

PENNSYLVANIA PSYCHIATRIC INSTITUTE
CHARITY CARE AND FINANCIAL ASSISTANCE
FINANCE

PURPOSE

Pennsylvania Psychiatric Institute is committed to treating patients who have financial needs with the same dignity and consideration that is extended to all of its patients consistent with the Missions statement of Pennsylvania Psychiatric Institute.

I. POLICY

It is the policy of Pennsylvania Psychiatric Institute to consider each patient's ability to pay for his or her medical care by providing a level of charity care and financial assistance to uninsured and under-insured patients requiring medically necessary health care services based on the financial eligibility criteria.

II. PROCEDURE

1. Definitions:

- A. **Charity Care** means the ability to receive care. Patients who are uninsured or underinsured for medically necessary service, who are ineligible for government or other insurance coverage, and who have family income under or below 250% of the Federal Poverty Level will be eligible to receive free care. In addition, those patients who are insured and do not have family income in excess of 150% of the Federal Poverty Level will be eligible for charity care for their patient financial responsibility under indigent care criteria.
- B. **Financial Assistance** means the ability to receive care at a discounted rate. Patients who are uninsured or under-insured for medically necessary services and ineligible for governmental or other insurance coverage, and who have family incomes in excel of 250% , but not exceeding 400%, of the Federal Poverty Line; will be eligible to receive Financial Assistance in the form of a partial discount off charges.
- C. **Uninsured Patient** means an individual who does not have any third-party health care coverage through a third party insurer, an ERISA plan, Federal Health Care Program (including Medicare, Medicaid, SCHIP and TRICARE) Workers' Compensation, Medical Savings Accounts or other coverage for all or any part of the bill. Patients who have exhausted their health insurance benefit coverage will be considered uninsured.
- D. **Presumptive Charity Care** refers to an individual that is presumed eligible for Charity (or Financial Assistance) when adequate information is provided by the patient or through other resources that allows Pennsylvania Psychiatric Institute to determine that the patient qualifies for Charity Care.

2. Notice of availability of this program is posted at patient registration sites within the hospitals and clinics and presented to patients upon request.
3. Patients who have an inpatient stay are also required to apply for Medical Assistance with their state of residence prior to being considered for charity care. For those inpatients whose place of residence in the Commonwealth of Pennsylvania, assistance will be provided by the Hospital.
4. Patients expressing financial hardship are given the opportunity to apply for charity care by completing the Financial Aid Application and providing the following documentations as noted below:
 - i. Pay stubs for the past 2 months
 - ii. Bank Statements (checking and savings) for past 2 months
 - iii. Copy of notice received from Social Security Administration indicating monthly benefit
 - iv. Copy of Federal Income Tax return (most current year)
 - v. Copy of notice received from Bureau of Unemployment for weekly benefit
 - vi. Copy of any pension payments that are received monthly
 - vii. Notice of current Medical Assistance denial or approval (if applicable)
5. In instances where a patient may appear eligible for a charity discount, but lacks documentation to support it, consideration will be given based on circumstances presented or credit agency income data for Presumptive Charity Care. This will include, but not limited to; homelessness, no income, participation in Women's Infants and Children's programs (WIC), food stamp eligibility, other state or local assistance programs that are unfunded (e.g. Medicaid step-down), information from family or friends, low income housing provided as valid address, patient deceased with no known estate, eligible for state funded prescription programs, and credit agency notes low income per financial records.
6. A complete Financial Aid Application will be forwarded to the Patient Accounts Department. When the application is received, the staff will review and determine if the application is complete and the documentation supports Charity Care or Financial Assistance eligibility.
7. Charity Care patients will receive 100% discount of the charges (except for personal charges incurred by the patient such as telephone services, television services, etc.). The Financial Assistance partial discounts are set forth below.
 - i. Charges for the purpose of Charity Care and Financial Assistance policy are define as the normal amounts that would be billed to patients with insurance coverage for like services and/or procedure.
 - ii. For purposes of the Charity Care and Financial Assistance policy the normal amounts billed to patients who qualify under this policy will be an average of the amount expected to be reimbursed from the three largest insurance payers of Pennsylvania Psychiatric Hospital for like service and/or procedure.

- iii. The average amounts expected to be reimbursed from the three largest insurance payers to be applied under this policy will be annually reviewed and if necessary updated.
8. All applicants, who apply for charity and have provided all the necessary documentation, are notified of final determination by letter within 2 weeks of determination.
9. Patients who do not provide the requested information necessary to completely and accurately assess their financial situation and/or who do not cooperate with efforts to secure governmental health care coverage will not be eligible for Charity Care or Financial Assistance. However, such cooperation should not be a precondition to the receipt of medically necessary treatment, especially emergency care in accordance with EMTALA regulations
10. The Charity Care and Financial Assistance discount guidelines are as follows:

% of Federal Poverty Levels	Discount Category	Discount Percent
0% - 250%	Charity Care	100%
251% - 300%	Financial Assistance	80%
301% - 400%	Financial Assistance	60%

11. Patients whose income is in excess of 400% of the Federal Poverty Level may be eligible for up to a 40% discount at the discretion of the Patient Accounts Manager.
12. Applications outside of these guidelines may be approved based upon extraordinary circumstances with the documented approval of the Chief Financial Officer.
13. Approval for charity care allowance will be based on the following criteria:
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|---------------------|---|
| Up to \$1,500 | Patient Financial Services Representative |
| \$1,501 to \$40,000 | Patient Accounts Manager |
| > \$40,000 | Chief Financial Officer |
14. The determination of charity care will be effective for 6 months from the date of approval and will be re-evaluated at the request of the patient/responsible party.
15. Applicants eligible for partial discount will be required to make reasonable payment arrangements on the balance of their account in accordance with Collections Policy.
16. Except in the case of those individuals within 150% of the Federal Poverty levels, this policy does not apply to patients who are insured or underinsured; for example, as it is not the intent of this policy to provide free or discount care to patients who have health insurance with high deductibles or coinsurance.

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Patient Accounts Manager

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