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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 and that no one is denied access to care due to their inability to pay.

PURPOSE

This Financial Assistance Policy (FAP) establishes the guidelines as to how TAH will fairly, respectfully and consistently ensure that it 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, eye lenses, dentures, dental lab fees, dental crowns, dental bridges, 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. **A Medicaid denial is not required to qualify for the financial assistance program at Titusville Area Hospital.** 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. 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;
- 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.