

PURPOSE:

The purpose of this policy is to define the Kettering Health Network (KHN) financial assistance program and processes for application.

DEFINITIONS:

Amount Generally Billed (AGB): The amount generally billed to uninsured and insured patients after insurance pays for emergent or medically necessary care. The method used to calculate the AGB is a historical look-back method based on actual paid claims from Medicare fee for service together with private health insurers including portions paid by insured individuals.

Extraordinary Collection Actions (ECA): A list of the collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance.

Federal Poverty Guidelines (FPG): Poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

Financial Assistance Policy (FAP): The hospital policy that considers income and family size to determine a discount from billed charges.

Hospital Care Assurance Program (HCAP): HCAP is the Ohio Department of Job and Family Services' mechanism for meeting the federal requirement to provide additional payments to hospitals that provide a disproportionate share of uncompensated services to the indigent and uninsured. Patients must be below 100% of the FPG and a resident of the State of Ohio.

Family Size and Household Income: Family members of persons 18 years and older include spouse, domestic partner as defined by the state, and dependent children under 21 years whether living at home or not. Family members of persons under 18 years old include patients, caretaker relatives or other children less than 21 years of age, whether living at home or not. Income includes salaries, wages, retirement monthly withdrawals, and cash receipts before taxes. Other sources of income may include, but not limited to, alimony, child support, veteran's benefits, unemployment compensation, and any inherited monetary gains.

KHN Facilities: This policy applies to all KHN hospitals which include Kettering Medical Center, Sycamore Hospital, Grandview Hospital, Southview Hospital, Fort Hamilton Hughes Hospital, Greene Memorial Hospital, and Soin Medical Center.

Kettering Health Network (KHN) Organization-Wide Policy

KHN adopts this policy for Kettering Medical Center, Sycamore Medical Center, Grandview Hospital and Medical Center/Southview Hospital, Greene Memorial Hospital Inc., Soin Medical Center, Fort Hamilton Hospital, Kettering Physician Network and all Support Service Sites.

Emergent or Medically Necessary Care: Hospital services as defined in Ohio Administrative Code Chapter 5101:3-2 which includes inpatient and outpatient services covered under the Medicaid program and is defined as services to treat a medical condition that without medical attention places the health of the individual in serious jeopardy and/or causes serious impairment to bodily functions or serious dysfunction to a bodily organ.

Public Assistance: Medicaid or other government funded assistance

POLICY:

Kettering Health Network (KHN) is committed to providing Financial Assistance to patients who have sought Emergent or Medically Necessary care but have limited means to pay for that care. KHN will provide, without discrimination, emergency medical care or medically-necessary care as defined in this policy to individual regardless of their ability to pay, their eligibility under this policy, or eligibility for public assistance.

This policy includes:

Eligibility criteria for Financial Assistance- both Charity (free) care and Discounted (partial charity) care. Describes the basis for calculating amounts charged to patient eligible for Financial Assistance under this policy

Describes the process for individuals to apply for Financial Assistance

Describes the KHN actions taken during the Financial Assistance application process

Describes how the facility will widely publicize the policy within the community

1. Eligibility for Financial Assistance

Financial Assistance will be considered for those individuals who are uninsured and underinsured with medical costs and who are unable to pay for their care, based on determination of financial need in accordance with this policy. This may include any of the following conditions:

- a. Individual has no third-party insurance coverage
- b. Individual is eligible for public assistance but a particular service is not covered
- c. Medicare or Medicaid benefits have been exhausted and the individual has no further ability to pay
- d. Individual is insured but qualifies for assistance based on financial need to pay for the individual's balance after insurance
- e. Individual meets State of OH Health Care Assurance Program (HCAP) charity requirements

2. Eligibility Criteria

- a. Federal Poverty Limit Guidelines and definitions of family size and household income will apply to determining an individual's income.

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- b. The amount charged to any Financial Assistance eligible individual for emergency or medical necessary care will be based on amounts generally billed (AGB) to individuals who have insurance covering such care at any KHN hospital. The AGB is determined utilizing the look-back method as described in 1.501(r)-5(b)(3). Individuals can contact a member of the KHN Patient Access or Patient Financial Services team to obtain written information stating the AGB percentage and an explanation of how the AGB percentage was determined
 - c. Kettering Health Network Basic Financial Assistance- the individual's household income must be between 251% and 400% FPL to be eligible for a 77% reduction to the Amount Generally Billed (AGB) from applicable charges for services. This results in a partial adjustment to billed charges for individuals with no insurance or a partial adjustment to billed charges for individuals with insurance with a remaining patient responsibility after insurance pays.
 - d. Kettering Health Network Extended Financial Assistance- the individual's household income must be at or below 250% of the current Federal Poverty Limits (FPL) to be eligible for 100% reduction from applicable charges. This results in a full adjustment to billed charges for individuals with no insurance or a full adjustment to billed charges for individuals with insurance with a remaining patient responsibility after insurance pays.
 - e. Financial assistance application forms will be considered up to 240 days after the first post discharge billing statement. A financial application will be considered valid up to six (6) months after the last date of application approval.
 - f. Income will be verified by using a personal financial statement or obtaining copies of the applicants most recent Form W-2, most recent Form 1040 bank statements or any other form of documentation supports reported income.
 - g. Documentation supporting income verification and available assets is to be maintained in patient files for future reference.
 - h. Hospital Care Assurance Program (HCAP)- Individuals at or below 100% FPL may be eligible for this State of Ohio program which will pay for emergent and medical necessary services.
3. Applying for Financial Assistance
- a. Basic Financial Assistance- Verbal disclosure and acknowledgement of household income by the individual is acceptable proof of eligibility for Basic Financial Assistance.
 - i. A propensity to pay third party scoring tool may be used to justify and document Basic Financial Assistance eligibility
 - b. Extended Financial Assistance- Completion of the KHN Financial Assistance Application Form is required. This includes providing all the supporting data required to verify

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eligibility and to verify income.

- i. Presumptive eligibility may be used to justify and document Extended Financial Assistance in the absence of a completed Financial Assistance Application Form in the following situations:
 1. Individual is homeless
 2. Individual is deceased with no known estate
 3. Individual is incarcerated
 4. Individual is currently eligible for Medicaid but not on the date of service
4. KHN Actions Taken During Financial Assistance Application Process
- a. No Financial Assistance Application Form Submitted- If no Financial Assistance Application Form has been submitted in a 120-day period following the date after the first post-discharge billing statement was sent to the individual and the deadline in the written notice has passed, KPN may initiate an extraordinary collection action (ECA).
 - b. Incomplete Financial Assistance Application Form Submitted- When an incomplete Financial Assistance Application is submitted during the 240-day period following the date on of the post-discharge billing statement (the application period), the KHN hospital must take the following actions:
 - i. Suspend ECA's
 - ii. Provide the individual with a written notice that describes the additional information and/or documentation required under the Financial Policy and Form.
 - iii. If the individual does not complete the Financial Assistance Application Form within in a reasonable time deadline, the hospital may initiate or resume ECA's.
 - c. Complete Financial Assistance Application Submitted- KHN must take the following actions:
 - i. Suspend any ECA's
 - ii. Suspend any collection activity during the time the KHN Financial Assistance Application Form is being processed.
 - iii. If the account is placed with a collection agency, the agency will be notified to suspend the collection efforts until determination is made
 - iv. Make and document determination of eligibility decision
 - v. Notify the individual on a timely basis of the eligibility determination.
 - vi. Provide the patient with a billing statement that indicates the balance after application of Financial Assistance.
 - vii. Refund any excess payments to the individual.
 - viii. Take reasonable action to reverse any ECA's taken against the individual.
5. Financial Assistance Policy, Financial Assistance Application Form and Plain Language Summary of the Financial Assistance Policy are transparent and available to the individuals served in English and Spanish languages. These are the languages appropriate for the KHN service area in compliance with the Language Assistance Services Act and are the primary

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languages of any populations with limited proficiency in English that constitute the less of 1000 individuals or 5% of the members of the community serviced by KHN facilities.

- a. Website: KHN hospital facilities will prominently and conspicuously post complete and current version of the following on their respective websites:
 - i. Financial Assistance Policy (FAP)
 - ii. Financial Assistance Application Form
 - iii. Plain Language Summary of the Financial Assistance Policy
 - iv. Contact information for KHN facility Financial Counselors
- b. Signage: KHN signage will be conspicuously displayed in public locations in KHN hospital facilities including all points of admission and registration areas including the Emergency Department, and include:
 - i. KHN website address when the Policy, Application Form and Plain Language Summary can be accessed.
 - ii. The telephone number and physical location where individuals can call or visit to obtain copies of the Policy, Application Form and Plain Language Summary or to obtain more information about the policy, form or process.
- c. In Person: Patient Access Representatives will offer patients the Financial Assistance application which will be used to determine eligibility for all assistance programs.

SPONSORING DEPT:	Network Revenue Cycle
DEPARTMENTS AFFECTED:	All KHN Hospital Departments
DATE OF ORIGIN:	10/3/17
LAST REVIEWED:	
LAST REVISED:	
REPLACES:	PF-KHN Patient Financial Assistance, PF-KHN Billing and Collection
APPROVED BY:	Executive Finance Council (EFG) (10/3/17) Network Leadership Group (10/17/17) Administrative Finance Council (10/17/17) KMCS Board of Directors (12/21/17) GVMC Board of Directors (12/4/17) FHH Board of Directors (11/9/17) GMH/SOIN Board of Directors (10/30/17)
EFFECTIVE DATE:	1/1/18

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