

GOV-2 – Financial Assistance Policy

Key Points

- University Hospitals (UH) is a charitable organization that provides care to individuals regardless of their ability to pay; all individuals are treated with respect, regardless of their individual financial circumstances.
- UH may provide charity care, referred to in this policy as, financial assistance/free care/100% discounted care/discounted care, to individuals who are patients at UH hospital facilities ("Hospital Facilities")¹. This Policy applies to the Hospital Facilities listed in Addendum 3 and those entities identified in Addendum 4.
- UH Hospital Facilities will provide, without discrimination, emergency medical care consistent with Section 1867 of the Social Security Act (EMTALA) and the UH Emergency Medical Care policy, to individuals regardless of their eligibility under this Financial Assistance Policy (this "Policy").
- UH Hospital Facilities will provide financial assistance to individuals who meet the following eligibility criteria:
 - Have no health insurance; or
 - Have health insurance and have an annual household income of 0% - 138% of the Federal Poverty Guidelines as described in in Addendum 1 Exhibit A; or
 - Are medically indigent as described in Addendum 1 Exhibit B;
- They must also:
 - Have had emergency or other medically necessary care at a Hospital Facility;
 - And provide the information required by this Policy and the financial assistance application.
- Individuals may apply for financial assistance at any time up to two hundred forty (240) days after the date of their first post-discharge billing statement.
- Individuals must complete an application for every inpatient admission.
- Individuals must complete an application every 90 days for outpatient services to maintain application approval.

¹ **This Policy applies to Hospital Facilities that are required to be registered with the Ohio Department of Health as a hospital.**

- Where an individual fails to apply for financial assistance, UH may conduct a presumptive eligibility analysis to determine if the individual qualifies for financial assistance.
- UH may grant financial assistance at any time during the care process and until all accounts for each individual are resolved.
- Hospital Facilities shall take measures to widely publicize this Policy, and a plain language summary of this Policy, within the community and on the UH website.
- If an individual does not qualify under this Policy for financial assistance, he or she may request that his or her case be reviewed by a UH hospital financial counselor.
- This Policy applies to services provided by and billed for by Hospital Facilities only and those providers listed in Addendum 3; it does not include professional fees from physicians or other healthcare professionals. Hospital Facilities do not have the authority to waive any charges from physicians or other healthcare professionals.

Policy

- 1. Individuals can apply for financial assistance at any time up to two hundred and forty (240) days after the date of their first post-discharge billing statement.**
- 2. Financial assistance will be determined in accordance with this Policy. Such determination will be evaluated using the following tools:**
 - 2.1 Financial assistance application form - the individual or the individual's guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Instructions regarding how to complete the financial assistance application form can be found on the application form. A financial assistance application form may be obtained at <http://www.uhhospitals.org/myuhcare/online-bill-pay/uh-online-bill-pay/hospital/billing/hospital-charity-financial-assistance-program>; and
 - 2.2 Individual's available assets – the individual or the individual's guarantor is required to provide an accounting of financial resources readily available to the individual. Household income may be verified using any or all of these items; W2's, credit score, current state or federal tax return, bank statements, payroll stubs. Monetary assets shall include all assets for an individual except for their primary residence or amounts held in pension or retirement plans.
 - 2.3 Prior to evaluating any application to determine if an uninsured individual meets the requirements for financial assistance, the individual is required to show proof that he or she has applied for Medicaid coverage or insurance coverage through the Federal Health Insurance Marketplace.
 - 2.3.1 UH financial assistance counselors will assist individuals with applying for Medicaid and will subsequently assist those same individuals with applying for financial assistance.
 - 2.3.2 If an individual applies for financial assistance during the Federal Health Insurance Marketplace open enrollment period, such individual is required to seek coverage via the Federal Health Insurance Marketplace prior to UH's evaluation of any financial assistance application.
- 3. UH may not deny financial assistance under this Policy based on an individual's failure to provide information or documentation that is not clearly described in this Policy or the financial assistance application.**
- 4. Hospital Facilities will provide financial counseling for individuals needing assistance in completing the financial assistance application. Individuals requiring assistance from a UH Patient Accounting Customer Service Representative may contact 216-844-8299 or 800-859-5906 Monday through Friday 9 a.m. to 4 p.m. EST or visit in person at UH**

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Customer Services Center, 20800 Harvard Ave, Beachwood, OH 44122 or at any UH Hospital Patient Access Services Department.

5. Individuals who are uninsured or medically indigent may qualify for financial assistance under this Policy if they meet the following eligibility criteria and have had or are seeking emergency care or medically necessary² services at a UH Hospital Facility:

- 5.1. Hospital Facilities will provide Free Care to uninsured individuals whose household income is less than 250% of the current Federal Poverty Guidelines;
- 5.2. Hospital Facilities will provide Free Care to insured individuals whose household income is less than 138% of the current Federal Poverty Guidelines.
- 5.3. Hospital Facilities will provide Discounted Care to uninsured individuals with a household income above 250% of the current Federal Poverty Guidelines.
- 5.4. Hospital Facilities will provide Discounted Care to insured individuals with a household income above 138% of the current Federal Poverty Guidelines;
- 5.5. "Discounted Care" shall mean care that has been discounted to the rate set forth as the "Amount Generally Billed ("AGB") more fully described in Addendum 2.
- 5.6. Hospital Facilities will provide payment plans.
- 5.7. Hospital Facilities reserve the right to provide either a 100% discount, Free Care, or Discounted Care to any individual who may fall outside of the parameters set forth in Addendum 2, where such individual who has been identified, in the sole discretion of Hospital Facility and approved by the President of the Hospital of having exceptional medical circumstances (i.e. terminal illness, excessive medical bills and/or medications, etc).
- 5.8. Individuals must reside in the Hospital Facility service area to receive assistance under this Financial Assistance Policy. The service area includes Northeast Ohio or a primary or secondary service area.

6. If an individual defaults (does not make payments for two (2) consecutive months) on a payment plan, UH reserves the right to initiate normal collection activities for the remaining discounted balances. Normal collection activities shall not be considered Extraordinary Collection Activities ("ECAs") as defined in 7.1 below, and shall be considered "reasonable efforts" on behalf of Hospital Facility to notify an individual about his/her ability to apply for financial assistance under this Policy. Such normal collection activities and reasonable efforts shall include:

- 6.1. Sending billing statements which including information on how to obtain a financial assistance application;
- 6.2. Processing any financial assistance application received within 240 days after the first post-discharge bill has been sent to the individual and place all normal

² For the purposes of this Policy, a UH physician will determine if the care is medically necessary by using the same definition for medical necessity as the Ohio Medicaid definition found in the Ohio Administrative Code at 5160-1-01.

collection activities on hold until a financial assistance determination has been made;

- 6.3. Initiating collection calls and letters each of which shall including information to the individual on how to apply for financial assistance;
- 6.4. Engage third party collection agency for additional collection activities, however, such third party collection agencies shall not engage in ECAs until after the appropriate notice is given per Section 7 below;
- 6.5. Provide the individual with written notice that indicates financial assistance is available for eligible individuals, identifies the ECA(s) that the hospital facility (or other authorized party) intends to initiate to obtain payment for the care, and states the deadline after which such ECAs will be initiated (no sooner than 30 days after the date this written notice is provided);
- 6.6. In the case of an incomplete financial assistance application, notify the individual about how to complete the financial assistance application and give the individual a reasonable opportunity (no less than sixty (60) days) to do so;
- 6.7. Provide the individual with a plain language summary of the financial assistance policy with the written notice that financial assistance is available for eligible individuals; and
- 6.8. Make a reasonable effort to orally notify individuals about the financial assistance policy and financial assistance application at least thirty (30) days prior to the initiation of ECAs.

Whether UH has made reasonable efforts to determine Financial Assistance eligibility and notify an individual about his/her ability to apply for financial assistance under this Policy shall be determined by the Director of Customer Service.

7. If an individual does not pay his or her portion of the amount as set forth on the billing statement, and UH has made reasonable efforts, per Section 6 above to determine if the individual is eligible for financial assistance, UH may engage in ECAs. UH may not engage in ECAs sooner than one hundred twenty (120) days after the initial billing date. UH shall give the individual thirty (30) days written notice before engaging in ECAs.

7.1. UH intends to engage in the following ECAs:

7.1.1. Selling an individual's debt to another party;

7.1.2. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;

7.1.3. Deferring, denying, or requiring a payment before providing medically necessary care covered under this Policy; and

7.1.4. Actions that require a legal or judicial process:

- 7.1.4.1. Placing a lien on an individual's property;
- 7.1.4.2. Attaching or seizing an individual's bank account or any other personal property;
- 7.1.4.3. Commencing a civil action against an individual;
- 7.1.4.4. Garnishing an individual's wages.

8. Presumptive Eligibility.

- 8.1 An individual may be considered "presumptively eligible" for financial assistance if during the previous three (3) months, the individual has received financial assistance from the Hospital Facility.
- 8.2 An individual who previously received a 100% discount, free care, from the Hospital Facility may be considered presumptively eligible to receive a 100% discount, free care, from the Hospital Facility on all medically necessary services for three (3) months from the date of the initial financial assistance determination.
 - 8.2.1 An individual who is receiving a 100% discount, free care, may not receive written notification of such discount.
- 8.3 An individual who previously received less than a 100% discount from the Hospital Facility may be considered presumptively eligible to receive the same discount from the Hospital Facility on all medically necessary services for three (3) months from the date of the initial financial assistance determination.
 - 8.3.1 In an individual receives less than a 100% discount, the individual shall be notified in writing of the financial assistance provided and be provided information on how to apply for additional financial assistance.
- 8.4 When a patient does not provide a Financial Assistance Application or supporting documentation, hospital Facilities may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility. An individual who is found to be presumptively eligible for financial assistance, and who has not previously submitted a Financial Assistance Application in the last three (3) months, shall receive a 100% discount.

9. Widely Publicized Policy.

- 9.1 Hospital Facilities shall make this Policy, financial assistance applications, and additional information about financial assistance available in the following ways:

- 9.1.1 The financial assistance application form and plain language summary of this form may be obtained at <http://www.uhhospitals.org/myuhcare/online-bill-pay/uh-online-bill-pay/hospital/billing/hospital-charity-financial-assistance-program> ;
- 9.1.2 Paper copies of this Policy, financial assistance application form, and plain language summary of this Policy will be available upon request, without charge, both by mail and in public locations at Hospital Facilities, in the emergency room, admissions areas, hospital registration areas, financial counseling areas, and financial assistance offices;
- 9.1.3 Information about this Policy will be distributed to members of the community served by the Hospital Facilities in a way designed to reach community members who are most likely to require financial assistance from a Hospital Facility;
- 9.1.4 Paper copies of the plain language summary of this Policy will be offered to individuals as part of the patient intake or discharge process;
- 9.1.5 Information about how to apply for financial assistance can be found on all Hospital Facility billing statements, including a telephone number for the Hospital Facility office or department that can provide information about this Policy, the application process, the direct UH website address, and locations where copies of this Policy, financial assistance applications, and plain language summaries may be obtained;
- 9.1.6 Public displays about the UH Financial Assistance Program shall be prominently displayed in the emergency and admissions areas at each Hospital Facility;
- 9.1.7 Hospital Facilities will provide financial counseling for individuals needing assistance in completing the financial assistance application. Individuals requiring assistance from a UH Patient Accounting Customer Service Representative may contact 216-844-8299 or 800-859-5906 Monday through Friday 9 a.m. to 4 p.m. EST.
- 9.1.8 Other methods as required by state or federal regulation.

10. Providers Who Are Providing Financial Assistance under This Policy.

10.1 A list of providers at the Hospital Facilities who offer financial assistance under this Policy are listed in Addendum 4. The list of providers is accurate as of the date listed on Addendum 4, which shall be updated, if necessary, but no less frequently than quarterly.

11. Providers Who Are Not Providing Financial Assistance under This Policy.

11.1 A list of providers at the UH Hospital Facilities who do not offer financial assistance under this policy are listed in Addendum 5. The list of providers is accurate as of the date listed on Addendum 5, which shall be updated, if necessary, but no less frequently than quarterly.

12. Billing and Collections

12.1 The actions that may be taken by UH Hospital Facilities in the event of nonpayment are described in a separate Billing and Collections Policy (Gov-11). Members of the public may obtain free copies of the Gov-11 Billing and Collections Policy by contacting a UH Patient Accounting Customer Service Representative at 216-844-8299 or 800-859-5906 Monday through Friday 9 a.m. to 4 p.m. EST.

12. UH Management, with the approval of the UH Board of Directors, reserves the right to amend the criteria by which an individual qualifies for assistance under this Policy.

Addendum 1

Financial Assistance & Medical Indigence

Exhibit A

Financial Assistance Grid - Uninsured

Federal Poverty Guideline	0-138%	139-250%	251-300%	301-400%	>401%
Discount	*100%	100%	AGB	AGB	AGB

Financial Assistance Grid - Insured

Federal Poverty Guideline	0-138%	139-250%	251-300%	301-400%	>401%
Discount	*100%	N/A	N/A	N/A	N/A

*Ohio HCAP Law

Exhibit B

Patients who do not qualify under Exhibit A above may still qualify for financial assistance if they can demonstrate that their medical expenses exceed an established percentage of their family income outlined below.

Expenses must have occurred within the calendar year and medically necessary or emergency hospital and physician services, pharmaceutical drugs, and durable medical equipment. Patients wishing to be considered for discounts under this policy must provide requested documentation of income, residence and qualifying medical expenses in a timely manner.

Medical Indigence					
FPL	0-138%	139-250%	251-300%	301-400%	>401%
Max Liability as a % Household Income	N/A	10%	15%	20%	25%

Addendum 2 Amounts Generally Billed

Per IRC 501 (r), hospitals must limit charges to patients and services qualified under our Financial Assistance Policy (FAP) to the Amounts Generally Billed (AGB) to Commercial carriers and Medicare.

UH's Amounts Generally Billed Rate is: 38%

Only accounts that were adjudicated during the calculation period are included in the calculation.

The calculation will be refreshed every year on December 31 and put into effect on January 1 of the following year and that calculation will be used to adjust charges for services for the next fiscal year

The calculation of AGB is the percentage of Expected Reimbursement divided by total charges for all insurances combined.

Each UH Facility AGB percentage has been calculated. The overall AGB rate was derived from the lowest of all the individual facilities' AGB rates.

Expected reimbursement is defined as the payment amount expected to receive for a given service based on the amount agreed upon between UH and the insurance payer.

Insurance categories included in the calculation are Medicare, Anthem, Commercial, HMO, MMO, PPO, and Managed Care

Insurance categories specifically excluded from the calculation are Medicare HMOs, Medicaid, Medicaid HMOs, Other Expected Self Pay Plans, Other Government Payers, and Patient Self Pay.

Example

Total Charges	\$10,000
Expected Reimbursement	\$ 3,800
AGB Rate = 38%	

Patients who qualify for an AGB reduction will have their outstanding balances reduced to no more than the AGB rate for that episode of care unless determined presumptive eligible per Section 8 above.

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Addendum 3

Hospital Facilities Providing Financial Assistance

- University Hospitals Ahuja Medical Center
- University Hospitals Avon Rehabilitation Hospital
- University Hospitals Cleveland Medical Center d/b/a University Hospitals Case Medical Center
- University Hospitals Conneaut Medical Center
- University Hospitals EMH Regional Medical Center d/b/a University Hospitals Elyria Medical Center
- University Hospitals Geneva Medical Center
- University Hospitals Geauga Medical Center
- University Hospitals Rainbow Babies & Children's Hospital
- University Hospitals Regional Hospitals (Bedford and Richmond Campuses)
- University Hospitals Samaritan Medical Center
- The Parma Community General Hospital Association d/b/a University Hospitals Parma Medical Center
- University Hospitals Portage Medical Center f/k/a Robinson Memorial Hospital
- Beachwood RH, LLC. d/b/a University Hospitals Rehabilitation
- Robinson Health System, Inc. d/b/a University Hospitals Portage Medical Center
- St. John Medical center

Addendum 4

Providers Who Provide Financial Assistance under this Policy

- St. John Medical Group
- University Hospitals Medical Group, Inc.

Addendum 5

Providers Who Do Not Provide Financial Assistance under this Policy

- 4M Emergency – An IMMH Company
- Anesthesia Associates
- Anesthesia Consultants, Inc.
- Behavioral Healthcare Association, Inc.
- Cardiovascular Clinic
- Centers for Orthopedics
- Community Intesivists
- Community Hospitalists, LLC
- Elyria Anesthesia
- Elyria Physician Services, Inc.
- Geauga Anesthesia
- Inpatient Medical Services
- Martian Healthcare Group
- Midwest Pathology
- North Ohio Heart
- Northcoast Anesthesia Providers
- Parma Professional Corporation
- Pediatrix Medical Group, Inc.
- Physicians Emergency Services, Inc.
- Physicians Link Centers, Inc.
- Physician Staffing, Inc.
- Portage Pathology Association, Inc.
- Ravenna Radiology, LLC
- Robinson Health Affiliates
- Roseline Okon MD, LLC
- Safe Anesthesia, LLC
- Samaritan Professional Corporation
- Southwest Orthopedics
- St. Vincent Medical Group
- Superior
- Team Health
- Tri-City
- University Emergency Specialists, Inc.
- University Primary Care Practices, Inc. d/b/a University Hospitals Medical Practices

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- West Branch Anesthesia Association, Inc.
- Westside Pathology Associates
- Westshore Primary Care