

Fulton County Health Center

Financial Assistance

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Purpose: To ensure that Fulton County Health Center meets its community obligations to provide financial assistance in a fair, consistent and objective manner.

I. Policy

A. It is both the philosophy and practice of Fulton County Health Center that all emergency and medically necessary healthcare services (*See attachment C*) should be available to all individuals, without discrimination, regardless of their ability to pay or regardless of their eligibility under this Financial Assistance Policy. This is consistent with the Medical Screening Process in the Emergency Department. See Policy attached, "*Medical Screening in the Emergency Department*". FCHC assists persons with financial need by waiving all or part of the charges for services provided.

II. Procedures

A. Eligibility Criteria

1. Financial Counselors and Cashier/Collections personnel are available to help patients identify financial options or assistance programs.
2. Financial Assistance is generally secondary to all other financial resources available to the patient, including insurance, government programs, third-party payers and HCAP. See policy titled, "*HCAP Screening*".
3. Full financial assistance usually will be provided for emergency and medically necessary services to patients with gross family income at or below 200% of Federal Poverty Guidelines
4. A sliding-fee scale (*See attachment A*) will be used to determine financial assistance discounts when gross family income is above 200% and up to 400% of Federal Poverty Guidelines.
5. The Determination of Eligibility letter (*See attachment B*) will be mailed to the responsible party. Reasonable payment arrangements consistent with the responsible party's ability to pay will be extended for amounts owed
6. Fulton County Health Center strives to make all reasonable efforts to inform patients of their potential eligibility under this Financial Assistance policy by posting signs in the Emergency Department, all registration areas, notices on our billing statements and information published in our quarterly community newsletter, "Health Centering".

B. Eligibility Determinations

1. The provision of healthcare should never be delayed pending an assistance determination.
2. Income based financial assistance is available for self pay and insured patients.
3. Requests for financial assistance may be made at any point before, during or after services are provided. However, there is a time limit to request financial assistance of three years from the date of the first billing statement for HCAP and one year from the date of the first billing statement for Hospital Charity Care.
4. Consideration for Hospital Charity Care will be limited to those patients who reside in Ohio and the counties of Lenawee and Monroe in Michigan. Exceptions may be granted on a case by case basis.
5. Financial assistance may be requested by sources other than the patient, such as the patient's physician, family members, community or religious groups, social services, or hospital personnel.
6. If you receive payment directly from your insurance company, you will need to provide the Explanation of Benefits received with this payment and remit the entire payment to Fulton County Health Center before financial assistance will be considered.
7. Any patient with a Health Spending Account or Flexible Spending Account eligible for an Administrative Charity Care discount will be asked to deplete their HSA/FSA account before being setup on a payment plan. The administrative charity care discount will be calculated before any payment from an HSA/FSA has been made.
8. Consideration for financial assistance will occur once the applicant supplies a completed Financial Assistance Application to the Cashier/Collections Department.
9. FCHC will make every attempt to finalize assistance determinations within 15 days of receiving a completed Financial Assistance Application.
10. Consideration for assistance includes a review of the patient/guarantor's annual family income, number of people in the home, existing debt, assets on hand, and other indicators of the guarantor's ability to pay. NOTE: These are guidelines; each individual situation will be reviewed independently. Allowances may be made for extenuating circumstances.

11. Verification of income may be requested at the department's discretion. Types of verification of income may include: tax returns, paycheck stubs, W2 statement, bank statements, and medical invoices.
12. Financial Assistance applications may be returned or denied for missing information. FCHC staff will attempt to reach the patient, either by phone or mail, to help educate the patient on what is missing or additional information that is needed and how to resubmit the application for consideration.
13. Financial Assistance will not be considered without a completed Financial Assistance Application unless sufficient information can be obtained that allows for a final determination.
14. In extenuating circumstances, where it can be documented that a financial hardship exists, Fulton County Health Center may offer financial assistance at its own determination. See policy entitled: "*Patient Financial Hardship*".
15. All applications and supporting documentation will be retained with the patient account.
16. At no point will anyone's eligibility under this policy affect their ability to receive medical care at Fulton County Health Center.

C. Method for Applying for Financial Assistance

1. Financial Assistance applications, this policy and a plain language summary of this policy are available to all patients, free of charge and upon request, in the emergency department, all registration areas and in the Cashiers Office. Copies are also available on our website www.fultoncountyhealthcenter.org or by calling 419-330-2669 option 2.
2. All completed applications should be returned to the Cashiers Office in the hospital located at 725 S Shoop Ave, Wauseon, OH 43567 or can be mailed to the Cashiers Office attention at the same address.
3. Staff is available to help complete or assistance in the completion of the application in the Cashiers Office. This can be done in person or over the phone. Staff can be reached at 419-330-2669 option 2.

D. Payments

1. Hospital Administrative Charity Care will not include a discount of any Co-Pay for Physician Services or Emergency Room as defined by the insurance company of the patient. Any Co-Pay not discounted for this purpose must be paid at the time of service or at the time the billing statement is received.
2. Patient payments that exceed amounts due following discounts may be refunded or transferred to any other open or pending account.

3. No refunds will be issued on previous accounts that are paid in full
4. No refunds will be issued on previous accounts that are on a payment plan for which payments has been posted.

E. Appeals

1. The patient/guarantor may appeal a financial assistance determination by providing additional information, such as income verification or an explanation of extenuating circumstances, to the Cashier/Collections Department Coordinator within 30 days of receiving notification. All appeals will be reviewed and the responsible party will be notified of the outcome. Collection follow-up on accounts will be pended during the appeal process.

F. Basis for Calculating the Amounts Charged to Patients

1. The amount that a patient is expected to pay and the amount of financial assistance offered depends on the patient's insurance coverage and income and assets as set forth in the eligibility section of this Policy. The Federal Income Poverty Guidelines will be used in determining the amount of the write off and the amount charged to patients, if any, after an adjustment. Amounts charged for emergency and medically necessary medical services to patients eligible for Financial Assistance will not be more than the amount generally billed to individuals with Medicare in conjunction with commercial insurance carriers covering such care. The calculation for determining the amount generally billed will be done using a look back method to calculate the amount generally received from both Medicare and Commercial insurance for similar services. For the current year, this amount will not exceed 55% of total gross charges per date of service. At no point will anyone eligible under this policy be charged the full gross charges per date of service.

G. Collection Activity

1. Fulton County Health Center will provide each guarantor a minimum of 4 patient statements over a period not to be any less than 120 days from the date of the first post discharge bill. During this 120 day period, phone calls may be made to the patient in an effort to resolve any outstanding balances. At any point during this 120 day period, a patient may request a Financial Assistance application. Once that request has been made, the collection process will be put on hold until a determination can be made regarding the patient's qualification for Financial Assistance. The patient has 120 days to complete the Financial Assistance application before collection activity would resume. If the patient fails to meet the eligibility requirements for Financial Assistance, the collection activity will resume. All patients will have a minimum of 365 days from the date of the first post-discharge bill to apply for Financial Assistance.

2. FCHC will not engage in extraordinary collection actions before it makes a reasonable effort, not to be less than 120 days from the date of the first bill, to determine whether a patient is eligible for financial assistance under this Policy. If a collection agency identifies a patient as meeting Fulton County Health Center's financial assistance eligibility criteria, the patient's account may be considered for financial assistance. Collection activity will be suspended on these accounts and Fulton County Health Center will review the financial assistance application. If the entire account balance is adjusted, the account will be returned to Fulton County Health Center. If a partial adjustment occurs, the account will be adjusted on a case by case basis and collection will continue on the remaining balance(s). If the patient fails to cooperate with the financial assistance process, or if the patient is not eligible for financial assistance, collection activity will resume.

3. Potential extraordinary collection actions that are permitted under this policy include placement with a third party collection agency, credit agency reporting, litigation, and wage garnishment.

H. Providers Covered and Not Covered by Financial Assistance Policy

1. Patients requesting assistance must live within the borders of the Hospital Service Area to receive Hospital Charity Care.

2. This policy will be applicable to all Fulton County Health Center locations. In addition, the policy also applies to services provided by FCHC Medical Care, Fulton County OB/GYN, Delta Medical Center, Fayette Medical Center, West Ohio Family Physicians, West Ohio Orthopedics and West Ohio Pediatrics. Other providers who perform services at Fulton County Health Center but are not covered under this policy include Pathology (Dr. Paneda), Radiology (Dr. Pole), Emergency Room Physicians (HLES), Anesthesia (NAP), and Wound Care (Dr. Nazzal).

I. Elective or Non-Emergency Services

1. For patients with elective or non-emergency services, the guidelines provided in this policy will be used as a template for determining assistance qualification on a case by case basis. Those services not described as Medically Necessary Healthcare services will be considered Elective or Non-Emergency services. This determination will be made at the sole discretion of Fulton County Health Center and their determination of Financial Assistance needed.

2. Potential excluded services include, but are not limited to:

- a. Cosmetic surgery not considered medically necessary
- b. Elective Orthopedic surgeries and all related procedures
- c. Bariatric surgeries and all related services
- d. Reproduction-related procedures (such as in-vitro fertilizations, vasectomies, etc.)
- e. Acupuncture

- f. Patient accounts or services received by a patient who is involved in pending litigation that relates to or may result in a generation of recovery based on charges for services performed at FCHC
- g. Other non-covered services such as laser eye surgery, hearing aids, etc.

J. Non-English Speaking Population(s)

1. This policy and all supporting documents will be available to those individuals who do not speak English based on the 5% of population or 1000 persons as it is described in the IRS 501(r) regulations. Based on 2013 Census Bureau information, Spanish is the only language that meets this threshold. Spanish versions are available at the Emergency Department, all registration areas, the Cashiers Office and on our website at www.fultoncountyhealthcenter.org

III. Definitions

Amounts Generally Billed (AGB): The amount generally billed to a Fulton County Health Center patient who has Medicare or private insurance coverage as defined in IRS Section 501(r)(5).

Application Process: A process by which a patient or their appropriate representative completes a paper or an electronic form that provides Fulton County Health Center with information on the patient's income, family size and assets. All applications will be evaluated on a case-by-case basis by appropriate Fulton County Health Center representatives taking into consideration medical condition, employment status, and potential future earnings.

Bad Debt: Uncollected patient financial liabilities that have not been resolved at the end of the patient billing cycle and for which there is no documented inability to pay.

Financial Assistance or Financial Assistance Discounts: Discounts or elimination of payment for health care services provided to eligible patients with documented and verified financial need. Financial Assistance Discounts provided under this policy include:

- Financial Assistance: Financial help with medical bills based on income standards and family size.
- Financial Hardship: Discount provided to patients when unreimbursed eligible medical expenses incurred exceed their more than 50% of their annual household income.

Eligible Health Care Services: Services which are emergent and other medically necessary care. Eligible Health Care Services exclude:

- Charges disallowed through utilization reviews or denials
- Any contractual allowances
- Cosmetic services or elective services that are not medically necessary
- Write-offs of amount due from third party payers
- Shortfall between reimbursement from government programs for the uninsured and the cost of services provided

- Write-offs of patients' balances when there is not an indication that the patient is unable to pay

Estimated Patient Liability: The estimated patient financial responsibility that is due to Fulton County Health Center for professional and technical charges for health care services the patient received. This amount is determined in compliance with the patient's insurance benefits for the specific scheduled service and includes deductibles, co-payments, co-insurance, and non-covered services.

Extraordinary Collections Actions (ECA): Actions which require a legal or judicial process, involve selling a debt to another party or reporting adverse information to credit agencies or bureaus. Fulton County Health Center will determine charity eligibility prior to taking any extraordinary collection action. Written notice must be provided at least 30 days in advance of initiating specific ECAs and meet informational requirements. As defined under IRS Codes Section 501(r), such actions that require legal or judicial process include:

- A lien
- Foreclosure on real property
- Attachment or seizure of a bank account or other personal property
- Commencement of a civil action against an individual
- Actions that cause an individual's arrest
- Actions that cause an individual to be subject to body attachment
- Wage garnishment

Family: The patient, the patient's spouse (regardless of whether s/he lives in the home) and all of the patient's children (natural or adoptive) under the age of eighteen (18) who live at home. If the patient is under the age of 18, "Family" includes the patient, his or her natural or adoptive parents (regardless of whether they live in the home), the parent's other children (natural or adoptive) under the age of 18, and grandchildren of grandparents who claim said grandchildren as a dependents on their tax return or have proof of legal custody for the year the financial application is filed.

Financial Counselor: Fulton County Health Center representatives responsible for assessing a patient's liability, identifying and assisting with public funding options (Medicare, Medicaid, etc.), determining if patient is eligible for financial assistance, and establishing payment plans.

Federal Poverty Guidelines (FPG): Federal Poverty Guidelines published annually by the U.S. Department of Health and Human Services and in effect at the date(s) of service for which financial assistance may be available.

Hospital Care Assurance Program (HCAP): Ohio Revised Code Section 5160-2-07.17 requires hospitals to provide, without charge, basic, medically necessary hospital-level services to residents of Ohio if they qualify. Generally, a patient will qualify for a full write off if their family income is below 101% of the federal poverty level as determined by a timely filed financial assistance application.

Hospital Service Area: FCHC hospital service area for the purpose of Hospital Charity Care is defined as follows: any county in Ohio, and the counties of Lenawee and Monroe in Michigan.

Look-Back Method: The methodology specified by IRS Codes Section 501(r) and selected by Fulton County Health Center to determine AGB which uses past payments from Medicare or a combination of Medicare and commercial insurer payments.

Private (Self) Pay: Patient identified as having no insurance coverage or opting out of their insurance coverage for specific services/events.

Screening Process: A process to determine if a patient qualifies for Financial Assistance that does not involve completing a financial assistance application. The screening process may be in person or on the telephone and may utilize a Third Party Vendor.

Uninsured Discount: A discount on charges for medical services for patients identified as having no insurance coverage. The Uninsured Discount, as documented in the Self-Pay Discount Policy, is determined based upon the look-back method by determining the average discount provided by Fulton County Health Center to Medicare and all other private insurers.

This policy will be reviewed annually by the Board of Directors. Last Update 7/2017

Discount Matrix – Sliding Scale

| Account | | \$1,001 - \$2,501 - | | | Program |
|---------------------|--------------------|----------------------------|----------------|--------------------|--------------------|
| Balance | <\$1,000 | \$2,500 | \$5,000 | >\$5,001 | |
| Income Level | | | | | |
| 0 - 100% | 100% | 100% | 100% | 100% | HCAP |
| 100 - 200% | 100% | 100% | 100% | 100% | Charity |
| 200 - 400% | 45% | 50% | 55% | 60% | Adm Charity |



Fulton County Health Center
725 S. Shoop Ave
Wauseon, OH 43567

Patient Financial Assistance
Eligibility Determination

Date: _____

[Patient/Guarantor Name]
[Address]
[City, State Zip]

[Account Number(s)]
[Date(s) of Service]

Dear [Patient/Guarantor Name],

Fulton County Health Center received your completed patient financial assistance application and income verification. Based on the information you provided, and in accordance with our policy, we have determined that:

APPROVED:

- We have determined that you are eligible for HCAP/Financial Assistance in the amount of \$_____.
- You are eligible for financial assistance and a reduction of _____% or \$_____. *The remaining balance of \$_____ after this reduction is applied is due from you.*

DENIED:

- Your family income exceeds the maximum allowed for financial assistance. *The amount of \$_____ is due from you.*
- Eligibility cannot be established until income and/or family size information is received from you. Please call our office at 419-330-2669 at your earliest convenience. *Until this information is received the amount of \$_____ is due from you.*
- To date, we have not received your income and/or family size information. Your application for financial assistance has been denied. *The amount of \$_____ is due from you.*

If you cannot pay the remaining balance in full, or have questions, please call our Financial Counselor at 419-330-2669 to set up payment arrangements. If you do not pay the balance in full upon receipt of your next statement or call to establish acceptable payment arrangements your account may be referred to our collection agency.

You may pay online at www.fultoncountyhealthcenter.org or call 419-330-2669 to set up automatic deductions from your checking, savings, or Visa/Mastercard.

Respectfully,

Financial Counselor

O.R.C - 5160-1-01 Medicaid medical necessity: definitions and principles.

Medical necessity is a fundamental concept underlying the medicaid program.

(A) Medical necessity for individuals covered by early and periodic screening, diagnosis and treatment (EPSDT) is defined as procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability.

(B) Medical necessity for individuals not covered by EPSDT is defined as procedures, items, or services that prevent, diagnose, evaluate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability and without which the person can be expected to suffer prolonged, increased or new morbidity; impairment of function; dysfunction of a body organ or part; or significant pain and discomfort.

(C) Conditions of medical necessity are met if all the following apply:

- (1) Meets generally accepted standards of medical practice;
- (2) Clinically appropriate in its type, frequency, extent, duration, and delivery setting;
- (3) Appropriate to the adverse health condition for which it is provided and is expected to produce the desired outcome;
- (4) Is the lowest cost alternative that effectively addresses and treats the medical problem;
- (5) Provides unique, essential, and appropriate information if it is used for diagnostic purposes; and
- (6) Not provided primarily for the economic benefit of the provider nor for the convenience of the provider or anyone else other than the recipient.

(D) The fact that a physician, dentist or other licensed practitioner renders, prescribes, orders, certifies, recommends, approves, or submits a claim for a procedure, item, or service does not, in and of itself make the procedure, item, or service medically necessary and does not guarantee payment for it.

(E) The definition and conditions of medical necessity articulated in this rule apply throughout the entire medicaid program. More specific criteria regarding the conditions of medical necessity for particular categories of service may be set forth within ODM coverage policies or rules.

Fulton County Health Center MEDICAL SCREENING IN THE EMERGENCY DEPARTMENT

Author: JENEE SEIBERT (CHIEF FINANCE OFFICER)

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Policy

All patients presenting to the emergency department, whether via the reception area or by ambulance, at Fulton County Health Center will be assessed to determine if an emergency medical condition exists prior to obtaining any information regarding the patient's ability to pay. This assessment will include each patient's physical, psychological and social status.

Note: Patients entering the Emergency Department will be seen according to severity of illness/injury, not by time of arrival.

Definition

Emergency Medical Condition

- A. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
 2. Serious impairment to bodily functions, or
 3. Serious dysfunction of any bodily organ or part; or

- B. With respect to a pregnant woman who is having contractions
 1. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
 2. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Reminder: pregnancy gestations of more than 20 weeks with pregnancy-related conditions will be sent to the OB Department for evaluation.

Procedure

Patients will be assessed to determine their condition by questioning the patient or significant other if patient unable to communicate.

1. Patients with Non-emergency Conditions
 - a. Patient will be received in ED by ED/Out-Patient Registration Clerk or by the receptionist.
 - b. Authorization for treatment will be obtained by the ED/Out-Patient Registration Clerk or by the receptionist by having the patient sign the Consent to Treatment form.
 - c. Patient will be assessed by ED RN.
 - d. ED physician/nurse practitioner or attending physician will be apprised of the patient's condition by the ED nurse.
 - e. Treatment will be given per physician's or nurse practitioner's order.
 - f. Registration will be completed by the ED/Out-Patient Registration Clerk at the bedside.

2. Patients with Emergency Conditions
 - a. Patient will be assessed by the ED RN.

- b. ED physician/nurse practitioner will be apprised of the patient's condition by the ED nurse.
- c. Appropriate treatment will be given per physician/nurse practitioner and/or physician's/nurse practitioner's order.
- d. Registration will be completed by the ED/Out-Patient Registration Clerk at the bedside.

Note: Registration information on patients with emergency conditions will be obtained:

- 1. From person accompanying the patient.
- 2. From family member or significant other when arriving at FCHC.
- 3. By ED registration clerk in the Emergency Department from the patient upon ED personnel's approval.