

PAM HEALTH

POLICY AND PROCEDURE MANUAL

SUBJECT: Financial Assistance/Charity Care Policy	POLICY NUMBER: ADM-29
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This policy applies to all locations within the PAM Health system unless a PAM Health location has a facility-specific Financial Assistance/Charity Care Policy.

POLICY

PAM Health will provide free or discounted medically necessary services to Eligible Patients who are unable to pay for their care, as determined by PAM Health in accordance with the eligibility criteria and other terms in this policy. This policy does not apply to care that is not medically necessary care, including elective services or items that are solely for the comfort or convenience of a patient. PAM Health will endeavor to provide Financial Assistance to Eligible Patients, subject to PAM Health's sole discretion, taking into account the PAM Health provider's ability to absorb the cost of such services, while simultaneously ensuring financial viability. PAM Health will seek assistance in funding financial assistance from available sources. This policy does not apply to care delivered by physicians or other healthcare providers, all of whom bill "privately" from PAM Health providers. Nothing contained herein shall obligate any PAM Health provider to agree to provide Financial Assistance (hereafter defined) to any patient at any time.

DEFINITIONS

"Eligible Patient" means a Prospective Financial Assistance Patient who meets the Income eligibility criteria established by PAM Health in accordance with the most recently published US Department of Health and Human Services Annual Update of the HHS Poverty Guidelines, also referred to as the Federal Poverty Level (FPL).

"Financial Assistance" means free care or discounted care or a discounted payment plan for Covered Services provided to Eligible Patients.

"Prospective Financial Assistance Patient" means a patient who is either underinsured or does not have third-party coverage from a health insurer, health care service plan, Medicare or Medicaid and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by PAM Health.

GENERAL INFORMATION

In order to qualify for Financial Assistance, a Prospective Financial Assistance Patient:

1. Must provide documentation to support financial need, meet the definition of poverty as defined by the federal government, and meet the criteria for medically necessary inpatient services.
2. Is expected to apply for and comply with all processes related to seeking assistance from other insurers and/or third party sources of payment (including all applicable governmental programs) as requested by hospital staff. A Prospective Financial Assistance Patient who is noncompliant or uncooperative in attempting to obtain insurance coverage, qualification under governmental programs, or payment from third party sources will not be eligible for Financial Assistance.
3. Will be ineligible for Financial Assistance if the Prospective Financial Assistance Patient, or his or her representative, provides false information or falsified documentation of household size, income, assets or other pertinent information.

DETERMINATION OF NEED FOR FINANCIAL ASSISTANCE

PAM Health utilizes the Federal Poverty Income Level Guidelines to determine financial eligibility and those who have income up to and including 200% of the Federal Poverty Income Guideline will be considered.

PAM Health may elect to run a credit report and/or an asset check to verify available resources and assets, consistent with applicable law, on a Prospective Financial Assistance Patient.

PAM Health CFO or designee will determine eligibility. Appeals or extenuating circumstances may be reviewed for consideration by PAM Health's Chief Executive Officer or designee.

An Eligible Patient will not be billed more than the amount generally billed for other medically necessary care by the PAM Health hospital to individuals who have insurance covering such care. Any discounts for an Eligible Patient will only apply to the balance due from the patient after insurance payments and other third party payment sources have been applied to the account.

If this policy conflicts with a state or specific location policy, the state or specific location policy will apply.

RELATED DOCUMENTS

Compliance Policy #45 - Waivers of Co-Pays and Deductibles

CBO Collections and Billing Policy- CBO #39

Financial Assistance Internal Process Guidelines