**Fulton County Health Center**

**Financial Assistance**

**Author: KAMI VASKO (FINANCIAL COUNSELOR/COLLECTOR)**

**Approved By: JENEE SEIBERT** **(CHIEF FINANCE OFFICER)**

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

# Policy

## It is both the philosophy and practice of Fulton County Health Center that all emergency and medically necessary healthcare services (*See* [Medical Screening in Emergency Department](http://fchc-policy01/docview/?docid=18386)*)* 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. FCHC assists persons with financial need by waiving all or part of the charges for services provided.

# Procedures

## Eligibility Criteria

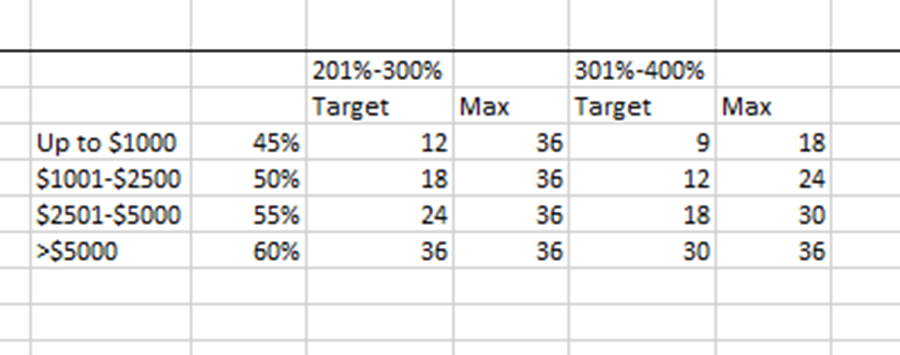
### Financial Counselors and Cashier/Collections personnel are available to help patients identify financial options or assistance programs.

### 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](http://fchc-policy01/docview/?docid=23814)*”.*

### Full financial assistance will be provided for emergency and medically necessary services to patients with gross family income at or below 200% of Federal Poverty Guidelines meeting policy requirements. The Determination Eligibility Letter will be mailed to the responsible party on accounts up to 200% and all Emergency Room services.

### A sliding-fee scale will be used to determine financial assistance discounts when gross family income is above 200% and up to 400% of Federal Poverty Guidelines.

Sliding Scale



### Discounts on eligible accounts will be applied and FCHC will continue monthly statements until self-pay balance(s) are resolved. Reasonable payment arrangements consistent with the responsible party’s ability to pay will be extended for remaining self-pay balance(s).

### 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”.

## Eligibility Determinations

### The provision of healthcare should never be delayed pending an assistance determination.

### Income based financial assistance is available for self-pay and insured patients.

### 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.

### 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.

### If you receive payment directly from an 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.

### Any patient with a Health Spending Account (HSA) or Flexible Spending Account (FSA) eligible for a Sliding Scale discount will be asked to deplete their HSA/FSA account before being setup on a payment plan. The discount will be calculated before any payment from an HSA/FSA has been made.

### Consideration for financial assistance will occur once the applicant supplies a completed Financial Assistance Application to the Cashier Office.

### FCHC will make every attempt to finalize assistance determinations within 15 days of receiving a completed Financial Assistance Application.

### Consideration for assistance can include a review of the patient and/or guarantor’s annual gross family income, number of people in the household, debt to income, 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.

### Verification of income may be requested at the department’s discretion. Types of verification of income may include: tax return(s), paycheck stub(s), W2 statement(s), Social Security statement(s), pension/annuity statement(s) and bank statement(s).

### Financial Assistance applications may be returned or denied for missing information. FCHC staff will attempt to reach the patient, either by phone, mail or email to help educate the patient on what is missing or additional information that is needed and how to resubmit the application for consideration.

### Financial Assistance will not be considered without a completed Financial Assistance Application unless sufficient information can be obtained and documented that allows for a final determination.

### In extenuating circumstances, where it can be documented that a financial and/or medical hardship exists, medical expenses incurred exceeds, that more than 50% of annual household income may be discounted. Fulton County Health Center may offer financial assistance at its own discretion.

### All applications and supporting documentation will be retained with the patient account.

### At no point will anyone’s eligibility under this policy affect their ability to receive medical care at Fulton County Health Center.

## Method for Applying for Financial Assistance

### 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 Cashier Office. Copies are also available on our website [www.fultoncountyhealthcenter.org](http://www.fultoncountyhealthcenter.org/) or by calling 419-330-2669 option 2.

### All completed applications should be returned to the Cashier Office located at: 725 S Shoop Ave, Wauseon, OH 43567: in person, by mail, via our website [www.fultoncountyhealthcenter.org](http://www.fultoncountyhealthcenter.org) or emailed to [cashiers@fulhealth.org](mailto:cashiers@fulhealth.org)

### Financial Counselor(s) are available to help assist in the completion of the Financial Assistance application. This can be done in person at the Cashier Office or by calling 419-330-2669 option 2.

## Payments

### Patient payments that exceed amounts due following discounts will be transferred to any other open or pending account. Once all accounts are zero a refund will be issued.

### No refunds will be issued on previous accounts that are paid in full unless meeting the federal poverty guidelines of 100% and within the same timeframe of the application being submitted.

## Appeals

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

## Basis for Calculating the Amounts Charged to Patients

### 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 insurances 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. A 30% self-pay adjustment will be applied to all self-pay and non-contracted accounts.

## Collection Activity

### 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 may 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.

### 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.

### 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.

## Providers Not Covered by Financial Assistance Policy

### No Physician service are covered under this policy. These non-covered services include services from FCHC Medical Care, LLC and other physicians practicing on the FCHC Campus, as well as other providers who perform services at Fulton County Health Center including Pathology, Radiology, Emergency Room Physicians, Anesthesia, and Wound Care.

## Elective or Non-Emergency Services

### 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.

### Potential excluded services include, but are not limited to:

1. Cosmetic surgery not considered medically necessary
2. Elective Orthopedic surgeries and all related procedures
3. Bariatric surgeries and all related services
4. Reproduction-related procedures (such as in-vitro fertilizations, vasectomies, etc.)
5. Acupuncture
6. 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
7. Other non-covered services such as laser eye surgery, hearing aids, etc.

## Non-English Speaking Population(s)

### 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](http://www.fultoncountyhealthcenter.org/)

# 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 debt to income. 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 and/or adjustments applied for health care services provided to eligible patients with documented and verified financial need.  Financial Assistance discounts and/or adjustments provided under this policy include:

* **Financial Assistance:** Financial help with medical bills based on income standards and family size (100%-200% Federal Poverty Level).
* **Financial Hardship:** Financial help to patients based on current gross income, debt to income and family size (200%-400% Sliding Scale).
* **Medical Hardship:**  Financial help to patients when medical expenses incurred exceeds 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 seizing 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 she/he lives in the household) and all of the patient’s children (natural or adoptive) under the age of eighteen (18) who lives in the household. 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 dependent(s) 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.

**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 and/or 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.