

Policy Number EW38CS	
Date Established: 08/25/2015	Date Revised 11/1/2023
Authorized By: <i>Dixie Hudson</i>	

PATIENT FINANCIAL SERVICES POLICY

SUBJECT: BILLING AND COLLECTIONS

PURPOSE:

It shall be the policy of WellSpan Health, together with its Financial Assistance Policy (FAP), its Plain Language Summary (PLS) and Billing and Collection policy, to meet the requirements of applicable federal, state, and local laws including, without limitations, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder. This policy establishes the actions that may be taken in the event of nonpayment for medical care provided by WellSpan Health, including collection actions and reporting to credit agencies. The guiding principles behind this policy are to treat all patients and responsible individuals equally with dignity and respect and to ensure appropriate billing and collection procedures are uniformly followed and ensure that reasonable efforts are made to determine whether the patient or responsible individual for payment of all or a portion of a patient account is eligible for assistance under the WellSpan Financial Assistance policy.

POLICY:

1. Notification During Registration and Discharge

- a. As part of the patient registration or patient discharge process all patients will be offered a Financial Assistance Policy Plain Language Summary (PLS). Application forms will be available in both paper and electronic format for financial assistance under the FAP.

2. Billing Third-Party Payers

- a. It is the patient's responsibility to present health insurance information at the time of admission, registration, pre-authorization or discharge any thirdparty-payer available to pay for services. WellSpan Health will attempt to bill all third-party payers for services provided. The patient is responsible for ensuring that WellSpan Health and all doctors performing services are within

11/1/2023

network. If WellSpan Health is out-of-network with the third-party payer, the patient will be responsible for out-of-network charges including coinsurance, co-payments, deductibles, and additional balances for being out-of-network that will be balanced billed to the patient. WellSpan Health does not participate with out-of-network reference-based pricing health plans.

3. Statements

- a. A minimum of three account statements will be mailed to the last known address of each guarantor. No additional statements need be sent after a guarantor submits a complete application for financial assistance under the FAP or has paid-in-full. The statement period will span 120 days beginning with the first post-discharge statement. It is the guarantor's obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" as define in the IRS 501(r) will have been made.
- b. All self-pay statements will include:
 - i. An accurate summary of the all services covered by the statement
 - ii. The charges for such services; (detail itemizations for charges will be provided upon request)
 - iii. A conspicuous written notice that notifies and informs the responsible individual about the availability of Financial Assistance under the FAP including the telephone number of the department and direct website address where copies of documents may be obtained.
 - iv. The amount required to be paid by the guarantor.
- c. At least one of the statements, normally the final statement, will include written notice that informs the guarantor about the placement of the account with a collection agency if the guarantor does not apply for financial assistance under the FAP or pay the amount due by the billing deadline. Such statement must be provided to the guarantor at least 30 days before the due date specified in the statement. A Plain Language Summary (PLS) will accompany this statement.

4. Oral Notification

- a. Prior to placement of the account with a collection agency, an oral attempt will be made to contact guarantor(s) by telephone at the last known telephone number, if any, at least once during the series of mailed or emailed statements

if the account remains unpaid. During all conversations, the guarantor will be informed about the financial assistance that may be available under the FAP.

5. Processing Incomplete Financial Assistance Applications

- a. If any guarantor submits an incomplete application for financial assistance under the FAP prior to the application deadline (240 days beginning with first post-discharge statement), the following steps will be completed:
 - i. If applicable, the account will be placed on hold with the collection agency. (see section 12 for additional details)
 - ii. WellSpan provides the guarantor with a written notice that describes the additional information or documentation required under the FAP in order to complete the application for financial assistance. The notice will provide a deadline of 30 days when the information must be received by Patient Financial Services (PFS). In addition, the written notice will contain information about the placement with the account with the collection agency if the application is not completed and the balance is not paid.
 - iii. Notice will include copy of the FAP Plain Language Summary.
 - iv. If the guarantor who has submitted the incomplete application completes the application for financial assistance, and PFS determines definitively that the responsible individual is ineligible for any financial assistance under the FAP:
 1. The guarantor will be notified of the determination.
 2. WellSpan Health may resume collection efforts or send the account to collections as long as the 30-day prior written notice has been completed and the period of 120 days after the first post discharge statement has been met.
 - v. If the guarantor who has submitted the incomplete application completes the application for financial assistance, and PFS determines the guarantor is eligible for financial assistance under the FAP:
 1. The appropriate financial assistance discount will be applied to the account balance.
 2. The guarantor will be notified of the determination along with any amount that remains payable by the guarantor.
 3. All reasonably available measures will be taken to remove the approved account from the collection agencies.

6. Processing Complete Financial Assistance Applications

- a. If any guarantor submits a complete application for financial assistance under the FAP prior to the application deadline (240 days beginning with first postdischarge statement), the following steps will be completed:
 - i. If applicable, collection efforts will be suspended. (see section 8. for additional details)
 - ii. The appropriate financial assistance discount will be applied to the account balance.
 - iii. The guarantor will be notified of the determination along with any amount that remains payable by the guarantor.

7. Discount for income within 351-400% FPL

- a. Patients/guarantors who complete an application for Financial Assistance whose gross income falls between 351-400% of the FPL level and meet all other Financial Assistance qualifications ([MAP 118](#)) will be eligible for a 40% discount of self-pay balances.

# of Family Members	351% and 400% (40% Discount)
1	\$58,320
2	\$78,880
3	\$99,440
4	\$120,000
5	\$140,560
6	\$161,120
7	\$181,680
8	\$202,240

For families with more than eight members, add \$4,720 for each additional member.

Liquid Asset Guidelines

1 individual - \$25,000 asset limit

Couple - \$30,000 asset limit

Adjustments will be made using Epic code: 9238

8. WellSpan York Hospital Dental Center / Hoodner Dental Center Sliding Fee Scale for Eligible Patients

- a. Patients of the WellSpan York Hospital Dental Center and Hoodner Dental Center will receive discounts under the following categories as outlined in the Sliding Fee

ScaleDental Services based upon their FPL after completion and approval of Financial Assistance application.

- Category I: Patients' whose income is less than or equal to 300% of Federal Poverty Guideline
- Category II: Patients between 301% and 350% of Federal Poverty Guideline
- Category III: Patients between 351% and 400% of Federal Poverty Guideline

Adjustments will be made using Epic code: 9239

Category IV: Patients 401% of poverty level and greater do not qualify for financial assistance. However, all uninsured patients qualify for a 20% "no insurance" discount, regardless of income.

SLIDING FEE SCALE – DENTAL SERVICES

Procedure Types	Category I	Category II	Category III	Category IV
<i>General Procedures (preventive, basic restorative, root canals, and extractions)</i>	70% discount	40% discount	30% discount	Uninsured 20% discount available
<i>Procedures with Lab Costs (crowns, dentures, bridges, etc.)</i>	50% discount	40% discount	30% discount	
<i>Esthetic procedures & Dental implants</i>	No discounts available			

9. WellSpan Eye Center

SLIDING FEE SCHEDULE- MEDICAL VISION SERVICES- WellSpan Providers Only

Procedure Types	Category I	Category II	Category III	Category IV
<i>All in-office Medical Professional fees/Procedures including Special Testing</i>	100% discount	70% discount	40% discount	Uninsured 20% discount available
<i>Drugs for eye injections (Avastin only) and *Testing with Lab Costs {Inflammadry}</i> **Discounts not applicable to brand-name drugs (Eylea, Lucentis, Vabysmo, Ozurdex)	100% discount	70% discount	40% discount	

****Billing codes for drugs excluded from discount: Eylea- 10178 Lucentis- 12778 Vabysmo- 12777 Ozurdex- 17312**

****Avastin is eligible for standard HCC discounts- CPT:19035 or 17999**

***Testing w/lab cost CPT: 83516- /mmunoassay for analyte (Inflammadry)- is eligible for standard HCC discounts**

SLIDING FEE SCHEDULE- ROUTINE VISION SERVICES

Procedure Types	Category I	Category II	Category III	Category IV
<i>Routine Eye Examinations (includes Refraction) CPT: 50620 OR 50621</i>	100% discount	70% discount	40% discount	Uninsured 20% discount available
<i>Routine Procedures with Lab Costs</i>	50% discount	40% discount	30% discount	
<i>Frames and Lenses * * limited to 1 Frame & 1 pair of lenses per Year*</i>	50% discount	40% discount	30% discount	Uninsured 20% discount available
<i>Contact Lenses *</i>	Uninsured 20% discount available			

***Please Note:** Frames, Lenses and Contacts are excluded from discounts when used in combination with other insurance plans and/or other discounts.

10. One-Time Financial Assistance Approval for Patients Out-side our Service Area or Non-Citizens No Longer Residing in our Service Area

- a. Patients who reside outside our service area and receive unexpected, emergent services will be eligible to apply for WellSpan Financial Assistance for the emergent services only. Patients must comply with all the requirements of the MAP118 Financial Assistance process. If approved, eligibility will only be offered for the date of emergent service.
- b. Patients who are non-citizens who are no longer residing in our service area will be eligible to apply for WellSpan Financial Assistance for unexpected, emergent services only. Patients must comply with the requirements of the MAP118 Financial Assistance process. If approved, eligibility will only be offered for the date of the emergent services.

11. Extended Retro Period

- a. For dates of service in active AR beyond our Financial Assistance retro period (one year prior to date of determination), WellSpan will adjust off the current balance due at the percentage approved (100%, 70%, 40%). WellSpan will not refund any payments on the discounted accounts.

Adjustments will be made using Epic code: 9271

12. Self-Pay (Uninsured) Discount

- a. All uninsured patients will qualify for a 20% no insurance discount, regardless of income.

Adjustments will be made using Epic code: 5023

13. Presumptive Charity

When it is determined that the guarantor is not eligible for the highest level of assistance:

- i. Will notify patient about the basis for presumptive eligibility determination
- ii. Provide information on how to apply for more generous assistance under the FAP
- iii. Outline the period of time the guarantor has to provide requested information before initiating collection efforts.

14. Initiating Extraordinary Collection Actions

- a. WellSpan Health will not engage in Extraordinary Collection Acts (ECAs), either directly or by any debt collection agency or other party to which the hospital has referred the patient's debt.

15. Policy Availability

Contact WellSpan Customer Service at (717)851-5051 or (866)803-5337 for information regarding eligibility or the programs that may be available to you, to request a copy of the Plain Language Summary, FAP, FAP application form, or Collection Policy to be mailed to you, or if you need a copy of the Plain Language Summary, FAP, FAP application form, or Collection Policy translated to Spanish. Full disclosure of the Plain Language Summary, FAP, FAP application form, or Collection Policy may be found at www.wellspan.org. A paper copy of our Plain Language Summary, FAP, FAP application form, or Collection Policy can be obtained at all our facilities.

DEFINITIONS:

Plain Language Summary (PLS) means a written statement that notifies an individual that WellSpan offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the required information needed for an individual to apply for financial assistance.

Application Period means the period during which WellSpan Health must accept and process an application for financial assistance under the FAP. The application period begins on the date the care is provided and ends on the 240th day after WellSpan Health provides the first billing statement.

Billing Deadline means the date after which WellSpan Health may send an account to collections due to a guarantor not submitting an application for financial assistance under the FAP. The Billing Deadline is specified in a written notice to the guarantor and is provided at least 30 days prior to such a deadline, but no earlier than the last day of the 120-day postdischarge date.

Completion Deadline means the date after which WellSpan Health may initiate or resume collection activity against an guarantor who has submitted an incomplete FAP if that individual has not provided the missing information and/or documentation necessary to complete the application. The completion deadline will be specified in a written notice and will be no earlier than the later of : 1) 30 days after WellSpan Health provides the guarantor with the notice; or 2) last day of the Application Period.

Extraordinary Collection Action's (ECA's) means any action against an individual responsible for a bill and requires legal or judicial process or reporting for adverse information about the guarantor to consumer reporting agencies/credit bureaus.

FAP-Eligible Individual means a guarantor is eligible for financial assistance under the FAP without regard to whether the individual has applied for assistance.

Financial Assistance Policy (FAP) means WellSpan Health Financial Assistance Program which includes eligibility criteria, the basis for calculating charges, the method for applying the policy, and the measures to publicize the policy, and sets forth the financial assistance program and income guidelines.

Notification Period means the period during which WellSpan Health must notify a guarantor about its FAP in order to have made reasonable efforts to determine whether the guarantor is FAP-eligible. The Notification Period begins on the first date care is provided to the individual and ends on the 120th day after WellSpan Health provided the guarantor with the first billing statement for the care.

Patient Financial Services (PFS) means the operating unit of WellSpan Health responsible for billing and collecting self-pay accounts

Guarantor means the patient and any other individual having financial responsibility for a selfpay account. There may be more than one guarantor

Self-Pay Account means that portion of a patient account that is the individual responsibility of the patient or other guarantor, net of the application of payments made by any available healthcare insurance or other third party payor (including co-payments, co-insurances and deductibles, and net of any reduction or write off made with respect to such a patient account after application of the FAP Assistance Program, as applicable).