



## Financial Assistance Policy

Target Group:		Original Date of Issue:	Version:
Approved by:	Date Last Approved/Reviewed:	Prepared by:	Effective Date:

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

### Regulatory Requirement/References:

**This Policy is in compliance with Internal Revenue Code Section 501(r) and related Treasury Regulations.**

### Oversight and Responsibility:

**The Director of Finance of Regency Hospital of North Central Ohio, LLC, d/a/b, Regency Hospital of Cleveland East (“Cleveland East”) and Regency Hospital of Cleveland West (Cleveland West) and Select Specialty Hospital – Cleveland, LLC, d/b/a, Select Specialty Hospital - Fairhill (Cleveland Fairhill), and Select Specialty Hospital - Cleveland Gateway (Cleveland Gateway) (collectively, hereinafter referred to as “Hospital”) is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements; provided, that all revisions and amendments require the approval of the Board of Select Cleveland Hospitals, LLC.**

*It is the responsibility of the hospital, department and discipline to implement the policy.*

## **Financial Assistance Policy**

Hospital's policy is to provide Medically Necessary Care to patients without regard to race, creed, or ability to pay. Patients who do not have the means to pay for services provided at Hospital 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 Hospital will have the financial resources to provide care to patients who are in the greatest financial need.

### **I. Background**

- A. Hospital is a long term acute care hospital that is operated and managed in a manner that is generally consistent with the requirements of The Cleveland Clinic Foundation under section 501(c)(3) of the Internal Revenue Code and charitable institutions under state law.
- B. Hospital is committed to providing Medically Necessary Care. "Medically Necessary Care" is provided to patients without regard to race, creed, or ability to pay.
- C. The principal beneficiaries of the Financial Assistance 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 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.

### **II. 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 Hospital financial assistance application in person, online, or over the phone with a representative or (b) by mailing or delivering a completed paper copy of the Hospital Financial Assistance Application to Hospital.

“CBO” means Central Billing and Collections Office.

"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.

"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 in which medical services are sought for at least six (6) months at the time services are provided or who otherwise has the intent to remain in the state in which medical services are sought 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 (iii) whose insurance benefits do not cover the Medically Necessary Care the patient is seeking.

### **III. Relationship to Other Policies**

- A. HCAP Policy. Hospital participates in HCAP. All HCAP services are governed by Hospital 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.
- B. Policy Relating to Emergency Medical Care – Emergency care is not provided at Hospital.
- C. 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 applicable hospital's case management department for more information.

#### **IV. Eligibility Criteria for Financial Assistance**

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

Patients seeking care at Hospital are eligible for financial assistance under this Policy under one of the three following categories of financial eligibility:

- A. 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 Medically Necessary Care for inpatient hospital services, and
  - iii. Who are Residents of Ohio.
- B. 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:
  - i. Exceptional Circumstances - Patients who relay that they are undergoing an extreme personal or financial hardship (including a terminal illness or other catastrophic medical condition).
  - ii. Special Medical Circumstances - Patients who are seeking treatment that can only be provided by Hospital medical staff or who would benefit from continued medical services from Hospital for continuity of care.

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

- C. Medicaid Screening. Uninsured Patients seeking care at a Hospital 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.

- iii. Any 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. The financial assistance application may be found in our Admissions areas, or from a representative at our facility or business office.
- ii. If there is a discrepancy between two sources of information, a Hospital representative may request additional information to support Annual Family Income.
- iv. Exceptional Circumstances. Hospital will initiate an Application for any patient identified at Hospital as having incurred or being at risk to incur a high balance or as reporting an extreme personal or financial hardship. Hospital will gather information on financial circumstances and personal hardships from the patient. Determinations are made by the Hospital CBO Manager under the direction of VP, Billing Operations. The patient will be notified of the final determination.
- v. Special Medical Circumstances. Hospital will initiate an Application for any patient identified during the scheduling or admission process as having potential special medical circumstances and a representative will solicit a recommendation from the Hospital physician who is or would be providing the treatment or care as to whether the patient needs treatment that can only be provided by Hospital medical staff, or would benefit from continued medical services from Hospital for continuity of care. Determinations on special medical circumstances are made by the treating physician and/or hospital Medical Director. The patient will be notified in writing if they do not qualify financial assistance due to special medical circumstances.

- vi. *Incomplete or Missing Applications.* Patients will be notified of information missing from the Application and given a reasonable opportunity to supply it.

## **VI. Eligibility Determination Process**

- A. *Financial Interview.* A Hospital representative will attempt to contact by telephone all Uninsured Patients for financial assistance at the time of scheduling. The representative 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 Hospital representative and sign the Application.
- B. *Applications.* Any Application, whether completed in person, online, delivered or mailed in, will be forwarded to the Hospital representative for evaluation and processing.
- C. *Determination of Eligibility.* A Hospital representative 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 Hospital representative and will be requested to set up payment arrangements.

## **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 Hospital 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 Application to seek additional financial assistance.

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 Medically Necessary Care provided during the period necessary to complete treatment or care as may be determined by the treating Hospital 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. Hospital 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, Hospital will bill for care. If the patient is insured, Hospital 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, Hospital 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 instructions on how to apply for financial assistance. Reasonable efforts to determine eligibility include: notification to the patient by Hospital 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 Hospital returns the unpaid balance to the applicable hospital operated by Hospital.

- B. Collection Actions for Unpaid Balances. If a patient has an outstanding Hospital 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 Hospital which will pursue payment. Hospital and its collection agencies do not report to credit bureaus nor do they pursue wage garnishments or similar collection actions. Collection agencies representing Hospital 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, Hospital may pursue collection through a lawsuit when a patient has an unpaid balance and will not cooperate with requests for information or payment from Hospital or a collection agency working on its behalf.

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. At Hospital, an uninsured patient who seeks to schedule new services and has not been presumed eligible for financial assistance will be contacted by a representative who will notify the patient of the Policy and help the patient initiate an Application for financial assistance if requested.

- C. Review and Approval. Hospital's representative 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 Hospital Financial Assistance Policy**

Certain services are covered by Cleveland Clinic physicians and are covered by the Cleveland Clinic Health System financial assistance policy.

Physicians groups working at Hospital who are *not* covered under this Policy are identified in the attached **Appendix B, Provider List**, by group. The list is updated quarterly and is also available online at <http://clevelandeast.regencyhospital.com/financial-assistance>, <http://clevelandwest.regencyhospital.com/financial-assistance>, <http://clevelandfairhill.selectspecialtyhospitals.com/financial-assistance>, <http://clevelandgateway.selectspecialtyhospitals.com/financial-assistance>, in our admissions areas, and upon request by asking an Hospital representative.