

Montgomery County Emergency Service, Inc.

Financial Assistance Policy

Summary

It shall be the policy of Montgomery County Emergency Service, Inc. to provide charity care services to all clients that have established a need for treatment and the inability to pay for services rendered in accordance with the following guidelines. Charity care is provided based on 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.

General Policy Intent

1. Concern over a hospital bill will never prevent any individual from receiving emergency psychiatric services. This will be clearly communicated to prospective patients.
2. The MCES Patient Resources Department will assist patients in obtaining health insurance coverage from privately and publicly funded sources whenever appropriate. Specifically, every attempt will be made to apply for Medical Assistance for all patients admitted to MCES prior to discharge. This includes, but it not limited to, completion of the Medical Assistance application and gathering of any financial information necessary to complete the application process.
3. 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 his or her care.
4. The MCES Financial Assistance Policy will be clear, understandable, and communicated in a manner that is dignified and in languages appropriate to the communities and patients served. This policy will be made readily available to prospective and current patients and to the community at large.
5. Debt collection policies will reflect the mission and values of MCES, and will be monitored carefully to avoid any unintended collection actions. 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.
6. 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

1. Every attempt shall be made, from admission until discharge, to bill any third party insurance carrier for services rendered at MCES.
2. The MCES Patient Resources Department will assist with the application process to the State Medical Assistance Program for all patients who are admitted having no insurance, currently having insurance but with benefits that may be exhausted, or in any other situation that may result in the patient liable for services rendered.

3. Information in the Financial Assistance Policy will be communicated by the Patient Resources Department staff and will be posted in writing in the Crisis Department/lobby area. This includes, but is not limited to, describing how to obtain additional information about financial assistance.
4. MCES will provide 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:
 - a. Poverty guidelines will be updated annually in accordance with the Federal/State published updates and will include categories based on family size.
 - b. The Sliding Fee Scale for Inpatient uses \$1000.00 as a benchmark for what determines a Sliding Fee discount or Charity Care.
 - c. All balances under \$1000.00 will be subjected to the Sliding Fee Scale and potential for payment plans.
 - d. The minimum accepted amount would be 10% of charges.
 - e. 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.
5. Payment plans will be accepted and encouraged for patients who cannot afford to pay the entire balance. Payment 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.
6. Any patient that is denied for Medical Assistance will be considered for county funding.
7. The qualification and ultimate determination of county funds is at the sole discretion of the Montgomery County Mental Health Administrator.
8. 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, a patient's financial status may change and thus become eligible for Charity Care after services have been rendered.
9. The Financial Assistance Policy will be administered fairly, respectfully, and consistently for all clients served by MCES.
10. Charity Care will be recorded and written off at full charge in accordance with current Federal and State laws and generally accepted accounting principles.

Patient Responsibilities

1. The patient will cooperate with the Medical Assistance application process.
2. The patient will provide all required financial documentation regarding employment, verification of assets, verification of residence, etc. This is required both for Medical Assistance and for consideration of discount under the Financial Assistance Policy.
3. The patient will update MCES in any changes of financial condition.
4. If a payment plan is established, the patient will make a good faith effort to pay the agreed upon minimum payments.
5. 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.