



**Policy and Procedure 502
Healthcare Financial Assistance (HFA)**

Approved by: Mercy Health Board of Trustees Date of Current Version: February 8, 2019

Effective: March 1, 2019

Policy Statement

In the light of its mission to improve the health of its communities, with special emphasis on the poor and underserved, and in the spirit of the healing ministry of Jesus, Mercy Health is committed to providing financial assistance responsive to the needs of the community, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.

Healthcare Financial Assistance (“HFA”) is a program that is fully funded by Mercy Health. It covers patients without health insurance and those with only partial insurance coverage (i.e. the uninsured and underinsured) who meet the income and other eligibility criteria described herein.

Related Policies:

Mercy Health offers other options for uninsured or underinsured patients who do not qualify for financial assistance under this HFA policy. For further information, please see the following Mercy Health policies:

- Mercy Health Adherence to Internal Revenue Code § 501(r) Policy
- Mercy Health Billing and Collections Policy
- Mercy Health Uninsured / Self-Pay Discount Policy

Definitions:

- **AGB** – Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- **EMTALA** – Federal Emergency Medical Treatment and Active Labor Act.
- **FPG** – U.S. Department of Health & Human Services Federal Poverty Guidelines.
- **HCAP** – Ohio Hospital Care Assurance Program.
- **HFA** – Healthcare Financial Assistance.
- **PFS** – Patient Financial Services Department.
- **SNF** – Skilled Nursing Facility.

Commitment to Provide Emergency Medical Care:

Mercy Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this HFA policy. Mercy Health hospitals will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Mercy Health patients in a non-discriminatory manner, pursuant to each hospital’s respective EMTALA policy.

Services Eligible for HFA:

This HFA policy applies to all emergency and other medically necessary care provided by the Mercy Health hospitals listed below, as well as certain other providers delivering emergency or other medically necessary care in Mercy Health’s facilities. The list of providers is maintained in a separate document. Members of

the public may readily obtain it free of charge via the contact list provided in this policy and online at <http://www.mercy.com/financial-assistance>.

This HFA policy applies to the following Mercy Health hospitals:

Mercy Hospital Anderson	Marcum Wallace Memorial Hospital	St. Elizabeth Youngstown Hospital
Mercy Hospital Clermont	Mercy St. Vincent Hospital	St. Elizabeth Boardman Hospital
Mercy Hospital Fairfield	Mercy St. Charles Hospital	St. Joseph Warren Hospital
The Jewish Hospital	Mercy St. Anne Hospital	Mercy Regional Medical Center
Mercy Health West	Mercy Defiance Hospital	Mercy Allen Hospital
Springfield Regional	Mercy Hospital Tiffin	
Mercy Memorial	Mercy Children's Hospital	
St. Rita's Medical Center	Mercy Willard Hospital	
Lourdes Hospital		

The following services are not covered under this HFA policy:

- Items deemed "not medically necessary".
- Cosmetic surgery (identify by diagnosis & procedure done, etc.)
- Bariatric charges.

HFA Eligibility Criteria:

- **Income**
 - To apply for HFA, a patient or family member must complete an application including gross income for a minimum of 3 months (up to 12 months) prior to the date of application or date of service. Proof of income is required with the exceptions of patients discharged to a SNF, patients who are deceased with no estate, and patients who have documented homelessness. See the Application Process for HFA section below for details.
 - Proof of income is not required if a patient or family member attests to an income level that qualifies the applicant for discounted care under Ohio's Healthcare Assurance Program (HCAP).
 - Third party income scoring may be used to verify income in situations where income verification is unable to be obtained through other methods.
- **Assets**
 - There are situations where individuals may not have reported income but have significant assets available to pay for healthcare services. In these situations, Mercy Health may evaluate and require documented proof of any assets that are categorized as convertible to cash and unnecessary for the patient's essential daily living expenses.
- **Health Savings Accounts**
 - Mercy Health requires proof that Health Savings Account and/or Medical Savings Account funds be depleted prior to providing healthcare financial assistance.
- **Federal Poverty Guidelines**
 - HFA eligibility is based upon expanded income levels of up to 400% of FPG and is prorated on a sliding scale applicable to the respective market area. Approval is based upon the number of family members, inclusive of natural or adoptive children under 18, and family income.
 - If a dependent is disabled and over the age of eighteen, he/she may be included in family size.
 - The FPGs in effect on the date of service are in effect for the application process. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS).
The current and historical FPGs are available at <http://aspe.hhs.gov/poverty/index.cfm>.
 - Individuals with an income level at 200% FPG or below receive free care. Individuals with an income level from 201% to 300% FPG, and 301% to 400% FPG, respectively, receive discounted care based on the chart below. This specific percentage discounts for the 201%-

300% FPG, and 301% to 400% FPG, income levels will be updated annually. Notwithstanding the percentages calculated, as stated above, following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB.

Effective March 1, 2019				
Region	0-200% FPG	201% - 300% FPG	301% - 400% FPG	Uninsured
Kentucky	100% Adjustment	83% Adjustment	83% Adjustment	40% Adjustment
Cincinnati	100% Adjustment	83% Adjustment	83% Adjustment	40% Adjustment
Springfield	100% Adjustment	83% Adjustment	83% Adjustment	40% Adjustment
Toledo	100% Adjustment	83% Adjustment	83% Adjustment	40% Adjustment
Lorain	100% Adjustment	83% Adjustment	83% Adjustment	40% Adjustment
Lima	100% Adjustment	83% Adjustment	83% Adjustment	40% Adjustment
Youngstown	100% Adjustment	83% Adjustment	83% Adjustment	40% Adjustment

- **Health Insurance Marketplace (Exchange) Participation**
 - If a patient has elected not to enter the marketplace/exchange, financial assistance may not be extended until they do so. Exceptions to this policy include patients discharged to a SNF, patients who are deceased with no estate, and patients who have documented homelessness.
 - The patient will be considered self-pay and receive the self-pay discount in accordance with Mercy Health's **Uninsured / Self-Pay Discount Policy**, be offered a payment plan, etc. Healthcare financial assistance may be offered once the patient meets the requirement for insurance.

- **Self-Pay Discount**
 - For those uninsured patients who do not qualify for any of the financial assistance discounts described in this policy, Mercy Health extends an automatic (self-pay) discount to their hospital bills. This self-pay discount is not means-tested, and therefore is not subject to the section 501(r) AGB requirement, and is not reported by Mercy Health as financial assistance on Form 990, Schedule H.

- **Geographic Area**
 - Patients who live in the community served by a Mercy Health hospital will be offered healthcare financial assistance. For those patients living outside of the geographic area, extenuating circumstances must be documented and approved by the PFS Manager. A list of the zip codes of the community served for each Mercy Health hospital is maintained in a separate document and readily available via the contact list included at the end of this policy.

- **Deductibles**
 - For patients who have self-pay balances after insurance, balances attributed to the patients' deductible will require payment based on a sliding scale given their current household income outlined under sliding scale chart on page 3 of this policy under the Federal Poverty Guidelines section.
 - Upon receipt of the signed application, the information will be reviewed, income verified, and an eligibility determination will be made. The patient will be notified in writing of the determination.

- **Presumptive Eligibility**
 - Patients are presumed to be eligible for financial assistance on the basis of individual life circumstances including but not limited to:

- Patient discharged to a SNF;
 - Patient is deceased with no known estate;
 - State-funded prescription programs;
 - Homeless or received care from a homeless clinic;
 - Participation in Women, Infants and Children programs (WIC);
 - Food stamp eligibility;
 - Subsidized school lunch program eligibility;
 - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down); and
 - Low income/subsidized housing is provided as a valid address.
 - Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
 - Mercy Health shall utilize available resources (e.g. technology solutions, service organizations, etc.) to obtain such information as credit score in order to assist in determining whether a patient is presumed eligible for financial assistance.
- **Cooperation**
 - Patients/guarantors shall cooperate in supplying all third party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
 - While the application is being processed, Mercy Health will request that patients who may be Medicaid-eligible apply for Medicaid. In order to receive healthcare financial assistance, the patient must apply for Medicaid and be denied for any reason other than the following:
 - Did not apply;
 - Did not follow through with the application process;
 - Did not provide requested verifications.
- **Accuracy of Application**
 - Financial assistance may be denied under this HFA policy if there is reasonable suspicion of the accuracy of an application. If the patient/guarantor supplies the needed documentation and/or information requested to clarify the application, the financial assistance request may be reconsidered. Reconsideration will be reviewed and handled on a case-by-case basis.

Application Process for HFA:

- Application forms are made available in Pre-Admission, Admission / Registration, and several alternative registration sites to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting Mercy Health as indicated on pages 6.
- Mercy Health may accept verbal clarifications of income, family size or any information that may be unclear on an application.
- 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.
- Approved outpatient applications are effective for 90 days from initial date of service.
- An inpatient application can also be used to cover outpatient services for the patient in the 90-day period immediately following the first day of the inpatient admission.
- While patient eligibility for financial assistance is not retrospective in nature, Mercy Health may forgive, and deem as financial assistance to the patient, any outstanding balances for prior episodes of care which have been incurred by the patient during the three-year period preceding the current financial assistance eligibility determination. Any prior period accounts written off to bad debt or closed paid accounts will not be reopened.

Financial Assistance for Catastrophic Situations:

- Financial assistance for a catastrophic situation is available under this policy.

- Catastrophic financial assistance is defined as a patient that has medical or hospital bills after payment by all third parties that exceed 25% of the patient's total Reported Income and the patient is unable to pay the remaining bill.

Basis for Calculating Amounts Charged to Patients:

- Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. At least annually, Mercy Health calculates an AGB percentage for each Mercy Health hospital based on the Look-back Method (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). Members of the public may obtain the current AGB percentage for any Mercy Health hospital (and a description of the calculation) in writing and free of charge by contacting Mercy Health as indicated in the contact list at the end of this policy or online at <http://www.mercy.com/financial-assistance>.
- Mercy Health does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.
- At least annually, Mercy Health will review and adjust sliding scale discounts applicable to patients with self-pay balances after insurance (See Deductible section above).

Actions Taken in the Event of Nonpayment:

- The actions that Mercy Health may take in the event of nonpayment are described in a separate ***Billing and Collections Policy***. Members of the public may obtain a free copy of this separate policy from the Mercy Health PFS by contacting Mercy Health as indicated in the contact list at the end of this policy.

Measures to Widely Publicize the HFA Policy:

- Mercy Health makes this HFA policy, application form, and plain language summary of the policy widely available on its website, and implements additional measures to widely publicize the policy in communities served.
- Mercy Health also accommodates all significant populations that have limited English proficiency by translating this HFA policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

Notice to Ohio Residents—Ohio Hospital Care Assurance Program (HCAP): Mercy Health provides, without charge to the individual, basic, medically necessary hospital-level services to individuals who are residents of Ohio, are not Medicaid recipients, and whose income is at or below the federal poverty line. Covered services are inpatient and outpatient services covered under the Ohio Medicaid Program, with the exception of transplantation services and services associated with transplantation. Recipients of Disability Financial Assistance qualify for assistance. Ohio residency is established by a person who is living in Ohio voluntarily and who is not receiving public assistance in another state. Requests for financial assistance for Ohio residents are processed for HCAP first, and then are otherwise subject to the provisions of this HFA policy.

Contact Information:

For more information, please contact Mercy Health as follows:

<i>Website</i>	http://www.mercy.com/financial-assistance	
<i>Telephone</i>	1-877-918-5400.	
<i>By Mail</i>	4605 Duke Drive Mason, OH 45040 Attn: Financial Counseling	
<i>In Person</i>	<p>Mercy Hospital Anderson 7500 State Road Cincinnati, OH 45255 Dept: Financial Counseling</p> <p>Mercy Hospital Clermont 3000 Hospital Drive Batavia, Ohio 45103 Dept: Financial Counseling</p> <p>Mercy Hospital Fairfield 3000 Mack Road Fairfield, Ohio 45014 Dept.: Financial Counseling</p> <p>The Jewish Hospital 4777 E. Galbraith Road Cincinnati, Ohio 45236 Dept.: Financial Counseling</p> <p>Mercy Health West 3300 Mercy Health Blvd., Cincinnati, Ohio 45211 Dept.: Financial Counseling</p> <p>Springfield Regional 100 Medical Center Drive (at West North St) Springfield, Ohio, 45504 Dept.: Financial Counseling</p> <p>Mercy Memorial 904 Scioto St, Urbana, OH 43078 Dept.: Financial Counseling</p> <p>St. Rita's Medical Center 730 W. Market St. Lima, OH 45801 Dept.: Financial Counseling</p> <p>Lourdes Hospital 1530 Lone Oak Rd Paducah, KY 42003 Dept.: Financial Counseling</p> <p>Marcum Wallace Memorial Hospital 60 Mercy Court Irvine, KY 40336 Dept.: Financial Counseling</p> <p>Mercy St. Vincent Hospital 2213 Cherry Street Toledo, OH 43608 Dept.: Financial Counseling</p> <p>Mercy St. Charles Hospital 2600 Navarre Avenue Oregon, OH 43616 Dept.: Financial Counseling</p>	<p>Mercy St. Anne Hospital 3404 W. Sylvania Avenue Toledo, OH 43623 Dept.: Financial Counseling</p> <p>Mercy Defiance Hospital 1404 E. Second Street Defiance, OH 43512 Dept.: Financial Counseling</p> <p>Mercy Hospital Tiffin 45 St. Lawrence Drive Tiffin, OH 44883 Dept.: Financial Counseling</p> <p>Mercy Children's Hospital 2213 Cherry Street Toledo, OH 43608 Dept.: Financial Counseling</p> <p>Mercy Willard Hospital 1100 Neal Zick Rd. Willard, OH 44890 Dept.: Financial Counseling</p> <p>St. Elizabeth Youngstown Hospital 1044 Belmont Ave. Youngstown, OH 44501 Dept.: Financial Counseling</p> <p>St. Elizabeth Boardman Hospital 8401 Market St. Boardman, OH 44512 Dept.: Financial Counseling</p> <p>St. Joseph Warren Hospital 667 Eastland Avenue Warren, Ohio 44484 Dept.: Financial Counseling</p> <p>Mercy Regional Medical Center 3700 Kolbe Rd. Lorain, OH 44053 Dept.: Financial Counseling</p> <p>Mercy Allen Hospital 200 W. Lorain St. Oberlin, Ohio 44074 Dept.: Financial Counseling</p>