

Excelsa Health
ADMINISTRATIVE POLICY AND PROTOCOL MANUAL

TITLE:	Patient Financial Assistance and Discount Policy (PFAP)	No. 1 – I – 802
RESPONSIBILITY:	Business Office	Commencement Date: 02/2007
RELATED POLICY / PROTOCOLS		REVIEW DATES:
Billing Collection Policy		REVISE DATES: 10/2012 7/2016 4/2017 02/2019; 09/2020; 06/2021; 07/2022

I. Objective

To support Excelsa Health’s Mission to improve the health and well-being of every life we touch by ensuring access to emergency and medically necessary healthcare services without regard to race, creed or ability to pay. Excelsa Health’s hospitals are considered tax-exempt charitable organizations in accordance with 501(c)(3) of the Internal Revenue Code. As such, patients who do not have the ability to pay for services provided by Excelsa Health hospitals; encompassing Frick Hospital, Latrobe Hospital and Westmoreland Hospital; may request financial assistance for emergency and medically necessary care.

Financial Assistance may be available for uninsured patients with an Annual Family Income of less than 400% of the Federal Poverty Income Guidelines. All applicants must be screened for Medicaid coverage and cooperate with the Medicaid eligibility process to be considered for financial assistance. Patients who are determined to be Medically Indigent or are facing Exceptional Medical Circumstances may also qualify for financial assistance.

Excelsa Health will make reasonable efforts to identify patients who may need to apply for Patient Financial Assistance. These efforts will be made in accordance with IRS 501 (r) regulations.

After reasonable efforts have been exhausted, Excelsa Health may utilize a third-party collection agency to assist in the collection of outstanding debt owed. Excelsa Health will not engage in Extraordinary Collection Activity.

II. Definitions

- A. Emergency Care: treatment or care for an Emergency Medical Condition as defined by EMTALA.
- B. EMTALA: is the Emergency Medical Treatment and Active Labor Act (42 U.S.C. 139dd)
- C. Medically Necessary: those services reasonable and necessary to diagnose or prevent an illness, injury or condition; lessen pain or severity of condition; help improve the condition, prevent condition from getting worse, and/or restore lost skills (rehabilitation). Medically Necessary services must be consistent with the diagnosis, meet accepted standards of good medical practice and be able to be provided safely. Medically Necessary care does not include outpatient prescription medications.
- D. Federal Poverty Income Guidelines (FPIG): set minimum amount of gross income that a family needs for food, clothing transportation, shelter, and other necessities. Levels are determined by the Department of Health & Human Services. These guidelines are adjusted and reported annually, typically in February of the corresponding year.

- E. Uninsured Patient: those persons with no insurance coverage at all or whose insurance benefits have been exhausted.
- F. Underinsured Patient: those persons with minimal insurance coverage.
- G. Financial Assistance: extended for hospital costs related to *medically necessary* procedures / services, including medically necessary ambulance trips provided by Ligonier Ambulance.
- H. Uninsured Patient Discount: extended to uninsured patients who do not qualify for Patient Financial Assistance. Upon request, patients will receive a 40% discount of total charges for *medically necessary* services rendered.
- I. Financially Indigent: an uninsured or underinsured patient who is accepted for care with no obligation or a discounted obligation to pay for *medically necessary* services rendered, based on a PFAP eligibility.
- J. Medically Indigent: an uninsured or underinsured patient whose *medically necessary* hospital bills, *after payment by third-party payers*, exceed thirty percent (30%) of the guarantor's adjusted family income and not found to be Financially Indigent.
- K. Presumptive Charity: allowable for those instances where the patient is unable to complete the patient financial assistance application and / or provide supporting documentation. Authorized staff within the Business Office will complete the form on the patient's behalf and research evidence of indigence. If any of the criteria listed below are met, the patient may qualify for Presumptive Charity:
1. State or Federal assistance program enrollment (food stamps, family planning, etc.)
 2. Low income housing resident, supported by a county appraisal district record
 3. Lack of family support for incapacitated patients
 4. Homeless
 5. Mental incompetence as declared by a licensed professional
 6. Low income as documented by third-party income verification services.
- L. Amount Generally Billed (AGB) – A limitation on charges for patients who are eligible for the Patient Financial Assistance program.
- Patients found to be eligible for financial assistance will not be charged more for emergency or medically necessary care than the amount we generally receive from patients having Commercial Insurance or Medicare coverage. (Appendix A)
- If a patient does not complete a PFAP application, the patient may be charged gross charges even though the hospital has made reasonable efforts to determine eligibility.
- M. Extraordinary Collection Activity: activities include any action related to obtaining payment of a bill that involves:
- a. Legal Process
 - b. Selling Debt
 - c. Reporting adverse information to credit bureaus
 - d. Commencing a civil action
 - e. Garnishments
 - f. Liens, attaching or seizing bank account or other personal property
 - g. Causing an individual arrest (warrant)

Placing accounts with collection agencies is not considered Extraordinary Collection Activity.

III. Relationship to EMTALA

Consistent with EMTALA, all applicable facilities will provide an appropriate medical screening to any individual requesting treatment for a potential emergency medical condition, regardless of their ability to pay. The facility will provide care for emergency medical conditions to individuals without discrimination regardless of whether they are eligible for financial assistance. If, following an appropriate medical screening, personnel determine the individual does have an emergency medical condition, staff will continue to provide services, within the capability of the Excelsa Health facility, necessary to stabilize the individual's emergency medical condition, or will effect an appropriate transfer as defined by EMTALA.

IV. Guidelines for Patient Financial Assistance Eligibility (PFAP)

- A. Completion of the Financial Assistance Application is required.
- B. Determinations will be made using the Federal Poverty Income Guidelines (FPIG) and family size; as well as, other income and financial information.
- C. If your annual family income is 250% or less of the FPIG, you will be eligible for free care. If your annual family income is between 251% and 400% of the FPIG, you will be eligible for discounted care under the PFAP guidelines using the amounts generally billed (AGB) calculation. (Appendix A)
- D. In the case of repeat visits, staff will attempt to re-verify with the patient or responsible party that there has been no change in their financial situation. However, a new application along with new supporting documentation will be required after six (6) months have passed.

E. New Requirement Regarding Amount Generally Billed (AGB)

Following a determination of Financial Assistance Eligibility, a PFAP eligible individual may not be charged more than the Amount Generally Billed for emergency or other medically necessary care.

Section 501(r) imposes new requirements on 501(c)(3) limiting amounts charged for emergency and other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy. Excelsa Health utilizes the "look-back" method to determine the Amounts Generally Billed (AGB) for Emergency and other Medically Necessary Care. The AGB percentage applicable as of 1/1/2021 at each of our facilities is as follows:

- Frick Hospital 26.4%
- Latrobe Hospital 33.6%
- Westmoreland Hospital 32.5%

The percentage was calculated using all claims paid by both Commercial insurers and Medicare insurers (both Traditional and Medicare Advantage) for both inpatient and outpatient services having discharge dates from July 1, 2022 to June 30, 2023. Total payment from allowed claims was divided by the total billed charges for such claims.

AGB was calculated using this method for each individual hospital. We have chosen to apply the facility rate most favorable to patients for all of our facilities in 2022. Therefore, the AGB percentage applicable for all facilities will be 26.4%. This will result in a Patient Financial Assistance Adjustment of 73.6% applied to gross charges for those individuals who qualify for Patient Financial Assistance.

Excelsa Health will be deemed to have met the limitation on charge requirements even if it charges more than AGB for emergency or other medically necessary care provided to a PFAP eligible individual if:

1. The charge in excess of AGB was not made or requested as a pre-condition of providing medically necessary care to the PFAP-eligible individual.
2. As of the time the charge, the PFAP-eligible individual had not submitted a completed PFAP application or had not otherwise been determined by the hospital to be PFAP-eligible

The individual subsequently submitted a completed PFAP application and is determined to be PFAP eligible for the care, and the hospital facility refunded any amount the individual had paid for the care that exceeded the amount he or she is determined to be personally responsible for as a PFAP eligible individual, unless such amount is less than \$5

V. Where to Find More Information

- A. Visit the Excelsa Health website at www.excelsahealth.org. Toward the bottom of the page, choose Pay My Bill. Across the bottom click on Billing Policies to locate additional information regarding our Billing and Collection Policy, Patient Financial Assistance policy, and Patient Financial Assistance application. The application may also be printed from this website.
- B. Call 724-689-1750 option 2 to speak with a Patient Financial Assistance specialist.
- C. Ask about the Patient Financial Assistance Program at any of the Excelsa Health facilities.

VI. How to Apply

- A. You may apply at any point in the scheduling or billing process by completing and submitting an application along with all necessary income documentation.
- B. All applications whether mailed or delivered in person will be forwarded to our PFAP counselor for evaluation and processing.
- C. If you feel you may have a medically indigent or exceptional medical circumstance, contact our PFAP counselor for assistance in initiating an application.

VII. Cognizant Office

Consultation regarding clarifications and interpretations of this policy, as well as the resolution of problems and special situations related to this policy and protocol, is available through the Policy Sponsor.

VIII. Sponsorship and Authorizations

- A. Policy Sponsor:** Maryann Wilson, Manager, Patient Accounting
- B. Policy Coordinator:** Kathleen Rosatti, RN, MSN, Director, Clinical Outcomes Management
- C. Policy Authority:** Thomas Albanesi, Executive Vice President/Chief Financial Officer

Signature

Date