

Title: Financial Assistance

Manual:

Number:

Effective Date: January 1, 2016

Purpose: Coshocton County Memorial Hospital (CCMH) is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver quality, kindness and respect...every person, every time, CCMH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. CCMH will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance -- free and discounted (partial charity) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital
- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital for commercially insured or Medicare patients

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with CCMH's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow CCMH to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

Scope: Patient Financial Services

Policy: For the purpose of this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Ohio Administrative Code definition, the patient, the patient's spouse (regardless of whether they live in the home), and all of the patient's children, natural or adoptive, under the age of eighteen who live in the home. If the patient is under the age of eighteen, the "family" shall include the patient, the patient's natural or adoptive parent(s) (regardless of whether they live in the home), and the parent(s)' children, natural or adoptive, under the age of eighteen who live in the home. If the income of a spouse or parent who does not live in the home cannot be obtained, or the absent spouse or parent does not contribute income to the family, determination of eligibility shall proceed with the available income

information. If the patient is the child of a minor parent who still resides in the home of the patient's grandparents, the "family" shall include only the parent(s) and any of the parent(s)' children, natural or adoptive, who reside in the home.

Family Income: Using the Ohio Administrative Code definition, total salaries, wages, and cash receipts before taxes; cash receipts that reflect reasonable deductions for business expenses shall be counted for both farm and non-farm self-employment.

- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Excludes capital gains or losses; and
- Income from "Non Family" members based on the above definition does not count.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

PROCEDURES

A. Services Eligible Under this Policy. For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by CCMH or associated physician clinics listed in Appendix A without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. All inpatient and outpatient services covered under the Medicaid program in Chapter 5160-2 of the Ohio Administrative Code with the exception of transplantation services and services associated with transplantation. These covered services must be ordered by an Ohio licensed physician and delivered at a hospital where the physician has clinical privileges, and where such services are permissible to be provided by the hospital under its certificate of authority granted under Chapters 3711., 3727., and/or 5119. of the Revised Code.
2. Emergency medical services provided in an emergency room setting;
3. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
4. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
5. Medically necessary services, evaluated on a case-by-case basis at CCMH's discretion.
6. In addition to the above criteria the services must be billed by CCMH.

B. Eligibility for Charity. Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation

C. Method by Which Patients May Apply for Charity Care.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a) Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - b) Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - c) Include reasonable efforts by CCMH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - d) Take into account the patient's available assets, and all other financial resources available to the patient; and
 - e) Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. Applications may be accessed by PFS, Patient Access, from the Hospital website, or requesting an application by phone at 877-302-5928. Applications can be mailed to the hospital at:

Coshocton County Memorial Hospital
Attn: Patient Financial Services
PO Box 428
Coshocton, OH 43812
3. It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service.
4. CCMH's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and CCMH shall notify the patient or applicant in writing within 30 days of receipt of a completed application or within 30 days of eligible accounts moving to a self-pay balance.
5. All applications will be subject to random audits to validate accuracy of information provided. In the event that the applicant cannot provide supporting documentation the previously provided discounts are subject to reversal or adjustment based upon findings. The applicant would then become liable for any remaining balance and subject to normal collection practices, up to and including use of Collection Agency and legal proceedings.

E. Eligibility Criteria and Amounts Charged to Patients. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by CCMH to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts CCMH will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;
2. Patients whose family income is above 201% but not more than 350% of the FPL are eligible to receive services on a sliding fee scale at amounts no greater than the amounts generally billed to (received by the hospital for) Medicare; see Appendix B; and
3. Patients whose family income exceeds 350% of the FPL may be eligible to receive discounted

rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of CCMH however the discounted rates shall not be greater than the amounts generally billed to (received by the hospital for) Medicare insured patients.

F. Communication of the Charity Program to Patients and Within the Community. Notification about charity available from CCMH, which shall include a contact number, shall be disseminated by CCMH by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, admitting and registration departments, and patient financial services offices that are located on facility campuses, and at other public places as CCMH may elect. CCMH also shall publish and widely publicize a summary of this charity care policy on facility websites, in brochures available in patient access sites and at other places within the community served by the hospital as CCMH may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by CCMH. Referral of patients for charity may be made by any member of the CCMH staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

G. Relationship to Collection Policies. CCMH management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from CCMH and a patient's good faith effort to comply with his or her payment agreements with CCMH. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, CCMH may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. CCMH will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the hospital;
2. Documentation that CCMH has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
3. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

H. Regulatory Requirements. In implementing this Policy, CCMH management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

Document Development: Stephanie A. Glass, Director PFS

Document Approval:

Document History: