



Physicians Care Surgical Hospital

Origination:	10/2017
Effective:	06/2018
Approved:	06/2018
Last Revised:	06/2018
Expiration:	06/2021
Owner:	Jennifer Ryan: Bus Off Mngr
Policy Area:	Financial
References:	

Financial Assistance Policy

PURPOSE:

Physicians Care Surgical Hospital ("PCSH") is committed to treating patients with dignity and consideration regardless of their financial circumstances in compliance with IRC Section 501 (r).

POLICY:

PCSH provides financial assistance in the form of charity care to patients residing in its local service area who require emergency and medically necessary care and who have exhausted or limited insurance benefits; and meet household income standards as defined below. PCSH also, in limited circumstances, provides financial assistance to those who qualify for medical Indigence standards as set forth in this policy.

PCSH considers each patient's ability to pay for his or her emergency or medically necessary medical care, and extends charity care to eligible patients residing in its local service areas who are unable to pay for their care in accordance with this policy. This policy sets forth the eligibility procedures for charity care in compliance with applicable federal, state, and local law.

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, patients seeking emergency care at PCSH are not subject to financial screening prior to receiving care. Additionally, patients will not be subject to debt collection activities that would interfere with emergency medical care. The granting of financial assistance will not take into account age, gender, race, social or immigration status, sexual orientation, or religious affiliation. PCSH shall operate in accordance with all federal, state, and local requirements for the provision of health services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA).

DEFINITIONS

Medically Necessary Care : A service, item, procedure or level of care that is necessary for the proper treatment or management of an illness, injury or disability is one that:

- A. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- B. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- C. Will assist the recipient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate of recipients of the same age.

Application Period: The period during which PCSH will accept and process FAP applications. This period begins to run on the date medical care is provided and ends the 240th day after PCSH provides the patient with the first billing statement for the care provided.

Charity Care: 100% free medical care for medically necessary services provided by PCSH . Patients who are uninsured or underinsured for a medically necessary service, who are ineligible for governmental or other insurance coverage, and who have family incomes not in excess of 200% of the Federal Poverty Guidelines are eligible for Charity Care.

Extraordinary Collection Actions: PCSH does engage in ECA

- A. Selling a person's debt to another party
- B. Reporting adverse information to consumer credit reporting agencies or credit bureaus.
- C. Deferring or denying, or requiring payment before providing Medically Necessary Care because of an individual's nonpayment of one or more bills for previously provided care covered under this policy.
- D. Actions that require a legal or judicial process, including but not limited to:
 - 1. Placing a lien on a property.
 - 2. Attaching or seizing an individual's bank account or any other personal property.
 - 3. Commencing a civil action.
 - 4. Causing an individual's arrest.
 - 5. Causing an individual to be subject to a writ of body attachment.
 - 6. Wage garnishment.

Billing & Collection

Amount Billed: Because PCSH provides full charity care, and does not bill patients eligible for charity care, patients eligible for financial assistance under this policy will not be charged. Therefore, PCSH does not calculate amount generally billed (AGB).

Actions in the event of non-payment: If a bill is outstanding 120 days or more, PCSH may send the account to a collection agency to be collected. While in collections, an application for financial assistance will be accepted at any time. Once an application is received, collections will be placed on hold and the procedures regarding incomplete applications and denials, as set forth below, will apply.

Local Service Area: Pennsylvania, New Jersey, Delaware

Medical Indigence: In the case of patients who are faced with catastrophically large medical bills, the CEO may make a discretionary recommendation that the patient is medically indigent and thus is eligible for charity care.

Physicians Care Surgical Hospital (PCSH): All services covered under this policy are performed at Physicians Care Surgical Hospital (PCSH), located at 454 Enterprise Drive, Royersford, Pennsylvania 19468. EmCare Inc., United Anesthesia Services L.C, Montgomery Radiology Services, Main Line Health Laboratories, Main Line Health, CBL Pathologies, Inc. See Appendix A.

PROCEDURE:

DISSEMINATION OF CHARITY CARE POLICY

- A. This policy shall be publicized through signage at the hospital and on the hospital website.
- B. Patients shall receive:
 - 1. A plain language summary that describes the Financial Assistance Policy and relevant procedures, including an application for financial assistance.
 - 2. Assistance with understanding the Financial Assistance Policy and completion of the related forms.

ELIGIBILITY METHODOLOGY & DOCUMENTATION

CHARITY CARE

- A. Every patient requesting Charity Care must complete a Financial Assistance Application Form and attach any and all applicable documentation. The application period is defined above. If financial assistance is approved, any amounts paid between date of post-discharge bill for episode of care for which a patient applied for financial assistance and FAP eligibility determination date will be refunded.
- B. Income verification will be required by one or more of the following: pay stubs, W-2 forms, tax returns, an employer written statement, and any other relevant documentation. Other documentation required includes, but is not limited to, copies of the following:
 - 1. Medical bills
 - 2. Utility bills
 - 3. Car payment stubs
 - 4. Rent receipts
 - 5. Bank statements
 - 6. Alimony/child support receipts
 - 7. Government assistance receipts
 - 8. Other income/investment statements (e.g. 401K)
- C. The approval of an application will not be considered as an approval for any or all future accounts. Each application will require new verification information to be considered for charity.

MEDICAL INDIGENCE:

If seeking medical indigence, a patient must complete a financial aid application and provide information on income and assets as requested.

APPROVAL PROCESS

- A. The Vice President of Finance must approve all applications for charity care and medical indigence.
- B. Each patient applying for charity care must make a good faith effort, as determined by the hospital, to obtain coverage from available public assistance programs such as:
 - 1. Medicare

2. Medicaid
3. Vocational rehabilitation
4. Victims of Crime
5. Children Special Services
6. Church program

If the patient has been denied public assistance they must supply documentation denying eligibility.

A patient who refuses to apply or follow through with applications for other assistance will not be eligible for charity care.

- C. In the case of patients who are faced with catastrophically large medical bills, the CEO may make a discretionary recommendation that the patient is medically indigent and thus is eligible for charity care. This determination will be made on a case-by-case basis and will require verification of all medical expenses.
- D. If patients do not qualify for medical assistance through the state or facility charity care guidelines, refer to policy [Discounts for Self Pay Uninsured Patients](#).
- E. Patients whose income does not exceed 200% of the most current Poverty Income Guidelines issued by the Department of Health and Human Services will qualify for full charity care after verification of employment. These guidelines are updated annually. The current Poverty Income Guidelines can be found as follows: <http://aspe.hhs.gov/poverty> . Because PCSH only provides full charity care, and does not bill patients eligible for charity care, patients eligible for financial assistance under this policy will not be charged. Therefore, PCSH does not calculate amounts generally billed (AGB).
- F. Patients shall be notified in writing when PCSH makes a determination concerning charity care. Determinations of charity care eligibility shall be made within 30 days from receipt of completed Financial Assistance Application.
- G. If an application for financial assistance is incomplete, PCSH will notify the patient within 30 days. The patient will have an additional 30 days to supply the additional information requested.
- H. The Financial Assistance Application Form along with any applicable supporting documentation, should be returned to the business office for account reconciliation and the appropriate write-off applied to the account prior to closing the accounting month. Write-offs should be performed using the appropriate charity care write-off code.
- I. The Hospital reserves the right to reverse charity care approval if the information provided by the patient in the application is later determined to be falsified or is compensation for services obtained from another source.
- J. PCSH will not pursue any collection actions against anyone eligible for financial assistance under this policy and will not pursue extraordinary collection actions (as defined above) against any individual without first making reasonable efforts to determine if the patient is eligible for financial assistance. The Vice President of Finance will determine if reasonable efforts have been made.

QUESTIONS OR ASSISTANCE NEEDED:

If you need information about the FAP, or need help in completing this application please contact the Billing Office by phone at (610) 495-3330. In-person assistance is also available by asking for a Business Office Associate at the Registration Desk of Physicians Care Surgical Hospital at 454 Enterprise Drive in Royersford,

PA 19468.

APPENDIX A - PROVIDER LIST

EmCare Inc., United Anesthesia Services, L.C., Montgomery Radiology Associates, Main Line Health Laboratories, Main Line Health, CBL Pathologies, Inc.

Attachments:

[FAP Application Form](#)

[Financial Assistance Plan-PLS](#)

Approval Signatures

Approver	Date
Christopher Doyle: CEO	06/2018
Jennifer Ryan: Bus Off Mngr	06/2018

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