WellSpan Health Financial Assistance Policy

PURPOSE

Consistent with its charitable mission of "working as one to improve health through exceptional care for all, lifelong wellness and healthy communities," WellSpan Health provides financial assistance to eligible patients who are in need. The Financial Assistance Policy will be fair, efficient and accessible to all patients and will be consistently applied across all WellSpan Health entities.

POLICY AND PROCEDURE

I. SCOPE AND GUIDING PRINCIPLES

A. WellSpan Health will provide essential care to patients regardless of their ability to pay.

B. WellSpan Health will provide discounts to patients according to the patient's financial status.

C. WellSpan Health determines financial eligibility based upon income, disposable assets and other forms of health insurance.

D. WellSpan Health's ability to provide discounted services to patients may vary depending on its own financial status.

E. WellSpan Health provides assistance for the Medical Assistance application process.

F. WellSpan Health provides patients the opportunity to enter into payment plans for patient balances.

G. The HealthyCare Card Program (currently available in York and Adams counties) is also available to provide financial assistance to those individuals with long-term, ongoing chronic health conditions, or to those requiring financial assistance to help with the cost of pharmaceuticals. Information regarding this program can be found at www.healthycommunitynetwork.org.

H. The requirements for grants for certain populations may supersede WellSpan Health's financial assistance policy guidelines.

I. WellSpan Health will develop and distribute easy-to-understand financial assistance materials through Customer Service, Patient Financial Services, hospital and office registration areas, internal postings and through the website, www.wellspan.org. Staff will be trained to answer financial assistance questions or direct such inquiries to an appropriate department in a timely manner.

II. ELIGIBILITY DETERMINATION AND APPLICATION PROCESS

A. A written or verbal request for WellSpan financial assistance may be made at any time. In the event of a verbal request, a signature may not be required.

B. WellSpan Health will provide assistance to all patients whose income falls within 400 percent of the federal poverty guidelines and within the asset limits listed on Attachment A. Those patients qualifying for financial assistance will receive a discount based on the amount generally billed (AGB), which is applicable to the facility at which services were provided. The AGB is calculated by the look-back method, in accordance with IRS Regulation 501(r). This is based on payment received from Medical Assistance and all private payors, in the most recent completed fiscal year.

C. Uninsured patients are eligible to receive an uninsured discount of 20 percent on eligible services.

D. The patient must accurately complete, in writing or verbally, the WellSpan Financial Assistance Application, provide documentation and return it to the designated patient financial representative. The patient must sign the last page of the application, unless it is determined that acquiring a signature will be a hardship.

E. All patients applying for WellSpan financial assistance must provide proof of income with the completed application. Proof of income includes three (3) current pay stubs, Social Security, disability, unemployment or workers' compensation income, pension, investment income, real estate income and all other sources of income. Three (3) consecutive months bank statements (all pages) will be required for all accounts. Six (6) concesuctive months bank statements (all pages) will be required for any self-employed applicants. Tax returns (all schedules) may be requested for all applicants but are required for any self-employed applicants. In the absence of these documents, patients may be required to provide other evidence of income.

F. Patients must exhaust all other insurance resources, for which they are eligible, including but not limited to private insurance, cost sharing plans, Pennsylvania Medical Assistance, Veterans Affairs benefits and other state or federal programs, prior to being accepted for financial assistance, and provide documentation to this effect, for example, Medical Assistance rejection. If patients are eligible, they must apply for a qualified health plan under the Affordable Care Act (ACA), or show rejection or exemption from such plan. Failure to apply for coverage under the ACA will result in exemption from financial assistance. Additionally, patients who fail to comply with reasonable insurance requirements, such as obtaining authorizations or referrals, may not be provided financial assistance.

G. Liquid assets (cash, savings, and checking accounts, CDs, HSA funds, annuities, stocks, bonds or Christmas/Vacation Club) may need to be "spent down" depending on possible level of approval before financial assistance is considered (See Liquid Asset Guidelines on Attachment A). In general, non-liquid assets (residence, automobile and other personal property), as well as retirement or life insurance funds (401(k), 403(b), IRA or Rollover IRA) need not be considered.

H. Household size will be the number of individuals eligible to be claimed as dependents on the patient's latest Federal Income Tax return.

I. Eligibility for WellSpan financial assistance will be maintained for one (1) year from date of determination. Eligibility may be backdated for accounts in active accounts receivable with open balances. Prior accounts in bad debts should be reclassified as charity if sent to collection within the current and previous fiscal year (July 1 through June 30).

J. Patients/responsible parties will be notified of the available options for financial assistance prior to an account referral to a third party collection agency, **per IRS regulation 501(r). Methods of notification include but are not limited to:**

i. Posting of legible signage
ii. Development of a plain language summary
iii. Distributing informational brochures at hospital and office registration areas
iv. Distributing informational brochures throughout its communities
v. A copy of the Financial Assistance Policy plain language summary offered during the registration/discharge process

vi. Conspicuous notice regarding the Financial Assistance Policy printed on all account statements
vii. Copy of the Financial Assistance Policy plain language summary provided with last billing statement (at least 30 days prior to taking third-party collection action)

K. In the event of non-payment, accounts will be referred for third-party collection action, which generally includes extraordinary collection actions.

III. ELIBILITY DETERMINATIONS

A. If a patient is unable to provide all required documentation for obvious reasons (e.g., homeless) WellSpan may categorize write-offs associated with the patient's account(s) as charity consistent with internal facility procedures, and must document the rationale for the decision.

B. Where no insurance information is available, third-party information sources used for determining financial assistance eligibility, i.e. Payment Assistance Rank Ordering (PARO) or Acumen will be used. These sources provide a patient account scoring mechanism, which uses patient demographic data to estimate the financial status of patients by accessing numerous publicly available databases. These sources provide an estimate of the patient's household income and size, thus allowing WellSpan entities to estimate the patient's income per Federal Poverty Guidelines. This estimate, along with other information received from the database, such as overall charity score, may be used to provide financial assistance. When third-party information is used and the discount provided is not at the highest level available, the patient/responsible party will be given an opportunity to provide additional financial information to increase the amount of financial assistance.

C. In cases where the patient is non-responsive and/or other sources of information are readily available to perform an individual assessment of financial need, i.e. existing eligibility for Medical Assistance or scoring, these sources of information can be used to support and/or validate the decision for qualifying a patient for a full or partial financial assistance write-off.

IV. ELIGIBLE SERVICES

A. WellSpan Health offers financial assistance for all medically necessary and emergency care services. Medically necessary is generally defined as the need for an item(s) or service(s) to be reasonable and necessary for the diagnosis or treatment of disease, injury or defect. All WellSpan entities' services are eligible (unless excluded below). Financial assistance may not be available to individuals who reside outside of WellSpan Health's primary service areas.
B. Dental services are eligible under this policy – see Attachment B.

V. SERVICES NOT ELIGIBLE FOR FINANCIAL ASSISTANCE

A. Professional fees for diagnostic services, when physicians are not employed by WellSpan entities (some non-WellSpan entities may honor WellSpan's financial policy)
B. Cosmetic procedures
C. Infertility services
D. Power lift chairs and power mobility equipment (e.g., scooters, van lifts and power wheel chairs)
E. Check-up for lock up
F. Bariatric-related services
G. Genetic testing

H. Reference labs and handling fees
I. Flat rate services under arrangements
J. Services for which the patient "opted out" or for which the patient assumed financial responsibility via signed waiver
K. Services received by patients with a Non-Par insurance
L. Pharmacy Prescription co-pays

VI. PLAIN COMMUNITY HARDSHIP AID DISCOUNT PROGRAM

A. Due to religious beliefs, Plain Community members have difference qualifications for financial assistance and are not subject to requirements of this policy.

SCOPE: This policy applies to all entities governed by WellSpan Health.

ATTACHMENTS:

Attachment A: WellSpan Financial Assistance Policy Guidelines

APPROVED BY: Senior Leadership Team

POLICY CROSS REFERENCES
Billing and Collection Policy
Payment Plan Policy
Financial Assistance Plain Language Summary
Emergency Medical Care Policy (EMTALA)

CREATED DATE: 07/13/04

REVIEW/REVISE DATES: 10/04; 3/05; 4/06; 8/06; 3/07; 8/07; 4/7/08; 4/23/08; 7/9/08; 7/10; 8/10; 2/11; 7/11; 4/12; 6/12, 4/1/3, 3/14, 7/16, 9/16

SEARCH KEYWORDS: MAP, Free Care, Uncompensated Care, Indigent Care. Financial Assistance

Attachment A

Category I: Write-off of all charges for patients' whose income is less than or equal to 300% of Federal Poverty Guideline **(100% discount)**

Category II: Patients between 301% and 350% of poverty level receive a **70%** discount on services.

Category III: Patients between 351% and 400% of poverty level receive a **40%** discount on services

Category IV: Patients 401% of poverty level and greater do not qualify for financial assistance. However, all uninsured patients qualify for a 20% "no insurance" discount, regardless of income.

Poverty Guidelines 2016

# of Family Members	2016 Federal Poverty Guidelines	Up to 300% of Poverty Level (100% Reduction)	301% and 350% (70% Reduction)	351% and 400% (40% Reduction)
1	$11,880	$35,640	$41,580	$47,520
2	$16,020	$48,060	$56,070	$64,080
3	$20,160	$60,480	$70,560	$80,640
4	$24,300	$72,900	$85,050	$97,200
5	$28,440	$85,320	$99,540	$113,760
6	$32,580	$97,740	$114,030	$130,320
7	$36,730	$110,190	$128,555	$146,920
8	$40,890	$122,670	$143,115	$163,560

For families with more than eight members, add $4,160 for each additional member.

Liquid Asset Guidelines

1 individual - $5,000 asset limit
Couple - $7,500 asset limit
Each additional member of household – Add $3,000 per person

Attachment B

WellSpan York Hospital Dental Center / Hoodner Dental Center
Sliding Fee Scale for Eligible Patients

Under the WellSpan Health Financial Assistance Policy, patients of the WellSpan York Hospital Dental Center and Hoodner Dental Center will receive discounts under the following categories as outlined in the Sliding Fee Scale-Dental Services.

Category I: Patients' whose income is less than or equal to 300% of Federal Poverty Guideline
Category II: Patients between 301% and 350% of Federal Poverty Guideline
Category III: Patients between 351% and 400% of Federal Poverty Guideline
Category IV: Patients 401% of poverty level and greater do not qualify for financial assistance. However, all uninsured patients qualify for a 20% "no insurance" discount, regardless of income.

SLIDING FEE SCALE – DENTAL SERVICES

Procedure Types	Category I	Category II	Category III	Category IV
General Procedures (preventive, basic restorative, root canals, and extractions)	70% discount	40% discount	30% discount	Uninsured 20% discount available
Procedures with Lab Costs (crowns, dentures, bridges, etc.)	50% discount	40% discount	30% discount	
Esthetic procedures & Dental implants	No discounts available			

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