

Revenue Cycle

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Financial Assistance

Effective Date: December 2003

Updated 06/07, 02/08, 5/09, 9/10, 12/10, 4/13, 1/14, 2/15, 12/15, 2/16, 12/16, 2/17, 7/17, 8/17

RELATED FORM(S)

1. Patient Financial Evaluation
2. Financial Assistance Reporting

RELATED POLICIES

1. Credit and Collection Policy

REASON FOR POLICY

PCH/PCMG is committed to providing Financial Assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program and otherwise unable to pay, for Medically Necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and disenfranchised, PCH/PCMG strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health and protection of their individual assets. PCH has a Financial Assistance Policy with a sliding scale that addresses levels of financial support available for people who are uninsured or underinsured, based on family income, federal poverty level guidelines and availability/non-availability of payer resources.

PCH/PCMG financial assistance goal is to identify a payer source for a patient. This could include, but is not limited to: parents' employer-based coverage, the Affordable Care Act market place plans, AHCCCS, Medicare/SSI, FES (Federal Emergency Services – provided through AHCCCS), ICE (immigration and Customs Enforcement) or Section 1011 (Emergency Health Services Furnished to Undocumented Aliens).

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Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with PCH/PCMG procedures for obtaining Financial Assistance and to contribute to the cost of their care based on their individual ability to pay.

This written policy describes:

- a. the eligibility criteria for Financial Assistance;
 - b. the basis for calculating amounts charged to patients eligible for Financial Assistance;
 - c. the method by which patients may apply for Financial Assistance;
 - d. the method the hospital will use to widely publicize the policy within the community served by the hospital; and
 - e. The calculation the hospital will use to determine the amounts charged for emergency or other Medically Necessary care provided to individuals eligible for Financial Assistance based on the amount generally billed by the hospital to commercially insured or Medicare patients.
2. The Financial Assistance procedures are designed to comply with:
- a. AHCCCS patient eligibility requirements;
 - b. Applicable Medicare requirements;
 - c. Internal Revenue Service regulations relating to non-profit status and other Federal regulations;
 - d. State of Arizona regulations relating to non-profit status and other State regulations;
 - e. Commercial Insurance guidelines
 - f. The Affordable Care Act; and
 - g. Arizona Pricing Transparency Law.

DEFINITIONS

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1. Amounts Generally Billed (AGB) Limits amounts charged for emergency and other medically necessary care provided to individuals eligible for Financial Assistance to be not more than generally billed to insured patients. PCH determines AGB by determining the average percentage of gross charges paid by commercial, AHCCCS and Medicare fee-for-service payers by dividing the sum of the amounts of all allowed claims during a 12 month period by the sum of the associated gross charges for those claims
2. Elective Care –Medical services that allow time to be scheduled.
3. Emergency medical conditions – As defined by EMTALA.
4. Family - Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the guarantor/responsible party claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of Financial Assistance.
5. Family Income - Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
 - a. Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
 - b. Noncash benefits (such as food stamps and housing subsidies) do not count;
 - c. Determined on a before-tax basis;
 - d. Excludes capital gains or losses; and
 - e. If a person lives with a Family, includes the income of all Family members (Non-relatives, such as housemates, do not count).
6. Federal Poverty Level (FPL) – A measure defined by the United States Department of Health and Human Services based on gross income and household size to indicate poverty threshold.
7. Gross charges - The total charges at PCH's and PCMG's full established rates for the provision of patient care services before deductions from revenue are applied.

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8. Medically Necessary - Services or items reasonable and necessary for the diagnosis or treatment of illness or injury as determined by PCH Clinical Administration.
9. Standard Sliding Scale - variable prices for services based on a patient's ability to pay.
10. Underinsured - The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
11. Uninsured - The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

POLICY

The following healthcare services are eligible for Financial Assistance:

1. Emergency medical services provided in an emergency room setting;
2. Medically Necessary services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual; and
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and

Eligibility Criteria and Amounts Charged to Patients.

1. Eligibility for Financial Assistance - Eligibility for Financial Assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any 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.
2. Basis for Calculating AGB - Charges for qualifying services to treat Emergency Medical Conditions or other Medically Necessary care provided to persons who are eligible for Financial Assistance under this Policy cannot exceed the AGB to individuals who have insurance coverage for such care. Currently the following percentages apply:
 - i. Inpatient percentage is equal to 35.6% of gross charges
 - ii. Outpatient Hospital is equal to 35.6% of gross charges
 - iii. PCMG is equal to 44.7% of gross charges
 - iv. AGB does not pertain to Elective Care.

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3. Financial Assistance for Emergency and Scheduled Medically Necessary Services - Financial Assistance is the “payer of last resort” for services provided by Phoenix Children’s Hospital and Phoenix Children’s Medical Group. For emergent or urgent patients, information regarding a guarantor/responsible party’s inability to pay may not become fully known until after the services are provided. Therefore, the Financial Assistance evaluation may not be completed until the full facts of the needs of the patient are known.

Services eligible under this Policy will be made available to eligible patients on a sliding scale attached hereto as Addendum 1, in accordance with financial need, as determined to FPL standards in effect at the time of the determination. Once a patient has been determined by PCH to be eligible for Financial Assistance, that patient shall not receive future bills based on undiscounted Gross Charges. The basis for the charged amounts to qualifying patients is as follows:

- a. Scheduled Outpatient Care Financial Assistance for scheduled Medically Necessary services and routine visits are also determined by the FPL as provided in the chart below:

Scheduled Medically Necessary Services and Routine Care:

Type of Care:	FPL: 0-100%	FPL: 101-150%	FPL: 151 – 225%	FPL: 226-300%
OP Primary Care: Gen Pads Clinic	\$10 Nominal Charge	\$20 Nominal Charge	\$30 Nominal Charge	\$40 Nominal Charge
OP Specialty Care Clinics	\$20 Nominal Charge	\$30 Nominal Charge	\$40 Nominal Charge	\$50 Nominal Charge
Outpatient Ancillary and Infusion Services	25% Of AHCCCS Fee Schedule	50% Of AHCCCS Fee Schedule	75% Of AHCCCS Fee Schedule	100% Of AHCCCS Fee Schedule

4. Determination of Presumed Financial Assistance- Presumed Financial Assistance will be determined based on best available information after all efforts to contact the patient or guarantor/responsible party to obtain financial information have been exhausted. Determination may be made during the collections process if efforts to collect information are exhausted at that time. Factors used to determine presumed Financial Assistance could include one or all of the following:

- Financial Applications;
- Out of Country addresses without proper Section 1011 documentation;

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- Inability to contact families by phone or mail (disconnected phones and returned mail);
- A Credit Score of 600 or below with the inability to pay;
- Non-qualifying event with AHCCCS denial;
- Homeless patient or guarantor/responsible party;
- Incarcerated patient or guarantor/responsible party;
- Medicaid accounts-Exhausted days/benefits/non-covered days; FES coverage.

Grounds for Denial of Financial Assistance. Falsification of information or incomplete documentation from the patient or guarantor/responsible party is considered grounds for a denial of Financial Assistance. In cases where the patient is unable to provide documentation verifying income, PCH/PCMG may at its discretion verify the patient or guarantor/responsible party's income by having the patient or guarantor/responsible party sign a financial application attesting to the veracity of the information provided. In special instances, Financial Counselors/Patient Access Management may take a verbal verification from the patient for the financial evaluation.

Method of Applying for Financial Assistance. Patients or guarantor/responsible party will be encouraged to apply for Financial Assistance before, during, or within a reasonable time after care is provided.

1. Financial Assistance Application – Patients or guarantor/responsible party may apply for Financial Assistance at the Financial Counselor Offices or Customer Service Department either in person, via the PCH website, <http://www.phoenixchildrens.org/>, by phone, or by mail, through a surrogate, through a family member or through another appropriate party. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and will:
 - a. Include an application process, in which the patient or the patient's guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit Scoring);

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- c. Include reasonable efforts by PCH/PCMG to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - d. Take into account the patient or guarantor/responsible party available assets, and all other financial resources available to the patient; and
 - e. Include a review of the patient or guarantor/responsible party outstanding accounts receivable for prior services rendered and the patient's or guarantor/responsible party payment history.
2. Request for Financial Assistance. For a routine and non-emergent Medically Necessary services a request for Financial Assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. *(This statement needs to be revisited with Legal advice regarding taking out the not required statement for determination of non-medically necessary services).*
 3. The need for Financial Assistance shall be re-evaluated every 90 days for recurring patients and each subsequent time of service if the last financial evaluation was completed more than a year prior. Additionally, a review will be done at any time new information relevant to the eligibility of the patient for Financial Assistance becomes known.
 4. Notification of Decision – PCH/PCMG will notify the patient within a reasonable period of time (usually 30 days) after receiving the patient's or guarantor/responsible party request for Financial Assistance. PCH/PCMG will also advise the patient of his or her responsibilities under this Policy.
 5. Changed Circumstances - Patients or guarantor/responsible party may reapply for Financial Assistance if there is a change in their income, assets, or Family size responsibility. Excess payments made prior to determination of qualification for Financial Assistance may be refunded if the patient is later determined to qualify for Financial Assistance. In addition, the discount may be reversed if subsequent findings indicate the information relied upon was in error.

Billing and Collections Process. If Financial Assistance is denied or patient or guarantor/responsible party do not meet 100% write off criteria, PCH/PCMG will follow the standard credit and collections process.

Reasonable Inquiry –PCH/PCMG will make reasonable efforts to determine whether an individual is eligible for Financial Assistance before referring the patient to a collection agency. PCH/PCMG will not pursue legal action for non-payment of bills against Financial Assistance patients/responsible parties who have clearly demonstrated that they have neither sufficient income nor assets to meet their financial obligations. Please refer to the Credit and Collection policy link provided in Appendix A.

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1. Collection Methods - PCH will not execute a lien by forcing the sale or foreclosure of a Financial Assistance patient or guarantor/responsible party primary residence to pay for an outstanding medical bill. PCH will not use body attachment to require the Financial Assistance patient or responsible party to appear in court. PCH may report Financial Assistance patients to credit rating agencies when they fail to honor their reduced payment plans and there is evidence that the Financial Assistance patient has sufficient income or assets to satisfy his or her obligation. The patient or guarantor/responsible party are responsible for communicating changes in income that may affect their ability to pay to PCH. PCH will ensure that the guidelines outlined above are followed by any external collection agency engaged to assist in obtaining payment on outstanding bills from Financial Assistance patients.
2. Collections from Third Party Payers - Nothing in this policy shall preclude PCH/PCMG from pursuing reimbursement from third party payers, third party liability settlements or other legally responsible third parties.

Communication of Financial Assistance Policy

PCH will communicate the availability of Financial Assistance to all patients or guarantor/responsible party using languages that are appropriate for PCH's service areas, including, but not limited to the following:

1. Signage, information and brochures in appropriate areas of PCH
2. Plain Language Summary, posted conspicuously in English and Spanish in Registration areas and provided to patients during the billing process.
3. Financial Counselors/Interpreters who are assigned to explain PCH's Financial Assistance policy.
4. Hospital statements note Financial Assistance availability and a phone number to call for information.
5. Information regarding the availability of Financial Assistance is also posted on PCH's website.

PROCEDURAL GUIDELINES

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Financial Assistance Care Program Guidelines:

<i>Responsibility:</i>	<i>Action:</i>
Financial Counselors	<p>1. 1. Determine if the patient, parent or the responsible party is eligible for Financial Assistance prior to rendering of non-emergent Medically Necessary services, at the time of admission, or as soon as possible thereafter. The need for Financial Assistance shall be re-evaluated every 90 days for recurring patients and each subsequent time of service if the last financial evaluation was completed more than a year prior. Additionally, a review will be done at any time new information relevant to the eligibility of the patient for Financial Assistance becomes known.</p> <p>NOTE - Financial Assistance determination is made based on Family Income- the parent's/responsible party's gross income and number of members in the household. Members who qualify based on household income need to meet the Internal Revenue Service (IRS – Publication 501) definition of a qualifying dependent.</p>

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	<ul style="list-style-type: none">2. Financial Assistance may be given for qualifying services under the following circumstances:<ul style="list-style-type: none">a. Limited third party coverage benefits.b. Denial of third party coverage.c. Patients receiving AHCCCS or other major government funded support, which will not cover the services provided.d. AHCCCS assistance has been denied for any reason except noncompliance.e. Premium assistance may be granted using the same Financial Assistance criteria as for clinical care.3. Obtain documentation to ensure that the patient has properly and formally demonstrated financial need for the Financial Assistance requested. Types of documentation will include:<ul style="list-style-type: none">a. A Phoenix Children’s Hospital Patient Financial Statement.b. Supporting documents including social security card or birth certificate, 2 months of payroll stubs, prior year tax returns, and bank/investment statements.c. Evidence of AHCCCS application and denial if applicable.d. Evidence of private insurance approval/denial if applicable.e. Credit reports.f. Other documents presenting or supporting gross income as appropriate.
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	<p>4. Qualifying Financial Assistance will be subject to the following approval levels:</p> <ul style="list-style-type: none">a. Up to \$50,000 – Revenue Cycle Directorsb. \$50,001 – \$99,999 – VP Revenue Cyclec. \$100,000 and greater – Chief Financial Officer (or other PCH executives at CFO’s discretion) <p>5. Financial Reporting of Financial Assistance will be calculated and reported as the sum of the following:</p> <ul style="list-style-type: none">a. Presumed Financial Assistance coded as such by Patient Financial Services.b. Presumed Financial Assistance for accounts referred for third party collections under the following guidelines:<ul style="list-style-type: none">• After 180 days from the date of referral, accounts will be reviewed and considered presumed Financial Assistance Care as follows:<ul style="list-style-type: none">1. All accounts that were AHCCCS eligible.2. All other accounts with balances over \$1,000 would be reviewed on a sample basis to determine the percentage of accounts that would be either Financial Assistance or bad debt. (The percentage established as presumed Financial Assistance through the testing above will be applied to the population to calculate Financial Assistance).
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Appendix A:

Physician Roster- Non-PCMG



Roster_V1.xlsx



Financial Assistance
Evaluation.docx

Credit and Collections Policy



Credit and Collection
policy (2-2014).pdf

Policy Information/History:					
Manual -	<i>Administrative</i>	Section:	<i>Leave this blank – it will be filled in by the P&P Coordinator.</i>	Start Page:	<i>Leave this blank – it will be filled in by the P&P Coordinator.</i>
Dates Created/Reviewed/Revised -			<i>List the date you created your policy (approximate).</i>		
Reviewed by -				Date:	
<i>Nanette Simpson, Director, Patient Access/Pre-Access Services</i>				<i>Date 8/1/2017</i>	
<i>Linda Hink, VP, Hospital Revenue Cycle</i>				<i>Date 8/1/2017</i>	
<i>Claire Agnew, VP, PCMG Revenue Cycle</i>				<i>Date 8/1/2017</i>	
<i>Craig McKnight, Executive Vice President & CFO</i>				<i>Date 8/1/2017</i>	

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ADDENDUM 1

Financial Assistance Chart for Emergent and Non-Scheduled Medically Necessary Patient Services

Attached below is a matrix of the Financial Assistance write-off percentages based on gross charges available for the corresponding income levels (Federal Poverty Level – all states except Alaska and Hawaii).

Persons in Family	100%	150%	225%	300%
1	\$ 12,060	\$ 18,090	\$ 27,135	\$ 36,180
2	\$ 16,240	\$ 24,360	\$ 36,540	\$ 48,720
3	\$ 20,420	\$ 30,630	\$ 45,945	\$ 61,260
4	\$ 24,600	\$ 36,900	\$ 55,350	\$ 73,800
5	\$ 28,780	\$ 43,170	\$ 64,755	\$ 86,340
6	\$ 32,960	\$ 49,440	\$ 74,160	\$ 98,880
7	\$ 37,140	\$ 55,710	\$ 83,565	\$ 111,420
8	\$ 41,320	\$ 61,980	\$ 92,970	\$ 123,960
For each additional person add	\$ 4,180	\$ 4,180	\$ 4,180	\$ 4,180
Discount	100%	75%	50%	25%

* source - <https://aspe.hhs.gov/poverty/14fedreg.cfm> Federal Register, *Federal Register* on February 15, 2017.