

Financial Assistance Policy

Cleveland Clinic Florida health system (“CC Florida”) is comprised of multiple hospitals and medical facilities in Southeastern and East Central Florida, including Cleveland Clinic Weston hospital, Cleveland Clinic Indian River Medical Center and Cleveland Clinic Martin Memorial Medical Center.

CC Florida’s policy is to provide medical 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 CC Florida facilities 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 CC Florida will have the financial resources to provide care to patients who are in the greatest financial need. This Policy applies to all CC Florida facilities, including its hospitals and family health centers, as defined below.

1. Background

- A. The Cleveland Clinic Foundation (Cleveland Clinic), which is the parent of the Cleveland Clinic Florida health system, and its hospital affiliates are tax-exempt charitable organizations within the meaning of §501(c)(3) of the Internal Revenue Code and charitable institutions under state law.
- B. The principal beneficiaries of this Financial Assistance Policy are intended to be uninsured patients whose Annual Family Income does not exceed 100% of the Federal Poverty Income Guidelines published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for awards of financial assistance under this Policy (the FPG). Income-based financial assistance may be available for uninsured and certain other patients with Annual Family Incomes *up to* 400% of the FPG. Patients experiencing financial or personal hardship or special medical circumstances also may qualify for assistance. Under no circumstances will a patient eligible for financial assistance under this Policy be charged more than amounts generally billed for such care.

2. Definitions

“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.

“Application” means the process of applying under this Policy, including either (a) by completing the Cleveland Clinic Financial Assistance Application in person, or over the phone with a Patient Financial Advocate or (b) by mailing or delivering a completed paper copy of the Cleveland Clinic Financial Assistance Application.

“CC Florida” means the East Central Florida facilities and the Southeast Florida facilities.

“East Central Florida facilities” mean Cleveland Clinic Indian River Medical Center, and the outpatient facilities owned by Cleveland Clinic Indian River Medical Center including all ambulatory facilities and employed physician offices in Indian River County and Cleveland Clinic Martin Memorial Medical Center and the outpatient facilities owned by Cleveland Clinic Martin Memorial Health Systems Inc., including all ambulatory facilities and employed physician offices in Martin and St. Lucie Counties. One Medical location facilities are not included.

“Emergency Care” or “Emergency Treatment” shall mean the care or treatment for an Emergency Medical Condition as defined by EMTALA.

“EMTALA” is the Emergency Medical Treatment and Active Labor Act (42 U.S.C. §1395dd).

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“Family” shall mean the patient, patient’s spouse (regardless of where the spouse lives) and all of the patient’s natural or adoptive children under the age of eighteen who live with the patient. If the patient is under the age of eighteen, the family shall include the patient, the patient’s natural or adoptive parent(s) (regardless of where the parents live), and all of the parent(s)’ natural or adoptive children under the age of eighteen who live in the home.

“FPG” shall mean the Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service.

“Guarantor” is a person other than patient responsible for payment of the patient’s medical bills.

“Insured Patients” are individuals who have any governmental or private health insurance. Insured patients are only eligible for certain assistance under this Policy, and only if the following requirements are met:

- (a) Cleveland Clinic must be in-network. Patients are not eligible for financial assistance if the applicable health insurance lists Cleveland Clinic as out-of-network or if the patient’s health insurance covers services on a non-contracted basis, unless the services: (i) are provided on an emergency basis or (ii) are pre-determined to be unique to Cleveland Clinic and such treatment is not available at another healthcare provider and are approved in advance pursuant to the Special Medical Circumstances exception herein; and
- (b) The patient has complied with all applicable requirements of their insurance including without limitation updating their coordination of benefit (COB) information or completing other administrative tasks required by their insurer.

“Medically Necessary Care” shall mean those services reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided. Medically necessary care does not include most transplantation services or cellular therapies encompassing engineered and unmanipulated hematopoietic cellular therapies (such as CAR-T). It also does not include supplements or outpatient prescription medications.” Notwithstanding the foregoing, certain dentistry, certain integrative and functional medicine services, certain cosmetic surgeries, and certain bariatric surgeries are not covered under this policy.

“Policy” shall mean this Financial Assistance Policy as currently in effect.

“Resident” shall mean a person who is a legal resident of the United States and who has been a legal resident of Broward, Indian River, Martin, or St. Lucie County, Florida for at least six (6) months at the time services are provided or who otherwise has the intent to remain in the county in which medical services are sought for at least six (6) months after services are provided.

“Southeast Florida facilities” means Cleveland Clinic Weston hospital only. One Medical location facilities are not included.

“Uninsured Patients” are individuals: (i) who do not have governmental or private health insurance; (ii) who are Insured patients whose insurance benefits have been exhausted; or (iii) who are Insured patients whose insurance benefits exclude the Medically Necessary Care the patient is seeking.

3. Relationship to Other Policies

A. Policy Relating to Emergency Medical Care

Consistent with EMTALA, all applicable CC Florida facilities will provide an appropriate medical screening to any individual, regardless of ability to pay, requesting treatment for a potential emergency medical condition. A facility will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance. If, following an appropriate medical screening, CC Florida personnel determine that the individual has an emergency medical condition, CC Florida will provide services, within the capability of the CC Florida facility, necessary to stabilize the individual’s emergency medical condition, or will effect an appropriate transfer as defined by EMTALA (see CC Florida’s EMTALA Policy).

B. Prescription Drug Coverage

Patients in need of assistance with the costs of their prescription medications may qualify for one of the patient assistance programs offered by pharmaceutical companies. Please contact the Cleveland Clinic via phone at 866-650-6337 for more information.

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4. Eligibility Criteria for Financial Assistance

Patients who meet the qualifications below are eligible for the assistance described in Section VII under this Policy.

A. East Central Florida Facilities

Patients seeking care at CC Florida's East Central Florida facilities are eligible for financial assistance under this Policy under one of the following three categories of financial eligibility:

1. Income Based Financial Assistance:

- a. Patients who are Uninsured Patients and whose Annual Family Income does not exceed 400% of the FPG,
- b. Who are seeking Emergency Care or Medically Necessary Care for inpatient or outpatient hospital or physician services, and
- c. Who are Residents of Indian River County, Martin County, or St. Lucie County

2. Maternity Services Assistance: Pregnant Patients with insurance that does not provide maternity benefits will be eligible for financial assistance for maternity services under this category if their Annual Family Income does not exceed 400% of the FPG, they are Indian River, Martin, or St. Lucie County residents and they agree to work with Cleveland Clinic to determine if they may be eligible for coverage under a government program.

3. Other Assistance Programs: Uninsured patients referred to CC from Volunteers in Medicine (VIM) or St. Lucie County Health Access Network Inc. (HANDS) for medically necessary services at contracted locations.

B. Southeast Florida Facilities

Patients seeking care at CC Florida's Southeast Florida facilities are eligible for financial assistance for services provided at the Cleveland Clinic Weston hospital location only under this Policy under the following category for financial eligibility:

1. Income Based Financial Assistance:

- (i) Patients who are Uninsured Patients and whose Annual Family Income does not exceed 400% of the FPG,
- (ii) Who are seeking Emergency Care, and
- (iii) Who are Residents of Broward County

Patients who are not eligible for financial assistance may be referred to a tax-assisted provider.

Additional Ways to Qualify for Assistance in Florida. An Uninsured or Insured patient who does not otherwise qualify for financial assistance under this Policy but is unable to pay for the cost of Emergency Care or Medically Necessary Care may seek assistance in the following circumstances:

1. Catastrophic Balance Financial Assistance: Patients who have excessive medical expenses that have resulted in a balance due to CC Florida on charges incurred for an episode of care that are greater than 25% of the patient's Annual Family Income. (This excludes patients with insurance where Cleveland Clinic is out-of-network or non-contracted).
2. Exceptional Circumstances: Patients who relay that they are undergoing an extreme personal and financial hardship (including a terminal illness or other catastrophic medical condition) who do not meet the financial criteria for Catastrophic assistance.
3. Special Medical Circumstances: Patients who are seeking treatment that can only be provided by CC Florida medical staff or who would benefit from continued medical services from CC Florida for continuity of care. Indian River, Martin, and St. Lucie County residents who need specialized care only available at CC Weston may be eligible for care under these circumstances.

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4. Life Circumstances Financial Assistance: Patients who are homeless or deceased (without a known spouse or estate), as determined by Cleveland Clinic, who have outstanding balances or single episodes of care that do not otherwise qualify for financial assistance based on the other eligibility criteria under this Section IV above.

Requests for assistance due to Exceptional Circumstances or Special Medical Circumstances or Life Circumstances Financial Assistance will be evaluated on a case-by-case basis.

- C. **Medicaid Screening and Other Assistance Programs**. Uninsured Patients seeking care at a Florida facility may be contacted by a representative for screening to determine whether they may qualify for Medicaid or other government assistance programs. Uninsured Patients must cooperate with the screening process before determining the patient's eligibility for financial assistance under this Policy. In certain circumstances, CC Florida may determine eligibility for financial assistance under this policy prior to screening.

5. Method of Applying

A. Income-Based Financial Assistance

- (i) Presumptive Financial Assistance. Upon scheduling in Florida or prior to admission in Florida, those Uninsured Patients that CC Florida determines through third party verification databases to have Annual Family Income at or under 400% of the FPG will be deemed eligible for financial assistance without further information or documentation. The patient will be notified in writing and, if deemed eligible for less than 100% assistance, will have the opportunity to submit a Financial Assistance Application if the patient believes he or she may qualify for more assistance.
- (ii) Patients seeking Emergency Care will be treated without regard for whether they are eligible for financial assistance. If medically appropriate, a patient who received Emergency Care may receive information in our Emergency departments about the availability of financial assistance and an Application may be initiated on their behalf if he or she may qualify for more assistance.
- (iii) Any other patient seeking income-based financial assistance at any time in the scheduling or billing process may complete the Financial Assistance Application and will be asked to provide information on Annual Family Income for the three-month period immediately preceding the date of eligibility review. Third party income verification services may be used as evidence of Annual Family Income. The Financial Assistance Application may be found in our Emergency departments and Admissions areas, or from a Patient Financial Advocate at our facilities or online at www.clevelandclinic.org/financialassistance or by calling Customer Service at 866.621.6385.
- (iv) If there is a discrepancy between two sources of information, a Cleveland Clinic representative may request additional information to support Annual Family Income.

B. Catastrophic Balance

Monthly, during the billing process, CC Florida may use third party verification databases to determine if a patient balance due on charges incurred for an episode of care exceed 25% of Annual Family Income. If so, CC Florida will presume the patient is eligible for financial assistance and notify the patient in writing. If the balance does not exceed 25% of Annual Family Income based on third party verification data, the patient will not be presumed to have a catastrophic balance. Patients also can also request consideration for financial assistance for a catastrophic balance at our facilities or by calling Customer Service at 866.621.6385.

C. Exceptional Circumstances

For any Uninsured or Insured patient in Florida who is identified or requests consideration as having an extreme personal and financial hardship, CC Florida will gather information on financial circumstances and personal hardships from the patient. Determinations are made by Revenue Cycle Management (RCM) under the direction of the CFO. The patient will be notified in writing of the final determination.

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D. Special Medical Circumstances

For any Uninsured or Insured patient identified during the scheduling or admission process as having potential special medical circumstances, a Patient Financial Advocate will solicit a recommendation from CC Florida medical staff as to whether the patient needs treatment that can only be provided by CC Florida medical staff or would benefit from continued medical services from CC Florida for continuity of care. The patient will be notified in writing if they do not qualify for financial assistance due to special medical circumstances.

E. Life Circumstances

Uninsured and Insured Patients eligible under the presumptive process described under 5.A.1. above and CCHS determines the Life Circumstances eligibility criteria is satisfied will be eligible for financial assistance. Cleveland Clinic may require additional information or documentation from the patient or patient's family in order to approve a patient for Life Circumstances Financial Assistance.

F. Incomplete or Missing Applications

Patients will be notified of information missing from the Financial Assistance Application and given a reasonable opportunity to supply it. If missing information is not supplied, Cleveland Clinic may use third party income verification databases to complete the Financial Assistance Application.

6. Eligibility Determination Process

A. Financial Interview

A Cleveland Clinic patient financial advocate will attempt to contact by telephone all Uninsured Patients who are not presumptively eligible for financial assistance at the time of scheduling. The Patient Financial Advocate will ask for information, including family size, sources of family income and any other financial or extenuating circumstances that support eligibility under this Policy and will complete an Application accordingly. At the time of the appointment or upon admission, patients may be asked to visit the Patient Financial Advocate and sign the Financial Assistance Application.

B. Applications

Any Financial Assistance Application, whether completed in person, delivered, or mailed in, will be forwarded to the Revenue Cycle Management team (RCM) for evaluation and processing.

C. Determination of Eligibility

Revenue Cycle Management (RCM) will evaluate and process all Financial Assistance Applications. The patient will be notified by letter of the eligibility determination. Patients who qualify for less than 100% financial assistance (other than those deemed presumptively eligible) will receive an estimate of the amount due from a Patient Financial Advocate and will be requested to set up payment arrangements or pay a 50% deposit prior to scheduling; provided however, that such payment arrangements are never required as a condition to receiving treatment for Emergency Care.

7. Basis for Calculating Amounts Charged to Patients, Scope, and Duration of Financial Assistance

Patients eligible for awards of income-based financial assistance under the Policy will receive assistance according to the following income criteria:

- If your annual family income is up to 250% of the FPG, you will receive free care.
- If your annual family income is between 251% and 400% of the FPG, you will receive care discounted from gross charges to the "amount generally billed" to Insured Patients for such services.

As used herein, the "amount generally billed" has the meaning set forth in IRC §501(r)(5) and any regulations or other guidance issued by the United States Department of Treasury or the Internal Revenue Service defining that term. See Appendix A for a detailed explanation of how the "amount generally billed" is calculated.

Once Cleveland Clinic has determined that a patient is eligible for income-based financial assistance, that determination is valid for ninety (90) days from the date of eligibility review. After ninety (90) days, the patient may complete a new Financial Assistance Application to seek additional financial assistance.

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For patients who have been approved for assistance with a Catastrophic Balance, or who are eligible for Life Circumstances Financial Assistance, those identified charges will be covered.

For patients who have been approved for assistance under Exceptional or Special Medical Circumstances, the patient will be covered under this Policy for 100% of unpaid charges and for charges for all Emergency and Medically Necessary Care provided during the period necessary to complete treatment or care as may be determined by the treating CC Florida physician. A patient whose financial situation has changed may request to be re-evaluated at any time.

8. Determination of Eligibility for Financial Assistance Prior to Action for Non-Payment

A. Billing and Reasonable Efforts to Determine Eligibility of Financial Assistance

CC Florida seeks to determine whether a patient is eligible for assistance under this Policy prior to or at the time of admission or service. If a patient has not been determined eligible for financial assistance prior to discharge or service, CC Florida will bill for care. If the patient is insured, CC Florida will bill the patient's insurer on record for the charges incurred. Upon adjudication from the patient's insurer, any remaining patient liability will be billed directly to the patient. If the patient is uninsured, CC Florida will bill the patient directly for the charges incurred. Patients will receive a series of up to four billing statements over a 120 day period beginning after the patient has been discharged delivered to the address on record for the patient. Only patients with an unpaid balance will receive a billing statement. Billing statements include a Plain Language Summary of this Policy and how to apply for financial assistance. CC Florida may proactively seek to identify patients who are eligible for income-based financial assistance under this Policy through use of third party verification databases. Patients who are identified as presumptively eligible for income-based assistance will be notified and may apply for additional assistance. Reasonable efforts to determine eligibility include: notification to the patient by CC Florida of the Policy upon admission and in written and oral communications with the patient regarding the patient's bill, an effort to notify the individual by telephone about the Policy and the process for applying for assistance at least 30 days before taking action to initiate any lawsuit, and a written response to any Financial Assistance Application for assistance under this Policy submitted within 240 days of the first billing statement with respect to the unpaid balance or, if later, the date on which a collection agency working on behalf of the Cleveland Clinic returns the unpaid balance to the Clinic.

B. Collection Actions for Unpaid Balances

If a patient has an outstanding CC Florida balance after up to four billing statements have been sent during a 120 day period, the patient's balance will be referred to a collection agency representing CC Florida which will pursue payment. CC Florida and its collection agencies do not report to credit bureaus nor do they pursue wage garnishments or similar collection actions. Collection agencies representing CC Florida have the ability to pursue collection for up to 18 months from the point when the balance was sent to the collection agency. A patient may apply for financial assistance under this Policy even after the patient's unpaid balance has been referred to a collection agency. After at least 120 days have passed from the first post-discharge billing statement showing charges that remain unpaid, and on a case-by-case basis, CC Florida may pursue collection through a lawsuit when a patient has an unpaid balance and will not cooperate with requests for information or payment from CC Florida or a collection agency working on its behalf.

In no case will Emergency Care be delayed or denied to a patient because of an unpaid balance. In no case will Medically Necessary Care be delayed or denied to a patient before reasonable efforts have been made to determine whether the patient may qualify for financial assistance. In CC Florida, an uninsured patient who seeks to schedule new services and has not been presumed eligible for financial assistance will be contacted by a Patient Financial Advocate who will notify the patient of the Policy and help the patient initiate an Application for financial assistance if requested.

An uninsured patient who seeks to schedule new services at an East Central Florida facility and has not been presumed eligible for financial assistance will be contacted by a Patient Financial Advocate who will notify the patient of the Policy and help the patient initiate an Application for financial assistance if requested.

For all CC Florida patients, a patient with a high outstanding balance who seeks to schedule new services may be contacted by a Patient Financial Advocate who will notify the patient of the Policy and work with the patient to make payment arrangements, enter into a payment plan, or apply for financial assistance under this Policy.

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- C. Review and Approval. Cleveland Clinic's Revenue Cycle Management (RCM) has the authority to review and determine whether reasonable efforts have been made to evaluate whether a Patient is eligible for assistance under the Policy such that extraordinary collection actions may begin for an unpaid balance.

9. Physicians not Covered under the CC Florida Financial Assistance Policy

East Central Florida. Most services provided by CC employed physicians at CC Florida facilities in Indian River, Martin, and St. Lucie Counties working at each facility are covered by this FAP. Those physicians who are not covered under the FAP are identified in the attached **Appendix B, Provider List**, by name and the hospital facility where they practice. The list is updated quarterly and is also available online at www.clevelandclinic.org/financialassistance, in all our Emergency Departments and admissions areas, and upon request by calling Customer Service or asking a Cleveland Clinic Patient Financial Advocate. Services provided at One Medical locations are not included in FAP. For the One Medical locations FAP see www.clevelandclinic.org/financialassistance.

Southeast Florida. In CC Weston hospital, emergency services and certain other physician services provided in the hospital by employed doctors are covered under the FAP. Those few physicians performing services in the CC Weston hospital who are not covered under our FAP are identified in the attached **Appendix B, Provider List**, by name and the hospital facility where they practice. **Services in the CC Southeast Florida physician offices and family health centers listed in Appendix B, Provider List (including the Weston FHC and the Braathen Center on the Weston campus) are not covered under the FAP.** Services provided at One Medical locations are not included in FAP. For the One Medical locations FAP see www.clevelandclinic.org/financialassistance.

10. Measures to Publicize Financial Assistance Policy

CC Florida is committed to publicizing this Policy widely within the communities served by CC Florida facilities. To that end, CC Florida will take the following steps to ensure that members of the communities to be served by its facilities are aware of the Policy and have access to the Policy.

- A. CC Florida will make a copy of its current Policy available to the community by posting a plain language summary of the Policy on its webpage along with a downloadable copy of the Policy and Financial Assistance Application with instructions for downloading copies. There is no fee for downloading a copy of the Policy, the Plain Language Summary or Financial Assistance Application.
- B. CC Florida will provide a plain language summary of the Policy in locations throughout its facilities where the summary will be available to patients and their families, including a plain language summary of the Policy to be provided with any invoices covering amounts charged for services.
- C. Patient financial advocates will make a plain language summary of the Policy available to all patients with whom they meet and will provide to any person who requests it a copy of the Policy.
- D. CC Florida will include a description of how to obtain a copy of or information about the Policy in community benefit reporting done to the community at large.
- E. Cleveland Clinic will make information regarding its Policy available to appropriate governmental agencies and nonprofit organizations dealing with public health in CC Florida's service areas.