

PERSONS AFFECTED: This policy applies to all GHS patients receiving care at any GHS hospital facility except for those patients who are treated by a provider who is not covered by this FAP (such providers are identified at the end of this FAP).

A. Application:

GHS patients who seek financial assistance under the provisions of this FAP may apply for such assistance by completing and submitting a Financial Statement Application form (a copy of the Financial Statement Application form is attached as Exhibit B). Application for coverage under this FAP, with complete and accompanying documentation, will be submitted to GHS's Finance Department for review.

B. Eligibility Criteria

- A patient's inability to pay may be determined at any time during the financial continuum of care (i.e. from pre-admission to bad debt placement). Coverage under this FAP is limited to basic medical services. FAP will not provide coverage for any admissions or procedures deemed not medically necessary (e.g., cosmetic services intended to improve personal appearance or personal items).
- The review and determination of the appropriateness of the amount to be considered for uncompensated care is obtained by utilizing the "Income Guideline Matrix". (A copy of the matrix is attached as Exhibit C).
- Patients whose household income and family size are below 138% of the FPG will be referred to a GHS Financial counselor or local Medicaid office to apply for Medical Assistance.
- Patients whose household income and family size are below 300% of the FPG will receive a 100% discount from the gross charges generated for basic medical services.
- Household income is determined using the income of all earnings, including unemployment compensation, workers compensation, Social Security payments, pension or retirement income, dividends, rents, royalties, alimony, child support, assistance from outside the household and other miscellaneous sources. Income is determined on a pre-tax basis. If a person lives with the family, includes the income of all family members.
- Patients whose household income and family size equal or exceed 300% of the FPG are not eligible for financial assistance under this policy. Patients will be referred to GHS Financial Counselors to review health care options available through the ACA in addition to reviewing payment options such as GHS's interest free payment plan and or available discounts.
- Asset information is also required in making the determination if a patient is eligible for uncompensated care. The asset information in question will be obtained from various sources including the Financial Statement Application form, credit reports, Medical Assistance applications, third party collection agencies, etc. If the patient has "net assets" which are at least ten (10) times greater than the amount of the patient liability in question, a discretionary review of the request for uncompensated care will be made by GHS Revenue Management.

- GHS will not "freeze" bank accounts of a patient, enforce liens previously obtained, actively pursue assets from a prior judgment, and garnish the wages of a patient and/or family member.
- Write-offs pursuant to this FAP apply to patient liability amounts only. Approved amounts may be a result of the following:
 - Patient does not have insurance coverage and was denied Medical Assistance benefits.
 - Patient has Medical Assistance benefits with a share of cost.
 - Patient has exhausted their insurance benefits (exceeded maximum covered days or, for Medicare, lifetime reserve days).
 - Patient has primary insurance that has rendered payment but a secondary liability exists for which there is no coverage.

- Patient balance remaining after FAP approval and a payment plan has been approved via the payment plan matrix (please see “Payment Plan Policy”).
- Write-offs pursuant to this FAP will not apply to services outstanding, where insurance benefits due GHS were paid directly to patients
- The patient must have applied and complied with all other insurance coverage requirements and/or assistance programs before becoming eligible for Uncompensated Care.
- The data gathered through any collection procedures relative to family size and income will be compared to Geisinger Health System Income Guideline Matrix and qualifying account balances for patients deemed eligible for 100% discount will be transferred from the previous delinquent status to uncompensated care. GHS will routinely seek credit data for patients with delinquent patient liability amounts.
- Patient balances returned uncollectible at the end of the collection adjudication period will be evaluated for classification to uncompensated care. Data gathered relative to family size and income will be compared to GHS Income Guideline Matrix and qualifying account balances will be transferred from the previous bad debt status to uncompensated care.
- Balances placed with collection agencies may be reclassified as uncompensated care whenever patient provides adequate documentation relative to financial need
- If a patient that has applied for Medical Assistance and was refused eligibility under the Medicaid Disability program, such patient will be evaluated for the GHS’s Uncompensated Care Program (exceptions as noted below). The documentation from the Medicaid application and/or the subsequent disability denial will be utilized to satisfy documentation requirements associated with this policy.
- Any patient that has applied for Medical Assistance which has been refused eligibility for the Medicaid program for any of the following reasons will be evaluated for the GHS’s Uncompensated Care Program.
 - Homeless
 - Incarcerated
 - Deceased no estate
 - No program eligibility for patient
 - Patient over resource limits (working poor)
 - Medicaid Secondary balances
- Effective January 1, 2014, uninsured patients not eligible for benefits under the Medical Assistance program must apply for third party insurance benefits through the federal or state insurance exchanges in accordance with PPACA. Proof of application or exemption must be provided prior to being approved under this FAP.

C. Procedure For Applying for Financial Assistance

- Uninsured Children 6-18 and Adult Patients or guarantor with income equal to or below 138% of FPG is required to complete a financial assistance application for State Medicaid (Exhibit A).
- Uninsured Children Ages 1-5 with income equal to or below 157% of the FPG is required to complete a financial assistance application for State Medicaid (Exhibit A).
- Uninsured Pregnant Women and Children Under Age 1 with income equal to or below 215% of FPG are required to complete a financial assistance application for State Medicaid (Exhibit A).
- Uninsured Patient or Guarantor with income greater than 138% of the FPG is required to complete an application for insurance through the Federal Facilitated Marketplace (FFM) in compliance with the ACA.
- Patient or guarantor completes required Financial Statement Application on all balances.
- In addition to the required completed Financial Statement Application on all balances and/or aggregate patient balances, patient provides income and asset documentation (See Exhibit B).
- Patients who have been previously approved for uncompensated care will be required to complete the Financial Statement Application form for subsequent services to be considered after initial approval.
- To be considered for 100% uncompensated care a patient’s gross income may not exceed 300% of the Federal Poverty Income Guidelines published annually in the Federal Register by

the U.S. Department of Health and Human Services (See Exhibit C). For exceptions, "Hardship" documentation may be required (i.e. cases with excessive medications, terminal illness or multiple hospitalizations).

D. Supporting Documentation

- Supporting documentation for qualification in regards to this program will consist of income and asset information, inclusive but not limited to: Federal Income Tax Form 1040 from the prior year, pay stub copies (from four prior pay periods), written verification of any other income received (i.e. Social Security, ADC, child support, alimony, etc.), current credit reports and asset verification.
- GHS may utilize industry tested external analytics tools to qualify patients for uncompensated care (aka Presumptive Charity).
- "Assessment Form": The additional information provided on this form will allow a more in-depth review of questionable or borderline approvals, hardship cases and large balances.
- Patients will be notified, in writing, whether they have been approved or denied for uncompensated care under this FAP.
- Separate transaction codes will be used to track uncompensated care discounts from other types of revenue deductions.

E. List of Providers:

List of providers who provide Medically Necessary Care within a GHS facility whose patients are eligible to apply for Uncompensated Care Program under this FAP. (Exhibit D)

List of providers who provide Medically Necessary Care within a GHS facility whose patients are not eligible to apply for Uncompensated Care Program under this FAP. (Exhibit E)

- Emergency Services, P.C. provides an emergency service at Geisinger-Community Medical Center is not covered by this FAP.
- Holy Spirit Medical Group (HSMG) provides care at Holy Spirit A Geisinger Affiliate
- Prime Med Medical Group working in collaboration with Geisinger Clinic

F. Basis for Calculating Amounts Charged to Patients

- Amounts charged for hospital emergency or other medically necessary hospital care that is provided to individuals eligible for assistance under this policy will not be charged more than the amounts Medicare fee-for service would allow for such care. Those eligible for the Uncompensated Care Program under this FAP receive free care and the charges applicable to the care provided by GHS is reduced by 100%.

G. Self-Pay Discount Policy

Independent from this FAP, Geisinger will in advance of knowing if an uninsured individual may qualify for financial assistance, proactively reduce the amount charged by 30%. The individual is then billed for the remaining 70% of charges, until such time we determine they qualify for financial assistance. (See Exhibit F)

If it is determined they qualify for financial assistance, the entire remaining balance is written off under our FAP program. Example: Original charges billed to an individual are \$1,000.00. The individual is uninsured, so the amount is reduced by 30% or \$300 and the new billed amount is \$700. After months

of billing and individual interaction, it is determined the individual qualifies for our FAP, the original \$300 write off is reversed and the full \$1,000 is written off to Charity.

H. Actions that May be Taken in the Event of Nonpayment

The actions that GHS may take in the event of nonpayment are described in GHS's Patient Credit Policy. GHS's Patient Credit Policy may be obtained by: (Exhibit G)

- Call: 1-800-640-4206
- Online: www.geisinger.org
- In Person: Visit any GHS Hospital are of Admissions or Emergency Room Location