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 Leader  
**Policy Area:** Finance/Business Office

## Financial Assistance Policy

**STATEMENT OF PURPOSE:** This policy establishes Adena Health System's (AHS) guidelines for free or discounted services based on specific income criteria as defined by the Federal Poverty Guidelines. Adena's Chief Financial Officer is administratively responsible for this Policy along with the Finance Committee of the Board of Trustees which maintains oversight.

**SCOPE:** This policy applies uniformly to both inpatient and outpatient services provided by the following AHS entities:

- Adena Regional Medical Center (**ARMC**)
- Adena Greenfield Medical Center (**AGMC**)
- Adena Pike Medical Center (**APMC**)
- Adena Medical Group (**AMG**)
- Adena Fayette Medical Center (**AFMC**)

**POLICY/PROGRAM DESCRIPTION:** The core of AHS' mission is to serve the healthcare needs of all people in our community 24 hours a day, 7 days a week, regardless of their ability to pay. Furthermore AHS does not discriminate against, race, color, sex, national origin, disability, religion, age, sexual orientation or gender identity. For further detail please refer to AHS Patients' Rights and Responsibilities literature. AHS provides care based on the following principles:

- Treat all patients fairly, with dignity, respect and compassion.
- Serve the emergency healthcare needs of everyone.
- Assist patients who cannot pay for part or all of their care.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to maintain hospital services.

AHS provides free or reduced care under Hospital Care Assurance Program (HCAP), Charity Care Program (CCP). HCAP is the Ohio Department of Medicaid's (ODM) 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. AHS provides additional charity through its own CCP based on Federal Poverty Income Guidelines as outlined in this policy.

### PROCEDURE

1. **HCAP:** Applies to basic, medically necessary hospital inpatient, outpatient, and emergency department services per the Ohio Administrative Code.

#### a. Eligibility Requirements

1. At the time of service, the patient is living in the State of Ohio and is not receiving any public assistance in Ohio or any other state.
2. At the time of service, the patient is:
  - a. the patient's individual or family, if applicable, income is at or below the current Federal Poverty Income Guidelines
    1. Family– Based on patient, patient's spouse, and all of the patient's children under the age of 18 who are living in the household. To view the Federal Income Poverty Guidelines please see Appendix B, as amended on an annual basis.
    2. Income: Total salaries, wages, and cash receipts before taxes. Calculated by using the lesser of: 1) multiplying the person or family's income by four, as applicable, for the three months preceding the date of service; 2) using the person or family's income for the twelve months preceding the date of service.
3. At the time of service, documentation representing proof of income is not a requirement. Patients may attest to their income amount by completing the Financial Assistance Application and signing and dating the form.
4. AHS must receive a completed application prior to determination of eligibility.
5. Applications for HCAP assistance will be accepted for up to three years from the date of service. Applications for CCP assistance will be accepted for a period of 240 days from the first follow-up notice for payment sent to the patient.

## **b). Effectiveness of Eligibility Determination**

### **A. HCAP:**

Note: Patients with incomes less than 100% of Federal Poverty Income Guidelines are first considered under HCAP. Per the discount worksheet; Appedix B HCAP eligible patients are granted a 100% discount.

1. Outpatient Services. Eligibility determination is effective for 90 calendar days from the initial service date. Effective dates for outpatient eligibility are to be documented on the patient's account, under system notes.
2. Inpatient Services. Eligibility determination will be performed separately for each admission, unless the patient is readmitted within 45 calendar days of discharge for the same underlying condition and 90 days for each additional outpatient service.

### **B. CCP: Applies to basic, medically necessary hospital inpatient, outpatient, and emergency department services per the Ohio Administrative code. The discounts per the Discount Worksheet (see Appendix B).**

#### **1. Eligibility Requirements**

1. At the time of service, the patient resides, with the intent to remain, in one of the following fifteen Ohio counties: Adams, Athens, Clinton, Fayette, Gallia, Green, Highland, Hocking, Jackson, Madison, Pickaway, Pike, Ross, Scioto, or Vinton, and is not receiving any public assistance in any other state. **(For exceptions please see National Health Service Corp located in appendix of the policy.)**
2. At the time of service:  
Adena will request that patients who may be Medicaid-eligible apply for Medicaid. In order to receive CCP financial assistance, the patient must apply for Medicaid and be denied to be eligible for financial assistance. If the patient doesn't apply, complete the Medicaid application process or provide requested verifications to determine Medicaid eligibility, the patient is not eligible for Adena financial assistance.
3. The patient's individual or family, if applicable, income is at or below 200% of the current Federal Poverty Income Guidelines for a 100% CCP discount. See definitions of family and income above for further guidance on how to calculate. **(For exceptions please see National Health Service Corp located in appendix of the policy)**
4. The patient's individual or family, if applicable, income is 201%-400% of the current Federal Poverty Income Guidelines for a 67% CCP discount. See definitions of family and income above for further guidance on how to calculate.

## **b) Effectiveness of Eligibility Determination**

1. **Outpatient Services.** Eligibility determination is effective for 180-calendar days from the initial service date, during which time a new eligibility determination need not be completed. Effective dates for outpatient eligibility are to be documented on account, under system notes. **(For exceptions please see National Health Service Corp located in appendix of the policy)**
2. **Inpatient Services.** For HCAP assistance, eligibility determination will be performed separately for each admission, unless the patient is readmitted within 45 calendar days of discharge for the same underlying condition. For CCP assistance, eligibility determination is effective for 180-calendar days from the initially approved date of service, during which time a new eligibility determination need not be completed.

### **UNINSURED PATIENTS:**

1. For those uninsured patients who do not qualify for any financial assistance discounts described in this policy. Adena extends an automatic (self-pay) discount to their hospital bills. The self pay discount is not means-tested, and therefore is not subject to the section 501(r) AGB requirement, and is not reported by Adena as financial assistance on form 990, Schedule H

### **CHARGE LIMITATIONS**

1. Financial Assistance Policy eligible individuals may not be charged more than Average Generally Billed (AGB) for medically necessary care.
  - a. For patients who are determined to be eligible for a Financial Assistance Program, AHS will not hold the patient responsible for more than AGB. The AGB percentage is calculated using the "Look-Back" method, as defined in federal regulations. Each AHS entity calculates its AGB percentage based on all claims allowed by Medicare and private health insurers over a 12 month period, divided by the applicable hospital's associated gross charges for those claims.
  - b. AHS adjusts charges annually at the beginning of the calendar year based on a variety of factors including costs, market conditions, government regulations, and insurance contract requirements. Once the charges are determined for the year, the current year AGB is calculated utilizing the aforementioned methodology.
  - c. The AGB percentage varies by entity, but AHS used the highest discounted calculation for all applicable AHS entities for one universal discounted calculation is updated annually. Members of the public may obtain a written copy of any specific AHS AGB percentage free of charge if requested.

**Note:** This discount is **not** applicable when patient services are covered under Workers Compensation, auto insurance motor vehicle accidents, and third party injuries.

#### **NOTIFICATION OF FINANCIAL ASSISTANCE**

Signs are posted at each patient registration location stating our compliance with the State of Ohio's HCAP requirements. Additionally, the signage contains reference to the organization's CCP. Information and materials are available at each registration location, the emergency rooms and all admission areas. Interpretive services can be arranged if the patient/guarantor does not speak English. Also, all billing statements include a plain language summary and information on how to obtain a financial assistance application.

Required patient documentation to demonstrate eligibility for Charity Care Form of financial assistance may include IRS W-2 forms and/or 1099 forms, paycheck stubs, a valid government issued identification, and/or documentation of sources of other income, including disability payments. Other than at the time of service, required patient documentation submission is a requirement as proof of eligibility. However, Adena may accept other evidence of eligibility, or Adena may allow the applicant to attest to their eligibility. Financial assistance may be denied for non-compliance with requests for required patient documentation.

**Application Process for Financial Assistance:** Patients with a financial need are encouraged to call Adena's customer service line at (740) 779-8786, or email the Financial Aid Department at [FinancialCounselingTeam@adena.org](mailto:FinancialCounselingTeam@adena.org). An Adena representative will guide you through the financial assistance application process, and all inquiries are confidential. Individuals may request a Financial Aid Policy (FAP), a plain language summary, or financial aid application via mail from Patient Business Services, by calling (740) 779-8786. Hours of operation are 8am-4:30pm M-F; location is 110 Vaughn Lane, Chillicothe, Ohio 45601. Patients can also go to Adena Regional Medical Center, 272 Hospital Rd., Suite 240. Applicants may also visit Adena's website at [www.adena.org](http://www.adena.org).

#### **NON-PAYMENT ACTIONS:**

In the event of non-payment of services (discounted or full-rate) Adena may take extraordinary actions to pursue collections, including but not limited to: referring the account to outside collections agencies, adverse credit reporting, and/or legal action, pursuant to AHS's Billing and Collections Policy. A free copy of the Billing and Collections Policy is available by request from Patient Business Services, by calling (740) 779-4400. Hours of operation are 8am-4:30pm M-F; location is 110 Vaughn Lane, Chillicothe, Ohio 45601. Patients can also go to Adena Regional Medical Center, 272 Hospital Rd., Suite 240 or visit Adena's website at [www.adena.org](http://www.adena.org).

Appendix A

#### **Covered and Non-Covered Providers**

##### **Practice Groups (Covered Providers)**

1. Adena Bone & Joint, Adena OB/GYN, Adena ENT & Allergy, Adena Audiology, Adena Cardiothoracic & Vascular, Adena Pre-Admission Testing, Adena Surgical, Adena Urology, Adena Cardiology, Adena Pulmonology, Critical Care & Sleep Associates, Adena Counseling Center, Adena Dermatology, Adena Gastroenterology, Adena Kidney Specialists, Adena Infectious Disease, Adena Rheumatology, Adena Endocrinology & Diabetes Care, Adena Radiation Oncology, Adena Cancer Center and Infusion Clinic, Adena Occupational Health, Adena Internal Medicine, Adena Pediatrics, Adena Chillicothe Family Physicians, Adena Family Medicine of Chillicothe, Adena Pickaway Ross Family Physicians, Adena Urgent Care-Western, Adena Family Medicine-Residency Clinic, Adena Family Medicine- Circleville, Adena Family Medicine- Greenfield, (NHSC) Adena Family Medicine- Washington Courthouse (NHSC), Adena Family Medicine- Hillsboro, Adena Family Medicine- Waverly, Adena Family Medicine- Piketon, Adena Urgent Care- Waverly, Adena Family Medicine-Jackson, Adena Family Medicine-Oak Hill, Adena Family Medicine-Wellston, Adena Anesthesia, Adena Palliative Care, Adena Family Medicine Ironmen Clinic, Adena Premier Women's Health, Adena Spine Clinic.

##### **Practice Groups (Non-Covered Providers)**

1. Adena Wal-Mart Clinic - Chillicothe (although part of Adena Medical Group, this clinic has prices already reduced and is not part of covered clinics)
2. Apogee Physicians (hospitalist group)
3. OSU Pathology
4. Columbus Radiology/Radiology Partners
5. Schumacher Group
6. Team Health
7. Ambulance Services

#### **Non-Discrimination- Does not discriminate in the provision of Services to an individual.**

- i. Because the individual is unable to pay;
- ii. Because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)

## Appendix B Plain Language Summary of the Financial Assistance Policy (FAP)

Adena Health System recognizes that some people cannot pay for all or part of their healthcare service. We are committed to providing access to healthcare to all persons, regardless of the ability to pay. We will do this in a compassionate manner that respects each person's dignity and privacy.

### Financial Assistance Program

Patients must use all other resources, including application to the local Department of Job and Family Services, before financial assistance will be considered. Eligibility for assistance is based upon total gross income (how much you make before taxes) and the number of dependents (usually children but sometimes relatives who live with you) in your family. People who have special circumstances may receive further consideration. Eligible patients will not be charged more than patients who have insurance

### How to apply for financial assistance

Call 855-275-7408

An application is printed on the back side of your billing statement

For a free copy of the FAP and the application in English or other languages talk to Adena representative or visit [www.adena.org](http://www.adena.org)

If you would like a copy of Adena's Billing and Collection policy, please contact 855-275-7408 or visit [www.adena.org](http://www.adena.org)

### What you need to apply:

- 3 Months prior proof of income (pay stubs, social security income letter, etc)
- A bank statement
- An income less 400% of the federal poverty level
- You cannot be a recipient of Medicaid
- You must live in Adams, Athens, Clinton, Fayette, Gallia, Green, Highland, Hocking, Jackson, Madison, Pickaway, Pike, Ross, Scioto, or Vinton counties. (National Health Service Corp. is an exception, see policy for full details).

If you live another county or state, you must be preapproved for financial assistance **before receiving care**.

These services **are** covered: necessary health care, including physician fees provided by Adena-employed physicians.

### Hospital Care Assurance Program (HCAP)

If you meet the above requirements and your income is below 100% of the federal poverty line, you may also receive Assistance (called HCAP) for your part of the hospital bill.

HCAP cannot provide assistance **for**: unnecessary services (i.e. Cosmetic), transportation fees, dental services.

### 2021 Poverty Income Guidelines

Family Size	Income < 100% FPL =100%	Income 101% to 200% FPL= 100%	Income 201% to 300% FPL= 67%	Income 301% to 400% FPL=67%
1	\$12,880	\$25,760	\$38,640	\$51,520
2	\$17,420	\$34,840	\$51,720	\$69,680
3	\$21,960	\$43,920	\$65,880	\$87,840
4	\$26,500	\$53,000	\$79,500	\$106,000
5	\$31,040	\$62,080	\$93,120	\$124,160
6	\$35,580	\$71,160	\$106,740	\$142,320
For each additional person, add	\$4,540	\$9,080	\$13,620	\$18,160

### HCAP and Financial Assistance Application

Patient Name:	Guarantor Name:
Social Security #:	Phone Number:
Address, City, State, and County (If a NHSC site county restrictions do not apply):	Hospital or Clinic Date(s) of Service:

1. Was the patient living in Ohio at the time of service? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did the patient have Medical Insurance at the time of service? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Was the patient an active Medicaid recipient at the time of service? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **yes** to question # 3 please **attach a copy** of your insurance or Medicaid Card to this application.

**Income includes gross (before taxes) wages, rental income, unemployment compensation, social security benefits, public assistance, etc.**

**Family members include all immediate family who resides in the home.**

Family Member's Name	Age	Date of Birth	Relationship to Patient (please circle relationship)	Source of Income or Employer Name	Income for 3 months prior to date of service	Income for 12 months prior to date of service
			Patient			

**If you reported \$0 income**, please provide a brief explanation of how you (or the patient) are surviving financially:

**Please check income AND asset verification attached:**

Copies of Pay Stubs     Letter from Employer     Unable to Provide     Bank Statement

**Certification:** *By signing this document, I affirm the answers on this application are true. Should a subsequent review of an individual's financial assistance application reveal that information provided by the individual was either incorrect or fraudulent, the decision to provide financial assistance may be reversed and the responsible party will be billed. I understand that the information which I submit is subject to verification by my hospital provider, including credit reporting agencies, and subject to review by federal and/or state agencies and others as required.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form with any attachments to:**

**Adena Health System**  
**Financial Counselor**  
**272 Hospital Rd Suite 240**  
**Chillicothe, OH 45601**  
**855-275-7408**  
**Fax to: 740-779-8257**

**Self Employment Income Verification**

Please Note: This form applies only if you are self employed.

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

Gross

Expenses

Net

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

Gross

Expenses

Net

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

Gross

Expenses

Net

Please list business expenses:

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Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

**Appendix C National Health Service Corp (NHSC)**

Once a Physician Clinic becomes certified or wants to become certified with NHSC the following will occur.

1. Under the regular CCP process there are county limitations in which to receive CCP, when a clinic is certified or seeking NHSC certification, geographic limitations are lifted for that clinic.
2. The effectiveness for eligibility for a NHSC site is one year from DOS or at the time Federal Poverty Guidelines are updated. Once guidelines are updated all patients must update application.
3. Signs will be posted at front desk areas that clinic is certified and income guidelines will be visibly posted in area.
4. Income verification does follow CCP as outlined in this policy.
5. Financial Application will be marked as NHSC and separate approval letter will be awarded.
6. Patients may attest to income, but must supply to proof of income to be awarded adjustment.

**NHSC certified Clinics: "Asset testing is not required for financial assistance for NHSC facilities. Patients will not be denied based on ability to qualify for or participation in government programs such as Medicaid"**

Adena Family Medicine-Greenfield

Adena Family Medicine-Hillsboro

Adena Family Medicine-Washington Courthouse

All revision dates:

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**Attachments**

[Updated 2021 AHS\\_FinancialAssistanceApp.docx](#)

## Approval Signatures

Step Description	Approver	Date
	Steven Pidcock: Contracted Leader	05/2021
	Michael Haney: VP, Revenue Cycle	05/2021
	Betty Jenkins: Administrative Assistant	05/2021