



Financial Services

Financial Assistance Policy (FAP)

Purpose:

To ensure that financial assistance options are available to all patients who are solely responsible for payment but are unable to pay for emergent and medically necessary services provided by Pershing Health System (PHS) and to ensure that PHS is compliant with State and Federal laws and regulatory guidance for charity care and financial assistance.

SCOPE: This policy applies uniformly to both inpatient and outpatient services provided by PHS to those patients that are uninsured or underinsured.

POLICY/PROGRAM DESCRIPTION: The core mission is to serve the healthcare needs of all people in our community 24 hours a day, 7 days a week, regardless of their ability to pay. Furthermore, PHS does not discriminate against, race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. For further detail please refer to Patients' Rights and Responsibilities literature. PHS provides care based on the following principles:

- Treat all patients fairly, with dignity, respect and compassion.
- Serve the emergent healthcare needs of everyone.
- Assist patients who cannot pay for all or part of their care.

Eligibility Requirements:

- At the time of service, the patient is residing in the State of Missouri. Emergent treatment for non-state residents may be considered under this policy.
- The patient's household, if applicable, income is at or below 200% of the current Federal Poverty Income Guidelines Family– Based on patient, patient's spouse, the patient's children under the age of 18 living in the household, or parents/guardians of disabled persons greater than the age of 18.
- . Income: Total salaries, wages, and cash receipts before taxes.
- Applications for Hospital Financial Assistance will be accepted for a period of **240 days** from the first follow-up notices for payment sent to the patient and will be effective retroactively for all open dates of service.

Effectiveness of Eligibility Determination

- Applies to basic, medically necessary hospital inpatient, outpatient, and emergency department services
- PHS will request that patients who may be Medicaid-eligible apply for Medicaid. In order to receive Hospital Financial Assistance, the patient must comply with the Medicaid application process to full determination. If the patient doesn't apply, complete the Medicaid application process, or provide requested verifications to determine Medicaid eligibility, the patient is not eligible for PHS's financial assistance.

- The patient’s household, income is at or below 200% of the current Federal Poverty Income Guidelines qualify for a 100% discount. See definitions of family and income above for further guidance on how to calculate.
- The patient’s household, income is 201%-300% of the current Federal Poverty Income Guidelines qualify for 80% Hospital Financial assistance. See definitions of family and income above for further guidance on how to calculate.
- Outpatient Services. Eligibility determination is effective for 180-calendar days from the initial service date, during which time a new eligibility determination need not be completed. Effective dates for outpatient eligibility are to be documented on account, under system notes. Inpatient Services. For Hospital financial assistance, eligibility determination is effective for 180-calendar days from the initially approved date of service, during which time a new eligibility determination need not be completed. Patient may be asked to confirm that there has been no change to circumstances since initial application.
- Catastrophic Situations. Patients, whose patient responsibility after all eligible discounts is greater than 25% of the gross annual family income, may be eligible for Catastrophic financial assistance and awarded 100% on open balances not currently in bad debt.
- Presumptive Eligibility. Presumptive eligibility for financial assistance may be granted at the discretion of PHS for the following unique circumstances:
 - A patient’s income is below 200% of the Federal Poverty Guidelines and considered self-pay.
 - Patient discharged to a SNF.
 - A patient is deceased with no known estate and is below 200% of the Federal Poverty Guidelines.
 - State-funded prescription programs.
 - Homeless or received care from a homeless clinic.
 - Participation in Women, Infants and Children programs (WIC);
 - Food stamp eligibility.
 - Subsidized school lunch program eligibility.
 - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spenddown);
 - Patients that are referred through the National Association of Free Clinics.
 - Patient is a recipient of a Non-contracted Medicaid HMO, or OOS Medicaid, or incurs charges not covered by their plan

UNINSURED PATIENTS

For those uninsured patients who do not qualify for any financial assistance discounts described in this policy. PHS extends an automatic (self-pay) discount on their hospital bills.

CHARGE LIMITATIONS

- Financial Assistance Policy eligible individuals may not be charged more than Average Generally Billed (AGB) for medically necessary care.
- For patients who are determined to be eligible for a Financial Assistance Program, PHS will not hold the patient responsible for more than AGB. The AGB percentage is calculated using the “Look-Back” method, as defined in federal regulations. PHS calculates its AGB percentage based on all claims allowed by Medicare and private health insurers over a 12-month period, divided by the applicable hospital’s associated gross charges for those claims.

- PHS adjusts charges annually at the beginning of the calendar year based on a variety of factors including costs, market conditions, government regulations, and insurance contract requirements. Once the charges are determined for the year, the current year AGB is calculated utilizing the aforementioned methodology. **Note:** This discount is not applicable when patient services are covered under Workers Compensation, auto insurance / motor vehicle accidents, and third-party injuries.

NOTIFICATION OF FINANCIAL ASSISTANCE

Information and materials are available at each registration location, the emergency rooms and all admission areas. Interpretive services can be arranged if the patient/guarantor does not speak English. Also, all billing statements include a plain language summary and information on how to obtain a financial assistance application.

Required patient documentation to demonstrate eligibility for Charity Care Form of financial assistance may include IRS W-2 forms and/or 1099 forms, paycheck stubs, a valid government issued identification, and/or documentation of sources of other income, including disability payments. Other than at the time of service, required patient documentation submission is a requirement as proof of eligibility. However, PHS may accept other evidence of eligibility, or PHS may allow the applicant to self-attest to their eligibility. Financial assistance may be denied for noncompliance with requests for required patient documentation.

Application Process for Financial Assistance: Patients with a financial need are encouraged to call customer service line at 660-258-1197 OR 660-258-1198. A PHS Representative will guide you through the financial assistance application process, and all inquiries are confidential. Individuals may request a Financial Aid Policy (FAP), a plain language summary, or financial aid application via mail from Patient Business Services, by calling 660-258-1197 OR 660-258-1198. Hours of operation are 7am-4:30pm M-F; location is Pershing Health System 130 E. Lockling Ave Brookfield MO 64628

NON-PAYMENT ACTIONS

In the event of non-payment of services (discounted or full rate) PHS may take extraordinary actions to pursue collections, including but not limited to, referring the account to outside collections agencies, adverse credit reporting, and/or legal action, pursuant to BPHS's Billing and Collections Policy. A free copy of the Billing and Collections Policy is available by request from Financial Services 660-228-1197 or 660-258-1998.