

## Financial Assistance Policy

### I. Purpose

Cleveland Clinic Union Hospital's ("Union") policy is to provide Emergency Care and Medically Necessary 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 Union 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 Union will have the financial resources to provide care to patients who are in the greatest financial need.

No individual who is determined to be eligible for financial assistance will be charged more for Emergency Care or Medically Necessary Care than the Amounts Generally Billed to individuals who have insurance covering such care.

### II. Policy Statement

Patients with household incomes up to 100% of the current Federal Poverty Limit (FPL) are eligible under this policy for Emergency Care and Medically Necessary Care at no charge.

Patients with household incomes between 100% and 200% of the current FPL are eligible for a discount off gross charges as described below.

In no case will a patient found to be eligible under this policy be charged more than the Amounts Generally Billed to those with insurance as described in this policy.

Uninsured patients who do not meet these income requirements will receive a discount, calculated using the AGB Percentage for the year in which the care was provided, on gross charges for Emergency Care and Medically Necessary Care that they receive.

Not all physicians that provide Emergency Care and Medically Necessary Care (as defined in this Policy) at Union are covered by this Policy. A list of physicians that are covered under this policy and a list of physicians that are excluded from this policy are maintained on Union's website at the following URL:

<https://my.clevelandclinic.org/-/scassets/files/org/locations/union-hospital/guest-services/doctors-not-covered-by-fap.ashx?la=en>

If a patient has received Emergency Care and Medically Necessary Care that is not covered by this Policy, that patient should contact the office of the physician that provided the care to determine whether that physician's office provides financial assistance to patients under their policy.

### III. Definitions

The following terms are meant to be interpreted as follows in this policy:

1. **Application:** means the process of applying under this policy including (a) by completing the Hospital Care Assurance Application in person, online, or over the phone with a financial counselor or (b) by mailing or delivering a completed paper copy of the Hospital Care Assurance Application.
2. **Medically Necessary Care:** Hospital services or care rendered, both inpatient and outpatient, to a patient in order to diagnose, alleviate, correct, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, and threaten to cause or aggravate a handicap, or result in overall illness.

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3. **Emergency Care or Emergency Treatment:** shall mean the care or treatment for an Emergency Medical Condition, as defined by EMTALA
4. **EMTALA:** The Emergency Medical Treatment and Active Labor Act (42 U.S.C 1395dd). Policy F 5
5. **FPG/FPL:** 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 for awards of financial assistance under this policy.
6. **Uninsured:** Patients with no insurance or third-party assistance/payer to help resolve their financial liability to healthcare providers.
7. **HCAP:** Ohio’s Hospital Care Assurance Program. HCAP is Ohio’s version of the federally required Disproportionate Share Hospital Program. HCAP compensates hospitals that provide a disproportionate share of basic medically necessary hospital-level services to qualified patients.
8. **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.
9. **Sliding Fee:** Patients with household incomes between 101% and 180% of the current FPL are eligible for a sliding scale discount off gross charges already discounted to the Amounts Generally Billed.
10. **Amounts Generally Billed:** The Amounts Generally Billed (“AGB”) for Emergency Care or other Medically Necessary Care necessary services to individuals eligible for financial assistance under this Policy. Union calculates the AGB for a patient using the “look-back” method as defined in the Federal Income Tax Regulations. This method is used to calculate the total amount that patients and their insurance carriers allowed for certain medical services during the previous 12 months divided by the total gross charges for those services. The resulting percentage (the “AGB Percentage”) becomes the discount off gross charges that uninsured patients, who don’t qualify for free care, receive. In following this method, Union used medical claims data from 10/1/2021 – 9/30/2022 to determine what portion of gross charges are typically allowed (by the payer and the covered individual) for claims for Emergency Care and Medically Necessary Care where the primary payer was Medicare fee-for-service or a private commercial insurer.

### IV. Procedures

#### (A) Eligibility

Union will not charge patients who are eligible for financial assistance more for Emergency Care or Medically Necessary Care than the Amounts Generally Billed to insured patients.

Services eligible for financial assistance include emergency or urgent, services deemed medically necessary by Union, and in general, care that is non-elective and needed to prevent death or adverse effects to the patient’s health.

Patients who are uninsured and have a household income up to 100% the Federal Poverty Level will receive free care.

Patients with household incomes between 101% and 180% of the current FPL are eligible for a sliding fee discount as defined below:

Household Income as a Percent of FPL	AGB Discount	Additional Sliding Fee Discount
Over 180%	55%	0%
Over 170% up to 180%	55%	5%
Over 160% up to 170%	55%	10%
Over 150% up to 160%	55%	15%
Over 140% up to 150%	55%	20%
Over 100% up to 140%	55%	25%

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Uninsured patients who do not meet these income requirements will receive a discount of the AGB Percentage, calculated for the year in which the care was provided, on gross charges for Emergency Care or Medically Necessary Care that they receive. The AGB Percentage for the year 2023 is 55 percent.

Determinations of eligibility for free care will require patients to submit a complete financial assistance Application (including all documentation required by the Application) and may require appointments or discussion with Union's financial counselors. The financial assistance Application can be retrieved from the following URL: <https://my.clevelandclinic.org/-/scassets/files/org/locations/union-hospital/guest-services/hospital-care-assurance-program-application.ashx?la=en>

A patient has up to two hundred forty (240) days following the date of the first post discharge statement in which to submit an Application for financial assistance.

When determining patient eligibility, Union does not take into account race, gender, age, sexual orientation, religious affiliation, social or immigrant status, or age of the patient's account.

### **(B) Determining Discount Amount**

Union will provide uninsured patients, who don't qualify for a free care discount on gross charges for Emergency Care or Medically Necessary Care, equal to the AGB Percentage for that given year, thereby reducing the amounts they owe to that representing the amounts which a patient's insurance typically pays. Union recalculates this discount percentage each year.

To calculate this discount, Union uses the "look-back" method. This method accumulates the total amount that patients and their insurance carriers paid for certain medical services during the 12-month look-back period and then divides by the total gross charges for those services. The resulting percentage becomes the discount that uninsured patients receive.

In following this method, Union used medical claims data from 10/1/2021 – 9/30/2022 to determine what portion of gross charges were typically paid (by the payer and the covered individual) for claims for Emergency Care and Medically Necessary Care by Medicare fee-for-service or a private commercial insurer as the primary payors.

### **(C) Applying for Financial Assistance**

To apply for financial assistance, patients must submit a complete Application (including supporting documents) to 659 Boulevard, Dover, OH 44622, either in person or by mail.

Applications can be accessed:

- At the facility cashier window in main lobby
- By mail sent to 659 Boulevard, Dover, OH 44622
- By phone at 330.364.0842
- Online at <https://my.clevelandclinic.org/locations/union-hospital>

Eligible patients may qualify for financial assistance by following Application instructions and making every reasonable effort to provide Union with the requested documentation. Eligible patients must also cooperate with Union to explore alternative means of assistance if necessary, including Medicare and Medicaid, such that Union may make a determination of the patient's qualification for coverage under the program.

In determining eligibility for financial assistance, Union will not request any additional information other than the information required by in the financial assistance Application and set forth below. A patient seeking financial assistance, however, may voluntarily provide additional information if they so choose. Union must complete a process of applicant evaluation and determine coverage before any financial assistance discount may be granted.

In addition to completing an Application, individuals should be prepared to supply the following documentation:

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- Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently supporting themselves
- Copy of most recent tax return
- Payment history of any outstanding accounts for prior hospital services

In addition to the above documentation, Union uses a flexible evaluation platform that utilizes multiple demographic, behavioral and financial variables to perform a comprehensive financial review and determine financial assistance and discount eligibility in lieu of patient-provided data. Several data sources are used including historical data, census data, and credit report data. Results are delivered in a timely, efficient manner, enabling Union to extend appropriate discounts and maintain documentation for auditing. There is no credit report impact. Using such technology allows Union to review as many patients as possible for financial assistance, in keeping with the Affordable Care Act.

For assistance with completing Union's financial assistance Application, you can contact a financial counselor, who would be happy to help or answer any questions that you have, at 330.364.0842.

### **(D) Determination of Eligibility for Financial Assistance Prior to Action for Non-Payment**

Billing and Reasonable Efforts to Determine Eligibility of Financial Assistance. Union 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, Union will bill for care. If the patient is insured, Union 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, Union 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.

Collection Actions for Unpaid Balances. If a patient has an outstanding balance after up to four billing statements have been sent during a 120-day period, the patient's balance may be referred to a collection agency representing Union which will pursue payment. Union and its collection agencies do not report to credit bureaus. Collection agencies representing Union 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. 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.

Review and Approval. Union's Patient Financial Services Department has the authority to review and determine whether reasonable efforts have been made to evaluate whether a Patient is eligible for assistance under this Policy such that extraordinary collection actions may begin for an unpaid balance.

### **(E) Communication of Financial Assistance**

Union shall make this Policy, the Plain Language Summary, and the financial assistance Application available free of charge at our facility (including the emergency room and admission areas), by mail, and online. In addition, all patients will be offered a copy of the Plain Language Summary during the patient intake or discharge process.

- To access any of these documents at the facility, please see the Patient Financial Services Department Cashier Window, 659 Boulevard, Dover, OH 44622

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- To have a hard copy of any of these documents mailed to you, please call 330.364.0842
- These documents can be accessed online at <https://my.clevelandclinic.org/locations/union-hospital>
  - Financial assistance policy
  - Summary of financial assistance policy (plain language)
  - Financial assistance Application

Union communicates the availability of financial assistance through means which include:

- Posting signs within waiting rooms, registration desks, as well as emergency rooms, First Care, and cashier window
- Brochures are located in registration areas in the emergency department, First Care, outpatient areas, and inpatient areas as well as the website.
- Ensuring free copies of financial assistance are available.
- Providing information about the policy and how to apply during verbal communication about the patient's bill via phone calls.

**Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should contact the Patient Financial Services Department with their questions by phone at 330.364.0842.**