

# General John J. Pershing Memorial Hospital Association

DATE: 11/02/2013

**REVIEWED/REVISED:** 07/2016, 10/2016, 01/2017, 04/2017, 07/01/2017, 10/28/2017, 01/10/2018, 04/03/2018, 07/03/2018, 10/22/2018, 04/01/2019, 07/01/2019, 10/28/2019, 04/03/2020, 07/01/2020, 10/01/2020, 10/28/2020, 10/01/2021, 04/02/2021, 07/02/2021, 07/07/2021

- Departments:** Pershing Memorial Hospital, Community Medical Associates, and Meadville Medical Clinic
- Subject:** Financial Assistance Policy (FAP)
- Policy:** To provide and define the method and information required to apply for financial assistance for Emergency Care and Medically Necessary Care to patients of Pershing Memorial Hospital, Community Medical Associates, Meadville Medical Clinic. (All collectively referred to in this policy as Pershing Health System - PHS).
- Purpose:** Patients are expected to work with Pershing Health System's procedures for obtaining charity or other forms of payment or financial assistance. Individuals or families are encouraged to apply for and retain health insurance when their family income is sufficient to qualify. Individuals or families that are eligible for group health insurance are encouraged to apply for and retain that group health insurance when not eligible for health insurance under the Affordable Care Act. Charity applicants that may be eligible for Medicaid are requested to apply for and retain Medicaid.

## Pershing Health System Financial Assistance

First and foremost, your financial circumstances will not affect your care. All patients are treated with respect and fairness. Patients who meet certain income guidelines may qualify for Pershing Health System Financial Assistance, including reduced charges and short-term payment plans after all other sources have paid correctly based on legal statute, regulations, contract, lien, or judgment and all sources for payment are exhausted. A FAP eligible individual may not be charged more than amounts generally billed (AGB) for emergency or medically necessary care. Information regarding amounts generally billed and its' calculation is available in appendix A, or, by calling 660-258-1197 (hospital) or 660-258-1050 (clinics) or at <https://phsmo.org/financial-assistance>

If you are insured and have questions about your coverage or your level of benefits, please contact your insurance provider. Depending on the type of service and level of financial assistance, a partial payment may be required. We can give you a Financial Assistance Policy Income and Discount chart that shows the payments amounts. Please see appendix B.

Financial assistance approval will cover a 12 month (1 year) period after approval date. After 12 months (1 year) a new application will have to be submitted along with all requested/required documentation.

Exceptions to the financial assistance qualification criteria will be considered on an individual basis.

Emergency Room Outpatients – A copay amount will be collected at the point of service after services have been rendered. This amount will be the amount noted on the patient’s insurance card, or if the patient’s insurance does not specify an amount for ER, or if the patient does not have insurance at all, the amount of \$50.00 as outlined in the Point of Service Collection policy will be collected. This copay will be applied to any balance due from the patient once they have been approved for financial assistance.

Financial Assistance is available to patients who live in the counties of: Linn, Chariton, Carroll, Adair, Grundy, Livingston, Macon and Sullivan.

### **Applying for Financial Assistance**

You may apply for Financial Assistance at any time – before, during or after your care, up to 240 days after your first post discharge billing statement. We will send information with your bill about how to apply for assistance. Applications are also available upon request at any Pershing Health System facility, and on our website <https://phsmo.org/financial-assistance>. In addition, please see the “Learn More” section below for contact information on how you can obtain a copy of the Financial Assistance. The application requires proof of income such as income tax return or paycheck stub. Examples of documents which may be used as proof of income as well as income information that may be requested and required can be found listed here and on the application form:

#### **Documents**

#### **Income Information**

A. Most current tax returns & schedules	1. Gross monthly wages
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B. W-2's and 1099 forms	2. Self-employed income
C. Most recent (4) four pay stubs	3. Social Security
D. Written income verification from an employer if paid in cash	4. Social Security Disability
E. IRS form 4506 (if not filing taxes)	5. Private Disability
F. Social Security Award Letter	6. Veteran's Disability
	7. Veteran's Pension
	8. Unemployment
	9. Worker's Compensation
	10. Retirement Income
	11. Child Support
	12. Alimony or Other Spousal Support
	13. Temporary Assistance for Needy Families (TANF)
	14. Other Income

When appropriate, the family unit will be encouraged to report to Medicaid as requested to maintain coverage, or to apply with the Division of Family Services for Medicaid and Family Services related benefits.

Applicants with inactive Medicaid may be approved for financial assistance if the total services at all facilities where the patient has received care are not sufficient to activate Medicaid coverage for the time period at issue. Financial assistance may be denied or delayed until all charges that are Medicaid eligible are reported to MOHealthNet within the time frame allowed by Medicaid for the date(s) of service.

Charges determined not to be the patient's responsibility by Medicaid will not be considered for financial assistance. Medicaid Co-Pay or spend down amounts will not be considered for charity based on current Medicaid regulations.

Patients may be presumed indigent for charges and will qualify for a charity discount if: they are determined to be homeless by Pershing Health System (an individual without permanent housing who may live on the streets, stay in a shelter, mission, abandoned building or vehicle, or in other unstable or non-permanent situation), they are a nursing home patient and all property for both patient and spouse has been

signed over to or claimed by Medicaid, or they are deceased without a surviving spouse and no cash estate, property or possible source of payment. Patients who, based on information from business associates, judicial system, government sources, division of family services or credit bureau reports, are found to have a financial hardship but not an ability or resource for payment may also be determined as indigent. PHS guidelines to determine presumed indigent will apply. A copy of the guidelines are available upon request.

### **Collection of Balances after Applied Charity Discounts**

Any remaining balance due after charity discounts have been applied will be pursued according to our collection policy. Please see appendix C.

### **Medical Qualifications for Financial Assistance**

Pershing Health System will provide, without exception, care for emergency medical conditions to all patients seeking such care, regardless of ability to pay or to qualify for financial assistance, in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Financial assistance is available only for emergency and medically necessary services. It does not apply to the portion of your services that have been paid for by a third party such as an insurance company or government program.

### **Income Guidelines for Financial Assistance**

The amount of financial assistance you receive is based on Federal Poverty Level Information set by the U.S. government each year. To be eligible for a discount, your family income must not be more than three times the Federal Poverty Level (300 percent). A Financial Assistance Policy Income and Discount chart that shows these income levels are included in this policy, see appendix B. In addition to your income, the discount will also take into account the size of your family. Patients with family income of over \$100,000 a year are not eligible for Pershing Health System Financial Assistance, regardless of family size.

Family unit is defined as follows: Any individual over the age of 18 who is legally financially responsible solely for themselves and their dependents for any debts they incur regardless of whomever else they may be living with; or, couples legally financially responsible for any debts incurred by each other and their dependents.

## Learn More

You can get more information about the Pershing Health System Financial Assistance Policy and an application, or make a request to receive written notice or communication electronically by speaking with a Patient Services representative or by calling:

**Pershing Hospital** (Just East of McDonalds), 130 East Lockling, PO Box 408, Brookfield MO 64628 – Business Office 660-258-1197 or 660-258-1198

**Community Medical Associates** (In the hospital to the right of the main lobby), 130 East Lockling, PO Box 408, Brookfield MO 64628 – Business Office 660-258-1050

**Meadville Medical Clinic** (North of Hwy 36 in Meadville), 101 East Hayward, PO Box 131, Meadville MO 64659 ----- Business Office 660-258-1050

**A listing of providers who are not included under PHS's financial policy is provided in appendix D. In addition, it is available by calling 660-258-1197 or 60-258-1198 or on our website <https://phsmo.org/financial-assistance>.**

# General John J. Pershing Memorial Hospital Association

**Department:** Collections

**Drafted:** June 2016

**Subject:** Patient Billing and Collection Policy

**Policy:** To collect all private pay and private pay after insurance balances in a timely manner. To remind patients who may be in a financial hardship that we do have a financial assistance policy and or other methods to assist them in resolving their balances.

**Procedure:**

1. Statements will be generated by guarantor and mailed every 30 days for a period of 120 days from the date of the patient's first post-discharge statement. After 120 days accounts with unpaid balances that do not have payment arrangements/agreements, or financial assistance applications (FAP) completed with all supporting documentation will be considered for placement with a collection agency.
2. Statements will include notification of our financial assistance policy on the front of the statement.
3. On the 90<sup>th</sup> billing date (4<sup>th</sup> billing statement) a message will be included that states the hospital intends to send the account to a collection agency. A copy of the Financial Assistance Policy Plain Language Summary will be sent with this statement.
4. After review, the account will be moved to bad debt and sent to a collection agency. After 120 days at the collection agency if no payment arrangements/agreements have been established or if financial assistance has not been requested, then other extra ordinary collection efforts may be taken.
5. Patients will be notified of our financial assistance policy at the time of service, by accessing our website to download all necessary information and application, or by contacting our collections office.
6. FAP application may be submitted if the first post-discharge statement was 240 days or less.
7. Once an application is received the patient will be contacted for any missing required documentation. Once all required documentation has been received the application will be processed within 30 days and the patient will receive notification in writing of their approval or denial. Information regarding why a patient was denied will be

**Department:** Collections

**Drafted:** June 2016

**Subject:** Patient Billing and Collection Policy

**Page:** 2 of 2

**Procedure:**

outlined in the written notification. Incomplete applications or completed applications missing required documentation after several attempts (3) have been made by our collection department to notify the patient of missing documentation will not be processed and no notification will be provided.

8. Any copays paid at point of service will be refunded if the patient qualifies for 100% financial assistance discount.
9. Remaining balances after financial assistance discounts have been applied are expected to be paid. Payment arrangements can be established for these and all other balances.
10. Payments are applied to the oldest accounts first unless otherwise specified by the patient/guarantor.

# APPENDIX A

## Amounts Generally Billed

If you receive assistance under the PHS Financial Assistance Policy (FAP), Pershing Health System may not charge you more than the amounts generally billed (AGB) to individuals who have insurance covering emergency and medically necessary care. A patient eligible for financial assistance is considered to be “charged” only the amount he or she is personally responsible for paying, after all discounts (including discounts available under the FAP) and insurance payments have been applied.

PHS determines AGB by multiplying PHS’s gross charges for that care by one or more percentages of gross charges, called “AGB percentage”. The AGB percentage is calculated annually by dividing the full amount of all of PHS’s claims that have been allowed by health insurers during the prior 12-month period by the sum of the associated gross charges for those claims. For these purposes, the full amount allowed by a health insurer includes both the amount to be reimbursed by the insurer and the amount (if any) the individual is personally responsible for paying in the form of co-payments, co-insurance or deductibles. The AGB calculation is performed annually for PHS (July - June). This is the approved amount of Medicare, Managed Medicare, Commercial Managed Care and Commercial Insurance payers divided by gross charges.

Once eligibility for financial assistance is approved, PHS will apply the applicable financial assistance discount described in the Financial Assistance Income and Discount Table. Any balance due by you will be reviewed to ensure it is less than the AGB percentage. If the balance due is more than the AGB allowable amount, an additional discount will be applied to the balance to reduce it to the AGB percentage.

The AGB amount is subject to change each year. Effective 08/15/2015 the current AGB is 37.57% off of total charges, collectible amount is 62.43% of total charges. Effective 10/28/2016 the current AGB is 46.17% off of total charges, collectible amount is 53.83% of total charges. Effective 10/28/2017 the current AGB is 47.41% off of total charges, collectible amount is 52.59% of total charges. Effective 10/22/2018 the current AGB is 47.78% off of total charges, collectible amount is 52.22% of the total charges. Effective 10/28/2019 the current AGB is 47.12% off of total charges, collectible amount is 52.88% of total charges. Effective 10/28/2020 the current AGB is 51.99% of the total charges, collectible amount is 48.01% of total charges.



# APPENDIX B

Revised 07/01/2021

## PHS Financial Assistance Income and Discount Schedule

**Table I: Family Income Ranges for Financial Assistance**

Family Size	100% FPL	101 -150% FPL	151-200% FPL	201-300% FPL
1 Person	\$12,880	\$19,320	\$25,760	\$38,640
2 People	\$17,420	\$26,130	\$34,840	\$52,260
3 People	\$21,960	\$32,940	\$43,920	\$65,880
4 People	\$26,500	\$39,750	\$53,000	\$79,500
5 People	\$31,040	\$46,560	\$62,080	\$93,120
6 People	\$35,580	\$53,370	\$71,160	\$99,999
7 People	\$40,120	\$60,180	\$80,240	\$99,999
8 People	\$44,660	\$66,990	\$89,320	\$99,999

Family Size: For each additional family member over 8 members, add \$4,540 to income. Patients with family income over \$100,000 will not be eligible for financial assistance, regardless of family size.

FPL: "Federal Poverty Level" is determined yearly by the US Department of Health and Human Services.

**Table II: Amount of Discount and Patient Responsibility**

Patient's Household Income:	Less than 100% FPL	101-150% FPL	151-200% FPL	201-300% FPL
Patient's Discount:	100%	75%	50%	30%

Co-pays (unless otherwise specified at point of service)	Hospitals:	Clinics:	Community Medical / Applegate / Meadville
Inpatient:	\$0 per stay	Office Visit:	\$0 per visit
Outpatient:	\$0 per visit	Office Procedure:	\$0 per visit
Emergency:	\$50 per visit		
Therapy:	\$0 per visit		

# APPENDIX C

## List of Providers included in Pershing Health System Financial Assistance Policy (FAP)

Pershing Memorial Hospital

Community Medical Associates

Meadville Medical Clinic

# APPENDIX D

## List of Providers not included in Pershing Health System Financial Assistance Policy (FAP)

Have a Nice Day Anesthesia, LLC

Alliance Radiology

Missouri Heart

Moyes Eye Center

GI Associates

Quest - Laboratories

Hedrick Medical Center Specialty Physicians:

Dr. Eriksen and Dr. James – Podiatry

Dr. Johnson -----General Surgery

Premier Specialty Network(Rheumatology)

Dr. Meyer, Dr. Brashers & Clayton Scheets (PA) (Pain Clinic)

Dr. Remis (Urology)

**If you have any questions about whether a specific provider is covered or not covered by this policy, please call 660-258-1197.**