

WellSpan Health adopts the following policy and procedure for the following specifically named entities

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|--|---|---|
| <input checked="" type="checkbox"/> Apple Hill Surgical Center                   | <input checked="" type="checkbox"/> VNA Home Health and Services        | <input checked="" type="checkbox"/> WellSpan Medical Equipment        |
| <input checked="" type="checkbox"/> WellSpan Medical Group                       | <input checked="" type="checkbox"/> WellSpan Pharmacy                   | <input checked="" type="checkbox"/> WellSpan Philhaven                |
| <input checked="" type="checkbox"/> WellSpan Surgery and Rehabilitation Hospital | <input checked="" type="checkbox"/> WellSpan Ephrata Community Hospital | <input checked="" type="checkbox"/> WellSpan Gettysburg Hospital      |
| <input checked="" type="checkbox"/> WellSpan Good Samaritan Hospital             | <input checked="" type="checkbox"/> WellSpan York Hospital              | <input checked="" type="checkbox"/> Good Samaritan Physician Services |
| <input checked="" type="checkbox"/> WellSpan Health System Corporate Locations   | <input checked="" type="checkbox"/> Chambersburg Hospital               | <input checked="" type="checkbox"/> Waynesboro Hospital               |
| <input checked="" type="checkbox"/> WellSpan Summit Physician Services           | <input checked="" type="checkbox"/> Summit Himelfarb Surgery Center     | <input checked="" type="checkbox"/> WellSpan Radiation Oncology       |
| <input checked="" type="checkbox"/> WellSpan Medical Oncology and Hematology     |   |   |

NOTE: This policy applies to the above-named entities and all providers employed by WellSpan Health. Independent providers and entities providing services within WellSpan Hospitals are not required to adopt this policy. All providers of medically necessary care in WellSpan facilities who are not employed by such facilities are listed on Attachment B. None of the providers listed in Attachment B are covered by the FAP and do not apply the same discounts for services provided.

## 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 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](http://www.healthycommunitynetwork.org).
- H. The requirements for grants for certain populations may supersede WellSpan Health’s financial assistance policy guidelines, including grantee community partner provider organizations approved by WellSpan Health.
- 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](http://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 350 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 not to exceed the amount generally billed (AGB), which is established based on the lowest WellSpan hospital AGB applied to all hospitals to enable consistent discounts. The AGB is calculated by the look-back method, in accordance with IRS Regulation 501(r). This is based on payments received from Medicare and all private payors, in the most recently completed 12 months. WellSpan calculated the AGB for each WellSpan hospital facility and applies (a percentage below) the lowest calculated AGB of 30.16% to all hospitals. WellSpan will not charge FAP-eligible individuals more than AGB for medically necessary care.
- C. Additional discounts from charges for services for uninsured patients and patients with income above 350% of FPL are covered in a separate policy. ([WellSpan Billing and Collections Policy](#))
- 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. WellSpan also uses publicly available information to screen for Financial Assistance eligibility and qualifies patients presumptively.
  - i. Presumptive Eligibility:
    1. Absent sufficient information to support financial assistance eligibility, WellSpan may opt to refer to or rely on external sources and/or other program enrollment resources to determine eligibility in the event that:
      - a. Patient is homeless
      - b. Patient is currently eligible for state or local assistance programs, even if the patient was not historically eligible for the same programs
      - c. Patient is eligible for a state-funded prescription medication program
      - d. Patient is deceased and without an estate
      - e. Patient files bankruptcy; and/or
      - f. Patient receives care from a partner community clinic primarily serving an uninsured population and is appropriately referred to WellSpan for further treatment.
    2. External sources utilized to determine presumptive eligibility may include credit or medical recovery scores available through Experian.
    3. WellSpan also uses an outside source to determine a propensity to pay score to help identify patients who may be eligible for financial assistance under this policy. WellSpan may use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination.
    4. Presumptive eligible approvals apply to outstanding balances only and not to any future balances. These accounts are approved for 100% discount.
- E. All patients applying for WellSpan financial assistance must provide proof of income for all dependents claimed on IRS Form 1040 with the completed application. Proof of income includes current pay stubs for the last 30 days, Social Security, disability, unemployment or workers' compensation income, pension, investment income, real estate income

and all other sources of income. Additional financial information regarding a household's expenditures may be requested to clarify an applicant's financial position. Three (3) consecutive months bank statements (all pages) will be required for all accounts. Six (6) consecutive 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. If the patient has no income, the patient and the person supporting the patient will complete the "Statement of Zero Income" form.

- F. Patients must be prescreened for Medical Assistance prior to being accepted for 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, checking accounts, PayPal 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. If retirement account is being accessed or drawn from, the full value of the resource will be considered in determining eligibility. Additionally, if a patient is of an age that no penalty is assessed if drawn upon, the full value of the retirement fund would be considered a liquid resource.
- H. Household size will be the number of individuals eligible to be claimed as dependents on the patient's latest Federal Income Tax return. Students living away from home while attending school who are dependent on their parents for financial support (i.e., claimed as a dependent on their Federal income tax form) are considered part of their parent's household for purpose of eligibility determination.
- I. Eligibility for WellSpan financial assistance will be maintained for one (1) year from date of determination. Eligibility may be backdated for one year. Account balances in bad debt should be reclassified as charity if date of service is in the year prior to date of determination. Financial Assistance may be discontinued if patient's primary insurance coverage was voluntarily terminated.
- 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 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 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 separate policy – see [WellSpan Billing and Collection Policy](#).

#### 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) – see Attachment B.
- B. Cosmetic procedures
- C. Infertility services
- D. Power lift chairs and power mobility equipment (e.g., scooters, van lifts and power wheelchairs)
- E. Check-up for lock up
- F. Bariatric-related services – (see section VI)
- 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 that requires patients to utilize participating providers (redirect plans) (exception: emergent services in Emergency department)

- L. Pharmacy Prescription co-pays
- M. Services resulting from criminal/illegal activity

**VI. SERVICES DEEMED NON-COVERED BY INSURANCE**

- A. Bariatric – patients will be offered the self-pay package pricing when it is determined that the service is medically necessary, but their insurance plan will not cover the service. This is required to be paid prior to services.

**VII. 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
- Attachment B: Financial Assistance Policy: Non-participating Providers

**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, 6/18, 2/19, 10/19, 03/20, 03/21, 1/22. 4/22

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

**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.

**Poverty Guidelines 2022**

# of Family Members	2022 Federal Poverty Guidelines	Up to 300% of Poverty Level (100% Reduction)	301% and 350% (70% Reduction)
1	\$13,590	\$40,770	\$47,565
2	\$18,310	\$54,930	\$64,085
3	\$23,030	\$69,090	\$80,605
4	\$27,750	\$83,250	\$97,125
5	\$32,470	\$97,410	\$113,645
6	\$37,190	\$111,570	\$130,165
7	\$41,910	\$125,730	\$146,685
8	\$46,630	\$139,890	\$163,250

For families with more than eight members, add \$4,720 for each additional member.

**Liquid Asset Guidelines**

- 1 individual - \$25,000 asset limit  
Couple/Family - \$30,000 asset limit