



Working Together to Serve the Community

Main Line Health and Subsidiaries

Policy No. VI. 6
Effective Date: January 2019

Participating Hospitals:

Lankenau Medical Center
Bryn Mawr Hospital
Paoli Hospital
Riddle Hospital
Bryn Mawr Rehabilitation Hospital
Mirmont Treatment Center

Policy Name: Charity Care and Financial Assistance

Policy:

Main Line Health (MLH) is committed to providing charity care and financial assistance to persons who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. MLH is committed to treating patients who have financial needs with the same dignity and consideration that is extended to all its patients. MLH intends, with this policy, to establish charity care and financial assistance procedures that are compliant with applicable federal (Section 501r), state and local laws.

Scope of Policy:

This Policy shall cover emergency and medically necessary health care services provided by MLH including employed Main Line HealthCare providers. Physicians covered by this Policy are listed in Schedule D. Otherwise, the physician does not participate in the Policy (Schedule E).

MLH is committed to treating patients with emergency medical conditions regardless of their ability to pay. An emergency medical condition is defined by the *Emergency Medical Treatment and Labor Act (EMTALA)*, which was enacted in 1986 under Section 1867 of the *Social Security Act*. Based on EMTALA, an emergency medical condition is an acute medical condition that, if not given immediate medical attention, could reasonably be expected to result in: placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment of bodily functions; or serious dysfunction of any bodily organ or part. With respect to a pregnant woman having contractions, an emergency medical condition means that there is inadequate time to effect a safe transfer to another hospital before delivery, or that the transfer may pose a threat to the health or safety of the woman or the unborn child.

It is not the intent of this policy to offer free or discounted care to patients who have health insurance with high deductibles or coinsurance unless they otherwise qualify for Financial Assistance under this policy. Any person who does not have insurance or does not have the ability to pay all or part of their financial responsibility to MLH for MLH provided services may apply for charity care and financial assistance. Patients who are receiving elective cosmetic or plastic surgery are not eligible.

All patients eligible for financial assistance and presenting for Inpatient Non-Elective and Elective services are expected to apply for State Medical Assistance.

Applications outside of these guidelines may be approved based upon extraordinary circumstances with the documented approval of the VP of Finance and the MLH CFO. Collection of amounts due from patients shall be handled pursuant to the MLH Finance Policy on Billing and Collections. Individuals may



obtain a free copy of the Billing and Collections policy at registration areas. The Billing and Collections policy is also available at: mainlinehealth.org/charitycare.

Definitions:

Charity Care: Charity Care means the ability to receive “free care”. Patients who are uninsured for the relevant, medically necessary service, who are ineligible for governmental or other insurance coverage, and who have family incomes not in excess of 300% of the Federal Poverty Level will be eligible to receive “free care”. (See attached Schedule A.)

Financial Assistance: Financial Assistance is provided to patients who are uninsured for the relevant service and who are ineligible for governmental or other insurance coverage, and who have family incomes in excess of 300%, but not exceeding 500%, of the Federal Poverty Level. These patients will be eligible to receive Financial Assistance in the form of amounts Generally Billed-Medicare reimbursement. (See attached Schedule A.)

Uninsured Patient: An uninsured patient that has no health insurance from any source for specific services, inpatient or outpatient, furnished by any provider.

Commercial Insurance: means coverage for medical expenses from any of the following:

- Commercial health insurance plans such as Blue Cross, Aetna and United Health Care
- Federal health care insurance programs such as Medicare, Medicaid, SCHIP (State Children’s Health Insurance Program and TRICARE
- Health insurance program available to military personnel and their families
- Workers’ Compensation is insurance that may be used if a patient is injured at work or on the job
- Automobile insurance may be used if a patient’s health care needs are related to an automobile accident

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of charity care and financial assistance.

Family Income: Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes pre-tax earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources;
- Excludes capital gains or losses and noncash benefits (such as food stamps and housing subsidies) do not count;
- Excludes the income of non-relatives, e.g. housemates, who reside in the same dwelling

Presumptive Charity Care: A determination that a patient is presumed eligible for Charity Care based on financial and historical qualifiers.

Amounts Generally Billed (AGB): Patients eligible for Financial Assistance will not be billed more than what Main Line Health would receive if the patient were a Medicare beneficiary. This is referred to in the IRS regulations as the “Prospective Method” of calculating amounts generally billed.



Federal Health Care Program: Any health care program operated or financed at least in part by the federal, state or local government is a federal health care program.

Medical Savings Account: A Medical Savings Account or MSA is an account into which tax-deferred dollars from income can be deposited. These amounts are often called contributions and are deducted from an employee's salary and placed in the FSA. The money in an FSA is specifically designated for medical expenses. A Medical Savings Account is not insurance but can be used to cover any patient financial responsibilities not otherwise paid for by medical insurance.

Insurance Subrogation: Subrogation in the health care context, is the recovery, from a third party, of medical costs that were originally paid by a benefits plan. Essentially, if there is a balance remaining on a patient's account and the patient or the patient's insurer recovers through a subrogation action, MLH reserves the right to a share of the proceeds received in the subrogation action.

Eligibility:

Any person who does not have insurance or does not have the ability to pay all or part of their financial responsibility to MLH for MLH provided services is eligible for charity care and financial assistance. Patients undergoing elective cosmetic or plastic surgery are not eligible.

It is recognized that there is a small percentage of the uninsured patient population that have substantial assets and thus the ability to pay for health care services. These individuals may have tax-exempt income or other assets not reflected on a tax return. This policy is not intended to provide free care or for MLH to receive payment based on Medicare reimbursement rates to this portion of the uninsured patient population. These patients are eligible for the Self Pay discount detailed in the Participation section of this policy.

Eligibility Determination:

Inpatient Admissions: Once a patient is identified who may be eligible for Charity Care and Financial Assistance, MLH personnel shall provide the patient with the MLH Charity Care and Financial Assistance Application. (Schedule C) The patient must complete the Application for Financial Assistance. Some or all of the financial documentation listed below will be required for consideration.

Outpatient Services: Uninsured patients receiving services will be provided with the MLH Charity Care and Financial Assistance Application (Schedule C) and/or the MLH Charity Care and Financial Assistance Form Attestation of No Insurance (Schedule B). The Patient may be required to submit some or all of the financial documentation listed below:

- Medical Assistance eligibility/denial notice from the State of Pennsylvania and/or County Services:
- Income Tax returns for the most recently filed year.
- Proof of income and Adjusted Gross Income such as:
 - Pay stubs from the past six (6) pay periods
 - W-2 withholding statement
 - Social Security checks, receipts or deposits
 - Bank statements - checking and savings
 - Any other documentation that may serve as proof of Financial Assistance eligibility.

The financial resources of a parent or guardian may be considered in determining the eligibility of a patient who is dependent on the parent or guardian for financial support.



Presumptive Charity Care Eligibility:

There are instances where a patient may appear eligible for charity care, but supporting documentation is lacking or unavailable. In such event MLH will use other appropriate 3rd party resources to estimate an individual's income. A patient meeting the criteria for presumptive financial assistance will have all charges waived.

Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. Enrolled in a state-funded prescription programs;
2. Being homeless or receiving care from a homeless clinic;
3. Participating in the Pennsylvania Department of Welfare's Women, Infants and Children programs (WIC);
4. Being eligible for food stamps;
5. Receiving subsidized school lunches;
6. Being eligible for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Residing in low income/subsidized housing, providing the address supplied by the patient is a valid address; and
8. Patient is deceased with no known estate.

Participation:

A completed MLH Charity Care and Financial Assistance Application will be forwarded to the Main Line Health Patient Accounting Department. When the Application for Charity Care and Financial Assistance is received, the staff will review and determine (through the use of the Charity Care and Financial Assistance Table, Schedule A) if the application is complete and whether the documentation supports the individual's eligibility for charity care or financial assistance. Individuals will be notified of the determination within thirty (30) days.

Your payments to MLH under this policy will be available to you in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by MLH to be eligible for charity care or financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts MLH will charge patients qualifying for charity care or financial assistance is as follows:

- Patients with family income 300% below the Federal Poverty Guidelines, supported by the appropriate documentation as determined by the Main Line Health Patient Accounting Department, will be eligible for 100% Charity Care.
- Patients with family incomes in excess of 300%, but not exceeding 500%, of the Federal Poverty Guidelines will qualify for MLH Financial Assistance. Patients must sign a written agreement to pay the balance remaining after deducting the discount. The patient will receive a bill showing charges, the amount of the discount and the balance due using Medicare Reimbursement Rates.
- Physician and other services provided by outside providers, excluding Main Line Health Care physicians, are not covered by this policy unless identified in Exhibit D. Patients seeking a

discount for such services must contact the physician or outside provider directly to seek assistance.

- Patients who do not provide the requested information necessary to completely and accurately assess their financial situation and/or who do not cooperate with efforts to secure governmental health care coverage will not be eligible for Charity Care or Financial Assistance. However, in normal circumstances, such cooperation should not be a precondition to the receipt of medically necessary treatment, especially emergency care. **Under no circumstance will MLH engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.”**

Uninsured Patients with Incomes Exceeding 500% of Federal Poverty Guidelines:

Patients who are uninsured and have family incomes that exceed 500% do not qualify for Charity Care or Financial Assistance under this policy. MLH does, however, offer such patients a discount off of gross charges for such care. The self-pay discount is based on the following guidelines:

- For all Inpatient Non-Elective services a discount of 60% off total charges will be applied.
- For all Inpatient Elective services a discount of 40% off total charges will be applied.
- Emergency Department services, those treated and released, a minimum discount of 40% off total charges will be applied with a maximum liability of \$1,000.00.
- For all other Medically Necessary Outpatient services, including Observation care, a discount of 40% off total charges will be applied.

Communication of the Charity Care and Financial Assistance Program to Patients and Within the Community:

Notifications about the availability of charity care and financial assistance from MLH, will be disseminated by MLH by various means which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admissions form, admitting and registration departments, and patient financial services offices that are located on facility campuses, and at other public places as MLH may elect. These documents and notices will all include a contact phone number for further information. MLH will also publish and widely publicize a summary of this financial assistance policy on facility websites, in brochures available in patient access sites and other places within the community served by the hospital as MLH may elect. Such notices and summary information will be provided in the primary languages spoken by the population serviced by MLH. Referral for charity care and financial assistance may be made by any member of the MLH staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity care and financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

Regulatory Requirements:

In implementing this policy MLH management and facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Questions regarding this Policy:

Individuals may contact the MLH Business office at 484-337-1970 or request to speak to a representative in the MLH Financial Counseling office at each respective MLH Hospital.



Schedule A

Main Line Health Charity Care and Financial Assistance Table*

To apply for Charity Care and Financial Assistance, the patient must complete the MLH Charity Care and Financial Assistance Application and proof of income must be attached. Federal Poverty Guidelines effective January 2019.

Size of Family Unit	Yearly Income at or below 300% of the Federal Poverty Guideline = 100% Free Care	Yearly Income between, eligible for Medicare Reimbursement rates
1	\$37,470	\$37,471 - \$62,450
2	\$50,730	\$50,731 - \$84,550
3	\$63,990	\$63,991 - \$106,650
4	\$77,250	\$77,251 - \$128,750
5	\$90,510	\$90,511 - \$150,850
6	\$103,770	\$103,771 - \$172,950
7	\$117,030	\$117,031 - \$195,050
8	\$130,290	\$130,291 - \$217,150
For each additional family member after 8 add:	\$13,260	\$22,100

Examples:

Family unit of 1 with an annual income of \$20,000 receives a 100% free care.

Family unit of 5 with an annual income of \$91,000 will be responsible for the Medicare reimbursement rate

Family unit of 4 with an annual income of \$48,000 will receive 100% free care.

Family unit of 7 with an annual income of \$170,000 will be responsible for the Medicare reimbursement rate

* This Table shall be adjusted in accordance with annually released changes to the Federal Poverty Guidelines.



Schedule B

MAIN LINE HEALTH CHARITY CARE AND FINANCIAL ASSISTANCE FORM
ATTESTATION OF NO INSURANCE

FACILITY: _____ PATIENT NUMBER: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN# LAST FOUR DIGITS: _____ DATE OF SERVICE: _____

I hereby certify that I am currently do not have the ability to pay for the hospital treatment and or other services including but not limited to Laboratory, Radiology, etc on the date stated above.

Initials: _____

I understand that by signing this document, I am applying for Financial Assistance.

Initials: _____

If any information I have given proves to be untrue, I understand that the hospital or other entity of Main Line Health, may re-evaluate my financial status and I may become liable for charges.

Initials: _____

Last Date Employed: _____ Family Unit Size: _____ Family Annual Income: _____

I certify the above information is true and complete. I understand that willful falsification of information contained in this application will result in denial of Financial Assistance.

Patient Signature

Printed Name

Date

If you have questions, please contact the MLH Business Office at: 484-337-1970 or request to speak to a representative in the MLH Financial Counseling Office at each hospital.

DISCLAIMER

Main Line Health reserves the right to request such information as pay stubs, income tax returns, bank statements, social security, and/or other liquid financial information deemed appropriate to determine qualification for assistance.



Schedule C

MAIN LINE HEALTH CHARITY CARE AND FINANCIAL ASSISTANCE APPLICATION

FACILITY: _____ PATIENT NUMBER: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN# LAST FOUR DIGITS: _____ DATE OF SERVICE: _____

I hereby certify that I am currently do not have the ability to pay for the hospital treatment and or other services including but not limited to Laboratory, Radiology, etc on the date stated above.

I understand that by signing this document, I am applying for Charity Care or financial assistance. I will promptly provide the information necessary to process my application. Furthermore, I will apply for any assistance (Medicaid, Medicare, Insurance, etc.), that may be available to me for payment of my hospital charges. I will provide information and take action reasonably necessary to obtain such assistance and will assign or pay to the hospital, the amount recovered from the hospital charges.

If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and I may become liable for my hospital charges.

LAST DATE EMPLOYED: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

FA MILY SIZE: _____

ANNUAL INCOME: _____

LAST 3 MONTHS INCOME: _____

PLEASE INCLUDE VERIFICATION OF INCOME INFORMATION TO INCLUDE W2 FORMS, 2016-2017 INCOME TAX FORMS OR YOUR LAST 3 MONTHS OF PAYSTUBS FOR 2017-2018.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PATIENT SIGNATURE: _____ DATE: _____

PLEASE MAIL INFORMATION TO:
MAIN LINE HEALTH, 3803 West Chester Pike, Suite 250, Newtown Square, PA 19073

If you have questions, please contact the MLH Business Office at: 484-337-1970 or request to speak to a representative in the MLH Financial Counseling Office at each hospital.



Schedule D

MAIN LINE HEALTH TABLE OF PARTICIPATING PROVIDERS

Physicians who participate in the Main Line Health Charity Care and Financial Assistance Policy are listed below.

PROVIDER NAME	SPECIALTY
Main Line HealthCare*	Physician Services
Main Line Emergency Medicine Associates	Emergency Services
Main Line Pathology Associates	Pathology Services
Radiology Associates of the Main Line	Radiology Services
Riddle Ambulance Services	Ambulance Services

Physicians not listed above do not participate in the Main Line Health Charity Care and Financial Assistance Policy. Patients should contact the non-participating physicians directly regarding Charity Care or Financial Assistance. For more information about non-participating physicians, please refer to Schedule E.

*For specific Main Line HealthCare physician practices, please visit: www.mainlinehealth.org/main-line-healthcare/our-practices or call Customer Service at: 484-337-1970 for more information.



Schedule E

NON-PARTICIPATING PROVIDERS

The purpose of the Provider Listing is to disclose which services provided at Main Line Health System are not covered by the Financial Assistance Policy.

Please visit www.mainlinehealth.org/about/policies/charity-care and click on the **Schedule E** link to see a current list of non-participating Providers. You may also call Customer Service at: 484-337-1970 for more information or to request a copy of the list.