BUCKTAIL MEDICAL CENTER POLICY AND PROCEDURE	
Issuing Department: Business Office	Category: Administrative Policies Subject: Financial Assistance/Charity Care (Previously Hill-Burton/Charity Care Policy)
Staff Affected: All	Effective Date: 07/07/2016 Revised Date(s): 09/01/2016; 03/28/2018; 05/23/2018; 04/01/2019

POLICY:

Bucktail Medical Center (BMC) is committed to providing quality health care and meeting the needs of our residents and patients. BMC understands this includes the need to assist those who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for their care. BMC strives to ensure that a patient's financial capacity does not prevent a patient from seeking or receiving emergency care. Bucktail Medical Center will offer financial assistance to those in need, within the facility's own financial means.

BMC will provide, in accordance with this Policy and without discrimination, care for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial or government assistance. This Policy is administered in accordance with the Affordable Care Act; requirements in section 501(r) of the Internal Revenue Code; and PA Medical Assistance Bulletin 01-17-03.

DEFINITIONS:

Advanced Beneficiary Notice (ABN) - A notice provided to a patient informing them that their hospital medical care/service may not be covered by their insurance and the patient will be responsible for payment of the medical care/service.

Amounts Generally Billed (AGB) - Amounts billed for emergency or other medically necessary care to patients who have insurance covering the patient medical care/service. The AGB is calculated annually and based on a look-back period from the previous fiscal year ending June 30. The AGB percentage calculation includes: total revenue/charges by service line (inpatient, outpatient, clinic) for all payors divided by total payments by service line for all payors (e.g. Medicare, Medicaid, HMO, PPO, Commercial, etc.) to obtain the percentage. No FAP eligible patient will be charged an amount greater than the AGB percentage determined for medically necessary, emergency or other eligible service.

Application Period - The period during which BMC must accept and process a Financial Assistance Application. The application period begins on the date of care and ends on the 240th day after BMC provides the patient with the first billing statement for care.

Charity Care/Financial Assistance - The cost of care for which BMC ordinarily charges a fee but which are provided free or at a reduced rate to patients who cannot afford to pay but who are not eligible for public programs and from whom BMC did not expect payment.

Completion Deadline - The date by which BMC receives a complete Financial Assistance Application and after which BMC may initiate or resume extraordinary collection actions (ECA).

This will be the same as the application period end date, on the 240th day after BMC provides the patient with the first billing statement for care.

Emergency Medical Care - Care provided by BMC for emergency medical conditions.

Extraordinary Collection Actions (ECA) - Actions taken by BMC against a patient related to obtaining payment of a bill for care covered under BMC's Financial Assistance Policy (FAP) that require a legal or judicial process; involve selling an individual's debt to another party; reporting adverse information about the patient to a consumer credit reporting agency or credit bureau.

Financial Assistance Application (FAA) - Documentation BMC requires a patient to submit to apply for financial assistance under the Financial Assistance Policy (FAP). This includes (but is not limited to): the Financial Assistance Application Form; instructions and plain language application summary; application to Public Assistance/Medicaid, if needed.

Financial Assistance Policy - (FAP) A written financial Policy, approved and adopted by the BMC governing Board of Directors.

Family/Household Size - The total number of individuals living with the patient/applicant. This may include: spouse; family; partners; related or unrelated individuals and/or other dependents, e.g. foster children; roommates.

Family/Household Income - Will be determined on gross (before tax) basis. Income may include (but is not limited to) all/any of the following: Earnings from employment; Unemployment Compensation; Workers' Compensation; Social Security; Supplemental Security Income; Disability; Public Assistance; Veterans' Payments; Survivor benefits; Pension or retirement; Estates; Trusts; Interest; Dividends; Royalties; Rents; Alimony; Child Support. Income will exclude capital gains/losses and non-cash benefits (food stamps/housing subsidies). Non-relatives and non-dependents will not be counted towards income.

Gross Charges - BMC's full, established price for medical care. Charges are applied uniformly and consistently for all patients before applying any contractual allowances, discounts or deductions. This is also called "chargemaster" rate(s).

Notification Period - The period during which BMC must notify a patient about the outcome/ determination of the patient's Financial Assistance Application (approved or denied). The notification period begins on the date the completed Financial Assistance Application is received and generally ends in 30 days. However, an exception may be made if the patient/applicant requires more time to apply for Medicaid or other beneficial program(s). This should not extend beyond 90 days.

Provider Listing - A listing of providers (medical professionals) covered or non-covered under the FAP. This listing can be found in Appendix A of this Policy; posted at the main registration desk and posted at the ER waiting room.

Uninsured -	Patient that has no insurance or third party coverage for medical care/services. Patient is not eligible for public programs. Patient is fully responsible for payment(s) of any service(s).
Underinsured -	Patient has some level of insurance or third party coverage for medical care/service(s) but patient still has out-of-pocket expense(s) that exceed his/her financial abilities.

PROCEDURE:

Services Eligible Under This Policy: For purposes of this Policy, "financial assistance/charity care" refers to healthcare services provided by BMC without charge or at a discount to qualifying patients/applicants. The following healthcare services are eligible for financial assistance:
1. Emergency medical services provided in an emergency room setting by BMC nursing/technical personnel; and
2. Outpatient services, which could include: EKG; laboratory; technical x-ray services; therapy; clinic; and
3. Inpatient services; which could include acute days; swing beds day; skilled nursing days.

Services NOT Eligible Under This Policy Because the Services are Not Billed by BMC (see Attachment A for the most current Provider Listing):
1. Emergency medical services provided in an emergency room setting by physicians; and
2. Outpatient services, which could include: x-ray interpretation(s) by physicians; and
3. Inpatient visits provided by physicians; which could include acute days; swing beds day; skilled nursing days.
A "Provider" listing will be maintained, posted and updated (at least annually) to assist patients/applicants in determining their financial responsibility and FAP eligibility. Postings will be available at Registration; ER Waiting Room; Lab; X-Ray; Community Clinic and in acute, swing bed and skilled nursing inpatient admission packets.

Eligibility for Financial assistance: Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any public/government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Patient/Applicant may request Financial Assistance for the inability/difficulty to pay general charges, co-insurance, co-pays, and deductibles.

Method by Which Patient/Applicant May Apply for Financial assistance:
1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and

a. will include an application process, in which the patient/applicant is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need; any amount requested where gross charges exceed $500.00, may require the application for assistance from the Pennsylvania Medical Assistance Program for Medical Benefits or Children's Health Insurance Program (CHIP);
b. may require a meeting between patient/applicant and BMC personnel so BMC can: explain this policy; assist with application completion; or assist with obtaining assistance from public programs;
c. may include the use of external publically available data sources that provide information on a patient/ applicant's ability to pay (such as credit scoring);

d. will take into account the patient/applicant's available assets, and all other financial resources available to the patient/applicant; and
e. will Include a review of the patient/applicant's outstanding accounts receivable for (prior) services rendered; payment history; and current expenses.

2. It is preferred, but not required, that a request for financial assistance occur prior to rendering of non-emergent medically necessary services. However, the financial request may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

3. BMC's requests for financial assistance shall be processed promptly and BMC shall notify the patient/applicant in writing, generally, within 30 days of receipt of a completed application. Additional time may be granted if the patient/applicant requires additional time to apply or be approved for any public program(s).

Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance application on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, BMC may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

Eligibility Criteria and Amounts Charged to Patients: Services eligible under this Policy will be made available to the patient/applicant on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient/applicant has been determined by BMC to be eligible for financial assistance, the patient/applicant shall not receive any future bills (for up to one year or when income levels change, whichever is sooner) based on undiscounted gross charges. The patient will not be charged more than the Amounts Generally Billed for any medically necessary, emergency or any other eligible services as defined by this Financial Assistance Policy. Amounts Generally Billed for fiscal year ending June 30, 2018 is 51%.

The basis for the amounts BMC will charge patients qualifying for financial assistance is as follows:

1. Patient/applicant whose family income is at or below 200% of the FPL is eligible to receive free care (100% discount); this will apply for presumptive eligibility and FAP approved applications;

2. Patient/applicant whose family income is above 200% but not more than 299% of the FPL is eligible to receive services at amounts no greater than the amounts generally billed (for presumptive eligibility) or 25% of gross charges (75% discount), for FAP approved applications;

3. Patient/applicant whose family income is above 300% but not more than 399% of the FPL is eligible to receive services at amounts no greater than the amounts generally billed (for presumptive eligibility) or 50% of gross charges (50% discount), for FAP approved applications;

4. Patient/applicant whose family income is above 400% but not more than 499% of the FPL is eligible to receive services at amounts no greater than the amounts generally billed (for presumptive eligibility) or 25% of gross charges (25% discount), for FAP approved applications;
5. Patient/applicant whose family income is above 500% of the FPL is eligible to receive prompt payment discounts and/or is offered a payment plan.

Financial Assistance Approval:
If approved for Financial Assistance, the approval will remain in effect for one (1) year from the date the FAP application was received. Covered services, co-pays & deductibles will be included for financial assistance. Any patient payments made in error while covered under the FAP approval will be refunded to the patient.

Communication of the Financial assistance Program to Patients and Within the Community: Notification about financial assistance available from BMC, which shall include a contact number, shall be distributed by various means, which may include, but are not limited to, the publication of notices in admission packets, patient bills and by posting notices in emergency rooms, outpatient departments, Community Clinic, registration, hospital business office, and at other public places as BMC may elect. BMC also shall publish and widely publicize a summary of this financial assistance Policy on facility website (if available), in brochures available in patient access sites and at other places within the community served by the hospital as BMC may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by BMC. Referral of patient for financial assistance may be made by any member of the BMC staff or medical staff. A request for financial assistance may be made by a patient/applicant or a family member, close friend, or associate of the patient/applicant, subject to applicable privacy laws.

Relationship to Collection Policies: BMC shall develop a Billing and Collection Policy (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient/applicant qualifies for financial assistance, a patient/applicant's good faith effort to apply for a governmental program(s) or for financial assistance from BMC, and effort to comply with payment agreement(s). Patient/applicants who may qualify for financial assistance and who are cooperating in good faith to resolve hospital bills, may be offered an extended payment plan by BMC, will not have unpaid bills sent to outside collection agencies, and BMC collection efforts will cease. BMC will not impose extraordinary collections actions such as: credit reporting; wage garnishments; liens on primary residences, or other legal actions for any patient/applicant without first making reasonable efforts to determine whether that patient/applicant is eligible for financial assistance under this financial assistance Policy. Reasonable efforts shall include:

1. Validating that the patient/applicant owes unpaid bills and that all sources of third-party payment have been identified and billed by the hospital;
2. Documentation that BMC has or has attempted to offer the patient/applicant the opportunity to apply for financial assistance pursuant to this Policy; has assisted with public program applications, if applicable, and that the patient/applicant has not complied with the hospital's application requirements;

3. Documentation that BMC has offered the patient/applicant the highest level of discount available;
4. Documentation that the patient/applicant does not qualify for financial assistance on a presumptive basis;
5. Documentation that the patient/applicant has been offered a payment plan but has not honored the terms of that plan.

A free copy of the Billing and Collection Policy can be obtained through any of the following:

- requesting a free copy in person at the Main Registration desk of Bucktail Medical Center
- calling the Main Registration desk of Bucktail Medical Center at 570-923-1000 and requesting a copy be mailed, at no expense, to the patient
- requesting a free copy in person at the Business Office of Bucktail Medical Center
- calling the Business Office of Bucktail Medical Center at 570-531-6166 and requesting a copy be mailed, at no expense, to the patient
- calling the Financial Assistance representative at 570-923-1000 x 2185 and requesting a copy be mailed, at no expense, to the patient

Regulatory Requirements: In implementing this Policy, BMC management and facilities shall comply with federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

Authorized Signature:	Title:	Date:
Timothy J. Reese	CEO/Admin.	April 1, 2019