

Financial Assistance Policy

BACKGROUND

Cleveland Clinic Akron General (CCAG), including Akron General Medical Center located at 1 Akron General Avenue, Akron, Ohio, Lodi Community Hospital at 225 Elyria Street, Lodi, Ohio, and Edwin Shaw Rehabilitation Institute at 330 Broadway Street East, Cuyahoga Falls, Ohio are tax-exempt charitable organizations within the meaning of §501(c)(3) of the Internal Revenue Code and charitable institutions under Ohio law. The above hospital facilities are collectively referred to herein as CCAG.

CCAG is committed to providing both “Emergency” and “Medically Necessary Care” on a non-profit basis to patients without regard to race, creed, or ability to pay.

The principal beneficiaries of the Financial Assistance Policy (the Policy) are intended to be uninsured patients whose Annual Family Income does not exceed 100% of the Federal Poverty Income Guidelines (the FPG) 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. Income-based financial assistance may be available for uninsured and certain other patients with Annual Family income *up to* 400% of the FPG. Patients experiencing financial or personal hardship or special medical circumstances also may qualify for assistance. Under no circumstance will a patient eligible for financial assistance under this Policy be charged more than amounts generally billed for such care.

I. 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 Facility Financial Assistance Application in person, online, or over the phone with a Financial Counselor or (b) by mailing or delivering a completed paper copy of the CCAG Financial Assistance Application to the Cleveland Clinic Akron General.

"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).

"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 the patient responsible for payment of the patient’s medical bills.

"HCAP" is Ohio's Hospital Care Assurance Program. HCAP is Ohio's version of the federally required Disproportionate Share Hospital program. HCAP provides funding for hospitals that provide a disproportionate share of basic medically necessary hospital level services to qualified patients.

"Insured Patients" are individuals who have any governmental or private health insurance.

"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 outpatient prescription medications.

"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 the state of Ohio for at least six (6) months at the time services are provided or who otherwise has the intent to remain in the state of Ohio for at least six (6) months after services are provided.

"Uninsured Patients" are individuals: (i) who do not have governmental or private health insurance; (ii) whose insurance benefits have been exhausted; or whose insurance benefits do not cover the Medically Necessary Care the patient is seeking.

II. Relationship to Other Policies

A. Policy Relating to Emergency Medical Care. Consistent with EMTALA, all applicable Cleveland Clinic Akron General 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, CCAG personnel determine that the individual has an emergency medical condition, CCAG will provide services, within the capability of the CCAG facility, necessary to stabilize the individual's emergency medical condition, or will effect an appropriate transfer as defined by EMTALA.

B. CCAG HCAP Policy. CCAG is a participant in HCAP. All HCAP services are governed by CCAG HCAP Policy, and nothing in this Policy is intended or should be interpreted to limit an HCAP-eligible person's assistance under HCAP. HCAP covers only basic, medically necessary hospital level services.

IV. Eligibility Criteria for Financial Assistance

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

A. Patients seeking care at CCAG facilities are eligible for financial assistance under this Policy under one of the three following 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 Ohio. (See Definitions.)

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 Ohio residents and they agree to work with CCAG to determine if they may be eligible for coverage under a government program.

3. Catastrophic Balance Financial Assistance- Patients who have excessive medical expenses that have resulted in a balance due to CCAG that is greater than 15% of the patient's Annual Family Income.

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

1. Exceptional Circumstances- Patients who relay that they are undergoing an extreme personal or financial hardship (including a terminal illness or other catastrophic medical condition).

2. Special Medical Circumstances- Patients who are seeking treatment that can only be provided by CCAG medical staff or who would benefit from continued medical services from CCAG for continuity of care.

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

D. Medicaid Screening. Uninsured Patients seeking care may be contacted by a representative to determine whether they may qualify for Medicaid. Uninsured Patients must cooperate with the Medicaid eligibility process to be eligible for financial assistance under this Policy.

V. Method of Applying

A. Income-Based Financial Assistance.

- (i) 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 from a Financial Counselor about the availability of financial assistance and an Application may be initiated on their behalf.
- (ii) 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 service for which the application is being submitted. The Financial Assistance Application may be found in our Emergency departments and Admissions areas, on the back of your printed statement from Cleveland Clinic Akron General, or from a Financial Counselor at our facilities or online at www.akrongeneral.org/financialpolicy or by calling Patient Financial Services at 330-344-2000, or toll free at 866-246-3472.
- (iii) If there is a discrepancy between two sources of information, a CCAG representative may request additional information to support Annual Family Income.

B. Catastrophic Balance

A patient will not be required to pay out of pocket in excess of 15% of their Annual Family Income for incurred charges. Patients who incur more than one such event in a 12-month calendar period will be evaluated on a case by case basis for assistance. A patient who has a balance due to CCAG may complete a Financial Assistance Application to show the patient has a catastrophic balance by providing information on Annual Family Income for the twelve-month period immediately preceding the date of service for which the application is presented.

C. Exceptional Circumstances

CCAG will accept an Application for any patient identified as having incurred or being at risk to incur a high balance or as reporting an extreme personal or financial hardship. CCAG will gather information on financial circumstances and personal hardships from the patient. Determinations are made by Patient Financial Services (PFS) under the direction of the CFO. The patient will be notified in writing of the final determination.

D. Special Medical Circumstances

CCAG will accept an Application for any patient identified during the scheduling or admission process as having potential special medical circumstances and a CCAG representative will solicit a recommendation from CCAG medical staff as to whether the patient needs treatment that can only be provided by CCAG medical staff, or would benefit from continued medical services from CCAG for continuity of care. The patient will be notified in writing if they do not qualify for financial assistance as due to special medical circumstances.

E. 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, CCAG will close the application and notify the patient by letter that the application has been closed until requested information is supplied.

VI. Eligibility Determination Process

A. Financial Interview. A CCAG financial counselor will attempt to contact by telephone all Uninsured Patients for financial assistance prior to the time of service. The financial counselor 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 will be asked to visit the Financial Counselor and sign the Financial Assistance Application.

B. Applications. Any Financial Assistance Application, whether completed in person, online, delivered or mailed in, will be forwarded to the Patient Financial Services team (PFS) for evaluation and processing.

C. Determination of Eligibility. PFS 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 will receive an estimate of the amount due from a CCAG representative 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.

VII. 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 CCAG has determined that a patient is eligible for income-based financial assistance, that determination is valid for ninety (90) days from the original date of service for which the financial assistance application was approved. After ninety (90) days, the patient may complete a new Financial Assistance Application to seek additional financial assistance.

For patients who have been approved for assistance with a Catastrophic Balance, the entire balance 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 CCAG clinical representative(s) and the patient’s treating physician. A patient whose financial situation has changed may request to be re-evaluated at any time.

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

A. Billing and Reasonable Efforts to Determine Eligibility of Financial Assistance. CCAG 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, CCAG will bill for care. If the patient is insured, CCAG 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, CCAG will bill the patient directly for the charges incurred. Patients will receive a series of up to three 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 information on how to find copies of our financial assistance policies, and an application for financial assistance is on the back of the statement. CCAG will proactively seek to identify patients who are eligible for income-based financial assistance under this Policy. Reasonable efforts to determine eligibility include: notification to the patient by CCAG 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 CCAG returns the unpaid balance to CCAG..

B. Collection Actions for Unpaid Balances. If a patient has an outstanding CCAG balance after up to three billing statements have been sent during a 120 day period, the patient's balance will be referred to a collection agency representing CCAG which will pursue payment. CCAG and its collection agencies do not report to credit bureaus nor do they pursue wage garnishments or similar collection actions. Collection agencies representing CCAG have the ability to pursue collection for up to 6 months from the point when the balance was sent to the collection agency after which time, unpaid accounts are referred to a secondary 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, CCAG may pursue collection through a lawsuit when a patient has an unpaid balance and will not cooperate with requests for information or payment from CCAG 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. An uninsured patient who seeks to schedule new services will be contacted by a Financial Counselor who will notify the patient of the Policy and help the patient initiate an Application for financial assistance if requested.

C. Review and Approval. CCAG's Patient Financial Services (PFS) 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.

IX. Physicians not Covered under the CCAG Financial Assistance Policy

Physicians working at each facility 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.akrongeneral.org/financialpolicy, in all our Emergency Departments and admissions areas, and upon request by calling Patient Financial Services (PFS) or asking a CCAG Financial Counselor.

X. Measures to Publicize CCAG's Financial Assistance Policy

CCAG is committed to publicizing this Policy widely within the communities served by CCAG facilities. To that end, CCAG 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. CCAG 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. CCAG 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.
- C. Financial counselors 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. CCAG 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. CCAG will make information regarding its Policy available to appropriate governmental agencies and nonprofit organizations dealing with public health in CCAG's service areas.