

Princeton Community Hospital

Financial Assistance Criteria

We are committed to extending financial assistance to qualified individuals. If payment of your health care expenses could create a financial hardship for you, our staff will work with you to apply for financial assistance. Information you provide is confidential and is only reviewed by staff processing your application.

Criteria categories for Financial Assistance

- Before any financial assistance is granted, you must have already exhausted all other sources of payment including insurance, Medicaid, litigation, or third---party liability.
- Family income, in relation to federal poverty guidelines.
- Assets (bank accounts, CD's, stocks)
- You must be receiving non---elective, medically necessary care.

How the Decision is made

Applications will be reviewed daily after all documentation has been received. The decision as to whether you are eligible for financial assistance will be based upon providing the required documents, as applicable, and meeting the eligibility requirements. Please refer to the Financial Assistance Policy as needed.

Income Verification requirements

- Most recent employer pay stubs---gross income 3 months prior to month of application.
- Written documentation from income sources
- Most recent bank statement
- Current credit report at Princeton Community Hospital's ("PCH") discretion

Expense Requirements: Housing, transportation, utilities, living expenses (phone, cable, etc.), medical, taxes, other.

- Liquid Asset Verification.
- Most recent checking and savings account statements.
- CD statement from bank.
- Divorce papers and---or Notarized Statement of Divorce
- Shared Custody papers.

How to apply for Financial Assistance

Present to the Patient Support Service Office, which is located on the first floor of the main entrance of PCH's access from the volunteer desk, between 8:00---4:00 Monday thru Friday. Contact us by calling (304) 487-7566 between 8:00---4:00 Monday thru Friday.

How to obtain copies of the Financial Assistance Policy and the Financial Assistance Policy Application

Copies of the Financial Assistance Policy and the Financial Assistance Policy application are available on our website at <http://www.pchonline.org/patients/financial/assistance.aspx> or can be mailed to you at no cost by calling 304-487-7566 or by visiting the Patient Support Service Office.

Financial Assistance Eligibility

The following classes of individuals may be eligible for financial assistance considerations with respect to emergency or medically necessary services:

Under insured: Patients with limited third party payer coverage but such coverage is insufficient to pay the current bill and indigency is established. No Financial Assistance discount can be applied to any account with any outstanding payer liability. We do not delay or deny care based on inability to pay or balance due on prior accounts.

Uninsured: Patients with no third party payer coverage who have made application for financial assistance determination.

Agency Return: Accounts returned from the primary collection agency determined to be indigent and documented on the close and return report as willing but unable to pay.

Bankruptcy: Chapter 7 bankruptcy accounts where no assets exist and legal interpretation has been made of inability to pay and PCH cannot pursue collections will be classified as a Financial Assistance discount.

Presumptive Charity: Patients who do not complete a Financial Assistance Application can receive a Financial Assistance discount at PCH's discretion and subject to legal limitations. Prior to placement of accounts for collection with the Primary Bad Debts Collection agency and after placement with the early out vendor, PCH utilizes a predictive model to "score" individual ability to pay based on defined criteria which includes:

- * Income and household size estimates
- * A socio-economic need factor
- * Information on home ownership
- * Less than 200% of poverty guidelines
- * The Presumptive Charity score results can be substituted for incomplete Financial Assistance Application requirements on a discretionary basis

Required: Patients presenting to the Financial Counselor/Patient Support Services must complete a Financial Assistance Application to be considered and are referred to the appropriate vendor for a Medicaid determination. Patients who present and refuse to apply for a Medicaid determination are deemed ineligible.

The following classes of patients are considered ineligible for a Financial Assistance discount:

Criteria Classes of patients ineligible for Financial Assistance consideration:

Elective: Patients who receive elective services are required to make an advance payment.

Example: Cosmetic procedures which do not impact the patients overall health.

Uncooperative: Patients will be sent a letter 2 weeks from the date of receiving the application if additional information is required. If no response is received from the applicant, the application will be denied if the required information is not provided to PCH within 30 days of the date of the last correspondence from PCH requesting information regarding the application. Patients who do not provide the required documentation will be denied financial assistance and normal collection procedures will proceed. A copy of the application and reason for denial will be provided to the applicant within 30 days.

Note:

Patients who present and refuse to apply for a Medicaid determination are deemed ineligible for financial assistance or a financial assistance discount.

Exceed income: Patients with income as measured in excess of 200% of the Federal Income Poverty Guideline compared to family unit size.

Net worth: Patients whose liquid assets exceed indebtedness by more than \$5000 are ineligible. Patients may apply the amount in excess of \$5000 to the medical expenses to become eligible.

Patients whose monthly income exceeds monthly living expenses and that excess when annualized exceeds the \$5000 net worth threshold will be required to establish an appropriate payment option.

Note: Patients who are ineligible for the Financial Assistance discount may be granted the uninsured discount as defined by the Uninsured/Underinsured Policy.

Extenuating circumstances where the patient/guarantor is not able to complete the Financial Assistance Application and/or provide supporting documentation and resource verification will be evaluated on a case by case basis and subject to legal limitations. The Patient Support Service Manager can waive the documentation requirements for the following:

Undocumented Residents or homeless through:

- Medicaid Eligibility screening
- Registration process
- Discharge to a shelter
- Case Management documentation
- Attempt to run a credit report

Patient Expiration: After research through a family contact and/or courthouse records, a determination is made that an expired patient does not have an estate and this is documented for the file.

Medically Indigent: Based upon research by Patient Support Services Manager, the patient/responsible party meets the indigent status and no application was completed due to extenuating circumstances and/or process. Presumptive Charity qualifies under this requirement.

Notification

When all required information has been provided and reviewed by PCH you will receive a determination at the time of application.

If information is mailed to PCH, you will receive a written notice of approval or denial within 30 days from the time we receive your completed application and supporting documentation. If you are denied, it means that you did not meet the criteria by which to qualify for financial assistance or did not provide needed information and you are responsible for payment of the care you received. You may reapply for financial assistance by providing all of the required information at the time of filing a new application.

PCH will not discriminate in the determination of financial assistance eligibility on the basis of race, color, ethnic origin, sexual orientation, marital status, creed, age, sex or disability.

Contact Phone Number: (304) 487-7566

Basis of Calculating Amounts Charged to Patients

An uninsured or underinsured individual who meets the eligibility requirements for financial assistance will not be charged more than the amounts that are generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

Note:

This plain language summary is reviewed annually to supplement the board approved Financial Assistance Policy as a communication tool at all registration locations and also can be accessed at the Princeton Community Hospital Association website:

<http://www.pchonline.org/patients/financial/assistance.aspx>

Reviewed by:

Frank Lininger

Title:

CFO

Date:

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