

## Policy Statement

Parkview Health is committed to making medically necessary healthcare accessible to patients regardless of their ability to pay. The purpose of this policy is to provide detailed information to our patients, staff, physicians and the community regarding the services eligible for financial assistance, the application process, and eligibility criteria. This policy has been approved by Parkview Health's Finance Committee.

## Definitions of Terms

1. **Emergency Care** is defined as medical conditions including psychiatric conditions that manifest as acute symptoms of sufficient severity, including severe pain such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the person in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
2. **Medically Necessary Care** is defined as services rendered to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
3. **Application Period** is defined as the period that begins on the date the care is provided to an individual and ends on the 240th day after the individual is provided with the first billing statement for care.
4. **Amount Generally Billed** is defined as the amount allowed by Medicare for emergent or medically necessary care. Parkview Health uses the Look Back Method to calculate the Amount Generally Billed.
5. **The Look Back Method** is defined as the calculation that looks back to the previous year's Medicare payments to calculate and determine the Amount Generally Billed for the current year.
6. **Gross Family Income** is defined as the gross family income of those listed on the federal income tax form 1040 and by annualizing those family members' current gross income from employment and other sources as described under section B.
7. **Parkview Health Service Area** is defined as the following counties of northeastern Indiana and northwestern Ohio: in Indiana: Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, and Whitley counties; in Ohio: Defiance, Paulding, Van Wert and Williams counties.

## Procedure

### A. Communication of Financial Assistance Policy

1. A copy of Parkview's Financial Assistance Policy, application and Plain Language Summary is available on Parkview.com, at all hospital cashier offices, or by calling the Patient Financial Services Department at 260-266-6700 or toll free 855-814-0012.
2. Brochures explaining Parkview's Financial Assistance Policy are available at all points of hospital registration.
3. Signage regarding financial assistance will be placed within the Emergency Department and all hospital registration areas and will include information on where to seek more information regarding the Financial Assistance Policy.
4. Patients will be offered a Plain Language Summary of the Financial Assistance Policy at the time of hospital registration.
5. All billing statements will notify and inform patients about the availability of financial assistance and will include contact information for patients who would like more information about financial assistance.
6. A Plain Language Summary of this policy will be included in all billing statements sent to patients, along with instructions on how to obtain an application.
7. Information regarding financial assistance will be provided in all oral communications with patients who express an inability to pay within Parkview guidelines. Payment guidelines are provided in the Collection Policy. A copy of the Collection Policy is available on Parkview.com, at all hospital cashier offices, or by calling the Patient Financial Services Department at 260-266-6700 or toll free 855-814-0012.

### B. Eligibility Criteria

1. Emergency and Medically Necessary Care is eligible for consideration under the Financial Assistance Policy.
2. Patients whose Gross Family Income does not exceed 200% of the Federal Poverty Guidelines (see section IV) are eligible for write-off of account balances that are eligible and applied for within the Application Period. The portion billed to the patient will not exceed the Amount Generally Billed.
3. Family size is determined by the number of dependents claimed by the patient or guarantor on the previous year's federal tax return and should be included on the Financial Assistance Application. In custody cases where the guarantor claims a child on their tax return every other year, a copy of two years' taxes or one year's taxes and a copy of the custody agreement will be required to show the child is claimed as a dependent.
4. The term Gross Family Income includes, but is not limited to, the guarantor and spouse's gross income from employment, short-term disability, long-term disability, unemployment, social security, VA pensions, military allotments, pensions, and accessible income from trust accounts. Self-employment income, income from Partnerships, S Corporations, and/or LLCs, rental property income and

farm income will be determined by looking at gross profit after cost of goods sold are deducted and deducting items such as fuel, utilities, business rent/mortgage and business insurance. Items including, but not limited to, deductible meals, cell phone charges and depreciation are not considered to be deductible in determining financial assistance approval.

5. The patient (guarantor if minor) must cooperate in applying for state or federal programs for which they may qualify.
6. If the patient has third party coverage or is eligible for coverage under COBRA, only the patient portion as indicated on the insurance Explanation of Benefits is eligible for consideration under the Financial Assistance Policy. Underpayments by insurance companies are not eligible for consideration under the Financial Assistance Policy. Insurance denials resulting from the patient's failure to comply with insurance company requests or failure to use in-network services are ineligible for consideration under the Financial Assistance Policy.
7. If a patient has equity in a home, building or land that is not their primary place of residence, they do not qualify for financial assistance.
8. The patient must have an established residence in the Parkview Health Service Area to be considered for financial assistance. Visitors from another state or country outside the Parkview Health Service Area, either short term or long term, are not eligible for financial assistance.
9. Elective services including, but not limited to, Heart Smart CT, vascular screening, Oncology genetic counseling, Cardiology genetic counseling, Weight Loss Management Program, physician office copays and cosmetic services are not eligible under the Financial Assistance Policy.
10. Medical bills pertaining to Parkview Physicians Group, Parkview Home Health, Parkview Hospice, Parkview Home Infusion, and any of Parkview's affiliated hospitals are covered by the Financial Assistance Policy. Parkview affiliated hospitals are identified as: Parkview Hospital Randallia, Parkview Behavioral Health, Parkview Regional Medical Center, Parkview Orthopedic Hospital, Parkview Whitley Hospital, Parkview Huntington Hospital, Parkview Noble Hospital, Parkview LaGrange Hospital, Parkview Wabash Hospital, and Parkview Warsaw. Other non-Parkview providers' services are not eligible under Parkview's Financial Assistance Policy. A list of physicians whose charges are eligible for consideration under this Policy is available on Parkview.com or by accessing this link: <http://www.parkview.com/en/patients-visitors/Pages/default.aspx>.
11. Patient accounts will be considered for financial assistance if the service and application occurred within the Application Period, see definition of terms. Any personal payments made on accounts determined to be eligible for financial assistance will be refunded to the guarantor.
12. Savings accounts and certificates of deposit with large balances may be considered in determining financial assistance eligibility. Retirement accounts as defined by the IRS, including, but not limited to, pensions, 401K, 403B, and IRAs will not be considered in determining eligibility for financial assistance, unless the patient is receiving a distribution as part of their retirement income.
13. Any patient whose income exceeds the income threshold (200% FPL) for financial assistance and who experiences a catastrophic medical event may be granted financial assistance at Parkview's sole discretion. Patients granted assistance due to a catastrophic medical event will not be billed more than the Amount Generally Billed. The Amount Generally Billed for the current year is available on Parkview.com.
14. Management may approve financial assistance with less than a fully completed Financial Assistance Application if other information supports the patient's eligibility for financial assistance, such as qualification for a state or federal program that verifies gross family income is less than or equal to two hundred percent of the FPL. Additional consideration can be given to deceased patients without an estate or accounts that have been reviewed and scored by an external party such as a collection agency or other vendor.

### **C. Application Process**

1. A Financial Assistance Application can be obtained at any hospital cashier area, by calling the Patient Financial Services Call Center at 260-266-6700 or toll free 855-814-0012, or on Parkview.com.
2. The patient and patient's spouse or guarantor must submit a completed, signed and dated Financial Assistance Application including all applicable attachments in order to be considered for financial assistance. The required attachments will be listed on the Financial Assistance Application. The Financial Assistance Application and attachments must be completed and returned to the address indicated no later than 30 days from the date listed on the application.

### **D. Approval Process**

1. The Financial Assistance Application will be approved by Parkview Health's CFO or designees.
2. Financial Assistance Applications approved for Emergency and Medically Necessary Care are valid for six months after the approval date listed on the Financial Assistance Application unless the guarantor or patient's circumstances change, i.e., change in employment status. Patients must reapply in order to be considered for financial assistance for services incurred after the six-month approval period or if their circumstances have changed within the six-month time period.
3. The patient/guarantor will be notified in writing of their approval or denial for financial assistance.
4. For patients not eligible for financial assistance under the Financial Assistance Policy, accounts will be billed to the patient and managed under the Collection Policy. Payment options and actions taken in the event of non-payment are addressed in this policy. The Collection Policy is available free of charge by calling the Patient Financial Services Department at 260-266-6700 or toll free at 855-814-0012 or on Parkview.com.

## **References**

Federal Poverty Level Guidelines inflated by 200% will be used to determine financial assistance eligibility and are compared to the current year's annualized Gross Family Income. Federal Poverty guidelines are published the first quarter of each year in the Federal Register. The current Federal Poverty Guidelines are available at Parkview.com.