

PF-KHN

PATIENT FINANCIAL ASSISTANCE

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PURPOSE:

The purpose of this policy is to summarize the Kettering Health Network (KHN) financial assistance programs and processes for application. 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/Beavercreek Medical Center.

DEFINITIONS:

Amount Generally Billed (AGB): The amount generally billed to insured patients for emergent or medically necessary care.

Emergency Condition: A medical condition that without immediate attention places the health of the individual in serious jeopardy or causes serious impairment to bodily functions or serious dysfunction to a bodily organ.

Extraordinary Collections Activity (ECAs): Actions that require legal or judicial process (liens, foreclosures, garnishments), selling an individual's debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying medically necessary care due to nonpayment for prior care.

Family: A "family" includes 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" includes 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.

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): A hospital policy that considers income and family size to determine a discount for patients.

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.

Hospital Charity/Sliding Scale Discount: KHN's in-house discount program which is based on

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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 Behavioral Medicine, Kettering Physician Network and all Support Service Sites.

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family size and income. Covers all uninsured patients who are under 300% of the FPG, but don't qualify for government assistance. See Appendix A for discount rates.

Income: Income is defined as total 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.

Medically Necessary Care: Basic, medically necessary hospital-level services are those defined as all inpatient and outpatient services covered under the Medicaid program in Ohio Administrative Code Chapter 5101:3-2.

Public Assistance: Public assistance is defined as Medicaid/government assistance. KHN advises and assists patients to apply for Medicaid and other government assistance which may help them cover physician services, medications, and other services not covered by HCAP.

Self Pay Discount: Basic discount given to all uninsured patients over 301% of the FPG, or those who are not eligible for financial assistance

Special Appeal Program: KHN's limited catastrophic medical indigency program for true medical and financial hardships, and are a once in lifetime benefit.

Discount Method: KHN uses the prospective Medicare method described in section 4(b) (2) of the IRS and Treasury's 501r final rule to determine the AGB.

In this method, KHN discounts charges down to 100% of the Medicare Allowed to set our AGB rate. Additional financial assistance discounts may also apply as follows:

1. Less than 100% of the FPG are eligible for 100% discount under the HCAP program.
2. Patients who are at 101% to 300% of the FPG are eligible for additional financial assistance charity discounts ranging between -10% to -80% off of the AGB/ patient balance.
3. Patients above 301% of the FPG that do not qualify for financial assistance, will not be charged more than our self-pay rate which is 200% of Medicare allowed amount.
4. Other financial assistance may also be available by applying for our Special Appeal Program which are determined on a case-by-case basis.

POLICY:

The financial assistance policy provides guidelines for financial assistance to self-pay individual patients receiving emergency and other non-elective medically necessary care based on financial need. Patients who are uninsured or ineligible for public assistance may qualify for discounted or

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free care based on their individual financial situation.

This financial assistance policy also provides guidelines for amounts that may be charged to self-pay patients who receive medically necessary services that are not considered emergent or non-elective. Individuals without insurance will never be charged more than the Amount Generally Billed (AGB) to patients with insurance coverage, and KHN will never deny a patient for emergent or medically necessary care, regardless of their ability to pay.

Applying for Assistance:

Patient Access Representatives will offer patients an HCAP application which will be used to determine eligibility for all assistance programs. The application collects family size and income information. If a patient chooses to not fill out the application, they will only qualify for the Self Pay discount, not HCAP or Hospital Charity/Sliding Scale Discount.

The Patient Access Representative will use the current year Charity Discount Scale to determine the appropriate level of discount for which the patient is qualified.

Patients may also request an application from our Customer Call Center:
Mon-Fri 8am-4:30pm 937-384-8788 1-866-319-2981

Applications are also on the back of every billing statement and on the Financial Assistance website in English and Spanish. <http://www.ketteringhealth.org/financial/documents.cfm>

In addition to completing the application, individuals should be prepared to supply the following documentation:

1. Proof of income for applicant (and spouse if applicable) such as a pay stub, unemployment insurance payment stubs, or sufficient information on how patients are currently financially supporting themselves.
2. Bank Statements
3. Social Security Statement
4. Tax Return – Schedule C for self-employment income

KHN may also use external sources for qualifying patients for the Hospital Charity/Sliding Scale Discount when information is lacking, or the patient is not responsive in completing the application process. The external sources include, but are not limited to, information from a Medicaid enrollment form, information from another application on another date of service that is not expired etc. Likewise, KHN reserves the right to revoke the Hospital Charity/Sliding Scale Discount if information is received that disqualifies the patient from the program guidelines.

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KHN will attempt to proactively identify individuals who might qualify for financial assistance in the following ways:

1. Registration/Pre-registration process by distributing our Financial Assistance Brochure to every individual before discharge from the facility.
2. By partnering with other entities to assist in Medicaid enrollment.

Information about our Financial Assistance Program and our application process will appear on all billing statements.

KHN Financial Assistance is for hospital billing only: Kettering Medical Center, Sycamore Hospital, Grandview Hospital, Southview Hospital, Fort Hamilton Hughes Hospital, Greene Memorial Hospital, and Soin/Beavercreek Medical Center.

A list of non-covered providers is located on our website:
<http://www.ketteringhealth.org/patientpricing/pdf/PL.pdf>

Collection Process:

KHN will make all reasonable efforts to determine whether an individual is eligible for financial assistance under the Financial Assistance Program before it engages in Extraordinary Collections Activities (ECAs). KHN's complete Billing and Collections policy can be viewed on our Financial Assistance website: <http://www.ketteringhealth.org/financial/documents.cfm>.

Financial Assistance policies are available hard copy or online at our Financial Assistance website.

<http://www.ketteringhealth.org/financial/documents.cfm>

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SPONSORING DEPT:	Patient Financial Services
DEPARTMENTS AFFECTED:	All KHN Employees
DATE OF ORIGIN:	12/29/2015
LAST REVIEWED:	03/23/2016
LAST REVISED:	03/23/2016
REPLACES:	
APPROVED BY:	Billing Revenue Oversight Committee (12/15/15) Network Leadership Group (4/19/16) Administrative Finance Council (4/19/16)
EFFECTIVE DATE:	4/19/16

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Appendix A:

EFFECTIVE DATE: 1/01/16	
Uninsured/underinsured Patient Guidelines 2016	
Income Level (of FPG)	Charity Discount from AGB
0 - 100%	100% HCAP discount
101% - 122%	80%
123% - 144%	70%
145% - 166%	60%
167% - 188%	50%
189% - 210%	40%
211% - 232%	30%
233% - 254%	20%
255% - 276%	10%
277% - 300%	0% Patient only owes AGB

*301% and over - Patients above 301% of the FPG that do not qualify for financial assistance, will not be charged more than our self pay rate which is 200% of Medicare allowed amount.