

**Subject: HealthCare Financial Assistance Policy**

**Purpose:** To establish guidelines for financial assistance responsive to the needs of the community, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.

- Scope:**
- Manager Finance & Business Office
  - Administrative Director (AD)
  - Chief Nursing Officer (CNO)
  - Designated staff

**Definition:** **Uninsured** is defined as, “those without commercial or private insurance coverage, Medicare or Medicaid; including those whose benefits have exhausted.”  
**AGB** – Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.  
**FPG** – U.S. Department of Health & Human Services Federal Poverty Guidelines.  
**HCAP** – Ohio Hospital Care Assurance Program.  
**HFA** – Healthcare Financial Assistance.  
**PFS** – Patient Financial Services Department.  
**SNF** – Skilled Nursing Facility.

- Policy:**
1. Healthcare Financial Assistance (“HFA”) is a program that covers patients without health insurance and those with only partial insurance coverage (i.e. the uninsured and underinsured) who meet the income and other eligibility criteria described herein
  2. HFA policy applies to all emergency and other medically necessary care provided by IOS.
  3. HFA policy does not apply to certain other providers delivering emergency or other medically necessary care in IOS facilities. The list of providers is maintained in a separate document and online. Members of the public may readily obtain it free of charge via the contact list at the end of this policy.

**Procedure: HFA Eligibility Criteria:**

- **Income**
  - To apply for HFA, a patient or family member must complete an application including gross income for a minimum of 3 months (up to 12 months) prior to the date of application or date of service. Proof of income is required with the exceptions of patients discharged to a SNF, patients who are deceased with no estate, and patients who have documented homelessness.
  - Third party income scoring may be used to verify income in situations where income verification is unable to be obtained through other methods.
- **Assets**
  - There are situations where individuals may not have reported income but have significant assets available to pay for healthcare services. In these situations, IOS may evaluate these assets as cash available to meet essential living expenses, which includes healthcare expenses.
- **Health Savings Accounts**

- IOS requires proof that Health Savings Account and/or Medical Savings Account funds be depleted prior to providing healthcare financial assistance.

- **Federal Poverty Guidelines**

- HFA eligibility is based upon expanded income levels of up to 200% of FPG. Approval is based upon the number of family members and family income.
- If a dependent is disabled and over the age of eighteen, he/she will be included in family size.
- The FPGs in effect on the date of service are in effect for the application process. They are issued each year in the *Federal Register* by the **Department of Health and Human Services (HHS)**. The current and historical FPGs are available at <http://aspe.hhs.gov/poverty/index.cfm>.
- Individuals with an income level at 200% FPG or below receive 100% discount on healthcare services.

- **Health Insurance Marketplace (Exchange) Participation**

- If a patient has elected not to purchase health insurance coverage or enter the marketplace/exchange, financial assistance may not be extended until they do so. Exceptions to this policy include patients discharged to a SNF, patients who are deceased with no estate, and patients who have documented homelessness.
- The patient will be considered self-pay and receive the self-pay discount in accordance with CR-127 *Payment Policy for Uninsured Patients*, be offered a payment plan, etc. Healthcare financial assistance may be offered once the patient meets the requirement for insurance.

- **Geographic Area**

- Patients who live in the community served by IOS (Allen county and counties contiguous to Allen county) will be offered healthcare financial assistance. For those patients living outside of the geographic area, extenuating circumstances must be documented and approved by the Administrative Director.

- **Deductibles**

- For patients who don't qualify for HFA and have self-pay balances after insurance, balances attributed to the patients' deductible will require payment.
- Upon receipt of the signed application, the information will be reviewed, income verified, and an eligibility determination will be made. The patient will be notified in writing of the determination.

- **Presumptive Eligibility**

- Patients are presumed to be eligible for financial assistance on the basis of individual life circumstances including but not limited to
  - Patient discharged to a SNF
  - Patient is deceased with no known estate.
  - State-funded prescription programs;
  - Homeless or received care from a homeless clinic;

- Participation in Women, Infants and Children programs (WIC);
  - Food stamp eligibility;
  - Subsidized school lunch program eligibility;
  - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down); and
  - Low income/subsidized housing is provided as a valid address.
- Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
- IOS shall utilize available resources (e.g. technology solutions, service organizations, etc.) to obtain such information as credit score in order to assist in determining whether a patient is presumed eligible for financial assistance
- **Cooperation**
  - Patients/guarantors shall cooperate in supplying all third party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
  - While the application is being processed, IOS will request that patients who may be Medicaid-eligible apply for Medicaid. In order to receive healthcare financial assistance, the patient must apply for Medicaid and be denied for any reason other than the following:
    - Did not apply;
    - Did not follow through with the application process;
    - Did not provide requested verifications.
- **Accuracy of Application**
  - Financial assistance may be denied under this HFA policy if there is reasonable suspicion of the accuracy of an application. If the patient/guarantor supplies the needed documentation and/or information requested to clarify the application, the financial assistance request may be reconsidered. Reconsideration will be reviewed and handled on a case-by-case basis.

#### **Application Process for HFA:**

- Application forms are made available in Pre-Admission and Admission / Registration sites to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting IOS via the contact list at the end of this policy.
- IOS may accept verbal clarifications of income, family size or any information that may be unclear on an application.
- Inpatients will be required to complete an application for each admission unless the patient is readmitted within 45 days of discharge for the same underlying condition.
- Approved outpatient applications are effective for 90 days from initial date of service.
- An inpatient application can also be used to cover outpatient services for the patient in the 90-day period immediately following the first day of the inpatient admission.

**Financial Assistance for Catastrophic Situations:**

- Financial assistance for a catastrophic situation is available under this policy.
- Catastrophic financial assistance is defined as a patient that has medical or hospital bills after payment by all third parties that exceed 25% of the patient's total reported income and the patient is unable to pay the remaining bill.

**Basis for Calculating Amounts Charged to Patients:**

- Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. IOS will set the AGB for, those patients who qualify for the Financial Assistance Program, at the amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance and deductibles).
- IOS does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.
- Uninsured patients are required to make a down payment that will not exceed AGB as defined above.

**Actions Taken in the Event of Nonpayment:**

- The actions that IOS may take in the event of nonpayment are described in Policy CR-109, Billing and Payment: General Statements. Members of the public may obtain a free copy of this separate policy by contacting IOS via the contact list at the end of this policy.

**Measures to Widely Publicize the HFA Policy:**

- IOS makes this HFA policy, application form, and plain language summary of the policy widely available on its website, and implements additional measures to widely publicize the policy in the communities served.
- IOS also accommodates all significant populations that have limited English proficiency by translating this HFA policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

***Notice to Ohio Residents—Ohio Hospital Care Assurance Program (HCAP):*** IOS provides, without charge to the individual, basic, medically necessary hospital-level services to individuals who are residents of Ohio, are not Medicaid recipients, and whose income is at or below the federal poverty line. Covered services are inpatient and outpatient services covered under the Ohio Medicaid Program, with the exception of transplantation services and services associated with transplantation. Recipients of Disability Financial Assistance qualify for assistance. Ohio residency is established by a person who is living in Ohio voluntarily and who is not receiving public assistance in another state. Requests for financial assistance for Ohio residents are processed for HCAP first, and then are otherwise subject to the provisions of this HFA policy.

Institute For Orthopaedic Surgery (IOS)	Policy and Procedure Manual
<b>Subject: Healthcare Financial Assistance Policy</b>	

**Correspondence concerning IOS HFA policies should be sent to the following:**

Institute for Orthopaedic Surgery  
 Attn: Billing Department  
 801 Medical Drive  
 Lima, Ohio 45804

**Questions concerning IOS HFA policies should be directed to:** (567) 940-3263

**Additional information is available at:** [www.ioshospital.com](http://www.ioshospital.com) / Hospital Billing & Financial Assistance.

<b>Reviewed and Approved By</b> Hospital Administration	<b>Issued:</b> 12/2015	<b>Reviewed/revised</b>	<b>Manual:</b> Corp Resp.	<b>Policy #:</b> CR-	<b>Page 5 of 5</b>
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