



FINANCIAL ASSISTANCE

**I. OBJECTIVE**

Consistent with its mission to provide high-quality health and wellness services for the community, Union Hospital is committed to providing free or reduced care to uninsured individuals who are in need of emergency or medically necessary treatment and have a household income at or below the then current 300% Federal Poverty Level (FPL) Guidelines.

The intent of this Financial Assistance Policy (the “Policy”) is to satisfy the requirements of Section 501(r) of the Internal Revenue Code, and all provisions should be interpreted accordingly. Notwithstanding anything else in this Policy, 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**

Free or reduced care is provided only when care is deemed medically necessary and after uninsured patients have been found to meet all financial criteria.

Uninsured patients may be requested to apply for other means of payment or financial assistance. (e.g., Medicaid, other local funding programs) BEFORE approval for charity care.

Uninsured patients who do not qualify for free care (e.g. due to their household income) will receive a discount of 49% on gross charges for medically necessary services to ensure they do not pay more for care than insured individuals. These patients are expected to pay their remaining balance for care and may work with financial counselors to set up a payment plan based on their financial situation. An additional sliding fee discount may be applicable if patient qualifies.

Uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to ensure healthcare accessibility and overall well-being.

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. **Charity Care:** Healthcare services provided which are not expected to result in cash inflows; medically necessary services rendered without expected payment to individuals meeting established criteria.

## FINANCIAL ASSISTANCE

2. **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 or malfunction, and threaten to cause or aggravate a handicap, or result in overall illness.
3. **Emergency Care or Emergency Treatment:** shall mean the care or treatment for an Emergency Medical Condition, as defined by EMTALA
4. **EMTALA:** The Emergency Medical Treatment and Active Labor Act (42 U.S.C 1395dd). Policy F 5
5. **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.
6. **Urgent Care (First Care):** Services necessary to avoid the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12 hours.
7. **Uninsured:** Patients with no insurance or third-party assistance/payer to help resolve their financial liability to healthcare providers.
8. **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
9. **Income:** Means total (gross) salaries, wages, and cash receipts before taxes; receipts that reflect reasonable deductions for business expenses shall be counted for farm and non-farm self-employment.
10. **Sliding Fee:** Patients without insurance who do not meet criteria for free care may be eligible for a sliding fee discount of their hospital charges based on income and household size. Sliding fee discount may be applied in addition to the AGB for uninsured patients.



FINANCIAL ASSISTANCE

Sliding Fee Scale based on Family Size and Income									
Calculation of 300% of FPGL									
2017									
Family Size	Patient Share 20.00%		Patient Share 25.00%		Patient Share 30.00%		Patient Share 35.00%		
	Income Range		Income Range		Income Range		Income Range		
1	\$ 12,060.00	\$ 16,884.00	\$ 16,885.00	\$ 18,091.00	\$ 18,092.00	\$ 19,298.00	\$ 19,299.00	\$ 20,505.00	
2	\$ 16,240.00	\$ 22,736.00	\$ 22,737.00	\$ 24,361.00	\$ 24,362.00	\$ 25,986.00	\$ 25,987.00	\$ 27,611.00	
3	\$ 20,420.00	\$ 28,588.00	\$ 28,589.00	\$ 30,631.00	\$ 30,632.00	\$ 32,674.00	\$ 32,675.00	\$ 34,717.00	
4	\$ 24,600.00	\$ 34,440.00	\$ 34,441.00	\$ 36,901.00	\$ 36,902.00	\$ 39,362.00	\$ 39,363.00	\$ 41,823.00	
5	\$ 28,780.00	\$ 40,292.00	\$ 40,293.00	\$ 43,171.00	\$ 43,172.00	\$ 46,050.00	\$ 46,051.00	\$ 48,929.00	
6	\$ 32,960.00	\$ 46,144.00	\$ 46,145.00	\$ 49,441.00	\$ 49,442.00	\$ 52,738.00	\$ 52,739.00	\$ 56,035.00	
7	\$ 37,140.00	\$ 51,996.00	\$ 51,997.00	\$ 55,711.00	\$ 55,712.00	\$ 59,426.00	\$ 59,427.00	\$ 63,141.00	
8	\$ 41,320.00	\$ 57,848.00	\$ 57,849.00	\$ 61,981.00	\$ 61,982.00	\$ 66,114.00	\$ 66,115.00	\$ 70,247.00	
For each additional family member add:	\$ 4,180.00	\$ 5,852.00	\$ 5,852.00	\$ 6,270.00	\$ 6,270.00	\$ 6,688.00	\$ 6,688.00	\$ 7,106.00	
Patient Share of Gross Charges	20.00%		25.00%		30.00%		35.00%		
Max Discount off of Gross Charges	80.00%		75.00%		70.00%		65.00%		

  

Family Size	Patient Share 40.00%		Patient Share 50.00%	
	Income Range		Income Range	
1	\$ 20,506.00	\$ 21,712.00	\$ 21,713.00	\$ 24,125.00
2	\$ 27,612.00	\$ 29,236.00	\$ 29,237.00	\$ 32,485.00
3	\$ 34,718.00	\$ 36,760.00	\$ 36,761.00	\$ 40,845.00
4	\$ 41,824.00	\$ 44,284.00	\$ 44,285.00	\$ 49,205.00
5	\$ 48,930.00	\$ 51,808.00	\$ 51,809.00	\$ 57,565.00
6	\$ 56,036.00	\$ 59,332.00	\$ 59,333.00	\$ 65,925.00
7	\$ 63,142.00	\$ 66,856.00	\$ 66,857.00	\$ 74,285.00
8	\$ 70,248.00	\$ 74,380.00	\$ 74,381.00	\$ 82,645.00
For each additional family member add:	\$ 7,106.00	\$ 7,524.00	\$ 7,524.00	\$ 8,360.00
Patient Share of Gross Charges	40.00%		50.00%	
Max Discount off of Gross Charges	60.00%		50.00%	

**11. 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 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.

**12. 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



FINANCIAL ASSISTANCE

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) may receive free care.

Federal Poverty Level Guidelines	
# Individuals in Family	Annual Income
1	\$12,060.00
2	\$16,240.00
3	\$20,420.00
4	\$24,600.00
5	\$28,780.00
6	\$32,960.00
7	\$37,140.00
8	\$41,320.00

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 2017 is 49 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>



## FINANCIAL ASSISTANCE

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](http://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. Eligibility alone is not an entitlement to coverage under this Policy. Union Hospital must complete a process of applicant evaluation and determine coverage before any financial assistance discount may be granted.



FINANCIAL ASSISTANCE

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 4<sup>th</sup> 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 4<sup>th</sup> statement cycle, if still no formal payment arrangement or payment in full, 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



FINANCIAL ASSISTANCE

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](http://www.unionhospital.org)

**(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; please use the following web addresses:
  - [www.unionhospital.org](http://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



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, 9/22/17, 11/20/17</i>	<i>Approved By:</i>	Policy & Procedure Committee
<i>Reviewed Date(s):</i>		<i>NIAHO Standard:</i>	