PARKVIEW HEALTH

# Financial Assistance Policy

## Policy Statement

Parkview Health is committed to making emergency and other medically necessary healthcare accessible to patients regardless of their ability to pay. Parkview Health, its facilities, and its emergency departments, will provide, without discrimination, care to individuals for emergency medical conditions, regardless of the individual's ability or inability to pay for such care, and regardless of whether the individual is eligible under Parkview Health's Financial Assistance Policy. Parkview Health facilities and emergency departments are prohibited from engaging in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision of emergency medical care without discrimination. Parkview Health facilities and emergency departments shall provide care for emergency medical conditions as required by EMTALA and its implementing regulations, by providing medical screening examinations and stabilizing treatment and referring or transferring an individual to another facility when appropriate. To that end, Parkview Health facilities and emergency departments shall provide care for emergency medical conditions in accordance with Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations, or any successor regulations (Centers for Medicare and Medicaid Services, Department of Health and Human Services, Standards and Certification). 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, pursuant to authority delegated to it by the Board of Directors of Parkview Health.

## Definitions of Terms

**A. 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.

**B. 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.

**C. Application Period** is defined as the period that begins on the date the care is provided to an individual and ends on the latter of the 240th day after the individual is provided with the first billing statement for care, or at least 30 days after Parkview Health provides the individual with a written notice that sets a deadline after which extraordinary collection actions may be initiated.

**D. Amount Generally Billed (AGB)** is defined as the amount allowed by Medicare fee-for-service and all private health insurers for claims for emergent or medically necessary care. Parkview Health uses the Look Back Method to calculate the Amount Generally Billed.

**E. The Look Back Method** is defined as a calculation that looks back to the previous year's Medicare and private health insurer payments to calculate and determine the Amount Generally Billed for the current year.

**F. 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 D.

**G. Parkview Health Service Area** is generally defined as the following counties in northeastern Indiana and northwestern Ohio. In Indiana: Adams, Allen, Blackford, Carroll, Cass, DeKalb, Elkhart, Fulton, Grant, Hamilton, Howard, Huntington, Kosciusko, LaGrange, Marshall, Miami, Noble, Pulaski, Steuben, Tipton, Wabash, Wells, White and Whitley counties; in Ohio: Defiance, Fulton, Henry, Paulding, Van Wert and Williams counties.

## Procedure

### A. Communication of Financial Assistance Policy-Measures to Widely Publicize

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 Accounting Call Center 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 includes information on where to seek more information regarding the Financial Assistance Policy.
4. Patients are offered a Plain Language Summary of the Financial Assistance Policy at the time of hospital registration.
5. All billing statements notify and inform patients about the availability of financial assistance and 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 is also provided to 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 Accounting Call Center at 260-266-6700 or toll-free 855-814-0012.

**B. Eligible Services**

1. Emergency and Medically Necessary Care is eligible for consideration under the Financial Assistance Policy.
   a. Services "not covered" by a patient's policy may not mean the services were not medically necessary.
2. Elective services including, but not limited to, Direct Access Testing, Heart Smart CT, vascular screening, Oncology genetic counseling, Cardiology genetic counseling, Weight Loss Management Program, physician office copays, dental services and cosmetic services are not eligible under the Financial Assistance Policy. Park Center Group Home services are priced separately and are generally not eligible under this policy.

**C. Eligible Providers**

1. 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 Archbold, Parkview Behavioral Health, Parkview Bryan Hospital, Parkview DeKalb Hospital, Parkview Huntington Hospital, Parkview Kosciusko Hospital, Parkview LaGrange Hospital, Parkview Logansport Hospital, Parkview Montpelier Hospital, Parkview Noble Hospital, Parkview Orthopedic Hospital, Parkview Hospital Randallia, Parkview Regional Medical Center, Parkview Wabash Hospital, and Parkview Whitley Hospital. Other non-Parkview providers' services are not eligible under Parkview's Financial Assistance Policy. A listing of providers whose charges are (and are not) eligible for consideration under this policy is available at Parkview.com/Patient & Visitors/Financial Assistance/"Which Parkview Staff medical charges are eligible". Please see "this document" for information regarding providers. The provider listing is updated as needed.

**D. Eligibility Criteria**

1. Patients whose Gross Family Income does not exceed 275% of the Federal Poverty Guidelines (see "References" section) are eligible for free care (100 %) write-off of account balances that are eligible and applied for within the Application Period.
2. Presumptive Charity: Parkview Health may approve financial assistance and provide free care (100%) with less than a fully completed Financial Assistance Application if:
   a. The patient Gross Family Income does not exceed 165% of the Federal Poverty Guidelines.
   b. The patient is currently enrolled in Medicaid.
   c. The patient is deceased with no discoverable estate.
   d. The patient is homeless.
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. The patient must generally 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.
8. 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 in accordance with the Parkview Collection Policy.
9. 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.
10. Parkview Health may approve Presumptive Charity Assistance and provide a 100% charity write-off without a completed Financial Assistance Application when all of the following criteria are met.
    a. The patient's eligible account balance is $100,000 or greater.
    b. The patient's Gross Family Income exceeds 165% but does not exceed 275% of the Federal Poverty level (FPL).
    c. Eligibility is determines prior to the account being referred to or placed with bad debt.

    Patients meeting these criteria shall be eligible for free care (100%) write-off of account balances that are eligible.

11. Any patient whose income exceeds 275% of the Federal Poverty Level (FPL) and whose balance due exceeds 25% of their annual household income will qualify for financial assistance due to a catastrophic medical event and will be eligible for a 100% charity write-off.
12. A Medically Uninsured Discount (MUD) of 50% of charges is applied to all eligible services for Uninsured (self-pay) patients. For processing of MUD transactions, reference the Charity Medically Uninsured Discounts procedure.

**E. Application Process**

1. A Financial Assistance Application can be obtained at any hospital cashier area, by calling the Patient Accounting Call Center at 260-266-6700 or toll-free 855-814-0012, on Parkview.com, or request through MyChart.
2. The patient and/or 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.

**F. 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 12 months approval period or if their circumstances have changed within the 12 month time period.
3. The patient/guarantor will be notified in writing (via US Mail or electronic notification) of their approval or denial for financial assistance.
4. Parkview will rely on the Alliance FQHC charity application processes to grant charity to Alliance patients who present to Parkview and are eligible for charity based on their application to Alliance.

**G. Actions Taken in the Event of Nonpayment**

1. 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 Accounting Call Center at 260-266-6700 or toll-free at 855-814-0012 or on Parkview.com.

**H. Basis for Calculating Amounts Charged to Patients**

1. Following a determination of eligibility under this Policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amount generally billed to insured patients for such care (AGB). Section D determines the type and amount of financial assistance for which a patient qualifies; AGB is the maximum amount a patient may be charged for this care.
2. Parkview Health calculates AGB at least annually using the Look-Back Method in accordance with Internal Revenue Code Section 501(r) and Treas. Reg. § 1.501(r)-5. Under this method, AGB is calculated for each Parkview Health hospital facility by dividing the sum of the amounts allowed by Medicare fee-for-service and private insurers on all claims for emergency and other medically necessary care during a prior 12-month period by the sum of the associated gross charges for those claims. Parkview Health will begin applying the AGB percentage by the 120th day after the end of the 12-month period used in the calculation.
3. Parkview Health applies the lowest calculated AGB percentage among its hospital facilities system-wide. This is the percentage most favorable to patients; it is not an average of the individual hospital facility percentages.
4. Members of the public may obtain the current AGB percentage for each Parkview Health hospital facility and a written description of the AGB calculation methodology free of charge through Parkview's Financial Assistance webpage at https://www.parkview.com/patients-and-visitors/billing-and-insurance/financial-assistance or by contacting Patient Financial Services.
5. Parkview Health does not bill or expect payment of gross charges for any medical care covered under this Policy from individuals who qualify for financial assistance under this Policy.

**I. Ohio Residents - Hospital Care Assurance Program (HCAP)**

1. **Description of HCAP Program:** Parkview's Ohio hospitals are participants in Ohio's HCAP Program. Through the HCAP Program, eligible patients are entitled to receive basic, medically necessary hospital-level services free of charge.
2. **Eligibility:** A patient is eligible for financial assistance under the HCAP Program if (i) they are an Ohio resident; (ii) their individual or family income is at or below the current Federal Poverty Guidelines on the date of inpatient admission or outpatient services; and (iii) they are not a Medicaid recipient and are not receiving public assistance in another state. Residence is established by a person who is living in Ohio voluntarily and who is not receiving public assistance in another state.
3. **Covered Services:** For purposes of the HCAP Program, covered services are inpatient and outpatient services covered under the Ohio Medicaid Program except for transplantation services and services associated with transplantation.

4. **Application Process:** To apply for financial assistance under the HCAP Program, a patient or legal representative must complete a HCAP Financial Assistance Application to determine eligibility and provide required documentation.
    a. A HCAP Financial Assistance Application can be obtained from any Ohio Parkview hospital cashier, by calling the Patient Financial Services Call Center at 260-266-6700 or toll-free 855-814-0012, on Parkview.com, or requesting through MyChart. The application must be signed by the patient or a legal representative.
        1. **Medicaid Application:** Patients may be required to apply for Ohio Medicaid before we process your HCAP Program application.
        2. **Application Period:** The application period to receive financial assistance under the HCAP Program is three (3) years from the date of the first follow up notice to a patient. Applications following the three (3) year period will not be accepted.
        3. **Required Income Documentation:** The HCAP Financial Assistance Application sets forth information required to document income. Such documentation includes proof of income, such as pay stubs, W-2s, or other documents containing income information for the appropriate time period (3 or 12 months prior to hospital service).
            A. May require a separate survival explanation if "Statement of Zero Income" is received.
        4. **Inpatient Services:** For inpatient services, eligibility is determined separately for each admission unless the patient is readmitted within 45 days of discharge for the same underlying condition.
        5. **Outpatient Services:** For outpatient services, eligibility determinations are effective for 90 days from the initial date of service.
    b. Relation to Other Financial Assistance Options. Requests for financial assistance for Ohio residents are processed for HCAP Program eligibility first, and then are otherwise subject to the provisions of Parkview's Financial Assistance Policy.
    c. For processing of HCAP transactions, reference the Ohio HCAP internal procedure.

### J. Hospital Contact Information

For further information or questions regarding this policy, please contact:

1. Patient Accounting Call Center at 260-266-6700 or toll-free 855-814-0012 or

   ARS Team - Patient Financial Services
   Parkview Health
   PO Box 5600
   Fort Wayne, IN 46895

2. Cashier office between the hours of 9:00 am and 4:00 pm at any of the following locations:

**Parkview Regional Medical Center**
Entrance 3
11141 Parkview Plaza Drive, Suite 100
Fort Wayne, IN 46845

**Parkview Hospital Randallia**
2200 Randallia Drive
Fort Wayne, IN 46805

**Parkview Archbold**
121 Westfield Drive
Archbold, OH 43502

**Parkview Bryan Hospital**
433 W. High Street
Bryan, OH 43506

**Parkview DeKalb Hospital**
1316 E. 7th Street
Auburn, IN 46706

**Parkview Huntington Hospital**
2001 Stults Road
Huntington, IN 46750

**Parkview Kosciusko Hospital**
1355 Mariners Drive
Warsaw, IN 46582

**Parkview LaGrange Hospital**
207 North Townline Road
LaGrange, IN 46761

**Parkview Logansport Hospital**
1101 Michigan Avenue
Logansport, IN 46947

**Parkview Montpelier Hospital**
909 E. Snyder Avenue
Montpelier, OH 43543

**Parkview Noble Hospital**
401 Sawyer Road
Kendallville, IN 46755

**Parkview Ortho Hospital**
Entrance 7
11130 Parkview Circle
Fort Wayne, IN 46845

**Parkview Park Center**
909 E. State Blvd.
Fort Wayne, IN 46805

**Parkview Southwest**
8202 Glencarin Blvd.
Fort Wayne, IN 46804

**Parkview Wabash Hospital**
10 John Kissinger Drive
Wabash, IN 46992

**Parkview Whitley Hospital**
1260 E. State Road 205
Columbia City, IN 46725

### K. Other Information

1. Parkview Health facilities and/or providers may choose to provide select services referred by Community Organizations at no cost to the patients – as a Community Benefit. These Community Organizations may include but are not limited to: Matthew 25 Health and Care & Neighborhood Health Clinic.

## References

Federal Poverty Level Guidelines inflated by 275% 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.