



Origination 12/2015
Last Approved 06/2024
Effective 06/2024
Last Revised 06/2024
Next Review 06/2027

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

Financial Assistance Program

I. PURPOSE/OVERVIEW:

- A. As a tax-exempt, nonprofit organization, Ozarks Healthcare serves the health care needs of its community and is committed to providing charity care to persons who have health care 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 health care is not a barrier for needed health care 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:** Health care 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 health care 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 health care 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 Healthcare. 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 OZH patients with services on an inpatient or outpatient account, who are uninsured, under insured, 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 health care services provided by OZH without charge or at a discount to qualifying patients. The following health care 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 and Medicaid spend down that Medicaid has deemed the patient to pay to meet medical eligibility will not be covered.

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.ozarkshealthcare.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 Healthcare does not discriminate based on race, gender, age, sexual orientation, religious affiliation, and social or immigrant status.

PRESUMPTIVE ELIGIBILITY

Additionally, Ozarks Healthcare 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 Healthcare 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 365 days after the first billing statement. All accounts within a first statement date prior to 365 days from approval date of application are eligible for financial assistance or if a major financial hardship is identified due to extenuating circumstances and with the approval of the Director of Revenue Cycle. Once a Financial Assistance determination is made, Financial Assistance is provided for all medically necessary services for 90 days from the approval date of the application with no additional information needed. All completed Financial Assistance applications under \$10,000 are approved by the Director of Revenue Cycle. Financial Assistance applications totalling over \$10,000 require approval by the Vice President of Finance/CFO or designee.

B. Determining Discount Amount

To calculate this amount, Ozarks Healthcare uses the "look-back" method described in the IRS and Treasury's proposed rules on the Patient Protection and Affordable Care Act (PPACA). Ozarks Healthcare re-calculates this discount percentage each year. The Standard uninsured discount is based on the gross charges and is separate from any prompt pay or other discounts.

C. Prompt Pay Discount

D. Applying for Financial Assistance

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

Applications can be accessed:

- a. On the main campus: Patient Financial Services

- b. At any Ozarks Healthcare place of service
 - c. By phone at 417-257-6701
 - d. Online at <http://www.ozarkshealthcare.com/patient.asp>
- E. 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 Healthcare'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 Financial Services
	417-257-6701

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

F. Communication of Financial Assistance

Ozarks Healthcare'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 Financial Services at 1211 Porter Wagoner Blvd Suite #10, 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 Healthcare, 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.ozarkshealthcare.com/patient.asp>
- b. Financial assistance application: <http://www.ozarkshealthcare.com/patient.asp>

Ozarks Healthcare 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 Healthcare'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 Healthcare and how interested individuals can apply

G. Actions in the Event of Non-Payment

The collection actions Ozarks Healthcare 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.

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

You can request a free copy of the billing and collection policy at Patient Financial Services Department at 1211 Porter Wagoner Blvd Suite #10, West Plains, MO 65775; request a free copy by mail by calling us at 417-257-6701 or mail a request to Ozarks Healthcare, 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.xlsx](#)

[Financial Assistance Application.pdf](#)

Approval Signatures

Step Description	Approver	Date
Chief Financial Officer/Vice President	Scott Goodin: Interim CFO	06/2024
Director of Patient Financial Services	Melody Simpson: Director of Patient Financial Services	06/2024
Director of Revenue Cycle	Melody Simpson: Director of Patient Financial Services	06/2024

COPY