

 <b>Prairie View Policies and Procedures</b>	<b>Title: FINANCIAL ASSISTANCE POLICY</b>	
<b>Manual: Patient Accounts</b>	<b>POLICY</b>	<b>PROCEDURE</b>
<b>Scope: Prairie View</b>	<b>Approved By: Management Team</b>	<b>Approved By: Chief Financial Officer</b>
	<b>Last Review Date: 4/26/2019</b>	<b>Last Review Date: 4/26/2019</b>

**Policy Statement:**

Prairie View provides financial assistance to patients receiving emergency or other medically necessary services if they demonstrate financial need and satisfy the requirements outlined in this policy. The primary beneficiaries of this Financial Assistance Policy are intended to be uninsured and underinsured patients. This policy serves to meet the requirements of Internal Revenue Code Section 501(r).

**Providers Included Under This Policy:**

This Financial Assistance Policy applies to all Prairie View practitioners and locations within Harvey, Marion, and McPherson counties. This policy does not apply to the following Prairie View outpatient clinics located in counties where Prairie View is not the Community Mental Health Center, and does not apply to practitioners and providers who may services and are not employed by Prairie View:

- Prairie View West Wichita Clinic
- Prairie View East Wichita Clinic
- Partners in Family Care

**Emergency Medical Care:**

Prairie View will provide, without discrimination, care for emergency medical conditions without regard to the patient’s eligibility for Financial Assistance or ability to pay. Prairie View requires an appropriate screening be provided to any individual requesting treatment for a potential Emergency Medical Condition. If following an appropriate screening, Prairie View determines that the individual has an Emergency Medical Condition, Prairie View will provide services, within its capability, necessary to stabilize the Emergency Medical Condition, or will facilitate an appropriate transfer.

Prairie View prohibits any actions, such as demanding payment before receiving treatment for Emergency Medical Conditions or conducting debt collection activities that may interfere with providing Emergency Medical Care.

**Eligible Services for Financial Assistance:**

Prairie View reserves the right to limit the services covered by this policy. Emergency Services and medically necessary services are covered under this policy. Medical necessity is determined through a clinical utilization review with the physician, case manager, clinician, and with the patient’s 3<sup>rd</sup> party insurance if applicable.

If the patient is already receiving discounted services from Prairie View through a separate reduced rate arrangement, those services are ineligible for financial assistance under this policy. Services deemed not medically necessary or elective services are not covered under this policy. Some examples of these include:

- Extensions of patient stays that don't meet medical necessity criteria by the patient's third party insurance but are provided at the request of the patient
- "Out of Network" patient liability balances that result from the patient receiving non-emergent care at Prairie View rather than at an "in network" provider
- For outpatient services, this policy does not apply to residents outside of Harvey, Marion, and McPherson County (i.e. counties where Prairie View does not operate as the Community Mental Health Center).

**Limitation on Charges:**

For a patient receiving financial assistance underneath this policy, the patient will not be charged more than the amount generally billed (AGB). Prairie View calculates the AGB using the "look-back" method and includes Medicare fee-for service and all private health insurers that pay claims to the organization. The result of those calculations for the AGB are 82%.

This AGB percentage is calculated by dividing the sum of the amounts allowed by Medicare and private insurers by the gross charges for emergency and medically necessary services during the 12 month period prior to the AGB calculation. The only claims utilized for purposes of determining the AGB are those that were by allowed by health insurers during the period.

**Financial Assistance Rate Schedule:**

Patients whose gross annual income is 200% or less of the federal poverty guidelines may receive discounted services according to the below sliding fee scale. For uninsured patients, the discount will be applied to gross charges. For insured patients, the discount will be applied to patient liability.

Annual Income		
From	To	Percent Charged
\$ -	\$12,490	18%
\$12,490	\$12,999	25%
\$13,000	\$13,999	32%
\$14,000	\$14,999	38%
\$15,000	\$15,999	45%
\$16,000	\$16,999	52%
\$17,000	\$17,999	58%
\$18,000	\$18,999	65%
\$19,000	\$19,999	72%
\$20,000	\$24,980	80%
\$24,980	no max	100%

**\*Based on 1 family member, subtract \$4,420 from annual income per each additional family member above 1.**

Hardship fee or waiver of the entire amount of fee is based on individual circumstances with approval of the Financial Assistance Committee.

### **Length of Financial Assistance:**

Financial Assistance, when approved, will be for a period of six months. At the conclusion of six months, a new Financial Assistance Application will need to be completed and approved in order for Financial Assistance to continue.

### **Financial Assistance Application:**

In order to be considered for financial assistance under this policy, a patient must complete the Financial Evaluation form and submit the following documents to demonstrate financial need:

- Proof of residency
- Copy of denial letter from Medicaid
- Pay stubs from three most recent payroll checks
- If unemployed, verification of any compensation received (i.e. unemployment compensation)
- Bank Statements (2 most recent)
- Most recent federal tax return filed

Failure to submit all required documentation may render the application incomplete and disqualify the patient from receiving Financial Assistance.

### **Applying for Financial Assistance:**

Patients may apply for Financial Assistance in person at Admissions or by meeting with a Prairie View Financial Counselor. Applications for Financial Assistance may also be obtained online at Prairie View's website.

Prairie View may presume eligibility for Financial Assistance under this policy for a patient if it receives information outside of the Financial Assistance Application that leads it to believe the patient may be eligible, such as:

- Homelessness of the patient
- Patient balances have been discharged by a bankruptcy court
- Patient is deceased, and balance due remains after all assets in an estate have been distributed
- Patient receives Supplemental Nutritional Assistance Program (SNAP) benefits

### **Measures to Publicize the Financial Assistance Policy:**

Prairie View is taking the following measures to publicize this policy to the community it serves.

- Posting the Financial Assistance Policy, Plain Language Summary, and the Financial Assistance Application online at the Prairie View website.



- Providing paper copies of the Financial Assistance Policy, Plain Language Summary, and the Financial Assistance Application upon request in Admissions.
- Informing patients of the policy in person or in customer service phone contacts.

### **Determination of Financial Assistance:**

Upon receipt of a completed Financial Evaluation form and required documents, the application will be reviewed to determine whether the patient qualifies for financial assistance. Patients will be notified whether their application was approved or denied (with a reason for denial) within 30 days of receipt of the application.

If a patient's application is denied, they will have 30 days from the date of the denial to appeal in writing. The initial application, denial, and appeal will be reviewed by the Financial Assistance Committee. Within 30 days of receipt of the appeal, a final determination will be sent to the patient.

### **Billing and Collections Process:**

In order to be fiscally responsible, and remain financially viable, Prairie View must receive payment for the services it provides. Prairie View's policy is to pursue collection of balances due, including Extraordinary Collection Actions (ECA), if patients do not pay balances due or make acceptable payment arrangements within 120 days of their first billing statement.

Patients will receive monthly statements detailing balances due. At least 30 days prior to the initiation of any ECA, Prairie View will:

- Provide written notice to the patient that states financial assistance is available
- Provide the patient with a plain language summary of the Financial Assistance Policy
- Make a reasonable effort to orally notify the patient about the Financial Assistance Policy

If ECA are in place, and a completed Financial Assistance Application is received, ECA in progress will be suspended until a determination is made regarding financial assistance.

