



ADMINISTRATIVE POLICY & PROCEDURE MANUAL

Title: Crozer-Keystone Health System Financial Assistance Policy	Policy No. FIN-4
	Effective Date: 7-1-2016
	Review Date: 7-1-2018
Issued by: Phillip J. Ryan, Senior VP & CFO	
Administrative Approval: Patrick Gavin, Chief Executive Officer, CKHS	

I. POLICY: Financial Assistance Policy (“FAP”)

I. Policy Statement :

It is the policy of Crozer Keystone Health System (“CKHS”) , collectively referred to as CKHS Entity (ies) Crozer Chester Medical Center, Taylor Hospital, Springfield Hospital, Community Hospital and Delaware County Memorial Hospital to provide medically necessary health care to all patients, without regard to the patient’s ability to pay at each facility (whether operated directly or through a joint venture) that is required by a state to be licensed, registered or recognized as a hospital (“ Hospital Facility”)

Crozer Keystone Health System will provide, without discrimination, care for emergency medical conditions to individuals regardless of their financial assistance eligibility or ability to pay. It is the policy of CKHS to comply with the standards of the Federal Emergency Medical Treatment and Active Labor Transport Act of 1985 (EMTALA) and the EMTALA regulations in providing a medical screening examination and such further treatment as may be necessary to stabilize an emergency medical condition for any individual coming to the emergency department seeking treatment, regardless of the individual’s medical or psychiatric condition, race, religion, age, gender, color, national origin , immigration status, sexual preference, handicap, or ability to pay.

As health care providers and tax – exempt organization, CKHS Entities are called to meet the needs of the patients and other who seek care regardless of their financial abilities to pay for services provided.

The purpose of this Policy is to outline the circumstances under which CKHS Entities will provide free or discounted care to patients who are unable to pay for the service and to address how CKHS Entities calculate amount charged to patient.

A listing of all providers, other than the CKHS hospital facility itself, providing emergency or other medically necessary care in the CKHS hospital facility specifying which providers are covered by this FAP and which are not can be found at www.crozerkeystone.org. The provider listings will be reviewed quarterly and updated if necessary.

II. Definitions:

Amounts Generally Billed (AGB) - Gross charges for any emergency or other medically necessary care times the AGB Percentage.

Application Period- The Application Period provides an individual 240 days from the date the individual is provided with the first post-discharge billing statements to complete the Financial Assistance Application (FAP Application)

Extraordinary Collection Actions - Actions taken in order to obtain payment from patients, including but not limited to taking legal or judicial action, selling a patient's debt to another party or reporting adverse information against the individual to consumer credit reporting agencies or credit bureaus.

Financial Assistance - Financial assistance provided to CKHS Entities patients by writing off all or a portion of their " out of pocket" balances, based on criteria contained in this policy. Financial assistance represents health care services that are provided for medically necessary services but are not anticipated to result in full payment. Eligible patients are those patients who are uninsured, underinsured and or ineligible for governmental or other insurance coverage and who have family incomes not in excess of 400% of the Federal Poverty Level ("FPL"). No FAP-eligible individual will be charged more than AGB for medically necessary health care services provided by CKHS Entities.

Financial Counselor – The financial counselor, manager, vendor employee or other CKHS employee or representative who interacts with the patient regarding satisfying a CKHS Entities account balance.

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 the Internal Revenue Service (IRS) rules , if the patient or the financially responsible individual, claims an individual as a dependent on their income tax return , they may be considered a dependent for purposes of the provision of financial assistance.

Family Income - For the purposes of determining Financial Assistance eligibility, family income is defined as the pre-tax household income of all family members and include but is not is not limited to wages, self –employed earnings, unemployment compensation, worker’s compensation, Social Security, Supplemental Security Income, public assistance, veteran’s payment, survivor’s benefits, pension or retirement income, interest dividends, rents , royalties, and income from estates or trust. For these purposes family income excludes educational assistance, child support, alimony, capital gains/losses and non-cash benefits (food stamps, etc.) See Exhibit 1 Financial Assistance Fee Schedule for Family Size and Income Amounts.

Federal Poverty Level (FPL): The Federal Poverty Levels are issued each year in the Federal Register by the Department of Health and Human Services and are used for determining financial eligibility.

Medically Indigent Patients - Those patients whose health insurance coverage, if any, does not provide full coverage for all of their medical expenses, despite their income, have a low-level of liquid assets such that payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.

Medical Necessity - Any diagnostic test, study, service or procedure reasonably determined to prevent, diagnose, correct, cure, alleviate or avert the worsening of conditions that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

Notification Period- CKHS must notify the individual about the Financial Assistance Policy (FAP) before initiating any extraordinary collection actions (“ECAs”) to obtain payment and refrain from initiating any ECA for at least 120 days from the date the patient is provided the first post-discharge billing statement for care.

Plain Language Summary (“PLS”) - The PLS is a written statement that notifies an individual that the hospital facility offers financial assistance and provides information regarding this FAP in language that is clear, concise and easy to understand.

Presumptive Financial Assistance Eligibility - There are instances when a patient may appear eligible for financial assistance, based on information obtained from onsite Medical Assistance vendors and/or third party vendors/agencies to estimate income amounts. CKHS Entities will utilize these sources in order to determine FAP eligibility and discount amounts. Once determined, due to the inherent nature of presumptive circumstances, the only discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include :

- 1) Homeless - A homeless person is an individual who has no home or place of residence and depends on charity or public assistance;
- 2) Eligibility for PA or other state Medicaid Assistance Programs (spend down or patient pay amounts);

- 3) Patient is deceased with no known estate; and
- 4) Inmates - Patients who are incarcerated may be considered eligible in the event the State or County has made a determination that the State or County is not responsible for charges incurred prior to arraignment.

Uninsured Patient - An individual who does not have any third party health care coverage through either a Federal or State Health Care Program, including without limitation to Medicare, Medicaid, Medicaid Managed Care, Health Choices, CHIP, Adult Basic and Tricare third party insurer, Workers' Compensation, Auto, COBRA, program through Insurance Exchange or any other coverage that would pay for all or part of their medical care bill.

Underinsured Patient - An individual who has medical insurance coverage at the time treatment is provided, but such coverage is limited, has high "out-of-pocket" balances and/or policy maximums that would result in his or her medical bills not being fully paid.

Eligibility Criteria

After an assessment of medical necessity and financial ability is determined (Exhibit 1) CKHS Entities may provide free or discounted care to patients who qualify for financial assistance under this policy. CKHS Entities will follow standard procedures in determining eligibility for financial assistance as follows:

Medical Necessity

➤ **EMTALA**

Any patient seeking urgent or emergent care (within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd) at a CKHS hospital shall be treated without discrimination and without regard to a patient's ability to pay for care. CKHS shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). CKHS shall consult and be guided by their emergency services policy, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the processes to be followed with respect to each.

➤ **Other Medically Necessary Services**

In addition to services covered under EMTALA, CKHS will grant free or discounted care to FAP eligible individuals for all other medically necessary services.

Financial Criteria

➤ **Basic Review**

Financial Assistance for medically necessary services is available on a sliding scale of up to 100% of charges, and up to a full waiver of co-payments / co-insurance after third party insurance payments. A discount up to 100% will be granted to those uninsured or underinsured patients whose family income is equal to or less than 200% of the Federal Poverty Level - Income Guidelines (FPL). See Exhibit 1.

➤ **Medical Indigence**

Patients may also be granted a discount based upon medical indigence. A determination as to a patient's medical indigence takes into consideration significant medical bills not covered by insurance, in addition to the patient's income level and liquid assets. For example, a patient suffering a serious or extended medical illness may have a reasonable level of income, but limited liquid assets such that the payment of their medical bills would be seriously detrimental to their basic financial well-being and survival. Such patients may be extended discounted or free care, based upon the facts, circumstances and the documentation supplied in the financial assistance application.

CKHS Financial Counselors / Patient Financial Services ("PFS") Management personnel – have the ability to gather data , work with the patient and obtain all required information and present to the Patient Access Director for consideration as to whether to extend a discount related to patient accounts that do not clearly qualify under the basic financial criteria (i.e., those patients seeking financial assistance on the basis of medical indigence). Extension of financial assistance based on medical indigence will be approved by the Vice President of Revenue Cycle based upon the review of documents either provided by the patient and/or available through CKHS third party vendors/agencies in addition to those evidencing income. Those documents may include one or more of the following, but are not limited to:

- Evidence of high-dollar patient/guarantor co-pays, co-insurance, deductibles;
- Letter from physician confirming medical necessity of services provided;
- Information concerning available insurance coverage; and
- Copies of unpaid patient/guarantor hospital and/or physician bill.

Procedures

Hospital Financial Assistance Assessment Methodology

CKHS Entities will establish and determine a consistent methodology when assessing uninsured and/or underinsured patients for financial assistance eligibility. The methodology shall consider patient/guarantor, income, family size and available resources.

- See attached Exhibit 2: CKHS Application For Financial Assistance form (“Application”).

Identifying patients eligible for full or partial financial assistance

- Patients who qualify for 100% free care or partial free care will be identified as soon as possible, either, before, during or after care is provided.
- If a Financial Assistance determination cannot be made prior to services being rendered, such determination will be made as soon as possible. Patients or the financially responsible individual will have 240 days from the first post discharge billing statement to apply for financial assistance.

Eligibility for Financial Assistance

General Criteria

- 1) The patient may be requested to apply for Medical Assistance or any other third party coverage (i.e., Individual and/or group coverage, Medicare, workers’ compensation, automobile, third-party liability and other programs, COBRA, CHIP, Insurance Exchange) for which they may be eligible at the request of the CKHS Financial Counselor, and they must provide a denial for such coverage, if requested. If the CKHS Financial Counselor determines that the patient would not qualify for other coverage, Financial Assistance may be extended to the patient.
- 2) Patients with Healthcare Reimbursement Accounts (“HRA”) or Healthcare Saving Accounts (“HAS”) are considered to have insurance if the HRA or HSA can be used to pay for patient “out of pocket” responsibility amounts, i.e., deductibles, co-pays or co-insurance amounts.
- 3) CKHS may use information obtained from contracted business partners to assist in making a final determination on the application, and presumptive eligibility may be granted based on information obtained from Medical Assistance Vendor or other hospital business partner.
- 4) Medicaid applicants meeting established Financial Assistance income/family size guidelines whose eligibility status has not been established for the period during which the medical services were rendered should be granted Financial Assistance for those services.

- 5) Patients requesting financial assistance must reside within the counties listed below, with the exception of patients being treated in the Emergency Department, labor and delivery, Burn or Trauma Units:
 - a. **Pennsylvania:** Delaware County, Philadelphia County, Chester County, Montgomery County
 - b. **New Jersey:** Camden County, Gloucester County
 - c. **Delaware:** New Castle County
- 6) Persons known to be homeless (indicate they are homeless at registration or provide a known shelter address as their residence) may be granted 100% Financial Assistance based solely on their homeless status (without application).
- 7) Deceased patients with no estate may be granted Financial Assistance based solely on their status (without application).
- 8) Persons who have filed for bankruptcy and whose bankruptcies have been approved by the court may be granted Financial Assistance solely on their status (without application).

Income Criteria

Income qualification is based on the most recent version of the FPL Income Guidelines. Eligibility and the level of patient responsibility are outlined on the table in Exhibit 1.

- Eligibility for full Financial Assistance shall be granted for patients who fall between 0 - 200% of the Federal Poverty Income Guidelines as published annually in the Federal Register.
- Eligibility for partial Financial Assistance shall be granted for patients who fall between 201% - 400% of the Federal Poverty Income Guidelines as published annually in the Federal Register

Widely Publicizing

The FAP, Application and PLS are all available in English and in the primary language of populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5% of the community served by each CKHS hospital facility's primary service area. Translation services will be made available as needed. Every effort will be made to ensure that the FAP documents are clearly communicated to patients whose primary languages are not included among the available translations

CKHS makes reasonable efforts to inform patients of the potential availability of financial assistance. When a patient inquires about financial assistance, staff will advise the patient that financial assistance may be available but only under the criteria set forth in this policy and that for further information, the patient or physician should contact the Patient Financial Resource Center.

The FAP, Applications and PLS will be conspicuously displayed in the following manner:

- A. The FAP, Applications and PLS are widely available on CKHS' website: www.crozerkeystone.org;
- B. Paper copies of the FAP, Applications and PLS are available upon request without charge by mail and in public locations of each hospital facility (this includes at a minimum the emergency room and admissions areas) located at the following address:

Crozer-Chester Medical Center
One Medical Center Boulevard
Upland, PA 19013-3995
610-447-2336

Taylor Hospital
175 East Chester Pike
Ridley Park, PA 19078
610-595-6101

Springfield Hospital
190 West Sproul Road
Springfield, PA 19064
610-328-8758

Delaware County Memorial Hospital
501 North Lansdowne Avenue
Drexel Hill, PA 19026
610-394-1720

- C. Inform and notify members of the community served by each CKHS hospital facility about the FAP in a manner which will reach members of the community who are most likely to require financial assistance; and

- D. Notify and inform members who receive care from CKHS hospital facilities about the FAP by:
- Offering a paper copy of the PLS to inpatients as part of the intake or discharge process.
 - Including conspicuous written notice which informs patients about the availability of financial assistance on all billing statements
 - Displaying conspicuous signs that notify and inform patients about the availability of financial assistance in public locations in each CKHS hospital facility.

Determination of Eligibility and Applying for Financial Assistance

Upon pre-registration/registration or after services are rendered, and after all EMTALA requirements are met, hospital patients without Medicare/Medicaid or any other third party insurance coverage will be referred to a Financial Counselor or PFS Manager who will review CKHS Financial Assistance Policy/Procedure and complete the CKHS Application For Financial Assistance based on income and family size provided by patient and/or outside source i.e., contracted business associate. All available financial resources shall be evaluated before determining financial assistance eligibility.

A basic Financial Assistance application (Exhibit 2) will be completed for each applicant, except for patients addressed as homeless, deceased, bankrupt, or deemed presumptively eligible as noted above. The patient will provide supporting documentation as requested by the CKHS Financial Counselor.

The application may be completed in person, by phone; Patient Financial Resource Center- 610-447-2336 via website: www.crozerkeystone.org or Financialcounselor@crozer.org , and/or, mail.

All completed applications should be mailed to the following address:

Crozer Keystone Health System
Attn: Financial Resource Center
One Medical Center BLVD.
Upland, PA 19013
610-447-2336

All information obtained from patients and guarantors shall be treated as confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Eligibility for full or partial Financial Assistance will be granted for a period of six (6) months from the date of the first post discharge billing statement, the Application Period. At the discretion of CKHS, the patient may be asked to reconfirm information on the original application upon each visit in order to maintain eligibility. CKHS will retroactively apply Financial Assistance adjustments to accounts for all self-pay balances for the applicant accounts that are still active in the accounts receivable at the time of the approval.

Approval/rejection of an application will be made within 10 working days of receiving a completed application with all requested information and will be notified via mail. If CKHS receives an incomplete Application, written notice will be provided to the patient, or the financially responsible individual, outlining the additional information and/or documentation needed in order to determine FAP-eligibility. Patients, or the financially responsible individual, will be given the greater of 30 days or amount of days remaining in the Application Period (240 days from the date of the first post-discharge billing statement) to submit a completed Application including any additional information requested by CKHS. Additionally, patients will be provided a PLS.

Exclusions

There are some circumstances when patients may be excluded from Financial Assistance consideration. They include:

1. Individuals who did not follow their insurance policy rules (e.g., using a non-participating provider, failing to obtain a referral);
2. Patients/guarantors refusing to provide information necessary to process the Financial Assistance application (unless mentally incapacitated);
3. Elective non- medically necessary studies or elective non-medically necessary surgical procedures covered under CKHS Self-Pay Package Agreements; and
- 4 Professional fees (physician) other than Crozer Keystone Health Network (CKHN) physicians are generally not eligible for CKHS Financial Assistance. A listing of all providers, other than the CKHS hospital facility itself, providing emergency or other medically necessary care in the CKHS hospital facility specifying which providers are covered by this FAP and which are not can be found at www.crozerkeystone.org. The provider listings will be reviewed quarterly and updated if necessary.

In the event that CKHS determines that a patient is ineligible for full or partial Financial Assistance, the patient/guarantor may appeal the decision in writing to:

Crozer Keystone Health System
Attn; Financial Resource Center / Director Financial Assistance
One Medical Center BLVD,
Upland PA 19013

The written appeal must be received within thirty (30) days following receipt of the statement for which financial assistance was requested. Failure to appeal the determination in a timely fashion will result in the decision becoming final. The determination of the Director, Financial Assistance shall not be subject to further appeal

Method used to determine Amounts Generally Billed (AGB) for Emergency or Medically Necessary Care

CKHS utilized the -Prospective Method, Medicare fee for service rates to calculate an Amount Generally Billed (AGB) -. The AGB is calculated annually based on Medicare rates. The AGB limits the amount charged to what Medicare would allow for the care including copays and deductibles

Any patient eligible for financial assistance will always be charged the lesser of the AGB or any discounted rate available under this FAP.

In accordance with Internal Revenue Code §501(r)(5), in the case of emergency or other medically necessary care, patients eligible for financial assistance under this FAP will not be charged more than an individual who has insurance covering such care.

It is the policy of CKHS to pursue collection of patient balances from patients who have the ability to pay for these services. Collection procedures will be applied consistently and fairly for all patients. All collection procedures will comply with applicable laws and CKHS mission.

Financial Assistance Fee Schedule (Exhibit 1)

2017 Percentage of Federal Poverty Level - Income Guidelines					
Family Size	Poverty Guidelines	200%	201% - 300%	301% - 400%	> 400%
		Family Income Levels			
1	\$12,060	\$24,120	\$36,180	\$48,240	Patients do not qualify for Financial Assistance but are eligible for Self-pay discounts. ***** See Self-Pay Discount Policy
2	\$16,240	\$32,480	\$48,720	\$64,960	
3	\$20,420	\$40,840	\$61,260	\$81,680	
4	\$24,600	\$49,200	\$73,800	\$98,400	
5	\$28,780	\$57,560	\$86,340	\$115,120	
6	\$32,960	\$65,920	\$98,880	\$131,840	
7	\$37,140	\$74,280	\$111,420	\$148,560	
8	\$41,320	\$82,640	\$123,960	\$165,280	
Patient Responsibility		0%	50%(Medicare Rate)	75%(Medicare Rate)	100% (Medicare Rate)
Balance After Insurance, Deductibles, Co-insurance, Co-payments		0%	50%(Medicare Rate)	75%(Medicare Rate)	100% (Medicare Rate)

**FINANCIAL ASSISTANCE FEE SCHEDULE IS BASED ON 2017 FEDERAL
POVERTY GUIDELINE**

Patient Name: _____	<input type="checkbox"/> Crozer Chester Medical Center <input type="checkbox"/> Taylor Hospital <input type="checkbox"/> Springfield Hospital <input type="checkbox"/> Community Hospital <input type="checkbox"/> Delaware County Memorial Hospital
Account #: _____ (if known)	
Patient Date of Birth: _____	

Insured Name		Social Security	Date of Birth		
Street Address		City	State and Zip		
Employer		Home Phone	Cell Phone		
Monthly Family Income		Family Assets	Family Members (immediate family living in the household)		
			Name	Relationship	Date of Birth
Salary/Wages \$	Unemployment \$	Savings Account/CDs \$			
Soc Sec \$	Work/Comp \$	Checking Account \$			
Pension \$	Alimony \$	Stocks, Bonds \$			
Public Assistance \$	Other \$	Other Assets \$			
Total Monthly Income \$		Total Assets \$	Total Number of Family Members (including applicant)		

I certify that the above information is true and accurate to the best of my knowledge. Furthermore, I will make application for any insurance coverage (Medicaid, Medicare, Insurance, etc.), which may be available for payment of my hospital charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges. I understand that it is my obligation to provide the hospital with proof of determination for Medicaid, if requested. If hospital requests additional documentation and I do not provide it, I understand my application for financial assistance may be denied and I will be financially responsible for any bills incurred.

I understand that this application is made so that the hospital can judge my eligibility for financial assistance under CKHS's Financial Assistance Policy, (see page 2 of Exhibit 2 for required documents needed to complete the financial assistance application) If any information I have given proves to be untrue, I understand that the hospital may reevaluate my financial status and take whatever action becomes appropriate.

 Date of Request

 Applicant's Signature

APPLICATION FOR FINANCIAL ASSISTANCE Crozer Keystone Health System

All completed applications should be mailed to the following address:

Crozer Keystone Health System
 Attn: Financial Resource Center
 One Medical Center Blvd. Upland, PA 19013
 610-447-2336

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

Eligibility Determination			
Date of Eligibility Determination	<input type="checkbox"/> Application Approved – Level 1 (S62) <input type="checkbox"/> Application Approved – Level 2 (S64) <input type="checkbox"/> Application Approved – Level 3 (S66) <input type="checkbox"/> Application Auto Approved – Level 1 (S61)	<input type="checkbox"/> Application Denied – Over Income <input type="checkbox"/> Application Denied – Patient Uncooperative <input type="checkbox"/> Application Denied – Other (Residency, assets, etc.)	
Financial Assistance Termination Date		Signature of Person Making Determination	Date

Financial Assistance Program Application Checklist

1. If you have income:

- Attach a copy of your most recent Federal Income Tax Return (1040, 1040A, 1040EZ If you filed taxes you must supply a copy of the return)

2. If you did not file a federal tax return, you must:

- State in writing why you did not file a Federal Income Tax Return on a separate sheet of paper
- Send us a copy of the most recent Federal Income Tax Return of anyone who claimed you as a dependent

3. Attach additional proof of household income, if applicable:

- 1099 forms or award letters: Social Security, Pension/Retirement, Disability, etc....
- Unemployment Notice of Final Determination or Workers Compensation
- Pay stubs for the last three months
- If you are self-employed, you must include a schedule C and/or statement of income and expenses

4. If you have no income:

- A notarized letter of no income will be required (A CKHS Notary can notarize a letter stating the patient or financially responsible individual has no income)

5. Letter of Denial for Medical Assistance:

- Based on initial financial screening, you may need to apply for Medical Assistance and provide a copy of your Letter of Denial before CKHS can approve your application

6. Completed and signed Financial Assistance Program application:

- Make sure to complete and include **all information** that applies to you
- Provide a photo ID ie. driver's license, passport, state ID
- Provide additional documents Requested _____
- _____