

**Classification: Financial Services**

**Originating Department: Patient Access**

**Author: Director, Patient Accounting**

**Effective Date: July 1, 2016**

**Last Review Date: August 1, 2023**

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### **Purpose:**

To provide a consistent method of identification of those community members who are in need of financial assistance relating to emergency or medically necessary healthcare services provided by Doylestown Hospital (“Doylestown”) and any “substantially related entity”.

### **Policy:**

Doylestown aims to continuously improve the quality of life and proactively advocate for the health and well-being of the individuals we serve. With a vision to enthusiastically pursue healthcare excellence through collaboration and innovation, we strive to inspire a more vibrant and healthier world for our patients and our community. In an effort to do so, Doylestown is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergent or other medically necessary care based on their individual financial situation.

Doylestown strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Doylestown procedures for obtaining financial assistance applications, other forms of payment or contribute to the cost of their care based on their individual ability to pay.

Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within Doylestown’s hospital facility are covered under this FAP. Please refer to Appendix A for a list of providers that provide emergency or other medically necessary healthcare services within the Doylestown hospital facility. This appendix specifies which providers are covered under this FAP and which are not. The provider listing will be reviewed quarterly and updated; if necessary.

### **Emergency Medical Care:**

Doylestown will provide, without discrimination, care for all emergency medical conditions to individuals regardless of their financial assistance eligibility or ability to pay. It is the policy of Doylestown to comply with the standards of the Federal Emergency Medical Treatment and Active Labor Transport Act of 1986 (“EMTALA”) and the EMTALA regulations in providing a medical screening examination and such further treatment as may be necessary to stabilize an emergency medical condition for any individual coming to the emergency department seeking treatment.

### **Definitions:**

Amounts Generally Billed (AGB): Pursuant to Internal Revenue Code §501(r)(5), in the case of emergency or other medically necessary care, FAP-eligible patients will not be charged more than an individual who has insurance covering such care.

**Amounts Generally Billed Percentage:** A percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for assistance under the FAP.

**Application Period:** The time period in which an individual may apply for financial assistance. Pursuant to Internal Revenue Code §501(r)(6), the application period is 240 days from the date the individual is provided with the first post-discharge billing statement.

**Extraordinary Collection Actions (“ECAs”):** All legal or judicial processes, including, but not limited to, garnishing wages, placing liens on property and reporting to credit agencies. ECAs include, but are not limited to, sales of an individual’s debt to another party, lawsuits, liens on residences, arrests, body attachments, or other similar collection processes.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service (“IRS”) rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes for the provision of financial assistance.

**Family Size:** All persons living in the same household, which includes parent(s) and all dependents (as defined by the IRS) are considered as members of one family.

**Federal Poverty Level (FPL):** The Federal Poverty Levels are issued each year in the Federal Register by the Department of Health and Human Services and are used for determining financial eligibility.

**Household Gross Income:** Monetary compensation from wages, interest, dividends, benefit checks (unemployment, workmen’s compensation, Social Security (SSD, SSI, etc.) rents and trusts for all individuals included in the family.

**Gross Charges:** The hospital facility’s full, established price for medical care that is consistently and uniformly charged to patients before applying any contractual allowances, discounts or deductions.

**Medically Necessary Services:** Healthcare services or items reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

**Plain Language Summary (“PLS”):** A written statement which notifies an individual that Doylestown offers financial assistance under this FAP and provides additional information in a clear, concise and easy to understand manner.

**Substantially Related Entity:** an entity that is treated as a partnership for federal tax purposes in which a hospital organization owns a capital or profits interest (or a disregarded entity of which the hospital organization is the sole owner or member) and that provides, in a hospital facility operated by the hospital organization, emergency or other medically necessary care that is not an unrelated trade or business with respect to the hospital organization.

**Under-insured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his or her financial abilities.

**Uninsured:** The patient has no level of insurance or third party assistance to meet his or her payment obligations.

## **Eligibility Criteria:**

Patients may be eligible for financial assistance if they meet the following criteria:

- Patient/Guarantor has no governmental or private insurance coverage that would cover the scheduled medically necessary services;
- Patient/Guarantor has exhausted any insurance benefits and has become medically indigent;
- Patient/Guarantor has been scheduled for or received medically necessary services for which they do not have the financial means to pay; or
- Circumstances have changed that caused the Patient/Guarantor to no longer have the means to pay an existing liability either current or delinquent.

## Financial Assistance will be evaluated and provided based on three factors:

- Family Size;
- Household Gross Income; and
- Balance due in proportion to income and after reconciliation with public or private insurers.

## Financial Assistance Discounts:

**Medicaid:** Patients with household gross income at or below 100% of FPL will be screened for Medicaid based on the current state eligibility criteria. Those individuals who appear to qualify for Medicaid will be required to complete the Medicaid Application process.

Household / Family Size	Maximum Household Income (100% of 2023 Federal Poverty Guidelines)
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
For each additional person, add	\$5,140

**Full Financial Assistance:** Patients with household gross income less than or equal to 250% of FPL are eligible for 100% financial assistance.

Household / Family Size	Maximum Household Income (250% of 2023 Federal Poverty Guidelines)
1	\$36,450
2	\$49,300
3	\$62,150
4	\$75,000
5	\$87,850
6	\$100,700
For each additional person, add	\$12,850

Discounted Financial Assistance: Patients with household gross income greater than 250% but less than 400% of FPL are eligible for discounted care. The discounts available are based on an annual predetermined sliding scale. Please refer to Appendix B to view the sliding scale.

Uninsured patients, without third-party coverage, will be granted a 50% self-pay discount of charges for emergency or medically necessary services.

Additional discounts may be applied to underinsured patients after applicable insurance payments and co-payments are received.

## **Basis for Calculating Amounts Charged to Patients:**

In accordance with IRC §501(r)(5) Doylestown utilizes the Look-Back Method to calculate its AGB percentage (Inpatient 29.11% / Outpatient 18.59%). The AGB % is calculated annually and is based on all claims allowed by Medicare Fee-for-Service + all Private Health Insurers over a 12-month period, divided by the gross charges associated with those claims. The applicable AGB % will be applied to gross charge to determine the AGB.

Any individual determined to be eligible for financial assistance under this policy will not be charged more than AGB for any emergency or other medically necessary healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under this FAP.

### **Presumptive Eligibility:**

There are instances when a patient appears to be eligible for financial assistance, but there is no financial assistance form on file due to lack of supporting documentation. Presumptive eligibility may be determined through the Trans Union Healthcare Revenue Cycle credit report. Presumptive eligibility may also be determined on the basis of individual life circumstance that may include:

- State-funded prescription programs;
- Homeless;
- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend down);
- Patient is deceased with no known estate; and
- Eligibility for Ann Silverman Community Health Clinic free healthcare.

Once determined, due to the inherent nature of the presumptive circumstances, the patient may be eligible for up to 100% write off of the account balance.

If the patient is presumptively determined to be eligible for less than the most generous assistance available, Doylestown will provide the individual with a PLS which will assist in notifying the individual regarding the basis for the presumptive eligibility determination and provide information on how the patient can apply for more generous assistance available under this policy. Doylestown will also give the individual a reasonable period of time to apply for more generous assistance before initiating any ECAs to obtain the discounted amount owed for the care.

### **Method for Applying:**

In order to be considered for financial assistance an individual must submit a financial assistance application ("Application"). The patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need.

Patients who meet the eligibility criteria and wish to apply for the financial assistance offered under this FAP can obtain an Application at:

**<https://www.doylestownhealth.org/for-patients-visitors/billing-finance/financial-assistance-program>**

Applications may be requested by calling the Patient Billing & Financial Services Office at (215) 345-2198.

Paper copies of the Application are also available at the Patient Billing & Financial Services Office located at:

Doylestown Hospital  
595 West State Street  
Doylestown, PA 18901

The Patient Billing and Financial Services office is located on the ground floor below the main lobby of the hospital. To get to the office enter the main lobby and proceed straight to the elevators located on the left, past the Well Bean coffee cart. Take the elevator down to the ground floor and exit the elevator. Once on the ground floor turn left and then left again at the next hallway. The Patient Billing and Financial Services office will be directly in front of you.

## **Application Process & Required Documentation:**

Patient's eligible for financial assistance shall be identified as soon as possible. Eligibility determinations may be made in a pre-service, time of service, or post service interview.

Patients requesting financial assistance will be required to complete the Doylestown Financial Assistance Application ("Application") in order to be considered for financial assistance. Patients are encouraged to provide complete and verifiable information, as well as any other explanations that may be helpful in the determination process. If the patient or family member is unable to complete the application, the appropriate Patient Access and Financial Services representative will assist where possible.

Please reference the Application for the required documentation to be submitted with your completed Application. Required documents include, but are not limited to, the following:

- Federal tax return;
- Paycheck stubs;
- Employer statement documenting current hourly rate and weekly hours ;
- Management letters may also be accepted as proof of financial status;
- Physician report documenting inability to work for a given period of time;
- Unemployment compensation letter;
- Social Security, Pension or yearly determination letter; or
- Profit & Loss Statements for last six months.

### **All completed Applications (with required documentation) should be mailed to:**

Doylestown Hospital  
Patient Billing & Financial Services  
595 West State Street  
Doylestown, PA 18901

## **Eligibility Determinations:**

Financial counselors are available to work with patients to review the documentation provided and determine eligibility. They may also assist patients in completing any required Applications for financial assistance. Once the Application is complete, a financial counselor will contact you regarding the financial assistance eligibility determination.

## **Process for Incomplete Applications**

Financial assistance determinations shall be made as soon as possible, but no later than thirty (30) working days from the date of the request. If sufficient paperwork is not provided, the request will be deemed to be an incomplete Application.

If an incomplete Application is received, Doylestown will provide the applicant with written notice which describes the additional information/documentation needed to make a FAP-eligibility determination and provide the patient with a reasonable amount of time (30 days) to provide the requested documentation. Additionally, Doylestown, and any third parties acting on their behalf, will suspend any ECA's to obtain payment until a FAP-eligibility determination is made.

## **Process for Completed Applications**

### **Once a completed Application is received, Doylestown will:**

- Suspend any ECAs against the individual (any third parties acting on their behalf will also suspend ECAs undertaken);
- Make and document a FAP-eligibility determination in a timely manner; and
- Notify the responsible party or individual in writing of the determination and basis for determination.

### **An individual deemed eligible for financial assistance will be notified in writing of a favorable determination. The notice will include the following:**

- Date on which services were requested;
- Date on which determination was made;
- Income of applicant; and
- Dollar amount or percentage thereof to be allocated for financial assistance.

### **In accordance with Internal Revenue Code §501(r) Doylestown will also:**

- Provide a billing statement indicating the amount the FAP-eligible individual owes, how that amount was determined and how information pertaining to AGB may be obtained, if applicable;
- Refund any excess payments made by the individual; and
- Work with third parties acting on their behalf to take all reasonable available measures to reverse any ECAs previously taken against the patient to collect the debt.

When a request for financial assistance is denied, the applicant shall be notified in writing. If the patient cannot pay the total bill, financial counselors will discuss alternative payment arrangements.

### **Widely Publicizing:**

Doylestown's FAP, Application and Plain Language Summary (PLS) are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by Doylestown's primary service area.

The FAP, Application and PLS are all available on-line at the following website:

**<https://www.doylestownhealth.org/for-patients-visitors/billing-finance/financial-assistance-program>**

Paper copies of the FAP, Application and the PLS are available upon request without charge by mail and are available at various areas throughout the hospital facility which include the emergency room, admitting and registration departments and Patient Billing and Financial Services Office.

All patients will be offered a copy of the PLS as part of the intake/discharge process.

Signs or displays will be conspicuously posted in public hospital locations including the emergency department, admissions/registration departments and Patient Billing and Financial Services Office that notify and inform patients about the availability of financial assistance.

Doylestown will also make reasonable efforts to inform members of the community about the availability of financial assistance.

## **Billing & Collection:**

### **Internal Revenue Code §501(r)(6):**

Doylestown does not engage in any ECAs as defined by Internal Revenue Code Section 501(r)(6) prior to the expiration of the “Notification Period”. The Notification Period is defined as a 120-day period, which begins on the date of the 1st post-discharge billing statement, in which no ECAs may be initiated against the patient.

Subsequent to the Notification Period Doylestown, or any third parties acting on its behalf, will refer any uncollected debt to a third party collection agency. The third party collection agencies will, in the event of nonpayment, report adverse information about the individual to consumer credit reporting agencies or credit bureaus for any unpaid balance if a FAP-eligibility determination has not been made or if an individual is ineligible for financial assistance.

Doylestown may authorize third parties to initiate ECAs on delinquent patient accounts after the Notification Period. They will ensure reasonable efforts have been taken to determine whether an individual is eligible for financial assistance under this FAP and will take the following actions at least 30 days prior to initiating any ECA:

1. The patient will be provided with written notice which:
  - a. Indicates that financial assistance is available for eligible patients;
  - b. Identifies the ECA(s) that Doylestown intends to initiate to obtain payment for the care; and
  - c. States a deadline after which such ECAs may be initiated.
2. The patient has received a copy of the PLS with this written notification; and
3. Reasonable efforts have been made to orally notify the individual about the FAP and how the individual may obtain assistance with the financial assistance Application process.

Doylestown will accept and process all Applications for financial assistance available under this policy submitted during the application period.