

PURPOSE:

The purpose of this policy is to define the Kettering Health (KH) financial assistance program and processes for application.

DEFINITIONS:

Amount Generally Billed (AGB): The amount generally billed to uninsured and insured patients after insurance pays for emergent or medically necessary care. The method used to calculate the AGB is a historical look-back method based on actual paid claims from Medicare fee for service together with private health insurers including portions paid by insured individuals.

Extraordinary Collection Actions (ECA): A list of the collection activities, as defined by the IRS and Treasury, that healthcare organizations may only 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.

Federal Poverty Guidelines (FPG): 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.

Hospital Care Assurance Program (HCAP): HCAP is the Ohio Department of Job and Family Services' 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.

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 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.

This policy applies to all KH hospitals which include Kettering Health Main Campus, Kettering Health Miamisburg, Kettering Health Dayton, Kettering Health Washington Township, Kettering Health Hamilton, Kettering Health Troy, Kettering Health Greene Memorial, and Soin/Beavercreek Medical Center.

Kettering Health (KH) Organization-Wide Policy

KH adopts this policy for Kettering Health Main Campus, Kettering Health Miamisburg, Kettering Health Dayton/Kettering Health Washington Township, Kettering Health Greene Memorial, Soin Medical Center, Kettering Health Hamilton, Kettering Health Troy, all hospital off-sites, and KH Support Services.

Emergent or Medically Necessary Care: Hospital services as defined in Ohio Administrative Code Chapter 5101:3-2 which includes inpatient and outpatient services covered under the Medicaid program and is defined as services to treat a medical condition that 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. The financial assistance provided pursuant to this Policy applies only to hospital charges, not to professional charges for services provided by physicians and advanced practice care providers. See www.ketteringhealth.org/financial/ for the list of providers who provide emergency or medically necessary care in one or more of KH hospital facilities who are not covered by this Policy. To obtain a paper copy of this provider list call 937-384-8788.

Public Assistance: Medicaid or other government funded assistance

POLICY:

Kettering Health (KH) is committed to providing Financial Assistance to patients who have sought Emergent or Medically Necessary care but have limited means to pay for that 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.

1. Eligibility for Financial Assistance
Financial Assistance will be considered for those individuals who are uninsured and underinsured with medical costs and who are unable to pay for their care, based on determination of financial need in accordance with this policy. This may include any of the following conditions:
 - a. Individual has no third-party insurance coverage
 - b. Individual is eligible for public assistance, but a particular service is not covered
 - c. Medicare or Medicaid benefits have been exhausted and the individual has no further ability to pay
 - d. Individual is insured but qualifies for assistance based on financial need to pay for the individual's balance after insurance
 - e. Individual meets State of OH Health Care Assurance Program (HCAP) charity requirements

2. Eligibility Criteria
 - a. Federal Poverty Limit Guidelines and definitions of family size and household income will apply to determining an individual's income.
 - b. The amount charged to any Financial Assistance eligible individual for emergency or medical necessary care will be based on amounts generally billed (AGB) to individuals who have insurance covering such care at any KH hospital. The AGB is determined utilizing the look-back method as described in 1.501(r)-5(b)(3). Individuals can contact the KH Patient Access or Patient Financial Services teams to obtain written information

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stating the AGB percentage and an explanation of how the AGB percentage was determined. This information is also available at KetteringHealth.org/financial.

- c. Kettering Health Basic Financial Assistance-the individual's household income must be between 251% and less than 400% FPL to be eligible for a reduction of applicable gross charges for services down to the Amount Generally Billed (AGB). This results in a partial adjustment to billed charges for individuals with no insurance or a partial adjustment to billed charges for individuals with insurance with a remaining patient responsibility after insurance pays.
 - d. Kettering Health Extended Financial Assistance-the individual's household income must be at or below 250% of the current Federal Poverty Limits (FPL) to be eligible for 100% reduction from applicable charges. This results in a full adjustment to billed charges for individuals with no insurance or a full adjustment to billed charges for individuals with insurance with a remaining patient responsibility after insurance pays.
 - e. Financial assistance application forms will be considered up to 240 days after the first post discharge billing statement. A financial application will be considered valid up to six (6) months after the last date of application approval.
 - f. Income will be verified by using a personal financial statement or obtaining copies of the applicants most recent Form W-2, most recent Form 1040 bank statements or any other form of documentation supports reported income.
 - g. Documentation supporting income verification and available assets is to be maintained in patient files for future reference.
 - h. Hospital Care Assurance Program (HCAP)-Individuals at or below 100% FPL may be eligible for this State of Ohio program which will pay for emergent and medical necessary services.
3. Applying for Financial Assistance
- a. Basic Financial Assistance-Verbal disclosure and acknowledgement of household income by the individual is acceptable proof of eligibility for Basic Financial Assistance.
 - i. A propensity to pay third party scoring tool may be used to justify and document Basic Financial Assistance eligibility
 - b. Extended Financial Assistance-Completion of the KH Financial Assistance Application Form is required. This includes providing all the supporting data required to verify eligibility and to verify income.
 - i. Presumptive eligibility may be used to justify and document Extended Financial Assistance in the absence of a completed Financial Assistance Application Form in the following situations:
 1. Individual is homeless
 2. Individual is deceased with no known estate

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3. Individual is incarcerated
 4. Individual is currently eligible for Medicaid but not on the date of service
4. KH Actions Taken During Financial Assistance Application Process
- a. No Financial Assistance Application Form Submitted-If no Financial Assistance Application Form has been submitted in a 120-day period following the date after the first post-discharge billing statement was sent to the individual and the deadline in the written notice has passed, KH may initiate an extraordinary collection action (ECA).
 - b. Incomplete Financial Assistance Application Form Submitted-When an incomplete Financial Assistance Application is submitted during the 240-day period following the date on of the post-discharge billing statement (the application period), the KH hospital must take the following actions:
 - i. Suspend ECA's
 - ii. Provide the individual with a written notice that describes the additional information and/or documentation required under the Financial Policy and Form.
 - iii. If the individual does not complete the Financial Assistance Application Form within in a reasonable time deadline, the hospital may initiate or resume ECA's.
 - c. Complete Financial Assistance Application Submitted-KH must take the following actions:
 - i. Suspend any ECA's
 - ii. Suspend any collection activity during the time the KH Financial Assistance Application Form is being processed.
 - iii. If the account is placed with a collection agency, the agency will be notified to suspend the collection efforts until determination is made
 - iv. Make and document determination of eligibility decision
 - v. Notify the individual on a timely basis of the eligibility determination.
 - vi. Provide the patient with a billing statement that indicates the balance after application of Financial Assistance.
 - vii. Refund any excess payments to the individual.
 - viii. Take reasonable action to reverse any ECA's taken against the individual.
5. Financial Assistance Policy, Financial Assistance Application Form and Plain Language Summary of the Financial Assistance Policy are transparent and available to the individuals served in English and Spanish languages. These are the languages appropriate for the KH service area in compliance with the Language Assistance Services Act and are the primary languages of any populations with limited proficiency in English that constitute the less of 1000 individuals or 5% of the members of the community serviced by KH facilities.
- a. Website: KH hospital facilities will prominently and conspicuously post complete and current version of the following on their respective websites:
 - i. Financial Assistance Policy (FAP)
 - ii. Financial Assistance Application Form
 - iii. Plain Language Summary of the Financial Assistance Policy
 - iv. Contact information for KH facility Financial Counselors

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- b. Signage: KH signage will be conspicuously displayed in public locations in KH hospital facilities including all points of admission and registration areas including the Emergency Department, and include:
 - i. KH website address when the Policy, Application Form and Plain Language Summary can be accessed.
 - ii. The telephone number and physical location where individuals can call or visit to obtain copies of the Policy, Application Form and Plain Language Summary or to obtain more information about the policy, form or process.
- c. In Person: Patient Access Representatives will offer patients the Financial Assistance application which will be used to determine eligibility for all assistance programs.

SPONSORING DEPT:	Network Revenue Cycle
DEPARTMENTS AFFECTED:	All KH Hospital Departments
DATE OF ORIGIN:	10/3/17
LAST REVIEWED:	
LAST REVISED:	1/19
REPLACES:	PF-KHN Patient Financial Assistance, PF-KHN Billing and Collection
APPROVED BY:	Network Leadership Group (2/26/19) Administrative Finance Council (2/26/19) KHMCS Board of Directors (5/2/19) KHDS Board of Directors (3/28/19) KHHM Board of Directors (4/19/19) SOIN/KHGM Board of Directors (4/23/19)
EFFECTIVE DATE:	5/2/19

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