

Financial Assistance Policy and Procedure

PURPOSE

Pratt Regional Medical Center Corporation and its owned entities (attachment provided) maintains its commitment to provide healthcare to all who are in need, without discrimination due to race, religion, gender, or national origin. PRMC is committed to providing financial assistance to the uninsured, under-insured, as well as those without the ability to pay. The following guidelines have been established to help PRMC be financially responsible and allow them to provide financial assistance to the largest number of patients.

Any patient presenting for a potential emergency will receive a medical screening by a qualified provider to determine if a medical condition exists. Patients with emergency conditions will be treated and stabilized without regard to their ability to pay for services.

POLICY

A. Pratt Regional Medical Center Corporation and their owned entities offer income-based financial assistance for all patients who meet the requirements. To obtain financial assistance each patient or patient representative must first obtain an application, free of charge, from either <http://www.prmc.org/resources/financial-assistance.html> or in person from the Financial Counselor located on the first floor of the hospital at 200 Commodore St, Pratt, KS 67124. The application and policy can also be found at any admission desk. You can request one by mail by calling the Financial Counselor at 620-450-1188. The application, policy and plain language summary are available in Spanish and English.

B. Assistance will be provided to those who qualify and are under the 200% Federal Poverty Guidelines. All income will be based on gross income including federal taxable wages, self-employment income, alimony, child support, rent and royalty income, interest and dividend income, workers compensation, Social Security income, trusts, income from estates, pension or 401 K income, as well as assistance from outside the household. Non-cash benefits such as food stamps will not be counted as income. For those that qualify accounts will be written off at 100%

C. Evaluation of the application will include a review of the income within the household. Income of all family members will be considered. The Census Bureau defines family as a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the IRS rules, if the patient claims someone on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

D. Eligible services will include emergency services provided in an emergency room setting, services that if not treated could lead to adverse health, life threatening services provided in non-emergency room setting, and medically necessary services. Medically necessary care is defined as accepted health care services and supplies provided for the evaluation and treatment of a disease, condition, illness, or injury and consistent with applicable standard of care. Medically necessary care must reflect the efficient and

cost-effective application of patient care including, but not limited to, diagnostic testing, therapies, disability ratings, rehabilitating an illness, injury, disease, or its association symptoms, impairments or functional limitations, procedures, psychiatric care, levels of hospital care, extended care, long-term care, hospice care, and home health care. Financial assistance is not available for elective services other classified as non-covered or not medically necessary by CMS/Medicare or Medicaid.

E. Financial assistance should be considered the payer of last resort, it is not a replacement for personal responsibility to get or maintain insurance. We will require that patients apply for public assistance, such as Medicaid, and be denied for assistance to be received. We have staff available to help with this process.

F. Once an individual has been determined to be eligible for assistance that individual will not be charged more than amounts generally billed (AGB) to those who have insurance coverage for emergency or other medically necessary care. PRMC determines AGB using the prospective Medicare method. All FAP-eligible patients will be charged less than gross charges for any medical care provided to that individual.

PROCEDURE

A. All patients of PRMC and its clinics will have the option to make an application for financial assistance. The determination to provide financial assistance should be made before the actual provision of services. If that is not possible, then at the most opportune time immediately following service.

1. Applications are available in person at 200 Commodore St, Pratt, KS 67124, on the website at www.prmc.org, or by calling 620-450-1188. Applications will also be available at the Hope Center, 314 Main St, Pratt, KS 67124.
2. Complete the application and return to the financial counselor at 200 Commodore St, Pratt, KS 67124 with the required documents.
3. Documentation will include the four most recent paystubs, two months of bank statements, social security award letter if applicable, and most recent tax return or letter from the IRS stating no return filed.
4. Within two weeks of returning the financial assistance application and required documents the patient will be notified of the decision. Incomplete applications will be followed up in writing as well as phone calls to attempt to collect all information. If there is enough information to make a determination one will be made with the provided information. If the patient does not return the application or any documentation the account(s) will continue to age in the same manner as described in the billing and collection policy. Applications will be. Patients may submit or correct an application until the 240 days has expired from date of first patient statement.

B. Eligible services will include emergency services provided in an emergency room setting, services that if not treated could lead to adverse health, life threatening services provided in non-emergency room setting, and medically necessary services .

C. The request for financial assistance may originate from the patient, family member, or friend of the family, as well as from any employee of PRMC or member of the medical staff. The Financial Assistance Application will also be distributed in the discharge folders for all inpatients.

D. PRMC will use the Federal Poverty Guidelines. Once approval is given PRMC will write off the FAP eligible patient accounts.

F. Eligibility for financial assistance is based on Poverty Guidelines published by the U.S. Department of Health and Human Services. Patients with family income below the poverty guidelines are eligible to receive free care. Patients may qualify for a 100% discount for those that are at or under 200% of the Federal Poverty Guidelines.

G. PRMC reserves the right to grant financial assistance to medically indigent. Persons whom the hospital has determined are unable to pay their medical bills under this policy because their medical bills exceed 30% or greater of their family or household income. They would otherwise not qualify due to the Federal Poverty Guidelines.

K. Presumptive Charity can and will be determined in some cases: Such as

1. Homelessness
2. Deceased with no estate or assets
3. Medicaid patients who have exceeded the maximum allowable days or exhausted their benefits during a particular admission or service

Presumptive Charity will be approved by the CFO and/or Controller.

L. Financial assistance will be for a single occurrence and any and all other services will need to be approved prior to receiving services, in cases where emergency services are provided it will need to be addressed as soon as reasonably possible.

M. PRMC has a collection policy and procedure for all collection actions. This policy includes all actions that PRMC can take for non-payment of accounts. Including when accounts will be turned over for collections and reported to the credit bureau. Patients will be turned over to collections after 120 days of non-payment from the first patient statement. All patients are eligible to apply for Financial Assistance for 240 days from the date of first patient statement. If the patient has been turned to collections prior to their application all collection efforts will cease while the application is being reviewed. A copy of this policy is located at www.prmc.org or can be picked up from the Financial Counselor at 200 Commodore St, Pratt, KS 67124.

Covered Providers include the following:

Surgicenter and its providers
South Central Bone & Joint and its providers
Pratt Internal Medicine Group and its providers
Stafford Rural Health Clinic and its providers
Sylvia Rural Health Clinic and its providers
St. John Rural Health Clinic and its providers
Pratt Residence and Rehabilitation

Non Covered providers include:

Kansas Pathology
Radiology Group
Pratt Family Practice
CRNA Group
Dr. Joudi