

<i>Title:</i> GEISINGER FINANCIAL ASSISTANCE POLICY	
<i>Joint Commission Chapter Section:</i> 1.0 Administrative	<i>Date original guideline was created:</i> May 14, 2009
<i>This guideline belongs to:</i> Revenue Management	
<i>Committee/Council Approval(s) [Optional] and [Date of committee approval]</i>	

- This policy is a systemwide policy, applicable to all entities, locations, services and employees throughout Geisinger.
- This policy contains one or more PROCEDURES outlining the methods and applicability of this policy.

PURPOSE

Geisinger is committed to providing medical services to patients regardless of their ability to pay, providing discounted or free medical services to those patients who demonstrate an inability to pay. The purpose of this Financial Assistance Policy (FAP) is to comply with the requirements of Section 9007 of the Patient Protection and Affordable Care Act of 2010 and applicable Treasury Regulations at 26 C.F.R. § 1.501(r)-4 by establishing guidelines for determining who is eligible for such financial assistance. For the purposes of this policy Financial Assistance is used interchangeably with Charity Care. The guidelines utilized to make this determination are based upon a patient’s household income and household or family size. Furthermore, the income requirements of this policy are based upon a formula utilizing the Federal Poverty Guidelines (FPG). Those requirements will be updated at least annually to coincide with the release of FPG by the U.S. Secretary of Health and Human Services.

Patients who do not have the means to pay in full and who meet the criteria may apply for Financial Assistance under this FAP. Financial Assistance options include enrollment in State Medicaid, applying for acceptance for Charity Care under this FAP or enrollment in a Pennsylvania Health Insurance Exchange plan. This FAP will serve to:

- Assist eligible patients with applying for coverage from publicly available sources, and for insurance affordability programs such as government subsidies and or State Medicaid;
- Provide information to Geisinger patients about the Quality Health Plan Options (QHP) and Insurance affordability programs for which they may be eligible;
- Supply and assist eligible patients with the Geisinger Financial Assistance Applications;
- Formalize Financial Assistance write-off approval and reporting processes;
- Appropriately classify Financial Assistance.

PERSONS AFFECTED

This Financial Assistance Policy (FAP) applies to all Geisinger patients receiving care at any Geisinger 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).

Geisinger is committed to providing medical services to patients regardless of their ability to pay. However, in those instances where services provided may be reimbursable, Geisinger requests compliance by the patient in securing reimbursement for those services such as supplying full insurance information. Failure to do so will result in the patient assuming responsibility for payment of the services rendered.

DEFINITIONS

- **State Medicaid Program:** Health initiatives managed by state governments in conjunction with the federal Medicaid program that help qualified low-income individuals and families pay for the cost associated with healthcare. State Medicaid programs use federal funding along with their own state funding to provide needed health services for eligible individuals, where eligibility is based on numerous factors, including income, disability and citizenship.
- **ACA:** The Affordable Care Act, is federal health care reform Public Law 111-148. It ensures affordable health insurance is available to more people, expands the Medicaid program and supports innovative medical care delivery methods to lower costs.
- **HIX:** Health Insurance Exchange, a service available in every state that helps individuals, families, and small businesses shop for and enroll in affordable medical insurance.
- **Pennsylvania Health Insurance Exchange:** In 2020, Pennsylvania officially transitioned into a state-based exchange-federal platform (SBE-FP). Effective 2021 open enrollment period, Pennsylvania will be a fully converted State-Based Exchange (SBE) and will no longer complete applications through the FFM to offer affordable health care coverage.
- **FFM:** Federally Funded Marketplace
- **FPG:** Federal Poverty Guideline, a measure of income used by the US government to determine who is eligible for subsidy program and benefits.
- **ACA Subsidies:** The ACA offers subsidies to reduce monthly premiums and out of pocket cost to expand access to affordable health insurance for moderate- and low-income people, particularly those without access to affordable coverage through their employer, Medicaid or Medicare.
- **Medically Necessary Services:** Related to activities which may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care. In contrast, unnecessary health care lacks such justification.
- **Elective Services:** An elective procedure is one that is chosen (elected) by the patient or physician that is advantageous to the patient but is not urgent. Elective surgery is decided by the patient or their doctor. Some examples are cosmetic services, in-vitro fertilization, solid organ and bone-marrow transplantation and/or cosmetic dental reconstruction.
- **EMTALA:** Geisinger complies with the requirement of the Emergency Medical Treatment and Active Labor Act (EMTALA) and there is nothing contained in this policy, which will preclude such compliance. This is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay.
- **FAP:** Financial Assistance Policy, help provide free medical services to patients who meet certain eligibility standards and are unable to pay for their medical treatments.
- **PFC:** Patient Financial Counselor, offers financial advice and assistance to patients regarding medical bills.
- **ADC:** Aid to Dependent Children, programs that provide financial assistance to children whose families had low or no income.
- **Household:** Geisinger defines Household as the patient, the patient's spouse/civil union partner, the patient's parents or guardians (in the case of a minor patient), and any dependents claimed on the patient's or parent's income tax return and living in the patient's or his or her parents' or guardians' household.
- **Out-of-Network Benefits:** A physician or healthcare organization does not have a contract with the patient's health insurance plan provider.

RESPONSIBILITIES

Revenue Management will administer this policy

EQUIPMENT/SUPPLIES

N/A

PROCEDURE

A. Procedure for Applying for Financial Assistance

- Uninsured children age 6–18 and adult patients or guarantor with income equal to or below 138% of FPG is required to complete an application for State Medicaid (Exhibit C).
- Uninsured children age 1–5 with household income equal to or below 157% of the FPG is required to complete an application for State Medicaid (Exhibit C).
- Uninsured pregnant women and children under age 1 with household income equal to or below 215% of FPG are required to complete an application for State Medicaid (Exhibit C).
- Patient or guarantor completes required Financial Assistance Application.
- In addition to the required completed Financial Assistance Application, patient provides Medicaid denial letter and income documentation (See Exhibit A).
- Patients who have been previously approved for charity care may be required to complete the Financial Assistance Application form for subsequent services to be considered after initial approval.
- To be considered for 100% charity 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 B).
 - For exceptions, "Hardship" documentation may be required (i.e. cases with excessive medications, terminal illness or multiple hospitalizations).

B. Financial Assistance Application

- Geisinger patients who seek Financial Assistance under the provisions of this FAP may apply for such assistance by completing and submitting a Financial Assistance Application form (a copy of the Financial Assistance Application form is listed below as Exhibit A). Application for coverage under this FAP, with complete and accompanying documentation, will be submitted to Geisinger's Finance Department for review and approval.

C. Eligibility Criteria

- A patient's inability to pay may be determined at any time during the continuum of care and financing process. 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 for charity care is obtained by utilizing the "Income Guideline Matrix". (A copy of the matrix is attached as Exhibit B).
- Patients whose household income and family size are below 138% of the Federal Poverty Guideline (FPG) will be referred to a Geisinger Patient Financial counselor, Geisinger Medicaid Vendor or local Medicaid office to apply for Medicaid.

- Patient must supply a denial letter from Medicaid to apply for financial assistance through Geisinger.
- Approved patients whose household income and family size are up to and including 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.
- For purposes of this application, Geisinger defines *household* as the patient, the patient's spouse/civil union partner, the patient's parents or guardians (in the case of a minor patient), and any dependents claimed on the patient's or parent's income tax return and living in the patient's or his or her parents' or guardians' household.
- Patients whose household income and family size exceed 300% of the FPG are not eligible for financial assistance under this policy. Patients will be referred to a Geisinger Patient Financial Counselor to review health care options available through the Pennsylvania Health Insurance Exchange in addition to reviewing payment options such as Geisinger's payment plan and/or available discounts.
- Geisinger will not restrict bank accounts, enforce liens previously obtained, or 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 Medicaid or any other Medical Assistance benefits.
 - Patient has Medicaid or 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 insurance that has rendered payment, but balance after insurance is a financial hardship for the patient.
 - Remaining patient payment plan balance after FAP approval
- Write-offs pursuant to this FAP will not apply to services where insurance benefits due Geisinger 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 Financial Assistance.
- Balance resulting from an applicant's non-compliance with their insurance rules and/or network are not covered under this FAP, even with out of network provisions.
 - The only exception is for emergent medical treatment.
 - Therefore, the patient will be responsible for a significant portion or all the costs of care.
 - For plans with no out-of-network provision the patient will be responsible for the total cost of services.
 - Some plans have an out-of-network provision, but it usually means the patient has a higher out of pocket financial responsibility.
- Upon approval, any current patient balances as well as any previous balances, including those with delinquent status, will be eligible for 100% discount.
- Geisinger may use presumptive analytic tools to assess your eligibility for financial assistance. Patient balances returned uncollectible at the end of the collection adjudication period will be evaluated for Financial Assistance.
- Balances placed with collection agencies may be reclassified as charity care whenever patient provides adequate documentation relative to financial need.

- If a patient that has applied for Medicaid due to disability and was refused eligibility under the Medicaid Disability program, such patient will be evaluated for Financial Assistance under this FAP. (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 Medicaid and has been denied for any of the following reasons will be evaluated for Financial Assistance;
 - o Homeless
 - o Incarcerated
 - o Deceased no estate
 - o No program eligibility for patient
 - o Patient over resource limits (working poor)
 - o Medicaid Secondary balances

D. Supporting Documentation

- Supporting documentation for qualification regarding this program will consist of income information, inclusive but not limited to: Federal Income Tax Form 1040 from the prior year, pay stub copies, written verification of any other income received (i.e. Social Security, ADC, child support, alimony, etc.), and current credit reports.
- Geisinger may utilize industry tested external analytics tools to qualify patients for Financial Assistance (aka Presumptive Charity).
- Financial Assistance application “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 under this FAP.
- Separate transaction codes will be used to track Financial Assistance discounts from other types of revenue deductions.

E. List of Providers:

- **Geisinger Participating Provider:** List of providers who provide Medically Necessary Care within a Geisinger facility whose patients are eligible to apply for Financial Assistance under this FAP. (Exhibit D)
- **Geisinger Non-Participating Provider:** List of providers who provide Medically Necessary Care within a Geisinger facility whose patients **are not** eligible to apply for the Financial Assistance Program under this FAP. (Exhibit E)
 - o List of Non-Participating Providers is maintained by 501(r) Coordinator and published on Geisinger.org website. It is the procedure of Geisinger to review the exclusion list, the maintenance of that list will be reviewed quarterly and all patient facing material will be kept up to date.

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 Financial Assistance under this

FAP receive free care and the charges applicable to the care provided by Geisinger 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 balance is written off under our FAP program. Example: Original charges billed to an individual are \$1,000. 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 Geisinger may take in the event of nonpayment are described in Geisinger's Patient Credit Policy (Exhibit G). Geisinger's Patient Credit Policy may be obtained:
 - By phone: 800-640-4206
 - Online: [geisinger.org](https://www.geisinger.org)
 - In person: By visiting any Geisinger hospital area of admissions or emergency room

ATTACHMENTS

Exhibit A: [Financial Assistance Application](#)

Exhibit B: [2021 Federal Poverty Income Guidelines](#)

Exhibit C: [2021 Medicaid Income Limits](#)

Exhibit D: [Geisinger Participating Provider Listing](#)

Exhibit E: [Geisinger Non Participating Provider Listing](#)

Exhibit F: [Self-Pay Discount Policy](#)

Exhibit G: [Patient Credit Policy](#)

Exhibit H: [Emergency Medical Treatment Labor Act \(EMTALA\)](#)

<i>Developed</i>	<i>Revised/Reviewed*</i>	<i>Source</i>	<i>Approved By & Date</i>
08/18/2004	5/14/2009 2/8/2011 4/18/2018 3/26/2020 1/25/21	Dept Supervisor	VP, Revenue Management