



204 Hospital Avenue
DuBois, PA 15801

Financial Assistance Program

Penn Highlands Healthcare is committed to providing quality service and safety to the communities we serve regardless of an individual's ability to pay.

Attached please find an application to see if you would qualify for our **Financial Assistance Program** on your outstanding accounts with Penn Highlands Healthcare. This is an internal program to assist with unexpected financial burdens, based upon income, expenses and assets. This application and policy are also available on our website at www.phhealthcare.org/FAP.

In order for your application to be processed upon receipt, please provide the following documents as they are necessary to complete the processing of your application:

- Complete Federal Tax Return (most recent) including all schedules and W-2s.
- Copy of most current two month's paycheck stubs for each income listed.
- Most current month's bank statements and/or other income verification.
- Social Security Income Verification (if applicable).
- Unemployment verification (if applicable).
- Copy of Medicaid denial (if applicable).

Please understand that we cannot process your application until all supporting documentation is received.

If you have any questions, please contact us at the appropriate office listed below:

Penn Highlands Brookville	100 Hospital Road Brookville, PA 15825 814-849-1438
Penn Highlands Connellsville	401 East Murphy Avenue Connellsville, PA 724-626-2224
Penn Highlands Clearfield	438 Front Street, PO Box 992 Clearfield, PA 16830 814-768-2484
Penn Highlands DuBois	204 Hospital Avenue, PO Box 447, DuBois, PA 15801 814-375-4200
Penn Highlands Elk	763 Johnsonburg Road St. Marys, PA 15857 814-788-8246
Penn Highlands Huntingdon	1225 Warm Springs Avenue Huntingdon, PA 16652 814-643-8495
Penn Highlands Mon Valley	438 Front Street, PO Box 992 Clearfield, PA 16830 814-768-2484
Penn Highlands Tyrone	187 Hospital Drive Tyrone, PA 16686 814-682-1840 or 814-684-1255 ext . 7096
Penn Highlands Healthcare at Home	757 Johnsonburg Road, Suite 200, St Marys, PA 15857 800-841-9397



TITLE: FINANCIAL ASSISTANCE POLICY

Number

PURPOSE

Penn Highlands Healthcare (“PHH”) and the Penn Highlands Physician Network (“PHPN”) is committed to providing financial assistance to individuals who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise are unable to pay, for medically necessary care based on their individual financial circumstance. Consistent with its commitment to provide exceptional quality, safety and service in the communities we serve, PHH/PHPN strives to ensure that the financial capacity of individuals who need health care services does not deter them from seeking or receiving care. To treat all individuals who come to seek treatment, equitably, with dignity, respect and compassion. To institute a financial assistance program that will strive to attain the proper balance between providing uncompensated care and the financial and clinical ability of PHH/PHPN to provide such care. PHH/PHPN endeavors to ensure that it follows the same billing and collection procedures for all individuals and that this Policy is administered fairly, respectfully and consistently. This Financial Assistance Policy (“FAP”) establishes the foundation as to how PHH/PHPN can identify individuals that may qualify for financial assistance, provides financial assistance and accounts for financial assistance.

INTRODUCTION

- I. In order to provide the proper level of assistance to those individuals in need, Penn Highlands Healthcare’s Finance Committee and the Board of Trustees has approved this FAP and is responsible for its oversight. Any material modifications to the standards set forth in this FAP must be approved by the Finance Committee prior to implementation by PHH/PHPN.
- II. This Policy:
 - a) Includes eligibility criteria for financial assistance – free and discounted (partial financial assistance) care;
 - b) Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy;

Effective Date: June 1, 2016

Authorized By: Penn Highlands Board of Directors

Source: Federal 501r Rules and Regulations

Date of last Review: May 27,2016; June 20, 2016; May 26, 2017; February 8, 2018; February 4, 2019, March 3, 2021

Revision Number: 6

Units Primarily Affected: System Wide all Areas

Policy Integration Team:

- c) Describes the method by which patients may apply for financial assistance;
- d) Limits the amounts that PHH/PHPN will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amounts generally billed; and
- e) Describes how PHH/PHPN will widely publicize the policy within the community served by the organization.

- III. Financial assistance is not considered to be a substitute for employer-sponsored, public, individually purchased insurance or personal responsibility, and all financial assistance is subject to situational assessment and approval by PHH/PHPN's management. Patients are expected to cooperate with all PHH/PHPN procedures for obtaining financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial ability to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. PHH/PHPN shall take into account all available insurance coverage and/or Pennsylvania Medical Assistance coverage prior to considering individuals for financial assistance eligibility.
- IV. As it may be a violation and/or unlawful under federal and state health laws, insurance fraud laws and/or under the PHH/PHPN's managed care contracts, to routinely waive, discount, or fail to attempt to collect co-pays, deductibles, coinsurance and/or patient responsibility portions of their account, PHH/PHPN will only make such waivers, discounts or non-collection efforts pursuant to the terms of FAP. PHH/PHPN does not view providing free care or discounted services based on documented indigence or eligibility for the financial assistance program as a routinely waiving, discounting or failing to attempt to collect said patient financial responsibilities.
- V. PHH/PHPN reserves the right to exclude certain services from being covered under this FAP, and to deny financial assistance to individuals who do not cooperate with the requirements listed in this Policy.
- VI. The principle beneficiaries of this FAP are intended to be individuals who are uninsured, underinsured, ineligible for any government health care benefit program and who are unable to pay for their care.

SCOPE

This policy applies to all Penn Highlands Healthcare affiliated hospitals and Physician Networks listed on Addendum A. All Business Office staff, management and administration shall follow the steps for financial assistance considerations as outlined herein.

INFORMATION/RESOURCES

- Addendum A - Plain Language Summary of Financial Assistance Policy
- Addendum B - Emergency Medical Care (EMTALA) Policy
- Addendum C - PHH Sliding Fee Schedule
- Addendum D - Financial Assistance Program Instruction Letter and Application Form
- Addendum E - Independent Providers not covered under PHH/PHPN Financial Assistance program
- Addendum F - Uninsured Discount Policy
- Addendum G - Amount Generally Billed per Facility

PROCESS

I. Policy Relating to Emergency Medical Care

Any patient seeking urgent or emergent care within the meaning of Section 1867 of the Social Security Act (42 U.S.C.1395dd) at a PHH/PHPN facility shall be treated without discrimination and without regard to a patient's ability to pay for care. PHH/PHPN shall operate in accordance with all federal, state and local requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA). PHH/PHPN shall consult and be guided by their emergency services policy, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the processes to be followed with respect to each.

II. Services Eligible Under this Financial Assistance Policy

For the purposes of this policy, "financial assistance" refers to inpatient or outpatient services provided by PHH/PHPN without charge or at a discount to qualifying individuals. The following health care services are eligible for financial assistance;

- a) Emergency medical services provided in an emergency room setting;
- b) Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- c) Services provided in response to life-threatening circumstances in a non-emergency room setting; and
- d) Medically necessary services.

FAP does NOT cover the following: Retail Pharmacy, ineligible services which are deemed as not medically necessary and/or emergent or are elective such as cosmetic surgery, dental, eye lenses, etc.

FAP is limited to service rendered at PHH/PHPN and charges for eligible services (as set forth below) and does not cover any services that may be charged to an individual by any independent providers not employed by PHH/PHPN, including but not limited to those physicians/practitioners and physician groups with exclusive and/or non-exclusive agreements with PHH/PHPN.

The list of independent providers not covered under PHH/PHPN's FAP is provided in Addendum E. It should be noted that some of the providers listed may have their own financial assistance policy and individuals seeking financial assistance should inquire directly with that provider rendering the service.

III. Eligibility for Financial Assistance

- a) General Eligibility – Eligibility for the financial assistance program will be taken into account for those individuals who are uninsured, underinsured, and ineligible for any government health care benefit program and who are unable to pay for their care, based upon a determination of financial need in accordance with this FAP. Individuals are eligible to obtain financial assistance for deductibles, co-insurance and co-pay responsibilities. The approval of financial assistance shall be based on an individualized determination of financial need, and shall not take into account gender, race, age, social or immigrant status, sexual orientation or religious affiliation.
- b) Specific Eligibility – This policy does not apply to:
 - a. Individuals who opt out of available insurance coverage;

- b. Individuals who fail to reasonably comply with insurance requirements, such as obtaining authorization for referrals; and
- c. Nonresident and/or illegal alien individuals who come into the community to seek non-emergent treatment from a PHH/PHHN provider.
- d. Individuals who are uninsured and may not qualify for financial assistance based on poverty income guidelines will be eligible for 40% discount of services in accordance to PHH/PHPN Uninsured Discount Policy. The Uninsured Discount Policy may be viewed under Addendum F.

IV. Presumptive Eligibility for Financial Assistance

In situations where individuals may seem to be eligible for financial assistance, but there is no financial assistance application form on file due to a lack of supporting documentation, financial assistance may still be available in certain circumstances based upon presumptive conditions. On many occasions there is enough information given by the individual or through other sources that could provide adequate proof that could allow for the granting of financial assistance. Upon the approval of PHH/PHPN's management on the basis of individual life situations presumptive eligibility may include:

- a) Homeless or care furnished from a homeless clinic;
- b) Participation in Women's Infants and Children's Program (WIC);
- c) Subsidized school lunch program eligibility;
- d) Food stamp eligibility;
- e) Eligibility for other state or local assistance programs that are unfunded (i.e. Medicaid Spend-down);
- f) Low income/subsidized housing is provided as a valid address;
- g) Patient deceased with no known estate;
- h) Patient is eligible for state funded prescription program;
- i) Family or friends have provided credible information establishing the patient's inability to pay; and
- j) Patient has no income.

V. Method Individuals May Apply for Financial Assistance

Requesting financial assistance can be done by individuals requesting in person, over the phone, through mail or through accessing the website at www.phhealthcare.org . Contact information for the appropriate PHH/PHPN facility staff that can provide assistance regarding PHH's financial assistance program is included in Addendum A.

Every reasonable attempt is made by PHH/PHPN Financial Representatives to meet with uninsured patients who are admitted to the hospital in order to recommend appropriate assistance such as federal, state or local programs, or eligibility for assistance under the FAP. When appropriate, the Financial Representatives may provide assistance to the individuals in qualifying for financial assistance under the Policy or to various government programs, such as Medicaid.

PHH/PHPN can also initiate a financial assistance application on behalf of the patient; however, it is the individual's responsibility to provide the necessary information to qualify for financial assistance. There is no guarantee that the individual will qualify for financial assistance. Referral of patients for financial assistance may be made by any member of PHH/PHPN's staff or medical staff, including physicians, nurses, financial representatives, social workers, case managers, chaplains and religious sponsors. A request for financial assistance may be made by the individual or a family member, close friend or associates of the individual, subject to applicable HIPAA laws.

Individuals may apply for financial assistance at any point from pre-admission to the final payment of their bills, as PHH/PHHN recognizes that an individual's ability to pay over an extended period of time may be significantly hampered due to illness or financial hardship.

VI. Determination of Financial Assistance and Notification to Applicants

Financial Assistance Application Process: In circumstances where presumptive eligibility for the financial assistance program does not apply, individuals must apply for financial assistance and cooperate with PHH/PHPN in determining if they are eligible for assistance. This application process will involve the following:

- a) The individual or their guarantor is required to complete PHH/PHPN's financial assistance application form and supply all personal, financial and other information requested on the application in order for PHH/PHPN to make the appropriate determination for financial need. Sources of gross household income that is required to be included, but are not limited to: wages, salaries, farm income, self-employed income, interest/dividends, rental income, Social Security payments, public assistance, unemployment and worker's compensation, veterans benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property and one-time insurance or compensation payments.
- b) A review of the individual's available assets, and all other financial resources available to the individual; including retirement funds such as pensions/annuities and IRA's/401Ks as required by Medicare for Medicare beneficiaries applying for financial assistance. The primary personal residence is excluded from this review.
- c) A review of household income for the individual, spouse, significant other and/or all parents of minor child will be completed.
- d) If the application for financial assistance is not complete when submitted, a PHH/PHPN financial representative will call or follow up in writing to the individual, requesting the additional information and/or try to get the information from third party sources if applicable.
- e) See Addendum D for the Patient Financial Assistance Application Instruction Letter and Form for a list of information that is required to be completed on the application form, and for a list of supporting documentation that PHH/PHPN may require an individual to submit as part of the application process.

Notification to Applicants: Requests for financial assistance shall be processed promptly and PHH/PHHN will notify the individual or applicant in writing of approval/denial within 15 business days of receipt of a completed application. If PHH/PHPN denies the request for financial assistance, the reason for denial will be provided in the letter. Individuals will be notified in the denial letter that they may appeal this decision and will be provided with contact information for an appeal.

Financial assistance will not be denied based on the omission of information or documentation if such information or documentation is not specifically required by the Financial Assistance Policy or application form.

VII. Length of Eligibility

Once financial assistance has been approved, the eligibility period for the Financial Assistance Program is one (1) year retroactive and one (1) year going forward from the application approved

date. Each patient must re-apply at the end of the one (1) year period, and be determined to be eligible for financial assistance to continue to receive free or discounted care. In addition, if there is a material change in the patient’s financial situation during any period that a patient is participating in the Financial Assistance Program, such as household income or family status, the patient is obligated to advise PHH/PHPN of such change, which subsequently requires a re-evaluation of financial assistance eligibility.

VIII. Financial Assistance Disqualification

Disqualification after financial assistance has been granted may be for reasons that include, but are not limited to the following:

- a) Information Falsification. Financial assistance will be denied to the individual if they or their guarantor provides false information;
- b) Third Party Settlement. Financial assistance will be denied if the individual received a third party financial settlement associated with the care received at PHH/PHHN. The individual is expected to use the settlement amount to satisfy any patient account balance; and
- c) Change in financial situation where the individual may have access to health insurance and/or no longer meets eligibility criteria based upon the Federal Poverty Guidelines.

IX. Basis for Calculation Amounts Charged to Patients

Financial Assistance will be made available to eligible patients on a sliding fee scale (Addendum C), as determined in reference to Federal Poverty Levels (“FPL”) in effect at the time of the eligibility determination. Amounts charged for any emergency or other medically necessary care PHH/PHPN provided to an individual eligible under this FAP will be limited to no more than the amounts generally billed (AGB) to individuals with insurance covering that care. Financial assistance may also apply to co-pays, deductibles and co-insurance.

The discounts available to individuals under the policy will be at least equal to the average discount given to individuals with certain insurance plans. This minimum discount is calculated by determining what is called the amounts generally billed (AGB). The AGB establishes the limit as to what can be charged to an individual that qualifies for financial assistance. PHH/PHPN has chosen to use the look back method which reflects the average payment over a recent 12 month period of payments made to PHH/PHPN by Medicare and all private insurers. This AGB and if necessary the related discounts given to individuals will be updated at least annually. For the AGB per PHH facility refer to Addendum G.

The basis for the amounts PHH/PHPN will charge an individual qualifying for financial assistance is as follows:

- Individuals whose household income and assets are at or below 200% of the FPL are eligible to receive free care;
- Individuals whose household income and assets are at 250% but not more than 300% of FPL are eligible for the following discounts under the Policy, based on the specific eligibility criteria for each such discount:

Family Income as % of FPL	Amount of Discount off of Gross Charges
100-200%	100%
201-250%	80%
251-300%	65%

X. Measures to Widely Publicize the Policy to Individuals and Within the Community

Notification about financial assistance availability from PHH/PHPN shall be disseminated by various means, which may include, but are not limited to the following:

- a) The current Policy, application form and a plain language summary of the Policy will be available on PHH/PHPN's web site at www.phhealthcare.org.
- b) Plain Language Summaries of the Policy and application form will be available upon request and without charge, both in public location in the facilities and by mail. PHH/PHPN shall clearly post signage regarding the Policy in emergency departments, admitting areas and business offices.
- c) The Policy, application form and plain language summary of the Policy will be available in English which constitutes more than 95% of the residents in the community. For those individuals speaking languages other than those for which the financial assistance guidelines are printed, interpreters will be made available to clearly communicate the policy and provide assistance in completing the necessary forms.
- d) PHH/PHPN shall distribute information sheets in plain language summary of the Policy to appropriate local public agencies and nonprofit organization that address the health needs of the community's low-income populations.
- e) All patients will receive a summary of the Policy upon admission to the hospital facility. In addition, Financial Representatives may make every reasonable attempt to visit, as necessary, with individuals to answer questions regarding the Policy before dismissal from the facility.
- f) All Hospital billing statements are required to include a notice regarding how to request information about the Policy, including a phone number for inquiries about the Policy.
- g) PHH/PHPN provides training to appropriate staff that interacts with patients about the availability of the Financial Assistance Program, how to communicate that availability to patients, and how to direct patients to appropriate financial assistance staff.

XI. Relationship to Collection Policy

The actions that PHH/PHPN may take with regard to the non-payment by an individual who is able to pay for services, including collection actions and possible reporting to credit agencies are contained in PHH/PHPN's Billing and Collection Policy. For individuals who qualify for FAP and who are cooperating in good faith to resolve their discounted medical bills, PHH/PHPN will not send unpaid bills to outside collections agencies. PHH/PHPN will not impose extraordinary collections actions (ECA) such as lawsuits, liens on residences or other similar legal actions for any individual without first making reasonable efforts to determine whether that individual is eligible for financial assistance under the FAP. Reasonable efforts shall include:

- a) Notifying the individual of the FAP upon admission, in written and oral communications with the individual regarding their bill and including information on the FAP on statements;
- b) Written documentation that PHH/PHPN has attempted to offer the individual the opportunity to apply for financial assistance pursuant to this policy and that the individual has not complied with the application requirements;
- c) Validating that the individual owes the unpaid bills and that all sources of third-party payments have been identified and billed by PHH/PHPN;
- d) Documentation that the individual has been offered a payment plan but has not honored the terms of that plan.

XII. DEFINITIONS

Amounts generally billed (AGB) – means the amounts generally billed for emergency or other medically necessary services to individuals who have insurance covering such services.

Eligible Services – means inpatient and/or outpatient services, which are medically necessary or emergent care that is provided directly by PHH/PHPN for the treatment of an illness or injury.

Eligibility period – means the period during which PHH/PHPN must accept and process an application for assistance under its financial assistance policy (FAP) submitted by an individual in order to have made reasonable efforts to determine whether the individual is FAP eligible. With respect to any care provided by PHH/PHPN to an individual, the application period begins on the date the care is provided to the individual and may be retroactive back over the previous twelve (12) month period ends on the 365th day after PHH/PHPN approved the application as eligible for the financial assistance and/or charity care program.

Emergency medical care – means care provided by a hospital facility for emergent medical conditions.

Emergent medical conditions – means emergency medical conditions as defined in Section 1867 of the Social Security Act (42 U.S.C. 1295dd).

Extraordinary collection action (ECA) – means an action described in Section 1.501(r)-6(b) of the Internal Revenue Code.

Family – means the individual/patient, individual's/patient's spouse and all of the individual's/patient's children, natural or adoptive, 18 years of age or under who live at home, or students of any age as long as the parent is still claiming the student as a dependent.

Financial assistance – means providing discounted care to an individual who cannot afford to pay for medically necessary and/or emergent services and PHH/PHPN does not expect payment for the discounted portion.

Financial assistance policy (FAP) – means a written policy that meets the requirements described in Section 1.501(r)-4(b) of the Internal Revenue Code.

Financial assistance application form – means the application form (and any accompanying instructions) that PHH/PHPN requires an individual to submit as part of his/her FAP application.

Gross charges (or the charge master rate) – means PHH/PHPN's full, established price for medical care in the facilities consistently and uniformly charges all patients before applying any contractual allowances, discounts or deductions.

Household Income – means the Household Income consists of the following:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts,

educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;

- Non-cash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis
- Includes income of the individual, spouse and/or all parents of minor child.

Ineligible Services – means services that are deemed not medically necessary or emergent and are not eligible for FAP. These services include but may not be limited to the following:

- Cosmetic services;
- Cardiac and pulmonary rehabilitation maintenance programs;
- Outpatient pharmacy;
- Elective reproductive services, including sterilization, IUD, vasectomy, etc;
- Dental services;
- Eye lens (specialized and other), eye glasses, eye contacts;
- Room and board charges after physician and/or health insurance carrier determines the patient is ready for discharge and Utilization Review/Case Management has issued the letter to inform patient and/or their POA of the determination and they refuse to leave.

Medically necessary – means services or items reasonable and necessary for the diagnosis or treatment of illness or injury, as defined by Medicare and/or other major commercial insurance companies: (1) Medical necessary service must be supported by a physician order; (2) Medically necessary services exclude self-pay cosmetic, bariatric surgery and other elective procedures not covered by insurance.

Uninsured – means individual/patient who has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Underinsured – means individual/patient who has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

In implementing this Policy, PHH/PHPN management and facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy, including but not limited to any proposed, temporary or final Regulations issued under Section 501(r) of the Internal Revenue Code of 1986, as amended.

2024 Poverty Guidelines for the 48 Contiguous States and District of Columbia

Household Size	HHS Poverty Level 2023				
	100%	200%	250%	300%	350%
1	\$15,060	\$30,120	\$37,650	\$45,180	\$52,710
2	\$20,440	\$40,880	\$51,100	\$61,320	\$71,540
3	\$25,820	\$51,640	\$64,550	\$77,460	\$90,370
4	\$31,200	\$62,400	\$78,000	\$93,600	\$109,200
5	\$36,580	\$73,160	\$91,450	\$109,740	\$128,030
6	\$41,960	\$83,920	\$104,900	\$125,880	\$146,860
7	\$47,340	\$94,680	\$118,350	\$142,020	\$165,690
8	\$52,720	\$105,440	\$131,800	\$158,160	\$184,520
9	\$58,100	\$116,200	\$145,250	\$174,300	\$203,350
10	\$63,480	\$126,960	\$158,700	\$190,440	\$222,180
FAP Discount	100%	100%	80%	70%	50%

****Note:** As of May 1, 2016 patients without insurance will get an automatic 40% discount. If approved for Financial Assistance the 40% discount will be reversed and the appropriate Financial Assistance discount applied. ADDENDUM C – January 17, 2024

Amount Generally Billed

Penn Highlands Brookville – AGB = 40%

Penn Highlands Connellsville – AGB = 0%

Penn Highlands Clearfield – AGB = 39%

Penn Highlands DuBois – AGB = 32%

Penn Highlands Elk – AGB = 35.7%

Penn Highlands Huntingdon – AGB = 38%

Penn Highlands Mon Valley – AGB = 0%

Penn Highlands Tyrone – AGB = 0%

PHH/PHPN has chosen to use the look back method which reflects the average payment over a recent 12 month period of payments made to PHH/PHPN by Medicare and all private insurers.