

**EAGLEVILLE HOSPITAL
POLICY AND PROCEDURE MANUAL**

Supersedes All Previous Policy

Dated: April 30, 2003; Revisions 1/25/2008; 9/15/08; 8/17/2017

No. 8100.220

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SUBJECT: Financial Assistance Policy

Department Responsible: Finance

Related Department(s): Patient Accounts, Admissions, Compliance

PURPOSE:

To promulgate the policy and procedures for the administration of Financial Assistance by Eagleville Hospital.

POLICY:

Eagleville Hospital is committed to treating all individuals requiring medically necessary services within the Hospital's scope of care regardless of ability to pay, and that each will receive the same care, dignity and consideration extended to all of our patients. Eagleville Hospital will assist patients in obtaining health insurance coverage or any other funding available from privately and publicly funded sources whenever appropriate. Eagleville Hospital considers each patient's ability to pay for his or her care and extends Financial Assistance or Partial Financial Assistance to eligible patients unable to pay for their care in accordance with this policy. This policy reinforces the eligibility procedures for Financial Assistance and Partial Financial Assistance that comply with applicable federal, state, and local law.

Patients who do not have health insurance coverage may qualify for Financial Assistance based on their income and their family size or may qualify for a prepaid pre-admission discount. Patients who have health insurance may also be eligible for Financial Assistance for the portion of their bill that is not covered by health insurance, including deductibles, coinsurance, exhausted benefit, denied benefit and/or lack of authorization for services. Patients who do not have health insurance coverage, while referred from or referred to the county office for funding, are deemed to be eligible for Financial Assistance. Eagleville Hospital may grant financial assistance to a patient based on presumptive eligibility. Patients who have died and have no estate are deemed to have no income for the purpose of determining Financial Assistance eligibility.

Amounts charged for emergency or other medically necessary care provided to an individual determined to be eligible for Financial Assistance will be limited to no greater than 53% of Amounts Generally Billed (AGB) to insured patients, based on look-back method of Eagleville Hospital's past 12 month history. Under the look-back method, AGB is calculated annually by dividing 12 months of allowed claims by associated gross charges. The calculation includes claims and charges for Medicare and Medicaid in combination with all private health care insurers. While we cannot guarantee that a patient will qualify for such programs, no patient will be refused emergency treatment at Eagleville Hospital because of their financial status.

Hospital visits involve both hospital and physician resources. Physicians and other providers at Eagleville Hospital are employees of the hospital and follow all financial practices outlined in this policy and in the Billing and Collection Policy #8100.229 – (Attachment 1). Physicians and non-physician extenders who provide Consultative Services for patients admitted to a specialized unit may not be employees of Eagleville Hospital and, therefore, may not follow

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this Financial Assistance Policy or the Billing and Collections Policy. See List of Independent Providers with contact information – (Attachment 2).

DEFINITIONS:

“Financial Assistance” is defined as providing 100% free medically necessary services for patients who are uninsured or underinsured, low income individuals or have family incomes not in excess of 200% of the current Federal Poverty Guidelines as outlined in Financial Assistance and Partial Financial Assistance Table* 2017 – (Attachment 3).

“Partial Financial Assistance” Patients who are ineligible for governmental or other insurance coverage with family incomes in excess of 200% but not exceeding 500% of the Federal Poverty Guidelines will be eligible to receive Partial Financial Assistance in the form of a discount off charges.

“Presumptive Eligibility” Applicants for Financial Assistance who do not submit the required documents or information may be granted Financial Assistance based on other evidence of eligibility or based on applicant attestations.

SCOPE:

Financial Assistance/Partial Financial Assistance does not include bad debt or contractual shortfalls from Medicare and Medicaid programs, but may include insurance co-payments or deductibles, or both.

Patients who are covered by Medicare, Medicaid and/or other health insurance are not eligible to receive Financial Assistance for any amounts that are covered by insurers. Applicants are expected to exhaust all other payment sources as a condition of approval for Financial Assistance/Partial Financial Assistance. Patients who might be eligible for Medicare or Medicaid will be required to apply for those programs before seeking Financial Assistance/Partial Financial Assistance.

Prior to admission, patients who are deemed ineligible for Financial Assistance and are not covered by a third party carrier will be eligible for a prepayment thirty (30) percent discount of Fee Schedule charges based on patients proposed service program. A minimum of five days fees are to be paid either prior to or at the time of admission. See Fee Schedule – (Attachment 4)

RESPONSIBILITY:

- Financial Counselors – Assist the patient in applying for public funding if patient is identified as uninsured and in facilitating the Financial Assistance application process. Monitor the progress and review all data in conjunction with the Patient Accounts Representative in addition to procedures listed in Policy #8100.210 – (Attachment 5)

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- Patient Accounts Representatives – Will Review Financial Assistance information in conjunction with Financial Counselors, and execute the procedures listed in Policy #8100.229 - (Attachment 1)
- Business Office Supervisor – Will review Financial Assistance applications with Director of Patient Accounts and Chief Financial Officer for final determination and send notification to patient. The Business Office Supervisor will also interpret the definitions and execute the procedure listed below.

PROCEDURE:

1. Seek collection of payment or establish payment arrangements with the patient guarantor in accordance with the current Federal Poverty Guidelines.
2. Patients extended Partial Financial Assistance in the form of a discount must sign a written agreement to pay the amount of the hospital bill remaining after deducting the discount. The patient will receive a bill showing full charges, the amount of discount and the amount due.
3. Upon review of current, past, and future earning potential, financial disclosure information will be secured from the cooperative patient/guarantor or his/her assignee, who continues to show interest in assisting with all attempts to obtain health coverage, including those made on his/her behalf through Medicaid and/or single county offices and/or Financial Assistance application. [See section below for Eligibility Determination]
4. Following a determination of Financial Assistance eligibility, a Financial Assistance eligible individual may not be charged more than amounts generally billed for emergency or other medically necessary care.
5. The Hospital is dedicated to following current Federal Poverty Guidelines relating to confidentiality, and may be limited in its ability to obtain information from the responsible party, if other than the patient, which may include employment status and earning capacity. We will look to the cooperation of the patient in this endeavor and a financial counselor will work closely with the cooperating patient to exhaust all potential opportunities to secure pertinent information with regard to a patient's current financial circumstances.
6. Patients who are referred by the single county offices are considered indigent and have no health insurance. Any services provided to patients for whom the hospital does not receive payment from the county will be considered as Financial Assistance.

ELIGIBILITY DETERMINATION:

When a patient is identified as uninsured, or requests a Financial Assistance application, Eagleville Hospital personnel shall provide the patient with the Financial Assistance

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Application (Attachment 6). Some or all of the following documentation will be required at the time of the application:

1. Medical Assistance eligibility/denial notice (if applicable)
2. Most recent pay stubs
3. W-2 forms
4. Unemployment statement
5. Disability statement
6. Checking account statements for past month
7. Savings account statements for past month
8. Other outstanding medical bills

A decision will be made within 30 days following receipt of application by Director of Patient Accounts and Director of Finance, and a written Determination Letter (Attachment 7) will be provided to the applicant .

Attachment 1:

Billing and Collection Policy # 8100.229

Exhibit 1:

Financial Arrangement Payment Agreement Form

Attachment 2:

Independent Provider List

Attachment 3:

Financial Assistance and Partial Financial Assistance Table

Attachment 4:

Fee Schedule

Attachment 5:

Medical Assistance Application Policy #8100.210

Attachment 6:

Financial Assistance Application

Attachment 7:

Determination Letter

A plain language summary of this policy is available on line and by request

The Financial Assistance Policy (FAP) and Billing & Collection Policy are available on line at:
www.eagleville.org/about-us/financial-assistance-program/

Copies of the Financial Assistance Policy (FAP) and Billing & Collection Policy
are available throughout our campus at:

100 Eagleville Road, Eagleville, PA 10403-1829 (800) 255-2019

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Admissions Office

1st Floor, Patient Care Bldg.

(610) 635-6301

Patient Accounts Office

Suite 126, Louchheim Bldg.

(610) 635-7419

Financial Counselors Office

Suite 133, Louchheim Bldg.

(610) 635-7493

To request a policy be mailed, please contact
Patient Accounts Office at 610-635-7419 or Financial Counselors at 610-635-7493

APPROVED: _____ **DATE:** _____

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