

HERITAGE VALLEY KENNEDY
ADMINISTRATIVE POLICY AND PROCEDURE

Policy Number: AD 240.06

Subject: Heritage Valley Kennedy Cares Program – Plain
Section: Language Summary Credit and Collections

Revision Approval Date: April 24, 2018

Plain Language Summary of the Patient Financial Assistance Policy

The following is a summary of Heritage Valley Kennedy’s Patient Financial Assistance Policy, effective April 24, 2018. This is a general overview of the policy; Heritage Valley Kennedy will review each application individually to determine whether that patient and treatment qualify for financial assistance.

The Patient Financial Assistance Policy is to provide financial assistance for patients who:

- Have limited or no health insurance
- Have applied for governmental assistance, such as Medicare or Medicaid, but did not qualify
- Demonstrate financial need
- Supply Heritage Valley Kennedy with the necessary information about household finances

Financial assistance is available for eligible patients who require:

- Emergency medical services
- Nonelective services for urgent life-threatening conditions, outside the Emergency Department
- Other medically necessary services, on a case-by-case basis.

Heritage Valley Kennedy is committed to publicizing its Patient Financial Assistance Program broadly within the communities it serves.

Each patient has the opportunity to apply for financial assistance at all times throughout his or her relationship with Heritage Valley Kennedy:

- Prior to treatment
- Throughout treatment
- Up to the resolution of his or her account

Determination of Eligibility for Financial Assistance

To request financial assistance, patients are required to submit the Financial Assistance Application disclosing household income and required supporting documentation. For nonemergency services,

financial counselors may also conduct an interview with the patient before the date of service or discharge.

Applicants are treated with dignity and respect throughout the process, and all information is handled with confidentiality. The patient’s cooperation in providing the necessary information is crucial to the process.

Typically, a patient is not eligible for financial assistance until he or she has applied for and has been deemed ineligible for federal and state governmental assistance programs. As a result, financial counselors may make resources available to assist patients in enrolling in or applying for such programs. The applications for federal or state assistance must be completed and submitted within 90 days of the date of service.

2018						
Poverty Guidelines for the 48 Contiguous States and the District of Columbia						
Family Size	Poverty Guidelines	To Qualify for 100% Assistance		To Qualify for 80% Assistance		To Qualify for 70% Assistance
		200%		250%		300%
1	\$12,140	\$24,280	-	\$30,350	-	\$36,420
2	\$16,460	\$32,920	-	\$41,150	-	\$49,380
3	\$20,780	\$41,560	-	\$51,950	-	\$62,340
4	\$25,100	\$50,200	-	\$62,750	-	\$75,300
5	\$29,420	\$58,840	-	\$73,550	-	\$88,260
6	\$33,740	\$67,480	-	\$84,350	-	\$101,220
7	\$38,060	\$76,120	-	\$95,150	-	\$114,180
8	\$42,380	\$84,760	-	\$105,950	-	\$127,140
For family units with more than (8) members, add \$4,320 for each additional member.						

Determination of Assistance Amount

In determining a reasonable and fair level of assistance, a sliding scale will apply.

If a patient’s income is below 400 percent of the federal poverty guidelines, the patient may receive some form of financial assistance.

- If a patient's income falls at or below 200% of the federal poverty guidelines, the patient will have no financial responsibility for care provided; the fees for services at Heritage Valley Kennedy are completely waived.
- If a patient's income falls between 201% and 300% of the federal poverty guidelines, the patient is eligible for financial assistance in the form of an 80% reduction in amounts generally billed. This means that the fees for the services at Heritage Valley Kennedy are limited to a maximum of 20% of the amounts generally billed.
- If a patient's income falls between 301% and 400% of the federal poverty guidelines, the patient is eligible for financial assistance in the form of a 70% reduction in amounts generally billed. This means that the fees for service at Heritage Valley Kennedy are limited to a maximum of 30% of the amounts generally billed.
- If a patient's income falls above 401% of the federal poverty guidelines and is uninsured, the patient is eligible for a Self-Pay Discount of charges outlined in the Heritage Valley Kennedy Credit and Collections Policy. This policy can be found at the Cashier's office of Heritage Valley Kennedy or by calling 412-777-6130.

When financial assistance is less than 100 percent of charges, the fees for which the patient is responsible will not be more than what is generally billed.

In some cases, Heritage Valley Kennedy may recognize other financial or medical conditions that warrant financial assistance. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance. Please refer to the full policy for a complete explanation and details. Please **contact our financial counselors at 412-777-6130 or 412-777-6150** in order to review the circumstances. In special cases, Heritage Valley Kennedy staff may be able to help establish a payment plan that helps patients pay their balance over time.

Where to Get the Financial Assistance Application (FAP) and more Information

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

- Download the information online at www.heritagevalley.org
- Request the information in writing by mail or by visiting the
 - Admissions Office,
 - Emergency Department or
 - Cashier's Office

Heritage Valley Kennedy
 25 Heckel Road
 Kennedy Township, PA 15136

- Request the information by calling 412-777-6161

Availability of Language Translations

The Financial Assistance policy, application form, and the plain language summary can provide paper and electronic versions for individuals with limited English language proficiencies. The Hospital may elect to furnish translation aids, translation guides, or aid through the use of a qualified bilingual interpreter by request.

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