

I. OBJECTIVE

Union Hospital’s policy is to provide Emergency Care and Medically Necessary Care on a non-profit basis to patients without regard to race, creed, or ability to pay. Patients who do not have the means to pay for services provided at Union Hospital may request financial assistance, which will be awarded subject to the terms and conditions set forth below. The eligibility criteria for financial assistance pursuant to this Policy are intended to ensure that Union Hospital will have the financial resources to provide care to patients who are in the greatest financial need.

No individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care.

II. POLICY

Patients with household incomes up to 100% of the current Federal Poverty Limit (FPL) are eligible under this policy for emergency and medically necessary services at no charge.

Patients with household incomes between 100% and 200% of the current FPL are eligible for a discount of up to 50% off charges discounted to the Amounts Generally Billed (AGB) to insured patients.

In no case will a patient found to be eligible under this policy be charged more than the amounts generally billed to those with insurance as described in this policy

Uninsured patients who do not qualify for free care (e.g. due to their household income) will receive a discount of 54% on gross charges for medically necessary services to ensure they do not pay more for care than insured individuals.

Not all physicians that provide emergency and medically necessary care (as defined in this Policy) at Union Hospital are covered by this Policy. A list of physicians that are covered under this Policy and a list of physicians that are excluded from this policy is maintained on the Union Hospital’s website at the following URL: <http://www.unionhospital.org/downloads/financial-assistance/Physicians-are-covered.pdf>

If a patient has received emergency and medically necessary care that is not covered by this Policy, that patient should contact the office of the physician that provided the care to determine whether that physician’s office provides financial assistance to patients under their policy.

III. DEFINITIONS

The following terms are meant to be interpreted as follows in this policy:

1. **Medically Necessary Care:** Hospital services or care rendered, both inpatient and outpatient, to a patient in order to diagnose, alleviate, correct, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity of malfunction, and threaten to cause or aggravate a handicap, or result in overall illness.
2. **Emergency Care or Emergency Treatment:** shall mean the care or treatment for an Emergency Medical Condition, as defined by EMTALA
3. **EMTALA:** The Emergency Medical Treatment and Active Labor Act (42 U.S.C 1395dd). Policy F 5
4. **FPG/FPL:** shall mean the Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Health Services and in effect at the date of service for awards of financial assistance under this policy.
5. **Uninsured:** Patients with no insurance or third-party assistance/payer to help resolve their financial liability to healthcare providers.
6. **HCAP:** Ohio’s Hospital Care Assurance Program. HCAP is Ohio’s version of the federally required Disproportionate Share Hospital Program. HCAP compensates hospitals that provide a disproportionate share of basic medically necessary hospital-level services to qualified patients. Policy H 1
7. **Annual Family Income:** includes wages and salaries and non-wage income including alimony and child support; social security, unemployment, and workers compensation benefits; and pension, interest or rental income of the Family.
8. **Sliding Fee:** Patients with household incomes between 100% and 200% of the current FPL are eligible for a sliding scale discount off charges already discounted to the Amounts Generally Billed patients with insurance. The sliding scale is presented below:

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Sliding Fee Scale based on Family Size and Income Calculation of 200% of FPGL 2018							
	Family Size	Patient Share 20%		Patient Share 25%		Patient Share 30%	
		Income Range		Income Range		Income Range	
	1	\$12,140	\$16,996	\$16,997	\$18,211	\$18,212	\$19,426
	2	16,460	23,044	23,045	24,691	24,692	26,338
	3	20,780	29,092	29,093	31,171	31,172	33,250
	4	25,100	35,140	35,141	37,651	37,652	40,162
	5	29,420	41,188	41,189	44,131	44,132	47,074
	6	33,740	47,236	47,237	50,611	50,612	53,986
	7	38,060	53,284	53,285	57,091	57,092	60,898
	8	42,380	59,332	59,333	63,571	63,572	67,810
	For each additional family member add	4,320	6,048	6,048	6,480	6,480	6,912
	Patient share of AGB		20%		25%		30%
	Maximum discount off of AGB		80%		75%		70%

	Family Size	Patient Share 35%		Patient Share 40%		Patient Share 50%	
		Income Range		Income Range		Income Range	
	1	\$19,427	\$20,641	\$20,642	\$21,856	\$21,857	\$24,285
	2	26,339	27,985	27,986	29,632	29,633	32,925
	3	33,251	35,329	35,330	37,408	37,409	41,565
	4	40,163	42,673	42,674	45,184	45,185	50,205
	5	47,075	50,017	50,018	52,960	52,961	58,845
	6	53,987	57,361	57,362	60,736	60,737	67,485
	7	60,899	64,705	64,706	68,512	68,513	76,125
	8	67,811	72,049	72,050	76,288	76,289	84,765
	For each additional family member add	6,912	7,344	7,344	7,776	7,776	8,640
	Patient share of AGB		35%		40%		50%
	Maximum discount off of AGB		65%		60%		50%

9. Amounts Generally Billed: The amounts generally billed (“AGB”) for emergency or other medically necessary services to individuals eligible for financial assistance under this Policy. Union Hospital calculates the AGB for a patient using the “look-back” method as defined in the Federal Income Tax Regulations. This method is used to calculate the total amount that patients and their insurance carriers allowed for certain medical services during the previous 12 months and divide that by the total gross charges for those services. The resulting percentage (the “AGB Percentage”) becomes the discount off gross charges that uninsured patients who don’t qualify for free care receive. In following this method, Union Hospital used medical claims data from the past year to determine what portion of gross



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charges are typically allowed (by the payer and the covered individual) for claims for emergency and medically necessary care where the primary payer was Medicare fee-for-service or a private commercial insurer.

10. **Extraordinary Collection Actions:** Extraordinary Collection Actions means a collection action requiring a legal or judicial process, involving selling debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual’s nonpayment of one or more bills for previously provided care covered under this Policy. The actions that require legal or judicial process for this purpose include 1) placing a lien; 2) foreclosing on real property; 3) attaching or seizing of bank accounts or other personal property; 4) commencing a civil action against an individual; 5) taking actions that cause an individual’s arrest; 6) taking actions that cause an individual to be subject to body attachment; and 7) garnishing wages.

IV. PROCEDURES

(A) Eligibility

Union Hospital will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients. Services eligible for financial assistance include emergency or First Care, services deemed medically necessary by Union Hospital, and in general, care that is non-elective and needed to prevent death or adverse effects to the patient’s health. Patients who are uninsured and have a household income below the Federal Poverty Level (shown in the table below) will receive free care.

Federal Poverty Level Guidelines	
# Individuals in Family	Annual Income
1	\$12,140.00
2	\$16,460.00
3	\$20,780.00
4	\$25,100.00
5	\$29,420.00
6	\$33,740.00
7	\$38,060.00
8	\$42,380.00

Patients with household incomes between 100% and 200% of the current FPL are eligible for a discount of up to 50% off charges discounted to the Amounts Generally Billed (AGB) to insured patients.

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Uninsured patients who do not meet these income requirements will receive a discount of the AGB Percentage for the year in which the care was provided on gross charges for medically necessary and emergency care that they receive. The AGB Percentage for the year 2018 is 54 percent.

Determinations for eligibility for free care will require patients to submit a complete financial assistance application (including all documentation required by the application) and may require appointments or discussion with hospital financial counselors. The financial assistance application can be retrieved from the following URL:

<http://www.unionhospital.org/downloads/financial-assistance/Hospital-Care-Assurance-Program-Application.pdf>

A patient has up to two hundred forty (240) days following the date of the first post-discharge statement in which to submit an application for financial assistance.

When determining patient eligibility, Union Hospital does not take into account race, gender, age, sexual orientation, religious affiliation, social or immigrant status, or age of the patient's account.

(B) Determining Discount Amount

Union Hospital will provide uninsured patients who don't qualify for free care a discount on gross charges for medically necessary or emergency care equal to the AGB Percentage for that given year, reducing the amounts they owe to that of which a patient's insurance typically pays.

Union Hospital re-calculates this discount percentage each year.

To calculate this discount, Union Hospital uses the "look-back" method. This method is used to calculate the total amount that patients and their insurance carriers allowed for certain medical services during the previous 12 months and divide that by the total gross charges for those services. The resulting percentage becomes the discount that uninsured patients receive.

In following this method, Union Hospital used medical claims data from the past year to determine what portion of gross charges are typically allowed (by the payer and the covered individual) for claims for emergency and medically necessary care where the primary payer was Medicare fee-for-service or a private commercial insurer.

(C) Applying for Financial Assistance

To apply for financial assistance, patients must submit a complete application (including supporting documents) to 659 Boulevard Dover, OH 44622, either in person or by mail.

Applications can be accessed:

- At the facility cashier window in main lobby
- By mail, if individuals make request by phone call (330) 364-0842 or by mail send to 659 Boulevard Dover, OH 44622
- Online at www.unionhospital.org

Eligible patients may qualify for the Financial Assistance by following application instructions and making every reasonable effort to provide the hospital with the requested documentation and must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and Medicaid, such that Union Hospital may make a determination of the patient's qualification for coverage under the program.

In determining eligibility for financial assistance, Union Hospital will not request any additional information other than the information requested in the financial assistance application and set forth below. A patient seeking financial assistance, however, may voluntarily provide additional information if they so choose. Union Hospital must complete a process of applicant evaluation and determine coverage before any financial assistance discount may be granted.

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

- Bank statements
- Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently supporting themselves
- Copy of most recent tax return
- Payment history of any outstanding accounts for prior hospital services
- In some cases, information on available assets or other financial resources

In addition to the above documentation, Union Hospital uses a flexible evaluation platform that utilizes multiple demographic, behavioral and financial variables to perform a comprehensive financial review and determine financial assistance and discount eligibility in lieu of patient-provided data. Several data sources are used including historical data, census data, and credit report data. Results are delivered in a timely, efficient manner, enabling the hospital to extend appropriate discounts and maintain documentation for auditing. There is no credit report impact. Using such technology allows Union Hospital to review as many patients as possible for financial assistance, in keeping with the Affordable Care Act.

For assistance with completing Union Hospital's financial assistance application, you can contact our financial counselor, who would be happy to help or answer any questions that you have:

Financial Specialist (330) 343-3311 Ext. 2127

(D) Actions in the Event of Non-Payment

Union Hospital will make certain efforts to provide uninsured patients with information about our financial assistance policy and payment options.

Union Hospital will provide a series of 4 statements sent approximately every 28-30 days. The 4th statement will indicate the actions that will be taken in the event of non-payment or failure to set up a formal payment arrangement. At the end of the 4th statement cycle, if still no formal payment arrangement or payment in full is made, Union Hospital will place the account with a Collection Agency. Each written statement sent to a patient will contain a conspicuous written notice of the existence of the financial assistance policy.

If a patient does not apply for financial assistance or is denied financial assistance and fails to pay their bill, the patient may be subject to various collection actions, including Extraordinary Collection Actions. Notwithstanding the foregoing, neither Union Hospital nor any collection agency with which it contracts shall engage in any Extraordinary Collection Actions: (1) within the first one hundred fifty (150) days of the first post-discharge statement sent to a patient, and (2) without first making reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy. The determination of whether reasonable efforts have been made by Union Hospital shall be the responsibility of Patient Financial Service Department.

In addition, and even if the above two conditions are satisfied, no Extraordinary Collection Actions may be taken at any time unless written notice is first provided to the patient at least thirty (30) days in advance of initiating the intended action, and such notice clearly sets forth the Extraordinary Collection Action that will be taken in the event of nonpayment and also includes a copy of the Plain Language Summary of the Policy. If the patient applies for financial assistance, any Extraordinary Collection Actions that may be in process will be suspended immediately pending the decision on the patient's application.

Collection Agency activity can involve credit reporting, legal judgments, garnishment of bank account or wages, and liens against personal property.

For more information on the steps Union Hospital will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue. You can request a free copy of this policy at our facility at 659 Boulevard Dover, OH 44622, request a free copy by calling us at (330) 364-0847, or access it free online at www.unionhospital.org



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(E) Communication of Financial Assistance

Union Hospital shall make translations of this Policy, the Plain Language Summary, and the financial assistance application available in English and any other language that is the primary language of the lesser of 1,000 individuals or 5% of the population of the communities served by Union Hospital. These documents are available free of charges at our facility (including the emergency room and admission areas), by mail, and online. In addition, all patients will be offered a copy of the Plain Language Summary during the patient intake or discharge process.

- To access any of these documents at the facility, please see the Patient Financial Services Department Cashier Window, 659 Boulevard Dover, OH 44622
- To have a hard copy of any of these documents mailed to you, please call (330) 364-0842
- These documents can be accessed online at www.unionhospital.org:
 - Financial assistance policy
 - Summary of financial assistance policy (plain language)
 - Financial assistance application

Union Hospital communicates the availability of financial assistance through means which include:

- Posting signs within waiting rooms, registration desks, as well as emergency rooms, First Care, and cashier window
- Brochures are located in registration areas in the emergency department, First Care, outpatient areas, and inpatient areas. As well as the website.
- Ensuring free copies of financial assistance
- Providing information about the policy and how to apply during verbal communication about the patient’s bill via phone calls

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should be directed to the Patient Financial Services Department at (330) 364-0847

<i>Formulation Date:</i>	<i>January 2011</i>	<i>Responsible Department:</i>	Patient Accounting
<i>Revised Date(s):</i>	<i>4/11, 4/12, 6/14, 12/15, 9/17, 11/17, 3/18</i>	<i>Approved By:</i>	Policy & Procedure Committee
<i>Reviewed Date(s):</i>		<i>NIAHO Standard:</i>	