PURPOSE:

The purpose of this policy is to define the requirements of Kettering Health's (KH) Financial Assistance Program including processes for application.

DEFINITIONS:

Amount Generally Billed (AGB): As defined in Internal Revenue Service (IRS) code 26 CFR 1.501(r) 1(b)(1), the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

Emergency Medical Condition: As defined in IRS code 42 CFR 489.24(b) means,

1. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in –
   a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
   b. Serious impairment to bodily functions; or
   c. Serious dysfunction of any bodily organ or part; or
2. With respect to a pregnant woman who is having contractions –
   a. That there is inadequate time to affect a safe transfer to another hospital before delivery; or
   b. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Extraordinary Collection Actions (ECA): A list of the collection activities, as defined by the IRS, that healthcare organizations may take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance.

Family Size and Household Income: Family members 18 years and older include spouse, domestic partner as defined by the state, and dependent children under 21 years old, whether living at home or not. Family members of persons under 18 years old include patients, caretaker relatives or other children less than 21 years of age, whether living at home or not. Income includes salaries, wages, retirement monthly withdrawals, and cash receipts before taxes. Other sources of income may include, but not limited to, alimony, child support, veteran's benefits, unemployment compensation, and any inherited monetary gains.

Federal Poverty Guidelines/Level (FPG/FPL): Poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

Financial Assistance Policy (FAP): The hospital policy that considers income and family size to determine a discount from billed charges.

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Hospital Care Assurance Program (HCAP): HCAP is the Ohio Department of Medicaid's mechanism for meeting the federal requirement to provide additional payments to hospitals that provide a disproportionate share of uncompensated services to the indigent and uninsured. Patients must be below 100% of the FPG and a resident of the State of Ohio.

KH Sliding Scale: A list of financial assistance programs available along with income eligibility requirements and discount percentages offered.

Medically Necessary Care: Hospital services as defined in Ohio Administrative Code Chapter 5160-1-01 which includes inpatient and outpatient services covered under the Medicaid program and is defined as services to treat a medical condition and without medical attention places the health of the individual in serious jeopardy and/or causes serious impairment to bodily functions or serious dysfunction to a bodily organ.

Presumptive Eligibility: The process by which Kettering Health may use previous eligibility determinations and/or information from sources other than those directly provided by the individual to determine eligibility for the Financial Assistance Program.

Public Assistance: Medicaid or other government funded assistance

POLICY:

KH is committed to providing financial assistance to patients who have sought Emergency or Medically Necessary care that meets the eligibility requirements for the Financial Assistance Program outlined in this policy.

KH will not engage in Extraordinary Collection Activities (ECA) against an individual to obtain payment for care before KH has made reasonable efforts to determine whether the individual is eligible for assistance for the care under the Financial Assistance Program outlined in this policy.

Furthermore, KH prohibits any actions that would discourage individuals from seeking emergency medical care, such as by demanding the emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, or emergency medical care. KH will provide, without discrimination, emergency medical care or medically necessary care as defined in this policy to individuals regardless of ability to pay, eligibility under this policy, or eligibility for public assistance.

PROGRAMS: KH provides free or discounted services to eligible patients for Emergency or Medically Necessary Care. These programs are as follows:

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1. **Hospital Care Assurance Program (HCAP)**. HCAP, administered by Ohio's Department of Medicaid, provides funding to hospitals that provide a disproportionate share of uncompensated services to the indigent and uninsured.
2. **Financial Assistance Program.** KH's Financial Assistance Program provides assistance to eligible individuals for Emergency or Medically Necessary Care in accordance with KH's Sliding Scale. Individuals seeking assistance under this policy are expected to cooperate with all requests for information from KH or its authorized representatives or agents. As part of the process, individuals will undergo screening for Medicaid and financial assistance.

Uninsured or underinsured individuals may be eligible for other patient discount programs for Emergency or Medically Necessary Services. Such discounts shall not be combined with other discount programs unless explicitly allowed by such programs.

Financial assistance is not applicable to certain services or hospital programs where elective pricings have already been taken into consideration.

ELIGIBILITY REQUIREMENTS:

Financial assistance will be considered for those individuals who are uninsured and underinsured with eligible medical costs and who are unable to pay for their care, based on determination of financial need in accordance with this policy. Patients who qualify for financial assistance will not be refused care due to inability to pay and may include any of the following conditions:

1. Individual has no third-party insurance coverage
2. Individual is insured but qualifies for assistance based on financial need to pay for the individual's balance after insurance
3. Individual meets State of OH Health Care Assurance Program (HCAP) charity requirements

ELIGIBILITY CRITERIA:

KH Financial Assistance Program eligibility is based upon income levels of up to 400% of FPG/FPL and is prorated in accordance with the KH Sliding Scale. Income will be verified by using personal financial statements or obtaining copies of the applicant's most recent Form W2, Form 1040 bank statements, or any other form of documentation of income.

ELIGIBLE PROVIDERS:

This policy only applies to eligible KH charges. KH patients may also be seen by private physician groups or other third-party providers. These health care providers are not covered by this policy and do not participate in KH's Financial Assistance Program; however, these providers may have their own financial assistance program.

A list of participating and nonparticipating providers is maintained on a separate document, which is

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updated quarterly, and is not attached to this policy. Individuals may obtain this list, free of charge, on KH's website, www.ketteringhealth.org/financial, or by contacting KH Customer Service at (866)-319-2981.

APPLICATION PROCESS:

To apply for KH Financial Assistance Program, individuals should submit a **completed** application including supporting documents as required and/or requested, either in person, by mail, or electronically.

1. The financial assistance form is available in the emergency departments and registration areas of the hospital and on the KH website at www.ketteringhealth.org/financial. Individuals may also request the application by mail or email by contacting a financial counselor at financialcounselors@ketteringhealth.org.
2. A completed application form should be signed by the individual or his/her authorized representative as appropriate. In addition to completing the application form, individuals should supply, but not limited to, the following documentation:
    a. Proof of income for applicant (and spouse, if applicable) such as pay stubs, unemployment payment stubs, or other information on how patients are currently financially supporting themselves
    b. Bank statements
    c. Tax return
3. Financial assistance application will be considered up to 240 days after the first post discharge billing statement.
4. KH may use, as an exception, a previous determination of financial assistance eligibility as a basis for determining current eligibility in the event the individual is not able to provide sufficient documentation to support an eligibility determination. Additionally, a financial application will be considered valid up to six (6) months after the last date of application approval.
5. KH will review the application and supporting documents received to determine eligibility for the appropriate discount percentages in accordance with the KH Sliding Scale.

COMPLETE FINANCIAL ASSISTANCE PROGRAM APPLICATIONS:

If an individual submits a completed application during the application period, KH will:

1. Suspend any ECAs to obtain payment for the care;
2. Make and document the determination as to any individual's eligibility for financial assistance in a timely manner and notify the individual in writing of the eligibility determination including, if applicable, the assistance for which the individual is eligible and the basis for this determination.
3. If KH determines the individual is FAP-eligible for the care, KH will do the following:

    a. Provide the individual with a billing statement and letter (not required for $0 balance) that indicates the amount the individual owes for the care as a FAP-eligible individual and how that amount was determined and that states, or describes how the individual can get information regarding, the AGB for the care

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b. Refund excess payments to the individual provided no other balances are due that are ineligible for financial assistance (with the exception of Presumptive Eligibility)
c. Take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.

PRESUMPTIVE ELIGIBILITY:

Individuals may be presumed eligible for KH Financial Assistance Program without a completed application on file. KH may use different individual life circumstances that include, but may not be limited to, the list below as the basis for Presumptive eligibility.

1. Homelessness or received care from a homeless clinic.
2. Individual is deceased with no known estate.
3. Individual is incarcerated.
4. Individual is Medicaid eligible but not on the date of service.

KH may also utilize third-party scoring to determine if individuals have presumptive financial assistance eligibility. Individuals who were presumed eligible for less than the maximum assistance under KH Financial Assistance Program may submit additional information outlined in this policy for further review. Individuals presumed to be FAP-eligible, who make payments more than the AGB, will no longer be considered FAP-eligible unless they submit an application and are approved.

KH SLIDING SCALE:

PROGRAM	% FPL	DISCOUNT
HCAP	0% - 100%	100%
Financial Assistance – Extended	0% - 250%	100%
Financial Assistance – Basic	251% - 400%	80%

KH will not charge individuals determined to be FAP-eligible more than the established AGB outlined in this policy for Emergency or Medically Necessary Services.
No patient of a Rural Health Clinic will be denied access to services due to inability to pay.

AMOUNT GENERALLY BILLED (AGB):

KH determines the AGB by utilizing the "look-back" method. In accordance with IRS Code §1.501(r)-5(b)(3)(i), KH calculates its AGB percentage based on Medicare fee-for-service and all private health insurers that pays claims to KH. The AGB percentage is calculated by dividing the sum of all claims allowed by private pay insurers (including Medicare Advantage) and Medicare (Traditional) by the sum of the associated gross charges of claims for services with a discharge date from the previous 12-month period.

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Each hospital under the same Medicare provider agreement calculates its own AGB separately, however, KH uses the same discount for all of KH based on the AGB percentage that yielded the largest discount.

DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE PRIOR TO ACTION OF NONPAYMENT:

KH makes reasonable efforts to determine whether an individual is eligible for assistance under the policy prior to or at the time of admission or service. If an individual has not been determined eligible for financial assistance prior to discharge or service, KH will bill for care.

If the individual is insured, KH will bill the individual's insurance provider(s) on record. Upon payment or response from the individual's insurance provider(s), any allowable remaining patient responsibility will be billed directly to the individual. In instances wherein there is a stop in insurance payment of a claim due to the individual needing to provide additional information to his/her insurer, the charges will be billed to the individual directly.

If the individual is uninsured, KH will bill the individual for the charges.

BILLING STATEMENT:

1. Individuals will receive a series of statements up to four statement levels delivered to the patient's preferred method either by mail to the address on record or electronically. Only accounts with an unpaid balance will receive a billing statement. KH representatives and/or authorized agents may attempt to contact individuals during the billing cycle which will be documented on the individual's account record.
2. Billing statements included the following information:
    a. Date(s) of service(s)
    b. Brief description of the service(s)
    c. Amount owed for the service(s) provided
    d. Contact information for addressing billing inquiries and disputes
    e. Contact information for inquiring about Financial Assistance
3. The billing statement includes Kettering Health Medical Group (KHMG) and KH hospital facilities services only. Statements from Kettering Transport Services, non-KHMG physicians or other non-KH facilities involved with your care will be sent separately. For assistance with these additional statements, please contact the physician's office or facility directly.

ACTIONS TAKEN IN THE EVENT OF NONPAYMENT:

KH will make reasonable efforts to determine whether an individual is eligible for financial assistance before it engages in ECAs. KH or its authorized agents will not initiate any ECAs for at least 120 days from the date KH provides the first post-discharge billing statement. Prior approval must be obtained before any ECAs may be initiated. If KH approves to engage in ECA, before any ECAs are initiated, KH or its authorized agent will:

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1. Provide the individual with a written notice that:
   a. Indicates financial assistance is available for eligible individuals;
   b. Identifies the ECA(s) that KH or its authorized agents intend to initiate to obtain payment for the care; and
   c. States a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided
2. Provide the individual with a Plain Language Summary (PLS) of KH FAP
3. Make reasonable effort to orally notify the individual about KH FAP and about how individual may obtain assistance with the application process.

REVIEW AND APPROVAL:

KH Vice President of Revenue Cycle or Senior Leader of Patient Financial Services has the authority to review and determine whether reasonable efforts have been made to evaluate whether the individual is eligible for assistance under this policy prior to the initiation of any ECAs.

MEASURES TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY:

KH FAP, financial assistance application form, and PLS of KH FAP (collectively FAP Documents) are transparent and widely available to the communities served on its website, www.ketteringhealth.org/financial, and upon request at all KH emergency departments and registration areas.

KH signage that notifies and informs patients that KH offers financial assistance including how or where to obtain more information about the program, the application process, and how to obtain copies of the FAP Documents will be conspicuously displayed in public locations in KH facilities including, at a minimum, the emergency room and admission areas.

KH offers a paper copy of the PLS of KH FAP to patients as part of the intake process.

Individuals may request copies, free of charge, of any of the FAP Documents by mail or email by contacting a financial counselor at financialcounselors@ketteringhealth.org.
KH also accommodates other populations that have limited English proficiency by translating the FAP Documents in to the Top 15 Non-English Languages in Ohio issued by the Centers for Medicare and Medicaid Services (CMS).

INFORMATION:

For additional questions or concerns about this policy, applications, or programs available, please call the location where you are scheduled or received care at the phone numbers listed below, or KH Customer Service at (866)-319-2981.

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FACILITY	LOCATION	PHONE NUMBER
Kettering Health Behavioral Medical Center A Service of Kettering Health Miamisburg	5350 Lamme Rd Moraine, OH 45439	937-384-8774
Kettering Health Dayton	405 West Grand Ave Dayton, OH 45405	937-723-3237
Kettering Health Greene Memorial	1161 North Monroe Dr Xenia, OH 45385	937-352-2201
Kettering Health Hamilton	630 Eaton Ave Hamilton, OH 45013	513-867-2301
Kettering Health Main Campus	3535 Southern Blvd Kettering, OH 45429	935-395-8880
Kettering Health Miamisburg	4000 Miamisburg Centerville Rd Miamisburg, OH 45342	937-384-8774
Kettering Health Troy	600 West Main St Troy, OH 45373	937-980-7001
Kettering Health Washington Township	1997 Miamisburg Centerville Rd, Washington Township, OH 45459	937-401-6215
Soin Medical Center – Kettering Health	3535 Pentagon Blvd Beavercreek, OH 45431	937-702-4875

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SPONSORING DEPT: Network Revenue Cycle
DEPARTMENTS AFFECTED: All KH Hospital Departments
DATE OF ORIGIN: 10/3/17