

Pipestone County Medical Center & Family Clinic



PCMC - Charity Care Policy - Financial Aid

Charity Care - Financial Aid Policy

Purpose:

This Charity Care Financial Aid Policy (the "Policy") reflects our commitment to provide charity care financial assistance to persons in our community in furtherance of our charitable mission to improve the lives and health of all people in our region by providing excellent patient-centered care. We recognize that individuals within our community require emergency and other medically necessary health care services, but are uninsured, underinsured, ineligible for government program or other benefit program, and therefore, may not have adequate financial resources to pay for these health care services.

Policy:

PCMC is committed to provide financial aid to eligible patients who cannot afford to pay for all or a portion of their emergency or medically necessary services. Charity Care is available for patients who are uninsured, underinsured, ineligible for government programs, or who are unable to pay for their care under this Policy. Eligibility is based on an individual assessment of each patient's needs and available resources in accordance with policy and Federal and State laws and regulations.

Financial aid is not a substitute for a patient's personal financial responsibilities. PCMC's financial commitment to Charity Care Financial Aid is approved by its Board of Directors each year as part of the operations budget process. Patients must cooperate with our procedures for financial aid and contribute to the cost of their care based on their individually assessed ability to pay. Not all medical services, such as elective services, provided by PCMC qualify for assistance under this Policy. Patients will not be denied emergency or medically necessary care based upon insurance or financial status.

Procedures:

Charity Care Eligibility

Charity Care Financial Aid is available for uninsured, underinsured, or government program ineligible patients and, in certain circumstances, patients unable to pay for their care covering medically necessary services who upon individual assessment meet eligibility criteria, including, but not limited to, the following:

- Self-pay, does not have health care coverage or governmental assistance, such as Medicaid, Family Health Plus or Child Health Plus, and cannot qualify for governmental assistance despite reasonable efforts to obtain such assistance;
- Income falls at or below 200% of the Federal Poverty Guidelines (as published by the U.S. Department of Health and Human Services), but exceptions for income above this threshold may be made on an individual basis due to extraordinary circumstances, as provided in this Policy (*see* <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>); and
- Unable to meet his/her financial obligations for medically necessary services due to the extraordinary high cost of those services as determined on a case-by-case basis.

Patients must apply for Charity Care Financial Aid within 240 days from the date of discharge for inpatient services and date of service for clinic/outpatient services.

We will attempt to complete the Charity Care eligibility screening for uninsured patients and any patient whose insurance coverage status is not known within thirty (30) days after the patient receives health care services at PCMC. Continued eligibility for Charity Care Financial Aid should be re-assessed (1) as a result of each inpatient admission, and (2) at least once every twelve (12) months for outpatient services.

Additionally, if we identify or a patient provides a notice of a change in financial circumstances, an updated eligibility assessment should be completed. A patient's eligibility may change due to a new source of insurance or health care funding availability; change in income; a change in family size; or part of the patient's outstanding amount due is written off as bad debt or is in collection status.

When we evaluate a patient's eligibility pursuant to this Policy, our requests to the patient or guarantor for verification of assets or income shall be limited to:

- Information that is reasonably necessary and readily available to determine eligibility; and
- Facts that are relevant to determine eligibility.

We will analyze the following information to determine the patient's eligibility for Charity Care Financial Aid and the patient's personal financial responsibility to pay for services:

- a. Determine the annual household income and family size.
- b. Use the U.S. Federal Poverty Guidelines Table to determine the eligibility of patient in accordance with family size.
- c. Determine whether patient is eligible for an extended payment plan based on income.
- d. Determine if other factors should be considered in further adjusting the amount of Charity Care Financial Aid that the patient may receive. Our Chief Financial Officer must approve any such exceptions in accordance with this Policy.

Patients will be asked to provide verification of income information, including, but not limited to prior year tax returns, current employment payment stubs or statements, written verification of wages from an employer, unemployment letter, social security check, disability check, or other reasonable documentation to properly support income verification.

Hospital Medicaid Presumptive Eligibility

While PCMC participates in the hospital presumptive eligibility (PE) program, we are allowed to provide temporary Medicaid coverage to patients likely to qualify for Minnesota Medicaid. We are required to determine whether a patient who is uninsured or whose insurance coverage status is unknown is eligible for hospital presumptive eligibility coverage. Patients identified based upon certain criteria are presumed eligible and temporarily enrolled in Medicaid. Presumptive eligibility provides patients with immediate access to care with payment for services. We will then assist the patient in submitting a full Medicaid application.

Navigator Screening Requirements

For any uninsured patient, including any patient we determine is eligible for hospital presumptive coverage and for any patient whose insurance coverage status is not known, we must:

- Schedule an appointment for the patient with an MNSure-certified navigator prior to discharge unless the occurrence of the appointment would delay discharge; or
- If scheduling such would delay discharge or if the patient declines the scheduling, provide the patient with the contact information for available MNSure-certified navigators who can meet the needs of patients. PCMC utilizes MNSure-certified navigator services from Avera Marshall (507) 532-9661.

Prohibited Hospital Actions

While a patient's application for Charity Care Financial Aid is being processed, PCMC must not initiate one (1) or more of the following actions until PCMC determines that the patient is ineligible for Charity Care Financial Aid or denies an application for Charity Care Financial Aid:

- Offer to enroll or enrolling the patient in a payment plan;
- Change the terms of a patient's payment plan;
- Offer the patient a loan or line of credit, application materials for a loan or line of credit, or assistance with applying for a loan or line of credit, for the payment of medical debt;
- Refer a patient's debt for collections, including in-house collections, third-party collections, revenue recapture, or any other process for the collection of debt;
- Deny health care services to the patient or any member of the patient's household because of outstanding medical debt, regardless of whether the services are deemed necessary or may be available from another provider; or
- Accept a credit card payment of over Five Hundred Dollars (\$500) for the medical debt owed to the hospital.

PCMC may not impose application procedures for Charity Care Financial Aid that place an unreasonable burden on the individual patient, taking into account the individual patient's physical, mental, intellectual, or sensory deficiencies or language barriers that may hinder the patient's ability to comply with application procedures.

Patient and Guarantor Responsibilities

PCMC may not be able to determine a patient's eligibility for Charity Care Financial Aid or other options for federal health care payment programs if the patient, legal representative, and/or guarantor does not cooperate with PCMC. Some patients receiving medical care at PCMC may qualify for such governmental programs if they provide the necessary information and complete the application. PCMC staff will assist the patient to complete an application for any applicable governmental program, but the patient is responsible to provide the necessary information (accurately and completely) and sign all required application documents.

If the patient refuses to cooperate with our attempts to assist with financial aid or an application for government programs including any and all renewals of eligibility, he/she may be denied Charity Care Financial Aid from PCMC. A patient's failure to cooperate under this Policy will be noted in the patient's financial file and be considered when the patient next requests elective medical services.

Patient Declines Financial Aid Services

A patient may decline to complete an insurance affordability program application, to schedule an appointment with a certified application counselor, to schedule an appointment with a MNsure-

certified navigator, to accept information about navigator services, to participate in Charity Care eligibility process, or to apply for charity care (collectively "financial assistance services"). If an uninsured patient declines financial assistance services, the patient will be classified as "self-pay."

Levels of Approval

If a patient is eligible for Charity Care Financial Aid under this Policy, the following approvals will be obtained based on the level of Charity Care Financial Aid:

- Up to \$10,000 is approved or denied by the Director of Patient Financial Services.
- In excess of \$10,000 is approved or denied by the Chief Financial Officer.

Revoking or Denying Eligibility and Approval Determinations

PCMC has the right to, and may deny, revoke, rescind, or amend eligibility determinations and approval for Charity Care Financial Aid upon certain circumstances including, but not limited to, the following:

- Fraud (providing false information on the application and supporting documents)
- Patient or legal representative is unresponsive to requests for reasonably necessary information.
- Refusal by the patient or legal representative to fully complete the application and provide reasonably necessary information.
- Refusal by the patient or legal representative to provide requested documentation on income and assets.
- Refusal of the patient or legal representative to cooperate as described within this Policy.
- Refusal of the patient or legal representative to cooperate with any reasonable payment arrangements.
- Refusal of the patient or legal representative to apply for a public or private health coverage program for which the patient is presumed or potentially eligible.
- Changes in the patient's financial situation.

Patient Right to Appeal Ineligibility or Revocation of Approval

If a patient is determined ineligible or denied Charity Care Financial Aid under this Policy, the denied application and the reasons for the denial will be noted in the patient's financial file. PCMC staff will inform the patient in writing of the denial or ineligibility along with the reasons, and also clearly inform the patient that he/she is permitted to request reconsideration of

eligibility within thirty (30) days following the receipt of the denial letter, by the Chief Financial Officer.

Board of Directors Responsibilities

Our Chief Financial Officer will report on this Policy to the Board of Directors annually for review to approve any updates required to modify the Charity Care Financial Aid procedures to determine eligibility of a patient, based upon financial ability of the patient in accordance with Federal and State laws and regulations to pay a medical bill. The Board of Directors will annually review this Policy in combination with the Billing Policy, Credit and Collections Policy, Credit Balance Policy, Patient Payment Policy, and any other applicable policies to confirm policies are clear, understandable, and communicated in dignified manner consistent with PCMC's mission and values protecting the patient without restricting patients access to medically necessary health care services.

Patient Notices

- Patients will receive a copy of this Policy to describe the availability of Charity Care Financial Aid as part of their (1) individualized admission package for inpatients and (2) during registration for outpatient and clinic services.
- Notices of the Charity Care Financial Aid and Community Service Assurances are posted in areas convenient for patients including, but not limited to, the patient registration and admittance areas, emergency department, financial services department, and billing office if accessible to patients.
- We have available on our website the then-current version of this Policy, a plain-language summary of the policy, and our Charity Care Financial Aid application.
- We will post notices above in all languages spoken by more than five percent (5%) of the population in PCMC's service area.
- Patients' bills for medical services will provide patients with basic information regarding this Policy and how to apply for Charity Care Financial Aid.
- Notices provided to patients indicating a denial or ineligibility for Charity Care Financial Aid pursuant to his Policy shall state the reasons for such denial or ineligibility and the patient's right to appeal or request a reconsideration within thirty (30) days of such notice.

Provider and Staff Training

PCMC will provide training annually to staff responsible for admissions, registration, billing and direct patient care services about the existence of this Policy including, but not limited to, how to advise the patient this Policy exists; how to obtain a copy of this Policy for a patient; and how to advise patients to contact the financial services office for detailed information and the application.

Charity Care Application

1. When registering or scheduling a patient, PCMC will inform all self-pay patients of this Policy, and direct the patient to the PCMC staff responsible assist the patient and determine their eligibility under this Policy. A "self-pay" patient does not have health insurance and does not receive benefits from a governmental assistance program, such as Medicaid. Responsible staff will usually be:
 - a. The Patient Account Representative for inpatient services, or
 - b. The Admission/Registration staff for outpatient or clinic services.
2. Additionally any patient whether uninsured, underinsured, ineligible for government program or otherwise unable to pay for medically necessary care based on their individual financial situation who asks PCMC to review this Policy and/or to apply for financial assistance will be directed to the appropriate staff to assist the patient with review of this Policy and complete the application.
3. Patients must apply for Charity Care Financial Aid within 240 days from the date of discharge of inpatient hospital services or date of service for clinical/outpatient services.
4. If a patient doesn't not currently receive government benefits, such as Medicaid or MinnesotaCare, Staff will refer patients who may be eligible for governmental assistance to family services for an application and the number to call if they need help with completing the form. If the patient's application for government benefits or government health program is denied, PCMC will assess the patient for Charity Care Financial Aid under this Policy.
5. Administration/Registration staff should review the patient's outstanding financial obligations when the patient arrives for outpatient or clinic services. If a patient has not made a payment between his/her last and current visit or within sixty (60) days from his/her last visit, the case should be referred to the Patient Account Representative or his/her designee, and, if necessary, discussed with the Medical Director, or his designee to determine if the patient should be offered to apply for Charity Care Financial Aid.
6. Self-pay patients will be asked to complete an application for assistance under this Policy and any applicable governmental program. Application materials required include supporting documentation of identity, address, household income and household composition.
7. Once a completed application, including required documentation for Charity Care or Financial Aid has been submitted, the patient can disregard any bill that has been sent until PCMC renders a decision on the application.

8. A patient's eligibility for Charity Care Financial Aid should be determined prior to elective ordered ambulatory diagnostic services and high cost outpatient services, such as MRI, CAT scan or surgeries or prior to inpatient discharge unless such determination would delay emergency or medically necessary services or inpatient discharge.
9. Staff will review the Charity Care Financial Aid application and appropriate, complete documentation to determine if the patient qualifies for Charity Care or Financial Aid under this Policy.
10. If the patient is eligible, Staff will determine what level of Charity Care Financial Aid is applicable, as well as the patient's financial commitment under this Policy. The patient, legal guardian or financially responsible person, as the case may be, should be advised of the determination, and each of these determinations should be documented in the patient's file.
11. Patients approved for Charity Care Financial Aid will receive a bill for health care services that will state that amount which is being provided as Charity Care or Financial Aid and the amount which is the patient's financial responsibility to pay PCMC.
12. PCMC will send a written response to the patient or guarantor approving or denying applications for Charity Care or Financial Aid within thirty (30) days after receipt of a completed application. If an application is not complete, PCMC will contact the patient or guarantor to request the necessary information to complete the application within ten (10) days unless unreasonable due to specific circumstances applicable to an individual patient. If the patient does not provide the requested information within the allowed time frames, the application may be denied.
13. Charity Care Financial Aid eligible patients may also request an extended payment plan. Installment payments will be considered and will depend on account balance and patient's monthly income. If a patient requests a payment plan, the following applies as a guideline which may be modified for a patient based upon extenuating circumstances:

Balance	Percent of balance	Months required to be paid in full
\$0 - \$300	33.3%	3
301 – 700	17.0%	6

701 – 3,000	8.33%	12
3001 – 10,000	5.5%	18
\$10,000 and over	Separate agreement needs to be discussed with the patient	

14. If the patient or guarantor does not pay the amount determined to be his/her responsibility to pay with or without Charity Care Financial Aid, the outstanding amounts due to PCMC will become bad debt subject to the Billing Policy, Payment Policy, and Credit and Collections Policy.
15. PCMC will maintain and protect the confidentiality and security of all information the patient provides PCMC for an application pursuant to this Policy in accordance with Federal and State laws and related regulations.
16. Regardless of eligibility determination, PCMC will not exclude, deny benefits to, or otherwise discriminate against any person on the basis of sex, race, religion, color, disability, age, national origin, sexual orientation or gender identity, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities whether carried out by PCMC or through a contractor or any other entity with which PCMC programs or activities are arranged.

This Policy was developed as a guide for the delivery of health services and related administrative business operations. This Policy is not intended to define the standard of care. This Policy should be used as a guide for the delivery of services, although hospital personnel may deviate from this guide to provide appropriate service for each patient in compliance with applicable federal and state laws, regulations, and rules.