

UMass Memorial Health Care System

Department: FINANCIAL COUNSELING DEPARTMENT		Policy: UMass Memorial Health Care Financial Assistance Program
Section:	Policy Number:	Page: 1 of 4
Approved:	Effective Date:	Replaces Policy Dated:

I. **Scope:**

The UMass Memorial Health Care System.

II. **Purpose:**

The UMass Memorial Health Care System is committed to provide urgent, emergency and medically necessary care to all patients regardless of their ability to pay. To meet the needs of patients that may require financial assistance this policy establishes eligibility criteria, methods to apply and the basis for calculating the amount charged to eligible patients.

III. **Policy:**

It is the policy of UMass Memorial Health Care System to provide discounted care to qualified patients in accordance with IRS Section 501 (r). For those that have been determined eligible, UMass Memorial Health Care System will not charge more than the amount generally billed to a patient that has insurance coverage for urgent, emergency and medically necessary services. The Patient Financial Counseling department will be the point of contact to provide to patients the written policy, a summary of the policy, the application form and assistance with the application process.

IV. **Definitions:**

V. **Procedure:**

Application Process

An applicant applying for Financial Assistance must submit a completed and signed UMass Memorial Health Care Financial Assistance Application. The application must be accompanied by all required income verifications.

One application will be sufficient for all family members listed on the application.

Eligibility

In order to be determined eligible for the UMass Memorial Health Care Financial Assistance Program an applicant must meet the following criteria:

- Income and family size must be between 0-600% of the federal poverty level guidelines.
- Complete and sign a financial assistance application.

UMass Memorial Health Care System

Department: FINANCIAL COUNSELING DEPARTMENT		Policy: UMass Memorial Health Care Financial Assistance Program
Section:	Policy Number:	Page: 2 of 4
Approved:	Effective Date:	Replaces Policy Dated:

- Provide income verification for all applicable household members.
- Apply for any state or government medical assistance for which they may be eligible.
- Initiate the application process 240 days from the date of the first bill/statement.

Complete Application

A Financial Assistance application will be considered a "complete application" when the following criteria have been met:

- The application has been received in the Patient Financial Counseling Department.
- The patient/guarantor or an authorized representative has signed the application.
- All questions on the application have been answered.
- Income verification that is sufficient to make an eligibility determination has been provided.

A complete application will be evaluated by a Financial Counselor to determine eligibility. All applications will be reviewed by a Patient Financial Counseling Supervisor for final approval.

1. The income will be calculated and clearly attached to the application.
2. The household family size of the applicant will be determined.
3. A Facility Use only form will be completed and attached to the application.
4. The application will be given to the supervisor for review and approval.
5. The supervisor will review, sign and return the application to the advocate/counselor for final processing.
6. If all eligibility criteria have been met, a letter of approval will be sent to the applicant/guarantor that will indicate the eligibility period and percentage of discount.
7. If all eligibility criteria have not been met, a letter of denial will be sent to the applicant/guarantor.
8. Applications that have been approved and processed will be maintained in a central file in the Central Business Office.

Incomplete Application

If the Financial Assistance application is not complete, a Financial Counselor will send one follow-up letter to the patient. This letter will indicate the information that is necessary to process the application.

The applicant/guarantor must provide the required documentation within 30 days of receipt of the follow-up letter. If the information is not received within this time frame, the application will be denied. A letter with the reason for denial will be sent to the applicant.

A 30-day grace period will be allowed from the date of the denial for the applicant/guarantor to provide additional information. At the end of the 30-day grace period a new application must be completed.

Income Verifications

UMass Memorial Health Care System

Department: FINANCIAL COUNSELING DEPARTMENT		Policy: UMass Memorial Health Care Financial Assistance Program	
Section:	Policy Number:	Page: 3 of 4	
Approved:	Effective Date:	Replaces Policy Dated:	

The applicant/guarantor must provide verification of income.

Acceptable verifications of income are as follows:

- 2 most recent pay stubs.
- A copy of the most recent pension, social security, unemployment or other income benefits statement or check.
- For the self-employed the last 3 months profit and loss statement.
- A copy of the most recent tax returns as long as it is not over 6 months old.
- A statement from an employer indicating gross weekly income.
- For alimony/child support a copy of a court decree or a check of payments received.
- A signed statement of support for an applicant/family member that does not have any income.

Eligibility Period

The financial assistance eligibility will begin the date the signed completed application is received in the Patient Financial Counseling Department. Eligibility will be in effect for one year from the date of approval. An application will be deemed complete when all eligibility criteria have been met.

The eligibility period will also cover a period of 12 months retroactive from the date of approval. The same eligibility period will pertain to all eligible household family members listed on the application.

Financial Assistance will be terminated if at any time the criteria for eligibility have changed to the extent that the applicant would no longer be eligible. This may consist of changes to income, the number of household family members, or eligibility of state or government medical assistance programs. In such cases, the applicant will be notified via a letter of any termination of assistance. The reason for termination will be indicated.

Eligible services

Financial Assistance discounts that have been approved for the UMass Memorial Health Care Financial Assistance Program will only apply to urgent, emergency and medically necessary care. This will include but not be limited to inpatient, observation, outpatient services and land ambulance transportation.

Non eligible services

Non-medically necessary services will not be eligible for the Financial Assistance discount. These services include, but are not limited to, cosmetic surgery, infertility services, hearing aids, and social and vocation services. Financial assistance does not apply for services provided by other independent groups, such as private physicians and specialty groups. No-medically necessary services will be billed at full charges.

Basis for Calculating Amount Charged

UMass Memorial Health Care System

Department: FINANCIAL COUNSELING DEPARTMENT		Policy: UMass Memorial Health Care Financial Assistance Program
Section:	Policy Number:	Page: 4 of 4
Approved:	Effective Date:	Replaces Policy Dated:

UMassMemorial will utilize the look back method to determine the percentage of the amount generally billed to patients as it applies to this Financial Assistance Policy. A combination of the previous year charges and payments for commercial and Medicare insurance products are used to determine the Payment on Account Factor (PAF). The PAF is used to determine the minimum discount applied to gross aggregate charges. The discount for 2016 will be 75 %.

All insurance claims, payments and adjustments will be made and taken before any financial assistance discount is applied.

Widely Publicize

The Patient Financial Counseling Department will be the point of contact for patients to request and obtain, free of charge, a paper copy of the policy, a plain language summary of the policy and the application. All three may be requested by telephone, in person or email as noted below:

UMass Memorial Patient Financial Counseling Contact Information:

- Telephone: 508-334-9300
- Internal email: Financial Counseling
- External email: needinsurance@umassmemorial.org
- Address: Patient Financial Counseling
306 Belmont St.
Worcester, MA 01604

The Financial Assistance policy, the plain language summary and the application may be accessed using the UMassMemorial Health Care web site: www.umassmemorialhealthcare.org, under the section Patients and Visitors, Financial Counseling.