email: mercyhealthcommunitiesfap@mercy.net

Questions about the financial assistance policy may be directed to Mercy Health customer service 855-420-7900.



POLICY DEFINITIONS

Medically Necessary - Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine. Medical necessity according to an individual's medical coverage is guiding under the Financial Assistance Policy. In the event that an individual is uninsured, Medically Necessary is defined by Mercy. Medically Necessary excludes non-medical services generally provided for patient convenience or under other benefits including, but not limited to dental, vision, and hearing aid services.

Third-Party Tool – Vendor contracted to provide Mercy with estimated household income information for patients.

Household Income – Includes but not limited to: 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, alimony, and other miscellaneous sources. The household income does not include child support, student loans, and student grants or non-cash benefits (such as food stamps and housing subsidies).

Household Size – Number of persons living at same residence.

PROCEDURE

I. Applications for Financial Assistance

a. Types of Applications

- i. A Financial Assistance Application may be submitted in writing (paper application), verbally (by providing financial information orally), or a combination of both.
 1. **Written applications:** Patients may request a paper application to apply for assistance at any time or find an application on mercy.net/fa. Information from a Medicaid Application may be used in place of the paper Financial Assistance Application.
 2. **Verbal applications:** Patients may apply verbally by expressing interest in financial assistance upon arrival for care, during phone registration, after contact with Eligibility Services or through Customer Service. During the verbal application process, patients will be asked to provide some basic household information to assist Mercy in determining eligibility. A written application will be required in addition to verbal if Mercy's third-party eligibility vendor determines the patient has high-propensity to pay or is unable to derive any information about their financial situation (null return) and/or in the case of discrepancy between the household information provided by the patient and third party tool results, that suggest differing financial assistance discounts.

II. Insurance Eligibility Screening



- a. Mercy requires patients who qualify for insurance coverage to obtain coverage prior to requesting financial assistance or to complete an Insurance Eligibility Screening. If the Insurance Eligibility Screening indicates a patient may be eligible for Medicaid, the patient must make a good faith effort to obtain coverage.
- b. Insured patients are not required to complete the Insurance Eligibility Screening before applying for financial assistance.

III. Eligibility Determination

- a. Assessment of a patient's financial status will utilize patient answers provided in verbal or written applications, verification of those answers by use of a third-party tool, and/or documentation needed to validate current household income, and size of the household.
- b. Mercy uses the Federal Poverty Guidelines as outlined in Exhibit A to determine the level of financial assistance available to the patient.
- c. Mercy will ask patients to exhaust all alternate payment options including, but not limited to, local, state, and federal assistance programs (i.e. completing Medicaid Application or obtaining available insurance) and requiring patients to seek in-network care, before considering an application for financial assistance.

IV. Coverage Period

- a. Patients who apply for financial assistance will be notified of eligibility (approval or denial) for financial assistance via a letter.
- b. If approved, patient will receive the appropriate financial discount on eligible services that were first billed to the patient in the prior 240 days. In addition, patient will receive the discount for eligible services billed to them for 6 months *from* the date of the approval letter. At the end of 6 months, a patient can request reevaluation or complete a new Financial Assistance Application.
- c. When processing an approved account for financial assistance, all dates of services that qualify for the Financial Assistance Adjustment will be reviewed to identify any personal payments that exceed the patient's responsibility. In the event a Financial Assistance Adjustment will create a credit on a HAR, that credit will be reallocated to any other outstanding Mercy balance prior to consideration of a patient refund

V. Included and Excluded Services

- a. Reference the attached ***Exhibit C*** for a listing of excluded Professional Billing services.
- b. Non-emergent services received by insured patients that are not covered in-network by their insurance plan will not qualify for financial assistance unless their plan offers out-of-network benefits.
- c. Financial assistance will only apply to the patient's liability portion of the charge after all other third-party payments are applied.
- d. Financial assistance will not be granted if account(s) are related to a personal injury claim, lawsuit, workers compensation or probate of estate as examples.

VI. Presumptive Financial Assistance



- a. Striving to identify those of greatest financial need, Mercy will utilize a third-party-tool to identify patients that are at or below 200% of the Federal Poverty level with low propensity to pay. Mercy will grant these patients financial assistance presumptively, without the requirement of an application.
- b. Front-End Presumptive
 - i. Patients may receive financial assistance (without applying) *at the time their balance drops to self-pay*, if the third-party tool used to evaluate their FPL and Propensity to Pay deems they are less than or equal to 200% of the FPL and their ability to pay is low which will identify the patient as eligible for a 100% charity adjustment to that individual encounter.
- c. Back-End Presumptive
 - i. Patients may receive financial assistance (without applying) *prior to bad debt agency placement* if their financial situation (per third-party tool) changed (and now qualified) since time their balance dropped to patient responsibility and was originally assessed. The same criterion will be used: the FPL is 200% or lower and their ability to pay is low which will identify the patient as eligible for a 100% charity adjustment to that individual encounter
- d. Insurance Eligibility Screening
 - i. While insurance screening is not required for uninsured patients prior to receiving presumptive financial assistance, if at any time it is identified a patient may qualify for a payor coverage, it is expected the patient make all efforts to obtain coverage when possible.
- e. Eligibility Determination
 - i. See VI. a.
 - ii. If a patient has alternate sources of payment (insurance, cost-sharing plans that allow claim submission by provider, co-pay assistance programs etc.) appropriate claims/requests will be filed and considered by source prior to patient receiving a presumptive discount.
- f. Qualifying Encounter
 - i. If a patient qualifies for presumptive financial assistance, only that individual encounter will have financial assistance applied.
- g. Included and Excluded Services
 1. See section V.
- h. Application vs. Presumptive
 1. If a patient has applied (verbally or written) for financial assistance and also qualifies for a presumptive discount, the presumptive discount will take precedence, giving the patient the highest discount possible.

VII. Non-Payment

- a. Mercy bills patients for their responsible portion via monthly statements. Patients are responsible for payment of their accounts. Patients receiving financial assistance are responsible for making payment arrangements on their remaining account balances within the statement period. If there is no payment or valid address for mailing within a 3-month statement period, the account will qualify for transfer to the collection agency. To prevent collection action, Mercy has financial counselors and customer service representatives



available to assist in setting up payment options Monday through Friday, during business hours as noted on the statement.

- b. Mercy Southwest Missouri Community: If patients presenting for services in the Mercy Southwest Missouri community (which includes: Joplin Hospital, Carthage Hospital, Columbus Hospital, Specialty Hospital Southeast Kansas and Southwest Missouri Community Clinics) qualify for Level 2 and do not pay the required percentage amount, services may be deferred, or care agreement terminated. See [MHJC PSER Patient Financial Clearance Guidelines](#).
- c. Accounts referred to the collection agency will be subject to additional collection efforts; including Extraordinary Collection Action, up to and including, liens, credit reporting, wage garnishment and service deferral for services received in specific locations in accordance with the Patient Financial Clearance Guidelines. Even with balances being placed with a collection agency, patient's are able to submit a financial assistance application during the 240-day application period from their first billed statement date. Patient's are able to submit those application requests by contacting a financial counselor as detailed in our Policy section at the beginning of this document.

EXCEPTIONS

- l. National Health Service Clinics (NHSC): A separate policy and application is designated for services received at the NHSC designated locations. The NHSC Application does not include any use of a third-party tool and patient financial situation is assessed solely based on the documents requested or as described in the policy. For these balances, the *NHSC-specific* application should be submitted by the patient. Patients requesting financial assistance consideration for Mercy services received outside the NHSC location as well will not be required to fill out both NHSC and standard Mercy applications, rather only standard Mercy financial assistance approval process should be followed (traditional Financial Assistance Application, may be taken over phone etc.).
 - a. For patients submitting both NHSC and Non-NHSC balances for consideration, the financial assistance discount percentage determined by the Mercy financial assistance screening and approval process will be applied to both NHSC and Non-NHSC balances.
 - b. In the event a patient is granted financial assistance through a NHSC application process, and later receives services outside the NHSC location, Mercy will apply the NHSC financial assistance percentage determination to the appropriate Mercy balances for the remainder of the approved period, unless a significant variance in approval percentage is noted.
 - c. If a Non-NHSC balance does not qualify for financial assistance, the NHSC balance will be considered separately.



- II. Community Clinic Services: Other community clinic financial assistance programs supersede the Mercy Hospital and Health Services Financial Assistance Policy, except for the NHSC identified locations where the above exception will apply. Otherwise, reference local community policies.
- III. Patients on Spenddown: Mercy will utilize state verified spenddown information to impute the patients' household income to determine if a patient qualifies for financial assistance.
- IV. Mercy Hospital JFK Clinic: Financial assistance guidelines for JFK patients defined in Exhibit B. Patients wishing to apply for financial assistance related to services received at a JFK clinic will need to fill out the JFK Clinic Patient Financial Assistance Application rather than the standard Mercy Financial Assistance Application. Patients presenting at JFK clinics will not be evaluated under guidelines outlined in the Presumptive Financial Assistance section (VI).
- V. Mercy Southwest Missouri Community: Patients presenting for services in the Mercy Southwest Missouri community (which includes: Joplin Hospital, Carthage Hospital, Columbus Hospital, Specialty Hospital Southeast Kansas and Southwest Missouri Community Clinics) will not be evaluated under the guidelines in the Presumptive Financial Assistance section (VI).
- VI. International Financial Assistance Policy: The International Financial Assistance Policy supersedes this policy. See the International Finance Assistance Policy.
- VII. Patient Financial Status – Patients who are incarcerated or homeless and confirmed no other liable party can be billed, will be deemed 100% financial assistance. Bankruptcy accounts upon notification of filing will be deemed 100% charitable. Deceased patients 18 years of age and over will be reviewed by Third Party Vendor and once determined uncollectible, will be deemed 100% charity unless bad debt placement has exceeded 365 days then will be deemed 100% uncollectible bad debt.
- VIII. Revenue Cycle Management- Accounts being managed under a client/third party relationship will be granted financial assistance according to the discount percentage in their own policy, exclusive of Mercy's discount percentage scale.
- IX. Services specified as 'Excluded' in Exhibit C
- X. Mercy Southeast Missouri Community: Services provided by Mercy Hospital Southeast, Mercy Hospital Stoddard, Mercy Hospital Stoddard RHC and Mercy Clinic Southeast are excluded from this policy. Patient's will need to comply with the specific and unique policy pertaining to those locations in order to receive assistance with their medical expenses. Patients that received services at these locations are able to obtain a copy of the financial assistance application, plain language summary or learn more by:



- a. Contacting a financial counselor at 573-651-5511
- b. Visiting our website at <https://www.sehealth.org/patients-visitors/billing-services/financial-assistance/>
- c. Visiting an onsite financial services location at the following addresses:
 - i. Mercy Hospital Southeast: 301 S. Broadview St Cape Girardeau, MO 63703
 - ii. Mercy Hospital Stoddard: 1200 N. One Mile Road Dexter, MO 63841

DISTRIBUTION

- I. Collection Agencies
- II. Financial Leadership
- III. MRM Leadership
- IV. Business Risk and Compliance

EXHIBITS

- A. Current Year Federal Poverty Guidelines – Current Fiscal Year Financial Assistance Levels
- B. Financial Assistance Guidelines for JFK
- C. Excluded Services Listing

REFERENCES

- [MRC PSERV Financial Assistance Application](#)
- [MRC PSERV Financial Assistance Application Spanish](#)

EXHIBIT A

Mercy Financial Assistance Guidelines
Based on 2024 Federal Poverty Income Guidelines

Family Size				1	2	3	4	5	6	7	8	9	10
Level	% of Poverty Level	Hospital Discount	Physician Discount	Range	Range	Range	Range	Range	Range	Range	Range	Range	Range
I	0 - 200%	100%	100%	\$0.00 - \$30,120	\$0.00 - \$40,880	\$0.00 - \$51,640	\$0.00 - \$62,400	\$0.00 - \$73,160	\$0.00 - \$83,920	\$0.00 - \$94,680	\$0.00 - \$105,440	\$0.00 - \$116,200	\$0.00 - \$126,960
II	201% - 300%	80%	70%	\$30,121 - \$45,180	\$40,881 - \$61,320	\$51,641 - \$77,460	\$62,401 - \$93,600	\$73,161 - \$109,740	\$83,921 - \$125,880	\$94,681 - \$142,020	\$105,441 - \$158,160	\$116,201 - \$174,300	\$126,961 - \$190,440

For family units with more than 10 persons, add \$5,380 to household income range for each additional person. *Effective 02.01.2024



EXHIBIT B

**Mercy Hospital JFK Clinic – St. Louis, MO
Financial Assistance Adjustment Guidelines**

Level	% FPL	Fee	Facility	Doctor	Physician
I	0-200	\$5.00	-	\$5.00	\$5.00
II	201-300	\$25.00	\$5.00	\$20.00	\$25.00

MERCY HOSPITAL JFK CLINIC - QUALIFIED PATIENTS

Patients will qualify as an established patient at the clinic if they are uninsured. If they have access to insurance, they are no longer qualified to receive services at the Mercy Hospital JFK Clinic; including children who can qualify for Medicaid.

EXCEPTIONS

Lab Services

Patients receiving lab services on the same day as an office visit are required to pay the approved financial assistance level copay, plus the discounted lab.

Obstetric Services

The clinic rate covers all visits, labs, ultrasounds, delivery, and post-partum check. In addition, newborn charges and one visit for the baby are included. These fees are assessed yearly at a discount rate and apply to all who are established with Mercy Hospital JFK Clinic.

Dental

Dental cleanings for the uninsured are \$30.00 for adults and \$25.00 for children. If restorative work is requested, those services are required to be prepaid.



**Please use the Mercy Hospital JFK Clinic Application (English and Spanish) below:*

https://www.mercy.net/content/dam/mercy/en/pdf/financial_assistance_application_jfk_clinic_english_posted_20160915.pdf

https://www.mercy.net/content/dam/mercy/en/pdf/mercy_hospital_jfk_clinic_financial_assistance_application_spanish_posted_20161207.pdf

EXHIBIT C

Excluded Services

ANCILLIARY SERVICES

- Residential Services (Note: Swing Beds are Eligible for Financial Assistance)
- Retail Pharmacy
- Optical Shop
- Private Duty Nursing
- Corporate Health
- Integrative Medicine

NOT MEDICALLY NECESSARY

- Cosmetic
- Cardiac and Pulmonary Rehab Phase III
- Hearing Aids
- Driving Assessments

OTHER DISCOUNTS

- Special Pricing arrangements (package pricing) do not qualify for Financial Assistance.
- A patient cannot receive both an Uninsured Discount and Financial Assistance. If Financial Assistance granted to an Uninsured patient, the Uninsured Discount will be reversed.