

University of Pennsylvania Health System
HEALTH SERVICES POLICY AND PROCEDURE

Number: 03-11

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**SUBJECT: FINANCIAL ASSISTANCE FOR UNINSURED
OR UNDERINSURED PERSONS**

Effective: 12/1/08

KEY WORDS:

Free Care
Uninsured
Under insured
Financial counseling
Financial assistance
Charity Care

SEE ALSO:

HUP #1-12-17 “Non-Discrimination”
PPMC #02.100 “Non-Discrimination”
PAH #CC1 “Admission of Patients”
HUP #1-12-26 “Patient Rights/Responsibilities”
PPMC #02.106 “Patient Rights/Responsibilities”
PAH #RE 11 “Patient...Rights/Responsibilities”
HUP #1-12-58 “Interfacility Transfer of Patients”
PPMC #02.107 “Interfacility Transfer of Patients”
PAH #CC9 “Transfer of Patients”

POLICY

As part of the University of Pennsylvania Health System (UPHS or Health System), the Hospital of the University of Pennsylvania (HUP), Penn Presbyterian Medical Center (PPMC), Pennsylvania Hospital (PAH), Clinical Care Associates (CCA) and the Clinical Practices of the University of Pennsylvania (CPUP), Penn Care at Home, Penn Home Infusion Therapy, Wissahickon Hospice and Penn Center for Rehabilitation and Care (PCRC), (collectively the “entities”) provide urgent/emergent medical services without regard to ability to pay. Admission and treatment are provided to all patients equitably, with dignity, respect and compassion without regard to age, race, color, national origin, religious creed, gender, physical or mental disability, marital status, gender orientation, or sexual preference. Patients are expected to cooperate with the financial counseling process and fulfill their financial commitments to the entities. Uninsured or underinsured persons and those in the categories defined in this policy, may apply for financial assistance any time during the treatment cycle or up to 1 year following date of service. Persons approved for financial assistance or other assistance programs receive the same level of care as any other patients. The entities will offer financial counseling and assistance programs to uninsured and underinsured patients in the categories identified in this policy to assist patients who cannot pay for all or part of their care

PURPOSE:

It is the purpose of this policy to formalize the procedures which the entities have uniformly implemented regarding potential financial assistance cases.

SCOPE:

This policy applies to United States Citizens seeking care at UPHS and its entities. Persons in all other circumstances who are seeking care will be handled on a case-by-case basis.

IMPLEMENTATION:

Financial Counselors, Collectors, Supervisors, Managers, Practice Administrators, and Personnel are responsible for implementing this policy.

DEFINITIONS:

When it has been determined that a patient is not eligible for coverage by external sources of funding, the following categories and criteria will be used in determining eligibility for financial assistance. Financial assistance may be available for both the uninsured and underinsured, the indigent, hardship and medically indigent, and may be approved as either full or partial free care.

Category

Uninsured/Underinsured

Criteria

Persons who have no third party or limited coverage for their medically necessary care, yet are willing to pay reasonable fees, as determined by this policy, for their care.

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Indigent	Persons identified as being impoverished and unable to meet the financial obligations of daily living
Hardship	Persons with gross income of less than 200% of Federal Poverty Guidelines who, although willing to pay, lack sufficient resources to pay within a reasonable time period, as determined by Patient Accounting.
Medically Indigent	Persons whose income is above Hardship guidelines, but who as determined by Patient Accounting, are unable to pay some or all of their medical bills because their medical bills exceed 200% of their family or household income and/or assets (e.g. due to catastrophic costs or conditions), even though they have income or assets that otherwise exceed the generally applicable requirements for free or discounted care under this policy.

PROCEDURE

1. Patients will be considered for financial assistance on an account-by-account basis. Applications will not be retroactively accepted on paid accounts. Patient Accounting may request new applications periodically. Since the Health System must balance what is compassionate and equitable with what is financially reasonable, total household income and resources will be taken into consideration when considering applications for financial assistance.
2. In addition to the categories and criteria set forth in this policy, residents of the City of Philadelphia will be given special consideration for elective medically necessary services provided that they reasonably cooperate in exploring available assistance programs.
3. Patients who do not cooperate with the financial counseling process, or whose application for financial assistance is denied by the Health System, may be pursued by collection efforts, including referral to an outside collection agency or attorney, as determined by Patient Accounting.
4. A request for financial assistance can be initiated either at point of Registration, Financial Counselor interview, or Collector/follow up stage. Patients will first be asked about their willingness to complete an application for financial assistance that will require full income verification. If the person chooses to not participate in financial assistance screening, the standard discount will be granted, as long as the patient agrees to provide payment in a mutually agreeable time period. Patients who desire additional discounts will be subject to Financial Assistance Screening, using the following steps:
 - **Patients must cooperate with Pennsylvania (PA.) Medical Assistance applications when applicable.** Patients who do not cooperate with PA. Medical Assistance but are known to have no financial resources will be given assistance as determined by Patient Accounting.
 - Financial Counselor will evaluate potential eligibility for outside funding sources and review application process with the patient/family. If feasible, the Financial Counselor will complete the applications for outside funding and set up an appointment for the patient to return with required documents. Should the patient not return for the appointment, the account may be referred for collection.
 - If the patient is not eligible for outside funding, the Financial Counselor will document the patient's financial status and request income verifications, in the form of pay stubs, most recent tax return with a W2, award letters, etc.

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- If the patient's income is under 200% of the Federal Poverty Guidelines the patient will be approved for financial assistance; if the income is above this level, the Financial Counselor will complete a full financial assessment and determine the patient's monthly available income.
 - Applications are generally processed within 24 hours, whenever possible, but in no case will the application be outstanding longer than 5 business days. Financial assistance approvals are valid for the current episode of care, as determined by the Attending Physician. However, new applications may be requested at any time. Approval for financial assistance does not apply to or effect prior financial arrangements established with other Departments or entities within the Health System.
 - Once a payment schedule has been determined, the terms will be reviewed with the patient, and a promissory note, signed by either the patient or responsible party, will be obtained.
 - Should the patient be unable to meet the obligation, even after discounts have been applied, the entire account shall be adjusted as financial assistance, as soon as possible.
5. UPHS will consider other factors in the patient/family financial situation, should there be other critical expenses, not related to the patient's medical care, that make payment of the financial obligation impossible, such as caring for a disabled family member. If the patient worksheet indicates the patient can make payments but refuses, the case is to be referred for collection.
- Patients whose whereabouts are unknown (skips) are recorded as free care, without application, and the account adjusted,
 - The Financial Assistance Write-Off Sheet is completed and referred for approval and signature.
- SIGNATURE AUTHORIZATION:**
- | | |
|--|-----------------|
| Supervisor, Patient Accounting | up to \$ 10,000 |
| Managing Director, Patient Accounting | up to \$ 20,000 |
| Director, Patient Accounting | up to \$100,000 |
| Associate Vice President, Patient Accounting | up to \$200,000 |
| Chief Financial Officer, UPHS | over \$200,000 |
6. Persons who qualify for financial assistance will also be assessed for possible coverage via Keystone Adult Basic product. This program is administered through the Caring Foundation and is funded by the PA. Tobacco Settlement. The patient is required to pay a small monthly premium and must complete an application form and provide documentation of income. This program does not consider resources. It is based only on income. Membership is limited to 40,000 at any given time. Once the membership is full, persons who qualify will be placed on a waiting list.
7. Complete eligibility guidelines are attached to this policy. These guidelines should be reviewed with the patient and the patient should be offered assistance in completing the application.
8. This policy also applies to persons requiring out-patient Pharmacy items. For further information, the patients should be referred to the Out-Patient Financial Counselor.
9. UPHS does not grant routine waivers or reductions to patient/family financial obligations, including co-payment, co-insurance and deductible obligations. Any waiver or reduction must comply with applicable law and requires an individual determination of the situation and/or reason for the request.
10. UPHS does not provide discounted services or professional courtesy based on a patient's relationship to any UPHS physician or any other provider, or to any Officer or Director of UPHS or its entites. These patients are

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subject to the same rules that apply to all patients regarding financial responsibility for services provided by UPHS.

11. In limited circumstances not related to a patient’s/family’s ability to pay non-routine reductions in or waivers of patient/family financial obligations, including co-payment, co-insurance and/or deductible obligations, may be approved by a member of Entity Senior Management or a representative of the Office of General Counsel. Waivers or reductions, including “insurance only billing” or cessation of collection efforts, may be appropriate in limited circumstances for risk management or other lawful administrative purposes.

SUPERSEDES: New Supersedes related Entity policies	ISSUED BY: /s/ Ralph W. Muller
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Disclaimer

Any printed copy of this policy is only as current as of the date it was printed; it may not reflect subsequent revisions. Refer to the on-line version for most current policy.

Use of this document is limited to University of Pennsylvania Health System workforce only. It is not to be copied or distributed outside the institution without administrative permission.

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UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
APPLICATION FOR Financial Assistance

Date: _____ UPHS Entity: _____

Patient: _____ Balance Due: _____

Account #: _____ Med. Rec.#: _____

HOUSEHOLD MEMBERS

(Name, relationship, and age)

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Does anyone own a home, land, or non-resident property? ____ Yes ____ No (If yes, complete next section)

Date Purchased _____ Market Value _____ Name(s) on deed _____

Property Address (Include city, state & zip)

Date Purchased _____ Market Value _____ Name(s) on deed _____

Property Address (Include city, state & zip)

MONTHLY HOUSEHOLD INCOME

Wages _____

Social Security _____

Pensions _____

Social Security Disability _____

Rental income _____

Other Disability _____

Unemployment Compensation _____

Workers Compensation _____

Child Support _____

Alimony _____

Other (describe) _____

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Financial Assistance Application

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MONTHLY HOUSEHOLD EXPENSES

Mortgage / Rent _____ Insurance _____ Auto Loan _____

Property Taxes _____ Credit Cards _____ Electric _____
(City, County, School) (Combine monthly)

Gas/Oil (home heating) _____ Water _____ Telephone _____

Other _____ Other _____ Other _____

MONTHLY MEDICAL EXPENSES

Bills _____ Prescriptions _____ Equipment _____

I understand that falsification or non-completion of the above information will result in a denial for financial assistance and I will be liable for full payment.

Signature _____

Date _____

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FINANCIAL ASSISTANCE APPLICATION COMPLETION INSTRUCTIONS

This application should be completed in full, please enter the date you complete the application, the entity your requesting financial assistance for, the patient name, account number and balance due. If necessary, please attach a separate sheet listing the open balances.

List the names, relationship and age of all member of your household. Also indicate any property that is owned other than you residence and provide the requested information.

Income Requirements:

All income statements require documentation of the amounts entered. Please complete this section and provide supporting documents as outlined below.

Wages:

- Documentation of the last 90 days earnings must be provided:
 - I. Acceptable documentation will provide:
 - a. Gross Income, most recent pay stub that document monthly income
 - b. Employee name
 - c. Payroll Dates
 - d. Deductions
 - e. Net Income
 - II. Should you be self-employed please provide the following:
 - a. A copy of the most recent income tax return and schedules
 - b. Most recent Profit and Loss Statement - this statement should include quarterly income statement for current earnings, quarterly expenses and net income for the period reported. If the business hasn't been operating for the entire quarter they please provide the most updated information possible.
 - III. If you are paid in cash, please provide paid invoices or letters from clients documenting the amount paid for services.

Pension:

- Provide a copy of your pension award letter, copy of the check or a copy of the bank statement showing monthly deposit

Rental Income:

- Provide income related to monthly property rental, documentation would include copies of all leases or a letter from the tenant documenting amount being paid monthly.

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Financial Assistance Instructions

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Unemployment Compensation:

- Provide a copy of your unemployment award letter and/or copies banking statements showing the monthly deposit.

Social Security, Social Security Disability:

- Provide a copy of your social security award letter, and bank statements showing the monthly deposit

Workers' Compensation

- Provide a copy of your Workers' Compensation award letter, or a copy of the monthly check, or bank statements showing the monthly deposit

Chile Support and/or Alimony:

- Provide a copy of your award letter or documents indicating the award and frequency of payments.
- Domestic Relations document showing latest payment activity is acceptable

No Income to Report:

- If you are being assisted with your daily needs, that person or persons may write a letter explaining the nature of the support they provide, i.e. Room & Board, Food, etc. This letter should clearly identify the name & address of the person providing assistance, when the support began and the monthly amount if they are providing any cash assistance.

Expenses:

- Please provide documentation of monthly expenses, copies of the bills for mortgage/rent , credit cards, electric/gas, water, insurance (auto/medical/life), telephone, etc.
- Medical expenses other than UPHS should be documented with copies of the bill.

An allowance for food will be given based on the number of people in the household.