

Highlands Hospital Charity Care Policy
Highlands Hospital Family Medicine
Highlands Hospital Family Health and Wellness
Highlands Hospital Orthopedics and Sports Medicine

Purpose

The purpose of this policy is to establish guidelines for Charity Care for patients who incur a significant financial burden as a result of the amount they are expected to owe out of pocket for acute care health care services.

Definition of charity care: Charity Care is care provided to a patient with a demonstrated inability to pay. A patient is eligible for charity care consideration based upon meeting certain income eligibility criteria as established by the Federal Poverty Income Guideline sliding Scale or for whom the financial costs of care received creates a significant burden. Charity care may include unpaid coinsurance, deductibles and non covered services if the patient meets the eligibility criteria. Bad Debt patients do not meet the criteria for Charity Care, that is, they are considered able to pay, but unwilling to satisfy their outstanding obligations. Highlands Hospital does not engage in extraordinary collection actions.

Policy: Highlands Hospital provides medically necessary care to all individuals regardless of ability to pay. Partial and /or full charity care is based on the individual's ability to pay. Because the need for this help is both sensitive and personal for the recipient, and in order to facilitate the process of securing necessary information, Highlands Hospital strongly prefers to perform financial screening upon scheduling, admission or registration (discharge processing in the Emergency Department) as part of the overall financial counseling process. Financial Counseling services are to be made available to all elective, urgent and emergent patients. Patients who represent increased financial risk as a result of the amount they are expected to owe should be referred to a Patient Accounting Specialist for assistance in applying for alternative payment programs. (E.g. medical assistance, Chip, Charity Care, establishment of payment arrangements.)

Procedures:

1. Information about Highlands Hospital Charity Care Program will be placed in highly visible areas of patient and visitor traffic, including but not limited to the registration areas in both the hospital and emergency department and the Business Office. Patients shall also be referred to the program through the registration process and by messages placed on patient pay bills.
(Attachment I)
2. Patients must complete all appropriate applications and comply with all requirements of the application process. (Attachment II). Failure to cooperate will void eligibility for charity care discounts. Patients whose household income is less than or equal to 200% of the most recent published federal poverty guidelines qualify for a 100% discount. Patients with household incomes of greater than 200% but less than 400% of the federal poverty guidelines qualify for a partial discount based on the sliding scale following this section. The amount of the adjustment will be determined by Attachment III which is based on the most current Federal Poverty Guidelines.
3. All patients indicating an inability to pay shall be evaluated for charity care. He/She or an authorized representative will be advised to apply for Medical Assistance through PA DPW.
4. A patient's employment status and earning capacity will be taken into consideration.
5. Charity Care discounts will not apply to any cosmetic services or medically unnecessary services.
6. Income will be defined as gross annual earnings and cash benefits from all sources. Verification of earnings is validated by the most recent year's 1040 federal income tax return, copies of social security checks, pension checks, pay stubs or other documented sources. Patients not filing a tax return will be asked to supply a statement verifying such. If employment status has changed since the tax return was filed, earnings may be calculated going

forward. Determination of eligibility is based on family size and gross income. Family is defined as dependents claimed on the income tax return. In the event that no return is filed, family will be defined as the number in the household.

7. Other cash assets excluding retirement and burial funds may be considered in determining eligibility.
8. On rare occasions, a patient's individual circumstances may be such that while they do not meet the regular Charity Care criteria in this policy, they also do not have the ability to pay their hospital bill. In these situations, with the approval of management, part or all of the cost of care may be written off as Charity Care. There must be complete documentation as to why the decision was made to do so and why the patient did not meet the regular criteria.

Persons who are Homeless

1. Emergency room patients without a payment source are classified as Charity Care if they do not have a job, mailing address, residence, or insurance. Consideration is given to classifying emergency room only patients who do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of their care. These cases are evaluated on an individual basis for charity care.

Special Circumstances

1. Deceased patients without an estate or third party coverage may be eligible for Charity Care.
2. Patients who are in liquidation or reorganization bankruptcy or recently completed bankruptcy may be considered for Charity Care.

Governmental Assistance

1. Applicants may not be aware that they may be eligible for assistance such as Medicaid, Victims of Crime, State Children Services, etc. In determining whether each individual qualifies for Charity Care, other county or governmental assistance programs will also be considered.

2. Highlands Hospital will assist the individual where possible in determining eligibility for any governmental assistance for healthcare services.
3. Persons eligible for programs such as Medicaid but whose eligibility status is not established for the period during which the medical services were rendered, may be granted Charity Care for those services.

Notification of Determination

1. Applications that are approved conditionally will be finalized within a thirty (30) day period. If not completed within a timely period, a new application must be initiated.
2. Once the determination is made, a notification form is sent to each applicant advising them of the decision. Exhibits IV and V.
3. Final determinations are made through the Patient Accounting Department subject to random review and approval of the Chief Financial Officer.

Eligibility Period

1. The eligibility period for Highlands Hospital Charity Care Program is six (6) months from the date of the initial eligibility determination, unless over the course of those six months, the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.

Attachment I

***HIGHLANDS HOSPITAL
Charity Care Program***

Highlands Hospital strives to achieve the highest standards of health care delivery in a manner which preserves the dignity and respect of individuals regardless of their ability to pay. The Charity Care Program is designed to ensure the availability of health care to persons unable to pay for those services.

If you do not have health insurance or worry that you may not be able to pay for all or part of your care, we may be able to help. Highlands Hospital provides financial aid to patients based on their income, assets and financial needs. In addition, we may be able to help you get free or low cost health insurance or work with you to arrange a manageable payment plan. It is important that you let us know if there may be problems paying your bill.

For more information, please contact our Patient Accounting Specialist at 724 626 2224.

Highlands Hospital Charity Care Policy
February 20, 2017

ATTACHMENT III

***HIGHLANDS HOSPITAL CHARITY CARE APPLICATION
401 EAST MURPHY AVENUE
CONNELLSVILLE, PA 15425***

PHONE: 724.626.2224

Charity Care is provided to patients with a demonstrated inability to pay. A patient is eligible for charity care consideration based upon meeting certain income eligibility criteria. Highlands Hospital provides medically necessary treatment to all who seek it, without regard to age, race, sex, religion, or national origin. Highlands Hospital will provide free or below cost care to those patients who upon completion of proper application are determined eligible for such discounts.

If you are interested in applying for Charity Care, the hospital will ask that you apply for Medical Assistance through the county in which you reside. If you are found to be ineligible, or, only partially eligible, you will be asked to provide the letter of determination provided by the Department of Public Welfare. In addition, you are also asked to supply the following information in order to determine your eligibility:

- 1. Prior year federal income tax return or state income tax return if federal return is unavailable.***
- 2. Most recent pay stub. (for all household members.)***
- 3. Most recent bank statements for all accounts. (for all household members.)***
- 4. Evidence of any welfare, unemployment, social security, strike, retirement benefits, child support, and/or alimony payments.***
- 5. Evidence of all outstanding debts or monthly expenses including but not limited to mortgage or rent, personal or student loans, car payments,***

monthly utilities, medical bills, prescriptions taken on a regular basis, daycare expenses, taxes, homeowner, auto and life insurance.

- 6. Copy of other insurance policies that pay you directly for services provided in a hospital. For example, accident policies, cancer policies or supplemental policies.**

This application for Charity Care is for the bills from Highlands Hospital only. Physician bills are separate from the hospital and are not considered under this policy. If you are interested in applying for Charity Care, please call 724.626.2224 to schedule an appointment to provide the necessary information.

Continued on next page.....

Name of Patient _____

Date of Service _____

Account Number (s) _____

Please list the dependents in your household by name and birthdates (including self):

Name	Birth date	Relationship

I certify that the information I have provided to Highlands Hospital is true and correct.

Signed

(Patient) or (Patient Representative)

Printed Name

ATTACHMENT IV

***DETERMINATION OF ELIGIBILITY
FOR CHARITY CARE SERVICES***

APPROVED

As required by the Charity Care Policy of Highlands Hospital, the hospital has conducted a review of the information provided in the request for charity care for services provided to: _____.

The request for Charity Care was made on _____. The determination was made by Highlands Hospital on _____.

Your request for Charity Care has been approved for _____% of the balance. Your

balance for the services of _____ is \$_____.

At this time, Highlands Hospital will no longer release any additional itemized statements of your hospital bill to you. If you have a balance, you will continue to receive monthly bills from the hospital.

If you have any questions, please contact a Patient Accounting Specialist at:

724.626.2224

ATTACHMENT V

***DETERMINATION OF ELIGIBILITY
FOR CHARITY CARE SERVICES***

DENIED

As required by the Charity Care Policy of Highlands Hospital, the hospital has conducted a review of the information provided in the request for charity care for services provided to:

_____.

The request for charity care was made on: _____.

The determination was made by Highlands Hospital on: _____.

Your request for charity care has been denied for the reason (s) listed below:

_____ 1. Your income exceeds the income criteria specified in the Hospital's Charity Care Policy.

_____ 2. Other as explained below.

If your income or circumstances change, you may reapply for this program.

If you have any questions, please contact a Patient Accounting Specialist at 724.626.2224.

ATTACHMENT VI

LIST OF PROVIDERS

The following is a list of providers, by group or specialty, which provide emergency or other medical necessary healthcare within the hospital facility other than the hospital facility itself.

List of providers **NOT** covered under the charity care policy:

- Emergency Solutions, Inc.
- Illinois Valley Radiology
- BPW Medical Associates