


Name of Policy: <u>Patient Financial Assistance</u> Policy Number: 3364--142-13 Approving Officer: Chief <del>Financial Executive</del> Officer <u>UTMC</u> Responsible Agent: Director, Patient Financial Services Scope: UTMC	 Effective date: <del>01-16-2024</del> <u>April 25, 2024</u> Initial Effective date: September 5, 2008
<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

**(A) Policy statement**

The University of Toledo Medical Center (UTMC) is committed to minimizing the financial barriers to health care that exist in our community; in particular, those that are not or not adequately covered by health insurance or governmental payment programs.

**(B) Purpose of policy**

UTMC provides a method to assist patients that are Ohio residents who are unable to meet their financial obligation for medically necessary services. Financial assistance is available for the portion of patient care services provided by a facility for which a third-party payer is not responsible and the patient has demonstrated the inability to pay. Financial assistance is based on patient balance after all ~~third party~~ third-party payments and any patient payment made before the financial assistance application is submitted (this includes down payments made by a patient). “Medically necessary” is used to define those services that are necessary in the continued treatment of the patient’s condition.

**(C) Scope**

This policy applies to UTMC facility services for patients that are Ohio residents with financial hardship. This policy does not cover patients who come to Ohio to solely to receive medical care and may not cover patients who knowingly receive services outside of their insurance benefits plan’s network. -Other Exclusions include:-

- (1) Elective and /Cosmetic services;
- (2) Services that are not medically necessary;
- (3) Specialized or high fixed cost services and supplies-, including but not limited to Infusions, Chemotherapy, Oncology and transplantation services; and
- (+)(4) Services for which payments are due from any third party, such as municipalities, detention centers, law enforcement agencies under contract, Church supported Ministries, and negotiated settlements (to include legal cases).

**(D) Procedure**

After confirming that the patient is an Ohio resident, The patient and/or Patient Financial Services representative must complete the financial assistance application. The information on the financial

assistance application helps determine the appropriate assistance program that will best resolve the patient's outstanding financial obligation. All medically necessary hospital services provided within a one (1) ~~three~~-year look back period are eligible for financial assistance consideration.

- (1) Prior to, or when appropriate subsequent to, approval for financial aid, patients may be asked to apply for Medicaid or other publicly sponsored insurance programs. Cooperation is a required condition of eligibility for further financial assistance.
- (2) If a patient's income level appears to fall within the eligibility range of this policy:
  - (a) The patient receives with the financial assistance application along with instructions and may potentially be required to make a down payment on the applicable service. Proof of household income is required for financial assistance eligibility and all paperwork and supporting documentation must be complete and returned within 10 days from the date of the financial assistance application. UTMC, in its sole discretion, determines the extent of supporting documentation required in any particular case. Documentation may include, but is not limited to, copies of pay stubs, W2s, bank statements, and tax returns.
  - (b) **Total household income** is the total of all sources of income before deductions (e.g. taxes, social security, insurance premiums, payroll deductions, etc.) ("Gross Income"). Gross Income is income from all members of a household received from the following sources: wages, unemployment income, workers' compensation, veterans' benefits, social security income, disability insurance, alimony, child support and other cash income. To verify Gross Income, UTMC may look back 3 or 12 months prior to the date of service, whichever method provides the most benefit to the patient.
- (3) Upon receipt of the financial assistance application and proof of income:
  - (a) Patient Financial Services will makes a determination and ~~notifies~~ notify the patient of the determination in writing. Patient Financial Services will only considers the financial assistance application and proof of income when making ~~the-its~~ determination.
  - (b) If patient Gross Income level qualifies for any level of assistance, UTMC will honor the approved financial assistance application for the patient responsibility of UTMC claims for 90-days from the date of the initial claim.
  - (c) When patient Gross Income is at or below the federal poverty guideline, patient may be eligible for Ohio Hospital Care Assurance Program (HCAP) (see Policy 3364-142-14).
  - (d) Patient Financial Services will reduce the patient liability portions of UTMC bills as a discount percentage according to the level of assistance determination.
  - (e) When applications are deemed incomplete, Patient Financial Services will notify the applicant that failure to provide all required documentation to UTMC within ten days of notification will result in a denial of financial aid and the account may be subject to collection activity.
  - (f) If a patient has a remaining balance after financial assistance is applied, minimum monthly payments may be established. If the patient defaults on the

payment arrangement, UTMC will begin formal collection proceedings with all rights and remedies permissible under the federal Fair Debt Collection Practices Act. In addition, penalty fees and interest will be added to the amount due by the State of Ohio Attorney General's office in accordance with Ohio Revised Code § 131.02.

- (4) Financial Assistance is determined by a sliding scale of total household income between 1201% to 300% and 301% to and 400% of Federal Poverty Guidelines.
- (5) When a patient is uninsured but is not eligible for financial assistance, UTMC offers a self-pay discount.

**Healthcare Financial Assistance Guidelines**

Gross Family Income Guidelines Effective January 12, 2024

Family Size	ANNUAL Federal Poverty Guideline (FPG) 100% FPG	ANNUAL 200% FPG	ANNUAL 300% FPG	ANNUAL 400% FPG	Self-Pay Discount
1	\$15,060	\$30,120	\$45,180	\$60,240	
2	\$20,440	\$40,880	\$61,320	\$81,760	
3	\$25,820	\$51,640	\$77,460	\$103,280	
4	\$31,200	\$62,400	\$93,600	\$124,800	
5	\$36,580	\$73,160	\$109,740	\$146,320	
6	\$41,960	\$83,920	\$125,880	\$167,840	
7	\$47,340	\$94,680	\$142,020	\$189,360	
8	\$52,720	\$105,440	\$158,160	\$210,880	
Each Additional	\$5,380				
Discount	100%	100%	80%	60%	40%

Family Size	MONTHLY Federal Poverty Guideline (FPG) 100% FPG	MONTHLY 200% FPG	MONTHLY 300% FPG	MONTHLY 400% FPG	Self-Pay Discount
1	\$1,255	\$2,510	\$3,765	\$5,020	
2	\$1,703	\$3,407	\$5,110	\$6,813	
3	\$2,152	\$4,303	\$6,455	\$8,607	
4	\$2,600	\$5,200	\$7,800	\$10,400	
5	\$3,048	\$6,097	\$9,145	\$12,193	
6	\$3,497	\$6,993	\$10,490	\$13,987	
7	\$3,945	\$7,890	\$11,835	\$15,780	
8	\$4,393	\$8,787	\$13,180	\$17,573	
Each Additional	\$448	\$897	\$1345	\$1793	
Discount	100%	100%	80%	60%	40%

Source of Guidelines: Federal Register, DHHS annual update dollar amount effective date for HCAP OHA Bulletin

<p>Approved by:</p>  <hr/> <p><del>Troy Holmes</del><u>Rick Swaine</u> Chief <del>Financial-Executive</del> Officer <u>UMTC</u></p> <p><i>Review/Revision Completed by: Director, Patient Financial Services Office of Legal Affairs - HSC</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <p>Initial effective date: September 5, 2008</p> <p>Review/Revision Date: February 6, 2013 July 1, 2015 August 1, 2017 March 21, 2018 January 16, 2019 July 15, 2019 January 19, 2021 January 13,2021 April 25, 2024</p> <p>Next Review Date: April 25, 2027</p>
--	--