



<b>TITLE:</b>	Financial Assistance Policy
<b>DEPARTMENT/SERVICE LINE:</b>	Business Office/Revenue Cycle
<b>APPROVER (S):</b>	
<b>DOCUMENT NUMBER:</b>	
<b>LAST REVIEW/REVISION DATE:</b>	07/17
<b>ORIGINATION DATE:</b>	07/17

**POLICY**

Titusville Area Hospital (TAH) is committed to providing financial assistance to individuals who have health care needs and are uninsured, underinsured, ineligible for government assistance, or otherwise unable to pay for emergent and/or medically necessary care. TAH strives to make certain that the financial circumstances of individuals who require health care services; does not prevent them from seeking or receiving care.

**PURPOSE**

This Financial Assistance Policy (FAP) establishes the guidelines as to how TAH will fairly, respectfully and consistently ensure that if follows the same billing and collection procedures for all individuals without regard to age, gender, race, social or immigration status, sexual orientation, gender identity or religious affiliation. This policy will address the various types and levels of financial assistance, eligibility requirements, services that are included, and the process for securing financial assistance.

With implementation of this policy, TAH will comply with all federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this policy, including but not limited to any proposed, temporary or final regulation issued under Section 501(r) of the Internal Revenue Code of 1986, as amended.

**SCOPE**

This policy applies to Titusville Area Hospital and providers employed by Titusville Area Hospital listed on Addendum A.



## DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Amounts Generally Billing (AGB) – The amounts generally billed for emergency or other medically necessary services to individuals who have insurance covering such services.

Eligible Services – Inpatient and/or outpatient treatment of an illness or injury which are emergent or medically necessary; provided by TAH or a TAH employed provider for the treatment of an illness or injury.

Eligibility Period – The period during which TAH must recognize an approved application submitted by an individual for assistance under TAH's FAP.

Emergency Medical Care – Care or treatment for emergency medical conditions as defined by EMTALA (Emergency Medical Treatment and Active Labor Act).

Emergent Medical Conditions – Emergency medical conditions as defined in Section 1867 of the Social Security Act (42 U.S.C. 1295dd).

Extraordinary Collection Action (ECA) – An action described in Section 1.501(r)-6(b) of the Internal Revenue Code.

Family – As defined by the U.S. Census Bureau, a group of two or more individuals who reside together and who are related by birth, adoption, marriage, same-sex marriage, unmarried or domestic partnership.

Financial Assistance – Free or discounted healthcare services to individuals who meet the established criteria.

Gross Charges – TAH's full, established price for medical care in which the facility consistently and uniformly charges all patients before applying any contractual allowances, discounts or deductions.

Household Income – Consists of and/or includes earnings, unemployment compensations, workers' compensation, Social Security, Supplemental Security Income, public assistance, VA 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; determined on a before-tax basis; includes income of the individual, spouse and/or all parents of minor children.

Uninsured – Individual has no level of insurance (private or government) or other potential assistance options, such as Victims of Violent Crimes, auto insurance, third-party liability, etc. to assist with meeting his/her payment obligations for health care services received from TAH.

Underinsured – Individual has some level of insurance (private or government) or other potential assistance options, such as Victims of Violent Crimes, auto insurance, third-party liability, etc. but still has out-of-pocket expenses that exceed his/her financial ability to pay for health care services at TAH.

Federal Poverty Guidelines – Updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code; current Federal Poverty Guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines> and are available for review in Addendum D.

## PROCEDURE

### I. Emergency Medical Care

Any individual seeking urgent or emergent care within the meaning of Section 1867 of the Social Security Act (42 U.S.C.1395dd) at TAH will be treated without discrimination and without regard to an individual's ability to pay for care. TAH will operate in accordance with all federal, state and local requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA). TAH will consult and be guided by the facilities established emergency department policies and procedures, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the processes to be followed with respect to each.

### II. Eligible Services

For the purposes of this policy, *financial assistance* refers to inpatient or outpatient services provided by TAH and TAH employed providers without charge or at a discount to qualifying individuals. The following health care services are eligible for financial assistance:

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;



- Services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Medically necessary services.

Financial assistance does NOT cover the following:

- Retail pharmacy;
- Ineligible services which are deemed as not medically necessary and/or emergent;
- Elective services such as cosmetic surgery, dental, eye lenses, etc.

Financial assistance is limited to services rendered at TAH and/or rendered by a TAH employed provider and charges for eligible services (as set forth below) and does not cover any services that may be charged to an individual by any independent provider not employed by TAH, including but not limited to those physicians/practitioners and physician groups with exclusive and/or non-exclusive agreements with TAH. The list of independent providers not covered under the TAH FAP is provided in Addendum B.

It should be noted that some of the providers listed may have their own financial assistance policy and individuals seeking financial assistance should inquire directly with that provider rendering the service.

### **III. Eligibility**

General eligibility for the financial assistance program will be taken into account for those individuals who are uninsured, underinsured, and ineligible for any government health care benefit program and who are unable to pay for their care, based upon a determination of financial need in accordance with this FAP. Individuals are eligible to obtain financial assistance for deductibles, co-insurance and co-pay responsibilities. The approval of financial assistance will be based on an individualized determination of financial need, and shall not take into account gender, race, age, social or immigrant status, sexual orientation or religious affiliation.

Specific eligibility this policy does not apply to includes but is not limited to the following:

- Individuals who opt out of available insurance coverage;

- Individuals who fail to reasonably comply with insurance requirements; such as obtaining authorization for referrals;
- Nonresident and/or illegal alien individuals who come into the community to seek non-emergent treatment from TAH or a TAH employed provider;
- Individuals who are uninsured and do not qualify for financial assistance based on national poverty income guidelines may be eligible for a 40% discount of services in accordance to TAH's Uninsured Discount Policy. The Uninsured Discount Policy may be viewed under Addendum F.

#### **IV. Presumptive Eligibility**

In situations where individuals may seem to be eligible for financial assistance, but there is no financial assistance application on file due to a lack of supporting documentation, financial assistance may still be available in certain circumstances based upon presumptive conditions. On many occasions there is enough information given by the individual or through other sources that could provide adequate proof that could allow for the granting of financial assistance. Upon the approval of TAH's management on the basis of individual life situations presumptive eligibility may include:

- Homeless or care furnished from a homeless clinic;
- Participation in Women's Infants and Children's Program (WIC);
- Subsidized school lunch program eligibility;
- Food stamp eligibility;
- Eligibility for other state or local assistance programs that are unfunded (i.e. Medicaid Spend-down);
- Low income/subsidized housing is provided as a valid address;
- Patient deceased with no known estate;
- Patient is eligible for state funded prescription program;
- Family or friends have provided credible information establishing the patient's inability to pay; and
- Patient has no income.

#### **V. How Individuals Can Apply**



Requesting financial assistance can be done by individuals requesting in person, over the phone, through mail or through accessing our website at [www.titusvillehospital.org](http://www.titusvillehospital.org). Contact information for the office staff that can provide assistance regarding TAH's financial assistance program is included in Addendum C along with a copy of the FAP application and instruction sheet.

Every reasonable attempt is made by TAH's financial assistance representatives to meet with uninsured patients who are admitted to the hospital in order to recommend appropriate assistance such as federal, state or local programs, or eligibility for assistance under the FAP. When appropriate, the financial assistance representatives may provide assistance to the individuals in qualifying for financial assistance under the policy or to various government programs, such as Medicaid.

TAH's financial assistance representatives can also initiate a financial assistance application on behalf of the patient; however, it is the individual's responsibility to provide the necessary information to qualify for financial assistance. There is no guarantee that the individual will qualify for financial assistance. Referral of patients for financial assistance may be made by any member of TAH's staff or medical staff; including physicians, nurses, financial representatives, social workers, case managers, chaplains and religious sponsors. A request for financial assistance may be made by the individual or a family member, close friend or associates of the individual, subject to applicable HIPAA laws. Individuals may apply for financial assistance at any point from pre-admission to the final payment of their bill, as TAH recognizes that an individual's ability to pay over an extended period of time may be significantly hampered due to illness or financial hardship.

## **VI. Determination and Notification**

In circumstances where presumptive eligibility for the financial assistance program does not apply, individuals must apply for financial assistance and cooperate with TAH in determining if they are eligible for assistance. This application process will involve the following:

- The individual or their guarantor is required to complete a TAH financial assistance application form and supply all personal, financial and other information requested on the application in order for TAH to make the appropriate determination for financial need. Sources of gross household income that is required to be included, but are not limited to: wages, salaries, farm income, self-employed income, interest/dividends, rental income, Social Security payments,

public assistance, unemployment and worker's compensation, veterans benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property and one-time insurance or compensation payments;

- A review of the individual's assets and all other financial resources available to the individual; including retirement funds such as pensions/annuities and IRA's/401Ks as required by Medicare for Medicare beneficiaries applying for financial assistance. The primary personal residence is excluded from this review;
- A review of household income for the individual, spouse, significant other and/or all parents of minor child will be completed;
- If the application for financial assistance is not complete when submitted, a financial assistance representative will call or follow up in writing to the individual, requesting the additional information and/or try to get the information from third party sources if applicable.

Requests for financial assistance shall be processed promptly and TAH will notify the individual or applicant in writing of approval/denial within 15 business days of receipt of a completed application. If TAH denies the request for financial assistance, the reason for denial will be provided in the letter. Individuals will be notified in the denial letter that they may appeal this decision and will be provided with contact information for an appeal. Financial assistance will not be denied based on the omission of information or documentation if such information or documentation is not specifically required by the FAP or application form. Examples of the FAP Application Outcome Letter and FAP Application Approval Letter can be referenced in Addendum G.

## **VII. Length of Eligibility**

Once financial assistance has been approved, the eligibility period for the Financial Assistance Program is six (6) months retroactive and one (1) year going forward from the application approved date; with the exception of accounts which have been placed with a collection agency and exceed 240 days from the first post discharge bill. Each patient must re-apply at the end of the one (1) year period, and be determined to be eligible for financial assistance to continue to receive free or discounted care. In addition, if there is a material change in the patient's financial situation during any period that a patient is participating in the FAP, such as household income or family status, the



patient is obligated to advise TAH of such change, which subsequently requires a reevaluation of financial assistance eligibility.

### **VIII. Disqualification**

Disqualification after financial assistance has been granted may be for reasons that include, but are not limited to the following:

- Information Falsification - Financial assistance will be denied to the individual if they or their guarantor provides false information.
- Third Party Settlement - Financial assistance will be denied if the individual received a third party financial settlement associated with the care received at TAH or by one of TAH's employed physicians. The individual is expected to use the settlement amount to satisfy any patient account balance.
- Change in financial situation where the individual may have access to health insurance and/or no longer meets eligibility criteria based upon the Federal Poverty Guidelines.

### **IX. Basis for Calculation Amounts Charged to Patients**

Financial Assistance will be made available to eligible patients on a sliding scale (Addendum C), as determined in reference to Federal Poverty Levels ("FPL") in effect at the time of the eligibility determination. Amounts charged for any emergency or other medically necessary care TAH provided to an individual eligible under this FAP will be limited to no more than the amounts generally billed (AGB) to individuals with insurance covering that care. Financial assistance may also apply to co-pays, deductibles and co-insurance. The discounts available to individuals under the policy will be at least equal to the average discount given to individuals with certain insurance plans. This minimum discount is calculated by determining what is called the amounts generally billed (AGB). The AGB establishes the limit as to what can be charged to an individual that qualifies for financial assistance. TAH has chosen to use the look back method which utilizes 12 months of allowed claim payments made to TAH by Medicare and all commercial payers divided by the gross charges. The result provides the maximum percentage of gross charges that an FAP-eligible individual may be asked to pay; with the inverse representing the minimum financial assistance discount that will be offered. This AGB and if necessary the related discounts given to individuals will be updated at least annually. For the AGB refer to Addendum I.



Individuals whose household income and assets are at or below 200% of the FPL are eligible to receive free care. Individuals whose household income and assets are at 250% but not more than 300% of FPL are eligible for discounted care. See Addendum D for the FPL income guidelines and associated discount.

## **X. Widely Publicize**

Notification about financial assistance availability from TAH will be communicated by various means, which may include, but are not limited to the following:

- The current policy, application form and a plain language summary of the policy will be available on TAH's web site at [www.titusvillehospital.org](http://www.titusvillehospital.org);
- The FAP Plain Language Summary will be available upon request and without charge, both in public locations in the facility and by mail. TAH's Plain Language Summary can be referenced in Addendum E;
- TAH will clearly post signage regarding the policy in the emergency department, admitting area and business office;
- The policy, application form and plain language summary of the FAP will be available in English which constitutes more than 95% of the residents in the community. For those individuals speaking languages other than those for which the financial assistance guidelines are printed, interpreters will be made available to clearly communicate the policy and provide assistance in completing the necessary forms;
- TAH will distribute information sheets on the FAP to appropriate local public agencies and nonprofit organization that address the health needs of the community's low-income populations;
- All patients will receive a summary of the policy upon admission to the hospital facility. In addition, financial assistance representatives will make every reasonable attempt to visit, as necessary, with individuals to answer questions regarding the policy before discharge from the facility;
- All hospital billing statements will include a notice regarding how to request information about the FAP, including a phone number for inquiries about the policy.

## **XI. Collection Policy**

The actions that TAH may take with regard to the non-payment by an individual who is able to pay for services, including collection actions and possible reporting to credit agencies are contained in TAH's Billing and Collection Policy. TAH's Billing and Collection Policy can be referenced in Addendum H. For individuals who qualify for the FAP and who are cooperating in good faith to resolve their discounted medical bills, TAH will not send unpaid bills to outside collection agencies. TAH will not impose extraordinary collection action (ECA) such as lawsuits, liens on residences or other similar legal actions for any individual without first making reasonable efforts to determine whether that individual is eligible for financial assistance under the FAP.

Reasonable efforts include:

- Notifying the individual of the FAP upon admission, in written and oral communication with the individual regarding their bill and including information on the FAP on statements;
- Written documentation that TAH has attempted to offer the individual the opportunity to apply for financial assistance pursuant to this policy and that the individual has not complied with the application requirements;
- Validating that the individual owes the unpaid bills and that all sources of third-party payments have been identified and billed by TAH;
- Documentation that the individual has been offered a payment plan but has not honored the terms of that plan.



## **ADDENDUM A**

### TAH Employed Providers Covered Under the FAP

Gidor, Mary Joan D, MD

Griffin, Jr., Edward E, MD

Munoz, Maria L, MD

Rogers, Dwain M, MD

Stevens, Jay D, MD

Wilkens, Jr., James B, MD

Zehner, James M, MD



## ADDENDUM B

### TAH Medical Staff NOT Covered Under the FAP

Abhyankar, Archana S, MD	Ganta, Vishnu V, MD	Reimold, Shamus C, DO
Abogunde, Segun E, MD	Ghosh, Arindam, DO	Riehl, Jared A, DO
Al Aly, Robert M, MD	Gibbs, Brian E, CRNA	
Allgeier, Michele L, CRNA		Rust, David G, MD
Baker, Bradley K, MD	Graham, Ian R, MD	Sangl, John D, MD
Barretta, Clifton A, DPM		Santora, Donald C, MD
Basheda, Stephen G, DO	Hajduk, Mark A, DMD	Saunders, Jason J, MD
Bencherif, Badreddine, MD	Haskins, Heather M, PAC	Saxena, Shashank, MD
Bieneman, Bruce K, MD	Helgert, Curtis D, DO	Simcoe, Ross A, MD
Borowski, David T, MD	Huyette, David R, MD	Smith, Scott C, CRNA
Brooker, David R, MD	Judd, Jeffrey B, MD	Sonnenberg, William R, MD
Buetikofer, Jeffrey A, MD	Karns, Jeffry L, CRNA	Stephens, John J, MD
Burns, Sean M, MD	Koradia, Nishant I, MD	
Caruana, Vincent D, MD	Kramer, Brandon J, DO	Te, Gabriel O, MD
Chesar, Thomas, MD	Lettieri, Michael A, MD	Thornburg, Helen E, MD
Chunduri, Kiran V, MD	Lewis, Arthur A, MD	Tobin, Kasey M, DO
Clemente, Marc F, MD	Los, Brian A, MD	Vukmer, George J, MD
Corsetti, Jeffrey P, MD	Malhotra, Narinder K., MD	Webster, Corey A, MD
Couto, Ana C, MD	McAllister, Scott J, MD	Wethli, Mary C, DO
D'Alessandro, Mario, DO	McDermott, Frederic T., MD	Whalen, Richard B, MD
Eidbo, Joel R, MD	McMichael, Robert W, DO	Whitney, Mark B, MD
Eisinger, Philip A, DO	Mehard, William B, MD	
Erdeljic, Phillip J, CRNA		Wuebbolt, Gordon E, MD
Esposito, Felice J, DO	Newhook, Lawrence, MD	Yoges-Waran, Pararajasingham, MD
Evankovich, Michael R, MD	Olson, Daniel J, DPM	Young, Thomas J, MD
Fallin, Heath A, MD	Paczkoskie, Amy, MD	
Femovich, David A, MD	Padin, Frederico A, MD	
Fernandez, Roderick R, MD	Palo, David E, DDS	
Ferreira, Leonard A, MD	Peterson, Ross C, MD	
Forero, Manuel F, MD	Popescu, Cristian L, MD	
Freeman, David M, MD	Price, David R, CRNA	

\*Individuals applying for TAH's FAP that have had services rendered by one of these providers are encouraged to contact their office(s) directly to see if they offer financial assistance.



## ADDENDUM C

Titusville Area Hospital

Financial Assistance Office

406 West Oak Street

Titusville, PA 16354

(814) 827-1851 Extension 4740 or 2060

Toll Free (800) 950-1851 Extension 4740 or 2060

### Hours of Operation:

Monday 8:00am – 4:00pm

Tuesday 8:00am – 4:00pm

Wednesday 8:00am – 4:00pm

Thursday 8:00am – 4:00pm

Friday 8:00am – 4:00pm

Saturday Closed

Sunday Closed

Holidays (Observed) Closed

## ADDENDUM D

2017 Poverty Guidelines for the 48 Contiguous States and District of Columbia

HOUSEHOLD SIZE	HHS POVERTY LEVELS 2017		
	200%	250%	300%
1	\$ 24,120	\$ 30,150	\$ 36,180
2	\$ 32,480	\$ 40,600	\$ 48,720
3	\$ 40,840	\$ 51,050	\$ 61,260
4	\$ 49,200	\$ 61,500	\$ 73,800
5	\$ 57,560	\$ 71,950	\$ 86,340
6	\$ 65,920	\$ 82,400	\$ 98,880
7	\$ 74,280	\$ 92,850	\$ 111,420
8	\$ 82,640	\$ 103,300	\$ 123,960
9	\$ 91,000	\$ 113,750	\$ 136,500
10	\$ 99,360	\$ 124,200	\$ 149,040
<b>Discount</b>	100%	80%	65%

\*Patients without insurance who have received the 40% Uninsured Patient Discount; if approved for financial assistance, the 40% discount will be reversed and the appropriate financial assistance discount will be applied.



## **ADDENDUM E**

Titusville Area Hospital Financial Assistance Program Plain Language Summary

Titusville Area Hospitals FAP Plain Language Summary is a tool to provide clear communication to individuals in order to assist them in finding the Financial Assistance Program information that they need, understand the information that they find, and use the information they find to meet their needs.

# FINANCIAL ASSISTANCE PROGRAM PLAIN LANGUAGE SUMMARY

*As part of our mission and commitment to the community, Titusville Area Hospital offers financial assistance to eligible individuals under our Financial Assistance Program for emergent or medically necessary care.*

## ELIGIBILITY REQUIREMENTS:

All individuals are eligible to apply for financial assistance; including those with insurance. Eligibility is determined by a review of a completed financial assistance application and supporting documents. TAH may grant partial or full financial assistance based upon the Federal Poverty Level (FPL) guidelines.

### *Generally...*

- Individuals with family income of
  - 200% or less of the FPL may qualify for a discount of 100%;
  - 201% to 250% of the FPL may qualify for a discount of 80%;
  - 250% to 300% of the FPL may qualify for a discount of 65%.

## CHARGES FOR EMERGENT OR MEDICALLY NECESSARY CARE:

Eligible individuals will not be charged more for emergent or medically necessary care than amounts generally billed to individuals with insurance.

Financial assistance is not available for individuals who opt out of available insurance coverage, or for those who fail to reasonably comply with insurance requirements such as obtaining authorizations or referrals.

## HOW TO APPLY FOR FINANCIAL ASSISTANCE:

You can view or obtain a copy of our full Financial Assistance Policy (FAP) and Financial Assistance Application through the following sources:



**In person:** Titusville Area Hospital  
Business Office  
406 West Oak Street  
Titusville, PA 16354



**By phone:** 814.827.1851  
Ext. 4740 or 2060  
800.950.1851  
Ext. 4740 or 2060



**Online:** [www.titusvillehospital.org](http://www.titusvillehospital.org)



**By mail:** Titusville Area Hospital  
Attn: Financial Assistance  
406 West Oak Street  
Titusville, PA 16354

Financial assistance is limited to eligible services rendered at TAH and/or rendered by a TAH employed provider and does not cover any services that may be charged to an individual by any independent provider not employed by TAH. Individuals applying for TAH's FAP that have had services rendered by other independent providers are encouraged to contact their office(s) directly to see if they offer financial assistance.

*Thank you for entrusting us with your care.*





## ADDENDUM F

Individuals who are uninsured and do not qualify for financial assistance based on national poverty income guidelines may be eligible for a 40% discount of services in accordance to TAH's Uninsured Discount Policy.



<b>TITLE:</b>	Uninsured Patient Discount Policy
<b>DEPARTMENT/SERVICE LINE:</b>	Business Office/Revenue Cycle
<b>APPROVER (S):</b>	
<b>DOCUMENT NUMBER:</b>	
<b>LAST REVIEW/REVISION DATE:</b>	07/17
<b>ORIGINATION DATE:</b>	07/17

**POLICY**

TAH is committed to consistently providing a fair discount to individuals who are uninsured, but who are not eligible for financial assistance as set forth in TAH’s Financial Assistance Policy. This policy establishes the guidelines for an uninsured patient discount.

**PURPOSE**

The purpose of this policy is to define the eligibility criteria for discounts offered to individuals who receive healthcare services at Titusville Area Hospital (TAH) and a TAH employed provider and who are uninsured.

**SCOPE**

The Uninsured Patient Discount is limited to services rendered at TAH and/or rendered by a TAH employed provider and charges for eligible services (as set forth below) and does not cover any services that may be charged to an individual by any independent provider not employed by TAH, including but not limited to those physicians/practitioners and physician groups with exclusive and/or non-exclusive agreements with TAH.

**PROCEDURE**

**I. Emergency Medical Care**

Any individual seeking urgent or emergent care within the meaning of Section 1867 of the Social Security Act (42 U.S.C.1395dd) at TAH will be treated without discrimination and without regard to an individual’s ability to pay for care. TAH will operate in accordance with all federal, state and local requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA). TAH will consult and be guided by their emergency department policies and procedures, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the processes to be followed with respect to each.

**II. Eligible Services**

The following health care services are eligible for an Uninsured Patient Discount:

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;



- Services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Medically necessary services.

### **III. Ineligible Services**

The Uninsured Patient Discount does NOT cover the following:

- Retail pharmacy;
- Ineligible services which are deemed as not medically necessary and/or emergent;
- Elective services such as cosmetic surgery, dental, eye lenses, etc.

### **IV. Uninsured Patient Discount**

A 40% discount of gross charges will be given to eligible individuals on emergent and medically necessary services.

Individuals who have received the 40% Uninsured Patient Discount; if approved for financial assistance, the 40% discount will be reversed and the approved financial assistance discount will be applied.



## **ADDENDUM G**

Attachment: [Financial Assistance Application Approval Letter]

Attachment: [Financial Assistance Application Outcome Letter]



**MORE**  
THAN A HOSPITAL

406 West Oak Street  
Titusville, PA 16354

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Dear \_\_\_\_\_

We have carefully reviewed your application for Financial Assistance and have determined that your account:

\_\_\_\_\_ Meets Titusville Hospital's guidelines for 100% Financial Assistance

\_\_\_\_\_ Meets Titusville Hospital's guidelines for Financial Assistance pending the outcome/resolution of your Medicaid application

\_\_\_\_\_ Meets Titusville Hospital's guidelines for a reduction in charges of \_\_\_\_\_% for Financial Assistance. Your account will be adjusted accordingly, and the remaining balance will be your responsibility.

If you should have any questions, please call our Financial Assistance Office.

Sincerely,

Titusville Area Hospital Business Office  
406 West Oak Street  
Titusville, PA 16354  
814-827-1851

-----  
(Detach and keep – present this card when receiving medically necessary services at Titusville Area Hospital)



For: \_\_\_\_\_

Effective: \_\_\_\_\_

Expires: \_\_\_\_\_

Charges to be reduced \_\_\_\_\_% Approved by: \_\_\_\_\_



## ADDENDUM H

Attachment: [Billing and Collections Policy]



<b>TITLE:</b>	Billing and Collections Policy
<b>DEPARTMENT/SERVICE LINE:</b>	Business Office/Revenue Cycle
<b>APPROVER (S):</b>	
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<b>ORIGINATION DATE:</b>	07/17

**POLICY**

Titusville Area Hospital (TAH) is committed to assisting individuals in meeting their payment obligations and to applying consistent and compliant billing and collection practices to all individuals without regard to race, color, national origin, citizenship, alienage, religion, creed, gender, sexual preference, age or disability.

This policy, along with the related Financial Assistance Policy, establishes TAH’s procedures regarding billing and collection of individual accounts.

**PURPOSE**

The purpose of this policy is to establish uniform guidelines for billing of services and to assure reasonable collection of accounts from all appropriate sources.

**SCOPE**

This policy applies to Titusville Area Hospital and providers employed by Titusville Area Hospital.

**DEFINITIONS**

When used in this document, the following words have the meaning set forth below unless a different meaning is required by context.

Extraordinary Collection Actions (ECA) – includes taking actions that require legal or judicial process, selling debt to third parties, reporting adverse information to credit agencies and deferring or denying or requiring payment before providing medically necessary care because of nonpayment for previously provided care that is covered under the Financial Assistance Policy.

**PROCEDURE**

The patient is expected to provide timely and accurate information on their insurance status and demographic information; information on any deductibles or copayments that are owed based on their existing coverage and information on other resources that may be used to pay their bill, including other insurance programs, motor vehicle or homeowners insurance policies, student insurance policies, or worker’s compensation programs.



TAH will bill both primary and secondary insurance carriers and will make reasonable efforts to collect from an insurance carrier prior to billing the patient for services rendered. After reasonable efforts are made to collect from the insurance carrier the hospital will seek assistance from the patient to contact the insurance carrier and resolve the outstanding claim. TAH will work with patients toward resolution of outstanding insurance claim payment issues. If these efforts are not successful then the account may be changed to a self-pay account.

Once a patient account balance is established, TAH will send the first post-discharge billing statement requesting payment for services. Generally, TAH expects patients to pay for charges that are not covered and/or balances that exist after payment by the primary and secondary (if applicable) insurance carriers; within a reasonable time frame. Accounts will receive up to four statements and/or notices asking that the account balance be paid. Each post-discharge billing statement will notify the patient that financial assistance is available for eligible individuals.

After exhausting reasonable efforts over a period of up to 120 days to collect a balance, TAH may refer the account to a collection agency. Such referral will not be deemed to be an Extraordinary Collection Action (ECA).

TAH will not engage in any Extraordinary Collection Action (ECA) before 120 days after the first post-discharge billing statement and before reasonable efforts have been made to inform patients of, and provide them with reasonable assistance in applying for financial assistance offered by TAH and/or other funding programs.

An account with a collection agency shall generally be pursued up to 365 days unless, after consulting with the Hospital, it is determined to maintain an account beyond that timeframe. If it is determined by the hospital's Patient Financial Services department that the account requires an ECA, and such account meets the requirements of 501R, including but not limited to waiting a minimum of 120 days after the first post discharge bill to commence ECA activities, the agency shall notify the patient in writing a minimum of 30 days prior to commencing ECA. Such notification shall include a copy of the hospital's plain language summary of the FAP along with a statement as to which ECA's the agency may be taking. If within the 30 day notice period the patient requests financial assistance, and the account is not older than 240 days from the first post discharge bill, then the patient shall be given 10 days to apply for financial assistance before ECA may be initiated. In the event ECA has been initiated and the account is not older than 240 days from the first post discharge billing date and the patient requests financial assistance then the ECA will be suspended for up to 10 days to allow for the patient to apply for financial assistance. (The first post discharge bill shall be the first bill a patient receives for services regardless if services are ongoing.)

ECA's that the Hospital or its agents may take include:

1. Reporting adverse information to a credit reporting agency
2. Placing a lien on property
3. Foreclosing on property



4. Attaching or seizing a bank account or property
5. Garnishing wages
6. Deferring, denying or requiring payment for non-emergency medically necessary care when there is non-payment of previously provided care.

If within 240 days of the first post discharge bill the patient does not qualify for financial assistance and/or makes a request for a payment plan, TAH will work with the patient to negotiate an acceptable payment plan not to exceed a 24 month period with a minimum payment requirement of \$25/month. If at any time the patient defaults on the established payment terms, the account may be referred to a collection agency.



## ADDENDUM I

### Amounts Generally Billed

35%

TAH has chosen to use the look back method which utilizes 12 months of allowed claim payments made to TAH by Medicare and all commercial payers divided by gross charges. The result provides the maximum percentage of gross charges that an FAP-eligible individual may be asked to pay; with the inverse representing the minimum financial assistance discount that will be offered. This AGB and if necessary the related discounts given to individuals will be updated at least annually.