



**TRIHEALTH, INC.
CORPORATE POLICY**

TITLE: Hospital and Physician Office Financial Assistance (Free Care, Charity Care, Medical Indigence and Self Pay Discount)	
SECTION: 07	POLICY NUMBER: 06.00
EFFECTIVE DATE: 12/2010	REVIEWED/REVISED DATE(S): 12/2010, 06/2012, Guideline form updated 02/2014, 08/2014, 03/2017
<u>AFFECTED AREAS</u> All TriHealth Entities. This policy acknowledges that other relevant and applicable policies and procedures exist that have been drafted, approved, and adopted by entities (and departments) within TriHealth and are specific to those departments or entities. Interpretation of these other policies must comply with the principles adopted by Corporate Policy #12_01.00, "Corporate Policies, Development & Implementation".	
POLICY OWNER: Sr. Vice President & CFO Finance	
APPROVED BY: Corporate Policy & Procedure Committee President of Health Service & System COO President & CEO Board of Trustees	

PURPOSE

Defines the guidelines under which patients are determined to be eligible for free care or financial assistance and identifies who is responsible for administering the guidelines.

BACKGROUND

Good Samaritan Hospital was founded by the Sisters of Charity, generous women who saw needs and tried to meet them. The German Methodist Deaconesses, who began Bethesda Hospital, were also generous women who tried to provide care to those in need. Both TriHealth founders sought community contributions to aid them in their care for the poor because the mission could not be accomplished nor survive without adequate funding. TriHealth continues its tradition of response to legitimate community need with its free and reduced cost care for eligible patients through its formal Hospital and Physician Office Financial Assistance Policy ("Policy").

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|---|---|
| <input type="checkbox"/> TJC Std: | <input type="checkbox"/> Licensure |
| <input type="checkbox"/> Regulatory Agencies: <u>Ohio Department of Medicaid (ODM); Internal Revenue Service, IRC §501(r)</u> | <input type="checkbox"/> Other: Departmental Standard |

POLICY

TriHealth is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation and eligibility criteria.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with TriHealth’s procedures for obtaining financial assistance or other forms of payment and to contribute to the cost of their care based on their individual ability to do so. This includes applying for Medicaid and/or products on the Health Insurance Marketplace (Exchange) if applicable. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow TriHealth to provide the appropriate level of assistance to the greatest number of persons in need, the following guidelines are established for the provision of patient financial assistance.

EMERGENCY MEDICAL CARE:

TriHealth provides emergency medical care without discrimination regardless of one’s eligibility for Financial Assistance under this Policy. TriHealth will not discourage patients from seeking emergency care through actions, such as requesting that patients pay before receiving emergency medical attention. Emergency medical services, pursuant to EMTALA, are provided to all TriHealth patients in a non-discriminatory fashion.

PROCEDURE

I. Eligible Services

Services eligible under this Policy (“Eligible Services”) include all emergency and other medically necessary services including the below. For a list of included facilities and providers, see Exhibit B.

- Acute hospital services, whether emergent, inpatient or outpatient
- Services delivered by TriHealth Physicians in a TriHealth facility (professional bill)
- Physician Office Visits with a TriHealth Physician or other employed provider

Services excluded under this Policy include the following:

- Services that are not medically necessary
- Services not billed by TriHealth, including physician services, home health services, ambulance services, etc.
- Elective cosmetic surgery, elective sterilization and reverse sterilization procedures, fertility diagnosis and treatment and associated screening tests.
- Services not covered by Medicaid.
- Retail pharmacy take-home drugs.
- Patient convenience items.

TriHealth maintains a list of providers who are not employed by TriHealth but provide Eligible Services and such list identifies whether or not this Policy applies to those providers. The list is available online at <http://www.trihealth.com/tools/pay-your-bill/financial-assistance/> and may be obtained in print for free at Bethesda North Hospital 10500 Montgomery Rd, Cincinnati, OH 45242/Good Samaritan Hospital 375 Dixmyth Ave, Cincinnati, OH 45220 or by calling (513) 865-5148/ (513) 862-4745.

II. Financial Assistance Programs for Eligible Patients Based on Financial Need

Any patient receiving an Eligible Service may be eligible for one of the below Financial Assistance programs if the patient meets any of the following criteria:

A. Eligibility for Free Care via Ohio Hospital Care Assurance Program (HCAP): Eligibility for HCAP will be considered for hospital services only and for residents of the state of Ohio. Ohio residents who apply for Financial Assistance and meet the eligibility requirements as stipulated by the Hospital Care Assurance Program (HCAP), as administrated through the Ohio Department of Medicaid, will be deemed eligible for HCAP. Free care is based on the Federal Income Poverty Guidelines as annually published by the Department of Health and Human Services (HHS) in the Federal Register (see Exhibit A).

B. Eligibility for Financial Assistance Based on Financial Need: Eligibility for Financial Assistance, funded by TriHealth, will be considered for those individuals who are Uninsured, Underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of Financial Need in accordance with this Policy. The granting of Financial Assistance shall be based on an individualized financial assessment, and shall not take into account age, gender, race, sexual orientation or religious affiliation.

1. **Underinsured/Uninsured Discount:** An Underinsured/Uninsured patient may receive a discount between eighty to one hundred percent (80%-100%) of the patient balance based on Family Income and Financial Need as determined by federal poverty levels for Eligible Services (see Exhibit A). The amount of the discount provided above shall in all cases be great enough so that the patient is not personally responsible for paying more than the Amounts Generally Billed (AGB).
2. **Presumptive Eligibility:** In the event that TriHealth lacks evidence to support a patient's eligibility for Financial Assistance, TriHealth will use outside agencies and/or data

sources in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential discount amounts. Uninsured or Underinsured patients, who meet any of the following criteria, may be granted eligibility presumptively:

1. Patients who have a “homeless” or “transient” status
2. Account is identified in official bankruptcy notice
3. Patient is deceased with no estate assets
4. Participation in Women, Infants and Children programs (WIC)
5. Food stamp eligibility
6. Subsidized school lunch program eligibility
7. Low income/subsidized housing is provided as a valid address

C. Medical Indigence: Any patient whose medical bills for Eligible Services exceed one hundred percent (100%) of the patient’s Family Income after the application of all other discounts, as described in paragraph D below, may receive an additional discount on the amount remaining after the application of all other discounts equal to the greater of (i) sixty percent (60%), or (ii) the amount necessary to ensure that the portion of the original bill for which the patient is responsible is less than the AGB of the original bill.

D. Deductible Assistance: For patients needing assistance with their balance after insurance, (i.e., deductibles) the patient or family member can apply for the Hospital’s Financial Assistance program. Financial Assistance may be granted for the portion of the bill for which the patient is responsible based on Family Income and Financial Need as determined by federal poverty levels for Eligible Services (see Exhibit A).

III. Self Pay Discount – Not Based on Financial Need

The following discount is not based on Financial Need or satisfying eligibility criteria under this Policy. This discount is included in this Policy, rather, as an administrative convenience and benefit to TriHealth’s patients.

A patient that chooses to be listed as Self Pay either by choice or because the patient is Uninsured and has not applied for Financial Assistance nor is presumed to be eligible for Financial Assistance will receive an initial discount off charges for Eligible Services according to the below service type. Should this patient apply for Financial Assistance and be deemed eligible for greater discounts or other programs, the initial discount (per table below) would be reversed and the greater discount given based upon such eligibility.

<u>Service Type</u>	<u>Discount</u>
Hospital Services	35%
Primary Care Provider	25%
Specialty Provider	35%

IV. Determination of Financial Need

A. Financial Assistance Guidelines. Eligible Services will be made available to a patient on a sliding fee scale, in accordance with Financial Need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination.

1. Patients whose Family Income is equal to or less than 150% of the FPL as determined by the financial assessment will receive a 100% discount for Eligible Services provided by TriHealth.
2. Patients whose Family Income exceeds 150% but is equal to or less than 300% of the FPL as determined by a financial assessment will receive an 80% discount for Eligible Services.

To receive either discount above for Eligible Services provided in a TriHealth hospital, an individual is required to complete a Financial Assistance application (see Exhibit C).

B. Procedure. To be considered for Hospital Financial Assistance, the following steps will or may occur:

1. “Application period” means the period during which TriHealth must accept and process an application for financial assistance under the Financial Assistance policy. The Application Period begins on the date the care is provided and ends on the 240th day after TriHealth provides the first post-discharge billing statement. Thereafter, TriHealth, in its sole discretion, may choose not to accept applications under the Financial Assistance Policy.
2. The patient or family member must complete the Hospital Financial Assistance application (see Exhibit C), which includes reporting gross income for a minimum of 3 months (up to 12 months) prior to the date of service. Proof of income is required, except for certain situations as determined by TriHealth management.

3. TriHealth may use third party and/or external, publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (including, but not limited to, credit scoring);
4. TriHealth may explore alternative sources of payment and coverage from public and private payment programs and assist patients to apply for such programs. If other sources are deemed available, the patient/family member must cooperate in the application of these other sources to be considered for the Hospital's Financial Assistance program.
5. TriHealth may review the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
6. TriHealth, upon audit of data received on a patient's ability to pay (such as credit scoring), may request proof of such financial information such as tax returns, W2's, pay stubs, bank statements or other applicable financial documents.

C. Initial Determination and Re-evaluation

A determination of Financial Need will be used to determine a patient's eligibility to receive Eligible Services.

1. Inpatients will be required to complete an application for each admission unless the patient is readmitted within 45 days of discharge for the same underlying condition.
2. Approved outpatient applications are effective for 90 days from initial date of services.
3. An inpatient application can be used to cover outpatient services for the patient in the 90-day period immediately following the first day of the inpatient stay.

D. Timeliness. TriHealth's values of human dignity and stewardship shall be reflected in the application process, the Financial Need determination and granting of Financial Assistance. Requests for Financial Assistance shall be processed promptly, and TriHealth shall notify the patient or applicant within forty-five (45) days of receipt of a completed application including all necessary documentation.

IV. Publication of the Policy to Patients and the Public

TriHealth will widely publicize this Policy to assist its patients and the community in receiving access to Financial Assistance. This Policy, the Financial Assistance application and a plain language summary of this Policy shall be made publicly available as follows:

- information will be provided by registration personnel;
- information will be included with patient statements;

- information will be posted on signage and be available within the hospitals (including emergency areas, admission and registration departments and business offices);
- information will be posted on TriHealth's website; and
- information will be available and/or posted at other public locations in TriHealth hospitals as TriHealth may elect

TriHealth shall inform the community served by its hospitals through methods reasonably calculated to reach those community members most likely to require Financial Assistance, such as providing copies to local food banks.

Such information shall be provided in the languages considered by TriHealth to be commonly spoken by the population it serves as described in Title VI of the Civil Rights Act. If translation or other assistance is needed to facilitate completion of TriHealth's Financial Assistance application, translation and other reasonable requests for assistance will be provided.

Referral of patients for a determination of Financial Assistance may be made by any member of the TriHealth staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors or by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

V. Relationship to Collection Policies

Consistent with its Billing and Collections policy, TriHealth will not pursue Extraordinary Collection Actions (ECAs) against a patient or guarantor before TriHealth has made all reasonable efforts to determine whether the patient is eligible for Financial Assistance under this Policy.

The collection actions TriHealth may take if a Financial Assistance application and/or payment are not received are described in TriHealth's Billing and Collections policy.

For more information on the steps TriHealth will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see TriHealth's Billing and Collections Policy.

- You can request a free copy of this Financial Assistance Policy and the Billing and Collections policy at TriHealth's facilities, by mail at HCAP/Financial Assistance, 619 Oak St, Cincinnati, OH 45206, by calling (513)865-5148/(513)862-4745 or online here: <http://www.trihealth.com/tools/pay-your-bill/financial-assistance/>

VI. Determining the Amounts Charged to Patients:

TriHealth may potentially bill a patient for gross charges prior to knowing that the patient qualifies for Financial Assistance. TriHealth, however, will not use gross charges when billing individuals who TriHealth knows qualify for Financial Assistance.

Once eligibility for Financial Assistance has been established, TriHealth will not charge patients who are eligible for Financial Assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.

VII. AGB Calculation Method

To calculate the Amounts Generally Billed (AGB), TriHealth uses the “look-back” method described in Treasury Regulation 1.501(r)-5(b)(3).

In this method, TriHealth uses data based on claims sent to Medicare fee-for-service and all private health insurers for emergency and medically necessary care over the past 12-month period to determine the percentage of gross charges that is typically allowed by these insurers.

The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. TriHealth recalculates the percentage each year. In 2017, the AGB percentage for outpatient and inpatient services is 30%.

No patient eligible for Financial Assistance will be charged more than the AGB for Eligible Services, after the determination of eligibility has been made.

VIII. Other Provisions

A. Staff Training. TriHealth will train its staff in the Admitting/Registration, Financial Counseling, Patient Accounting departments and physician offices with regard to the availability of Financial Assistance under this Policy.

B. No Expectation of Referrals. Discounts offered under this Policy will not in any way be tied to future access to or provision of health care services covered by a federal or commercial program or payer. Similarly, no discount will be offered in response to current, past or future health services as a reward for accessing these services.

C. Management Annual Report and Budgeting. TriHealth will periodically evaluate its Financial Assistance program under this Policy and will prepare annual reports as appropriate. The costs of Financial Assistance will be reported annually in TriHealth’s community benefit report, in audited financial statements, and elsewhere as appropriate.

D. Regulatory Requirements. In implementing this Policy, TriHealth management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

DEFINITIONS

For the purpose of this Policy, the terms below are defined as follows:

“**Family**” has the following meaning depending upon the age and circumstances of the patient:

- (a) If the patient is eighteen years of age or older, then “**Family**” means:
- (i) the patient;
 - (ii) the patient’s spouse, regardless of whether he/she lives in the patient’s home or are separated; and
 - (iii) all of the patient’s children, natural or adoptive, under the age of eighteen who live in the patient’s home
- (b) If the patient is under eighteen years of age, then “**Family**” means:
- (i) the patient;
 - (ii) the patient’s natural or adoptive parent(s), regardless of whether he/she lives in the patient’s home; and
 - (iii) all of the parent(s)’ children, natural or adoptive, under the age of eighteen who live in the patient’s home
- (c) If the patient is the child of a minor parent who still resides in the home of the patient’s grandparents, then “**Family**” means:
- (i) the parent(s); and
 - (ii) the parent(s)’ children, natural or adoptive, who reside in the home

“**Family Income**” means income from all members of the patient’s Family who are 18 years of age or older. For purposes of this definition, Income, as determined on an annual, pre-tax basis and exclusive of capital gains and losses, includes:

- gross wages, bonuses, tips, farm and self-employment income, unemployment compensation, strike benefits, workers’ compensation, Social Security benefits, Supplemental Security Income, public assistance (excluding noncash benefits), military family allotments, veterans’ benefits, survivor benefits, pension or retirement income, training stipends, interest, dividends, rents, royalties, tax refunds, income from estates and trusts, insurance and annuity payments, educational assistance, alimony, child support (provided that the patient is the child who is the intended recipient of the child support), regular support from family members living outside the household, and other miscellaneous sources, if significant.

“**Financial Assistance**” means healthcare services that have or will be provided but are never expected to result in cash inflows that result from TriHealth’s policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

“**Financial Need**” means a Family Income that is demonstrated to not exceed three hundred percent (300%) of the Federal Poverty Guidelines as established for the corresponding Family size.

“**Medical Indigence**” means the situation when a patient’s medical bills for Eligible Services exceeds one hundred percent (100%) of the patient’s Family Income after the application of all eligible discounts available under this Policy.

“**Physician**” means a physician employed by TPP.

“TPP” means TriHealth Physician Partners and any other TriHealth physician office

“Uninsured” means the patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

“Underinsured” means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

OTHER AREAS/POLICIES OR PROCEDURES

Billing and Collections Policy (#07_06.00)

Exhibit A - Hospital and Physician Office Financial Assistance Discounts for Uninsured and Underinsured

FINANCIAL ASSISTANCE: FAMILY ELIGIBILITY AND DISCOUNT GUIDELINES
EFFECTIVE JANUARY 26, 2017

Uninsured & Underinsured	100% Discount	80% Discount
Family Size	(100% - 150% of Poverty Guidelines)	(151% - 300% of Poverty Guidelines)
1	Family Income at or below \$12,060	Family Income between \$12,061 and \$36,180
2	Family Income at or below \$16,240	Family Income between \$16,241 and \$48,720
3	Family Income at or below \$20,420	Family Income between \$20,421 and \$61,260
4	Family Income at or below \$24,600	Family Income between \$24,601 and \$73,800
5	Family Income at or below \$28,780	Family Income between \$28,781 and \$86,340
6	Family Income at or below \$32,960	Family Income between \$32,961 and \$98,880
7	Family Income at or below \$37,140	Family Income between \$37,141 and \$111,420
8	Family Income at or below \$41,320	Family Income between \$41,321 and \$123,960

**For families with more than 8 persons, add \$4,180 for each additional person.

Exhibit B– List of Entities Subject to This Policy

A list of providers who offer Financial Assistance under this Policy may be found below and online: <http://www.trihealth.com/tools/pay-your-bill/financial-assistance/>

Bethesda Arrow Springs
Bethesda Butler Hospital
Bethesda North Hospital
Good Samaritan Glenway
Good Samaritan Hospital
Good Samaritan Western Ridge
McCullough-Hyde Memorial Hospital
TriHealth Anderson
TriHealth Evendale Hospital
TriHealth Kenwood
TriHealth Physician Partners

Exhibit C– Copy of Financial Assistance Application

TriHealth Financial Assistance/HCAP Application Solicitud de Asistencia Financiera/HCAP de TriHealth

Patient/Guarantor Info / Información del paciente/garante		Dates of service/ Fechas del servicio	
Date of Birth / Fecha de nacimiento	Phone / Teléfono	Social Security Number / Número de seguridad social	
Address / Dirección	City / Ciudad	State / Estado	Zip/ Código postal
Marital Status (circle one) / Estado civil (marque una opción con un círculo):			
Single/ Soltero	Married/ Casado	Separated/ Separado	Divorced/ Divorciado Widowed/ Viudo
Do you have health insurance? / ¿Tiene seguro de salud?: YES/SÍ NO			
If Yes, list the name of your insurance plan/ Si tiene, escriba el nombre de su plan de seguro _____			

The following information must be provided for all people in your immediate family who live in your home. For purposes of this application, "Immediate Family" is defined as the parent(s), Patient's spouse (regardless of whether they live in the home), and all of the Patient's children under 18 (natural or formal adoption) who live in the Patient's home.

La siguiente información se debe proporcionar para todas las personas de su familia inmediata que viven en su hogar. A los fines de esta solicitud, "familia inmediata" se define como el padre y la madre, el cónyuge del paciente (independientemente de si viven en el hogar) y todos los hijos menores de 18 años (naturales o por adopción formal) que vivan en la casa del paciente.

First Name Nombre	Last Name Apellido	Date of Birth Fecha de nacimiento	Social Security Number Número de seguridad social	Relationship to You /Parentesco con usted Circle one/Marque una opción con un círculo
				Spouse/ Cónyuge Child/Hijo Parent/ Padre o madre
				Spouse/ Cónyuge Child/Hijo Parent/ Padre o madre
				Spouse/ Cónyuge Child/Hijo Parent/ Padre o madre
				Spouse/ Cónyuge Child/Hijo Parent/ Padre o madre
				Spouse/ Cónyuge Child/Hijo Parent/ Padre o madre

REQUIRED / OBLIGATORIO

Total gross family income (income before taxes) for the previous 3 months from date of service \$ _____
Ingresos familiares brutos totales (ingresos antes de pagar impuestos) de los 3 meses anteriores a la fecha del servicio

Total gross family income (income before taxes) for the previous 12 months from date of service \$ _____
Ingresos familiares brutos totales (ingresos antes de pagar impuestos) de los 12 meses anteriores a la fecha del servicio

If you list your income as \$0, please provide a brief explanation regarding how you are being supported to meet your daily needs.
Si informa que sus ingresos son \$0, proporcione una explicación breve de cómo se mantiene para cubrir las necesidades diarias.

*This document is legal and binding. You may be asked to provide documentation to support the income information you have provided. Your signature attests that, to your knowledge, the information provided is accurate.
Este documento es legal y vinculante. Es posible que le pidamos que proporcione documentación que respalde la información de ingresos que proporcionó. Su firma asegura que, a su leal entender, la información proporcionada es precisa.*

Signature / Firma Date/Fecha

Account Number(s)/Número(s) de cuenta(s):

Mail completed application to: Financial Assistance, TriHealth Inc., 619 Oak Street, Cincinnati, OH 45206-9975
Envíe la solicitud completa por correo a: Financial Assistance, TriHealth Inc., 619 Oak Street, Cincinnati, OH 45206-9975
<http://www.trihealth.com/tools/pay-your-bill/financial-assistance/>