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| <p align="center">MONTGOMERY COUNTY EMERGENCY SERVICE INC. PROGRAM POLICIES AND PROCEDURES</p> |  | Policy: | PR 1.2 |
| | | Effective Date: | 8/24/2017 |
| | | Revision: | 3 |
| | | Revision Date: | 5/20/2020 2/16/2021 |
| <p align="center">Financial Assistance Policy</p> | <p>Approval: <u></u> Executive Approval</p> | <p align="right"><u>2/17/2021</u> Date</p> | |

I. PURPOSE

Montgomery County Emergency Service, Inc. (MCES) shall provide financial assistance to those individuals establishing the inability to pay for services rendered in accordance with the following guidelines. Any financial assistance, including charity care, will be based upon the mission statement of Montgomery County Emergency Service, Inc., which is to provide round-the-clock intensive and comprehensive behavioral health services to all in need in the community while maintaining and advocating for their rights and individual dignity.

II. AREAS AFFECTED

This policy affects Administration and the Patient Resources Department.

III. POLICY

This policy covers all services and service providers at MCES. All service providers are employees of MCES and covered under this policy.

IV. DEFINITIONS

None.

V. RESPONSIBILITIES

Patient Resources staff are responsible to adhere to this policy. Patient Resources Director is responsible to ensure the policy is followed.

VI. PROCEDURES

General

- A. If a prospective individual expresses concern over charges or a hospital bill prior to receiving treatment, it will not prevent MCES from providing this treatment. This intent will be communicated to the individual.
- B. The MCES Patient Resources Department will assist individuals in obtaining health insurance coverage from privately and publicly funded sources whenever appropriate. All individuals eligible for possible Medical Assistance coverage will have application completed on their behalf. This

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- application process includes providing documentation of financial resources necessary to support the Medical Assistance application.
- C. The MCES Financial Assistance Policy and practices will be consistent with our mission and values, with federal and state law, and will take into account each individual's ability to contribute to the cost of their care.
 - D. The MCES Financial Assistance Policy will be clear, understandable, and communicated in languages appropriate to the communities and individuals served. This policy is readily available to prospective and current individuals and to the community at large.
 - E. It is currently not the practice or intention of MCES to garnish wages, attach a lien on property, or otherwise sue any individual in a court of law for unpaid balances.
 - F. The MCES Financial Assistance policy and procedures shall comply with the current Pennsylvania requirements under Act 77 of 2001, The Tobacco Settlement Act, and Act 55 of 1977, The Institutions of Purely Public Charity Act, as well as any federal tax-exempt requirements (IRS 501{r}).

Specific Procedures for Determination of Charity Care or Need for Financial Assistance

- A. Any individual with third party insurance coverage will have a claim submitted by MCES upon completion of treatment.
- B. The MCES Patient Resources Department will assist with completing and submitting an application to the State Medical Assistance Program for those individuals with no insurance or who are underinsured, including any alternative funding options.
- C. The Patient Resources Department will communicate information in the Financial Assistance Policy, and it will be posted in writing in the Crisis Department/lobby area.
- D. MCES will consider additional financial aid for inpatient services that do not qualify for full Charity Care in accordance with the following Sliding Fee Scale based on Federal/State poverty guidelines:
 - 1. Poverty guidelines will be updated annually in accordance with the Federal/State published updates and will include categories based on family size.
 - 2. The Sliding Fee Scale for inpatient uses \$1000.00 as a benchmark for what determines a Sliding Fee discount or Charity Care.
 - 3. All balances under \$1000.00 will be subjected to the Sliding Fee Scale and potential for payment plans.
 - 4. The minimum accepted amount would be 10% of charges.
 - 5. All charges over \$1000.00 will be subjected to the Charity Care/Sliding Fee Scale. The majority of these cases will probably qualify for Montgomery County funding.
 - 6. Generally, Eligible Persons are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 500% of the Federal Government's Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons (AGB, as defined in IRC Section 501© by the Internal Revenue Service). If qualified, for financial assistance, MCES will apply the appropriate discount to the amount that would have been paid if the individual were a Medicare beneficiary. This is known as the "Prospective Method" of calculating AGB. Financial Assistance levels, based solely on Family Income and FPG are: Family Income at 0 to 199%

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of FPG, Full Financial assistance; \$0 is billable to the individual; Family Income at 200% to 500% of FGB, Partial Financial Assistance, AGB is maximum billable to the individual.

- E. Payment plans will be accepted and encouraged for individuals who cannot afford to pay the entire balance. Payments plans will be designed to be flexible, including having extended terms and a minimum payment per month, and will be evaluated on a regular basis.
- F. Every effort will be made to determine Charity Care or the need for Financial Assistance upon admission; however, due to the process of Medical Assistance and county funding, Charity Care may not be determined until after discharge. Additionally, an individual's financial status may change and thus become eligible for Charity Care after services have been rendered.
- G. The Financial Assistance Policy will be administered fairly, respectfully, and consistently for all individuals served by MCES.
- H. Charity Care will be recorded and written off at full charge in accordance with current Federal and State laws and generally accepted accounting principles.

Individual (Client) Responsibilities

- A. The individual will cooperate with the Medical Assistance application process.
- B. The individual will provide all required financial documentation necessary to complete Medical Assistance application. This documentation will also determine amount of financial assistance, if any, under the Financial Assistance Policy.
- C. The individual will update MCES of any change in financial condition that will affect any financial assistance granted.
- D. If a payment plan is established, the individual will make a good faith effort to pay the agreed upon minimum payments.
- E. Any information received will be used for the purposes of applying for Medical Assistance or other government funding and in determining the need for financial assistance. The Patient Resources Department will comply with all HIPAA privacy requirements and the MCES Confidentiality Policy.

VII. FORMS

None.