

	Title: FINANCIAL ASSISTANCE POLICY	ID #: FIN.300.04 Effective: 06/05 Page: 1 of 6
	STANDARD POLICY AND PROCEDURE FORM	
Written By: Administration	Distribution: Patient Accounts & Administrative Manual Patient Financial Services	
Approved By :		
Board of Directors approval: 6/05	Revised: 9/06, 3/09, 8/09,1/11, 1/12, 2/13 , 9/14, 12/15, 1/17, 1/18, 1/19, 8/19,1/20,1/21	
Daniel J. Moncher, Executive Vice President & CFO	Reviewed:	

PURPOSE: Over its history, Firelands Regional Medical Center has had a proud tradition of providing essential care to all those in need, without regard to an individual’s ability to pay for the services provided. Hospital policy states that “Firelands Regional Medical Center will not restrict the availability or compromise the quality of essential care on any basis”, and “Firelands Regional Medical Center will provide access to essential health care services without regard for individual consumers’ ability to pay.” This Policy and Procedure clarifies the process for evaluating an individual’s ability to pay, as well as Firelands Regional Medical Center’s financial assistance program.

POLICY: Financial Assistance is Firelands Regional Medical Center’s charity program for patients in financial need for all services provided and billed by Firelands Regional Medical Center. Under Firelands Regional Medical Center Financial Assistance Policy, Independent Physician services are not covered (see Attachment A for a list of providers). Patients are eligible for assistance through a formalized application process. Applications are processed using standardized criteria based on total gross family income, assets and the number of dependents in the family unit. This policy reviewed annually to address changes in the HCAP program.

EMERGENCY MEDICAL CARE POLICY

Firelands Regional Medical Center will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance under this policy. Firelands Regional Medical Center will provide emergency medical care in compliance with the Emergency Medical Treatment and Labor Act (EMTALA). Firelands Regional Medical Center will not require payment from individuals before they receive treatment for emergency medical conditions or pursue debt collection activities that might interfere with providing emergency medical care.

GENERAL INFORMATION – FINANCIAL ASSISTANCE POLICY

The guidelines for Medicaid medical necessity will be followed to define medically necessary services as outlined in Ohio Administrative Code 5160-1-01. Medical necessity for individuals covered by early and periodic screening, diagnosis, and treatment (EPSDT) is defined as procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability. In addition, services not covered by EPSDT in which the person can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort will be considered medically necessary for the purposes of this policy.

Conditions of medical necessity are met if all of the following apply:

1. Meets generally accepted standards of medical practice.
2. Clinically appropriate in its type, frequency, extent, duration, and delivery setting.
3. Appropriate to the adverse health condition for which it is provided and expected, to produce the desired outcome.
4. Is the lowest cost alternative that effectively addresses and treats the medical problem.
5. Provides unique, essential, and appropriate information if it is used for diagnostic purposes; and

	Title: FINANCIAL ASSISTANCE POLICY	ID #: FIN.300.04
	STANDARD POLICY AND PROCEDURE FORM	Effective: 06/05 Page: 2 of 6

6. Not provided primarily for the economic benefit of the provider nor for the convenience of the provider or anyone else other than the recipient.

The fact that a physician, dentist or other licensed practitioner renders, prescribes, orders, certifies, recommends, approves, or submits a claim for a procedure, item, or service does not, in and of itself, make the procedure, item, or service medically necessary and does not automatically render it inclusive in this Financial Assistance Policy.

Firelands Regional Medical Center has signage and display brochures that provide basic information about the Hospital Care Assurance Program (HCAP) and Firelands Regional Medical Center financial Assistance program in public locations as required by Ohio law. Financial assistance screening and services are provided in the following areas of Firelands Regional Medical Center:

1. Outpatient registration
2. Pre-registration
3. Inpatient registration
4. Patient rooms
5. Emergency room
6. Cashier's office
7. Patient financial services, Financial Counseling

Efforts will be made to determine a patient's eligibility for financial assistance prior to, or at the time of service. Patients may request financial assistance at any time prior to or during the scheduling process, pre-registration, registration, testing, hospital stay, or throughout the course of the billing and collections cycle. Inquiries can be made directly to any of the staff members involved in the above processes, by contacting the financial assistance staff at 419-557-7879, or by completing an application for financial assistance. Efforts will be made to qualify patients for other state or federal programs prior to a financial assistance determination. Assistance is offered, free of charge, to complete assistance applications for the following programs:

1. Ohio Medicaid
2. Hospital Care Assurance Program
3. Firelands Regional Medical Center financial assistance

The financial assistance plain language summary, financial assistance policy, and financial assistance application can be obtained, free of charge, in any of the above locations or can be downloaded from the Firelands Regional Medical Center website at www.firelands.com

Amounts charged to Patients

Firelands Regional Medical Center will not charge uninsured patients approved for financial assistance under this policy, for emergency or other medically necessary care, more than the amounts generally billed (AGB) to individuals who have insurance. Gross charges will be provided on the billing statement and used as the starting point for allowances, discounts, and deductions.

Firelands regional Medical Center uses the look-back method to determine its AGB. The hospital will determine AGB annually by dividing the sum of the amount of all claims for emergency and other medically necessary care that have been provided by private health insurers and Medicare fee-for-service insurers during a prior 12 month period by the sum of the associated gross charges for those claims.

	Title: FINANCIAL ASSISTANCE POLICY	ID #: FIN.300.04
	STANDARD POLICY AND PROCEDURE FORM	Effective: 06/05 Page: 3 of 6

The current AGB percentage was calculated to be 38%. Firelands Regional Medical Center has elected to reduce the gross charges for the purposes of determining amounts that will be charged to FAP eligible patients under this policy by 62%

Billing and Collections Practices

Firelands Regional Medical Center has established billing and collection practices for patient payment obligations that are fair, consistent, and compliant with state and federal regulations and makes reasonable efforts to ensure that patients are billed for their services accurately and timely.

Firelands Regional Medical Center will make the FAP plain language summary available as part of the intake or discharge process. Additionally, Firelands Regional Medical Center will include on patient statements a written notice of the availability of financial assistance, the phone number where the patient can contact staff for further information, and a direct link to the website where Financial Assistance information can be obtained.

Firelands Regional Medical Center will not engage in extraordinary collection actions (ECA) against an individual to collect payment for care unless it has made reasonable efforts to determine if the individual is eligible for assistance under this policy, or each has provided the notices summarized in this policy.

Firelands Regional Medical Center may pursue some of the ECA’s as summarized in this policy. An ECA includes the following:

1. Selling an individual’s debt to another party unless the other party has entered into an agreement prohibiting it from engaging in any ECA, limiting the amount of interest it can charge and providing that the debt can be returned to the Hospital if the individual is determined to be FAP-eligible.
2. Reporting adverse information about an individual to credit agencies or credit bureaus.
3. Deferring, denying or requiring payment before providing medically necessary care because an individual has not paid one or more bills from previously provided care covered under this policy.
4. Actions that require legal process, including, but not limited to, placing a lien on an individual’s property, foreclosing on an individual’s property, attaching or seizing an individual’s bank account, or any other personal property, commencing a civil action against an individual, causing an individual to be subject to arrest or body attachment and garnishing an individual’s wages.

Filing a lien on certain judgments, settlements, or compromises owed to an individual as a result of personal injuries for which the Hospital provided care is not an ECA, nor is filing a claim in a bankruptcy proceeding.

Definitions:

Indigent Care – The ability to receive free care for those patients whose gross income is at or below poverty level, based on Federal Poverty Guidelines (refer Hospital Care Assurance).

Charity Care – The ability to receive free care for those patients whose gross income is not in excess of 200% of the Federal Poverty Guidelines (See attached Schedule A).

Financial Assistance – The ability to receive care at a discounted rate; patients who are uninsured and who have family incomes in excess of 200% of the Federal Poverty Guidelines, but not exceeding 302% of the Federal Poverty Guidelines, will be eligible to receive Financial Assistance in the form of a partial discount off charges (See attached Schedule A).

	Title: FINANCIAL ASSISTANCE POLICY	ID #: FIN.300.04
	STANDARD POLICY AND PROCEDURE FORM	Effective: 06/05 Page: 4 of 6

Uninsured – Patients for whom no third party is responsible for payment of medical claims

Medically Underinsured – Any patient having incurred out of pocket liability, which exceeds \$5,000 in a single encounter.

Non-Covered Services – Services not recognized for coverage by an individual's insurance plan such as, cosmetic surgery performed purely for the purpose of enhancing one's appearance

Discount – To anticipate and make allowance from, deduct or subtract from gross (billed) charges

Family – Any adult dependent claimed for federal purposes; any child of the patient natural or adopted under 18 years of age who resides with the patient; as well as any child of the patient over 18 years of age who is either a full-time college student or disabled. If the patient is a child of a minor parent who still resides in the home of the patient's grandparents or parents, then the "family" shall include only the minor parent and any of the minor parent's children (natural, adoptive, legal guardianship or custody) who reside in the home.

PROCEDURE:

In all cases this policy is dependent upon the patient providing requested information necessary for determining eligibility. Failure to provide requested information in a timely manner, including financial records, will result in application of standard collection processes.

Eligibility:

1. Patient does not have to be a U.S. Citizen or State Resident., but Firelands may require legal status, employment status and household composition in addition to income verifications.
2. Patient must be an individual or from a Family whose income is at or below 302% of the current Federal Poverty Guidelines (FPG) at the time of their date of service or date of application.
3. Patients whose income is at or below 302% of the current FPG can be a recipient of Medicare or other third party insurance. (*Subject to contract terms and Federal and State Laws)
4. Patient must be eligible on Date of Service or Date of Application. Income documentation needs to be provided to show proof of eligibility.
5. Patients have 3 years from the date of first notification to apply for assistance. Reasonable efforts will be taken up front by FMRC Staff to gather appropriate information to qualify applicable patients for financial assistance.
6. Patients shall cooperate in supplying all third party information. These resources must be exhausted prior to patient receiving financial assistance.
7. Patient Financial Assistance covers all facility charges with the exception of Non-Covered Services (e.g. cosmetic surgery).
8. Patient Financial Assistance application is required for each inpatient admission and no less than every 90 days from the initial date of service for outpatient visits.
9. One signature is required on the application: the patient, guarantor or representative
10. All assistance records shall be retained for a minimum of 6 years.
11. Applicants must show proof of income; however, Firelands Regional Medical Center has

	Title: FINANCIAL ASSISTANCE POLICY	ID #: FIN.300.04
	STANDARD POLICY AND PROCEDURE FORM	Effective: 06/05 Page: 5 of 6

the discretion to

accept verbal/written declaration of income as a last resort, where the explanation for lack of income documentation is credible.

METHOD OF EVALUATION:

Application and Determination:

All applications will contain all the data elements in the sample Ohio Department of Job and Family Services application. Applications must be signed by the patient or if the patient is unable to sign it may be signed by someone who has the legal right to represent the patient. The hospital may obtain a patient signed attestation of income as proper documentation, which could be a signed application. A hospital representative may complete the application, and obtain the signature of the patient or legal representative. No additional documentation of family size or income is required. A decision of eligibility is based on income and family size, not federal tax codes.

- 1.) The patient's qualifications for assistance will be determined by an application process, based on a percent of current Federal Poverty Guidelines as defined in the Federal Register.
- 2.) Income used to compute financial status may include but are not limited to earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, disability payments, veterans' payments, pension or retirement income, rents, royalties, income from estates, trusts, alimony, child support, and other miscellaneous sources. Using the tax return is not permissible unless this is the only form of documentation the patient has, and it given with a signed sworn statement of income.
- 3.) The application for assistance must be complete, legible, signed and dated by the patient, guarantor or representative (one signature is required). Applications not meeting these conditions shall be returned to the applicant or considered denied.
- 4.) Schedule A reflects the income level corresponding to the size of the family unit, at which a discount is offered. In summary,
 - a) A person or family unit at 100% or below FPL would be eligible for assistance under the Ohio Hospital Care Assurance Program;
 - b) A person or family unit at 101% to 200% of FPL would be eligible for a 100% discount off of billed charges for covered services but would be responsible for Non-Covered Services as defined in this policy
 - c) For services prior to 01-01-2016: A person or family unit at 201% to 300% of FPL would be eligible for a 25% discount off of billed charges for covered services, but would be responsible for Non-covered Services as defined in this policy.
 - d) Effective 01-01-2016: A person or family unit at 201% to 300% of FPL would be eligible for a 60% discount off of billed charges for covered services but would be responsible for Non-Covered Services as defined in this policy.

	Title: FINANCIAL ASSISTANCE POLICY	ID #: FIN.300.04
	STANDARD POLICY AND PROCEDURE FORM	Effective: 06/05 Page: 6 of 6

- e) Effective 01-13-2021: A person or family unit at 201% to 302% of FPL would be eligible for a 62% discount off of billed charges for covered services but would be responsible for Non-Covered Services as defined in this policy.

Schedule A

Firelands Regional Medical Center Charity Care and Financial Assistance Table*

Size of Family Unit	100% or Below of FPL Hospital Care Assurance	101% to 200% of FPL 100% Free Care Discount	Prior to: 1/1/16 201% to 300% of FPL 25% Discount	Effective:1/1/16 201% to 300% of FPL 60% Discount	Effective:1/13/21 201% to 302% of FPL 62% Discount
1	\$ 12,880.00	\$ 25,760.00	\$ 38,640.00	\$ 38,640.00	\$ 38,898.00
2	\$ 17,420.00	\$ 34,840.00	\$ 52,260.00	\$ 52,260.00	\$ 52,608.00
3	\$ 21,960.00	\$ 43,920.00	\$ 65,880.00	\$ 65,880.00	\$ 66,319.00
4	\$ 26,500.00	\$ 53,000.00	\$ 79,500.00	\$ 79,500.00	\$ 80,030.00
5	\$ 31,040.00	\$ 62,080.00	\$ 93,120.00	\$ 93,120.00	\$ 93,741.00
6	\$ 35,580.00	\$ 71,160.00	\$106,740.00	\$106,740.00	\$ 107,452.00
7	\$ 40,120.00	\$ 80,240.00	\$120,360.00	\$120,360.00	\$ 121,162.00
8	\$ 44,660.00	\$ 89,320.00	\$133,980.00	\$133,980.00	\$ 134,873.00

*** For families with more than 8 members, add \$4,540. for each additional person

***This Table shall be adjusted in accordance with annually released changes to the Federal Poverty Levels each January.

In the event of “special” circumstances where income exceeds the sliding scale, but medical bills are excessive, the Patient Financial Service Manager in consultation with the vice President of Revenue Cycle may determine partial or whole eligibility. In these cases, additional financial documentation may be requested. If the remaining balance after discount cannot be paid in full, Firelands Regional Medical Center may offer payment plan options.



Title: FINANCIAL ASSISTANCE POLICY

ID #: FIN.300.04
Effective: 06/05
Page: 7 of 6

STANDARD POLICY AND PROCEDURE FORM