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**POLICY TITLE:** FINANCIAL ASSISTANCE POLICY

**APPROVED BY:** CHIEF FINANCIAL OFFICER

**ORIGINATED BY:** PATIENT FINANCIAL SERVICES

**REVIEW/REVISED:** JULY 2017

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## I. Purpose

Consistent with its mission to provide comprehensive and compassionate care that improves the health of the individuals we serve, The Christ Hospital is committed to providing financial assistance to every person in need of emergency or other medically necessary treatment, even if that person is uninsured, underinsured, ineligible for any government programs or unable to pay based on their individual financial situation. This assistance can be an offer to educate and assist patients and their families with financial assistance options and flexible payment plans. The Christ Hospital recognizes that some uninsured and underinsured patients and their families do not have the ability to pay for their healthcare or can only afford to pay a portion of the charges.

The Christ Hospital is committed to helping uninsured and underinsured patients secure financial assistance through the state Medicaid program, State and Local financial assistance programs or flexible payment plans to resolve their hospital bill in a timely manner. The options available to patients are outlined in this Financial Assistance Policy (FAP).

Under the provisions of section 5168 of the Ohio Revised Code, The Christ Hospital is required to provide basic, medically necessary hospital-level services without charge to Ohio residents whose gross income is at or below the federal poverty guidelines, with the exception of non-covered services. Services must be ordered by an Ohio-licensed physician and delivered at a hospital where the physician has privileges. Current recipients of the Disability Assistance Program are also deemed to qualify for these services.

The Christ Hospital is committed to providing education to patients and guarantors as it relates to billing and collections of payment for services rendered. Payment on accounts will be pursued consistently, 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.

## II. Definitions

The following terms within this FAP are to be interpreted as follows:

1. **Application Period** means the period during which The Christ Hospital must accept and process an application for financial assistance, submitted by an individual, under

its FAP in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the FAP. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after The Christ Hospital provides the individual with a written notice that sets a deadline after which Extraordinary Collection Activities (ECA) may be initiated.

2. **Charity Program** means a healthcare financial assistance program that is fully funded by The Christ Hospital and covers Eligible Patients for Eligible Services.
3. **Eligible Services** mean emergency and medically necessary care as defined herein.
4. **Eligible Patient** means a patient who meets the Charity Program financial criteria. Typically, this includes 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.
5. **Extraordinary Collection Actions (ECAs)** mean a list of collection actions, as defined by the Department of Treasury, Internal Revenue Service (IRS) that The Christ Hospital 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. ECAs against the patient include obtaining payment for care against any other individual who has accepted or is required to accept responsibility for an individual's hospital bill for the care (also known as a guarantor). ECAs include, but are not limited to:
  - a. In some circumstances, selling a patient's debt to another party;
  - b. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
  - c. Deferring, denying, or requiring payment before providing, medically necessary (but non-emergent) care because of an individual's nonpayment of one or more bills for previously provided care covered under the FAP (collectively referred to as "Deferred Care");
  - d. Actions requiring legal or judicial process, including commencing a civil action against an individual and placing a lien on an individual's property (although exceptions include filing a proof of claim in bankruptcy and hospital liens on personal injury judgments/settlements); garnishing an individual's wages; attaching or seizing an individual's bank account or any other personal property; causing an individual to be subject to a writ-of-body attachment; and causing an individual's arrest.

The act of placing a patient's account with a collection agency is not an ECA.

6. **Family** includes any dependent claimed for Federal tax purposes. If the patient is a child of a minor parent(s) who still resides in the home of the patient's grandparents, the "family" shall include only the minor parent(s) and any of the minor parents(s) children, natural, adoptive, legal guardianship or custody, who reside in the home. Ohio Administrative Code 5101:3-2-07.17 (B) (1) states "a "family" shall include the patient, the patient's spouse (regardless of whether they live in the home), and all of the patient's children, natural or adoptive, under the age of 18 who live in the home."

7. **Federal Poverty Guidelines (FPG):** Published yearly by the Department of Health and Human Services and used to determine if a patient is eligible for assistance under a particular program.
8. **Financial Assistance Application Form (FAA or Application)** means a document that must be completed by the patient/guarantor and accompanied by proof of residency (residency required only for the HCAP Program) and income, in order to qualify a patient for financial assistance under the Charity Program or HCAP Program.
9. **Financial Assistance Policy (FAP)** means The Christ Hospital's Financial Assistance Policy.
10. **Hospital Care Assurance Program (HCAP):** A State and Federal program administered by the Ohio Department of Medicaid which provides funding to hospitals that have a disproportionately high share of uncompensated care costs for services to indigent and uninsured Ohioans. HCAP offers Ohioans, with family incomes at or below 100% of the current Federal Poverty Guidelines and ineligible for Ohio Medicaid, help with unpaid hospital bills.
11. **Income** includes salary and wages, interest income, dividend income, Social Security, workers compensation, disability payments, unemployment income, business income (IRS Schedule C), pensions and annuities, farm income (IRS Schedule F), rentals and royalties, inheritance, strike benefits, alimony income, payments received from the State for legal guardianship or custody. Also defined as the patient's total resources, which would include, but are not limited to, an analysis of assets (only those convertible to cash and unnecessary for the patient's daily living), liabilities and expenses.
12. **Medically Necessary** means hospital services or care rendered, both inpatient and outpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction and threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
13. **Notification Period** means the period of 120 days after the date of the first post-discharge billing statement for the applicable medically necessary or emergency medical care.
14. **Uninsured** means patients with no insurance or third-party assistance to help remunerate their financial responsibility to healthcare providers.
15. **Underinsured** mean patients who carry insurance or have third-party assistance to help pay for medical services, but who accrue or have the likelihood to accrue, out-of-pocket expenses which exceed their financial ability to pay.

### **III. Policy**

In order to provide the level of aid necessary to the greatest number of patients in need, and to protect the resources needed to do so, the following guidelines apply:

- The Christ Hospital-sponsored Financial Assistance or Charity Program applies to all emergency and other medically necessary care (Eligible Services) provided at The Christ Hospital by an Eligible Provider or by The Christ Hospital to patients who are found to have met all financial criteria based on the disclosure of proper information and documentation (Eligible Patients).
- All members of The Christ Hospital Physicians, LLC are Eligible Providers. Care provided by any other provider at The Christ Hospital will NOT be covered (Ineligible Providers) by the Charity Program discount described in this FAP. The list of Ineligible Providers is maintained in a separate document. Members of the public may readily obtain it, free of charge, at our Financial Assistance Department at 237 William Howard Taft Rd, CBO 2-3, Cincinnati, Ohio 45219 and online at <https://www.thechristhospital.com>.
- The Christ Hospital provides, without discrimination, care to individuals for emergency medical conditions regardless of whether they are eligible for assistance under this FAP. The Christ Hospital will not engage in actions that discourage individuals from seeking emergency medical care, such as 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 the Emergency Medical Treatment and Labor Act (EMTALA), are provided to all hospital patients in a non-discriminatory manner pursuant to The Christ Hospital's EMTALA policy (1.09.100), which is incorporated by reference herein.
- The Christ Hospital-sponsored Financial Assistance or Charity Program is available to Eligible Patients. Eligibility is based on the patient's family income and expenses. Patients with family incomes at or below 300% of the Federal Poverty Guidelines are eligible for discounts for Eligible Services.
- Patient expenses and liabilities will also be considered in the evaluation of their eligibility for approval. Patients are expected to contribute payment for care based on their individual financial situation; therefore, each case will be reviewed separately.
- Patients may be assisted in finding other means of payment or financial assistance before approval for the Charity Program.
- After patients have received services, it is the policy of The Christ Hospital to bill patients and applicable payers. During this billing and collections process, all outstanding accounts will be handled in accordance with State and Federal rules, including the IRS's §1.501(r) final rule.
- The Christ Hospital will not engage in any ECAs (as defined herein) against an individual or guarantor to obtain payment for care before reasonable efforts (as defined herein) have been made to determine whether the individual is eligible for assistance for the care under the FAP.

- The Christ Hospital will allow patients to submit complete Applications (as described herein) during the Application Period (as described herein). The Christ Hospital, at its discretion, may accept Applications outside of the Application Period.

## IV. Procedures

### 1. The Christ Hospital Interdisciplinary team

- a. Registration associates
  - Focus on capturing accurate and up-to-date demographic information (e.g. home address, telephone contact numbers, place of employment, etc.);
  - Knowledgeable of financial assistance programs and can refer interested patients to an in-house Financial Counselor; and
  - Request photo ID for proof of identity to protect against identity theft and ensure the Application is accurate.
- b. Financial Counselors
  - Visit patients and their families on the floors as early in the medical visit as is appropriate to help the patient identify which assistance programs he/she is eligible for;
  - If possible, complete the Application process during the patient's stay; and
  - Work closely with an outside service that conducts home visits to housebound patients or will accompany or represent patients at the interview, free of charge to the patient.
- c. Financial Clearance
  - Pre-registration, insurance verification and certification and pre-service collection of deductibles, copays and uninsured services.
- d. Customer Service
  - Receive patient phone calls, answer questions about a patient's bill, accept credit card payments, assist patient in completing a FAA, and set up payment arrangement;
  - Process applications for the State and Local Financial Assistance programs;
  - Proactively call patients to explore financial assistance programs to resolve outstanding balances.

### 2. Financial Assistance Options

- a. **Medicare and Medicare HMOs:** Patients 65 years of age or older and patients under 65 with certain medical conditions may be eligible for the Medicare program. Although the financial counselors cannot act as the patient's representative, the financial counselors will offer education to the patient on how to apply for the Medicare program.
- b. **Medicaid and Medicaid HMOs:** Medicaid and Medicaid HMO programs are administered by the state in which the patient resides. Eligibility criteria vary from state to state and the application process can be cumbersome and difficult to understand. If during the in-house interview the financial counselor

determines the patient may be eligible for Medicaid, the financial counselor will assist the patient in the application process in the following manner:

- Act as patient's representative by attending the Medicaid appointment with or in place of the patient.
- Refer an out-of-state or uncooperative patient to an outside service for assistance in completing a Medicaid application. The outside service will also make home visits if appropriate.
- File an appeal on behalf of the patient if they believe eligibility may have been improperly denied.

- c. **Hospital Care Assurance Program (HCAP):** HCAP is available to Ohio residents who are treated at an Ohio facility and whose family income is at or below federal poverty guidelines. HCAP provides free hospital care for medically necessary services. Patients may apply for HCAP if they are a resident of the state of Ohio and are not currently a Medicaid recipient. To apply for HCAP, a patient or family member must complete an application and attest to family income for a minimum of 3 months (up to 12 months) prior to the date of service. In addition, The Christ Hospital may perform a resource test and request additional documentation to support income. Eligibility is based upon income levels that are at or below the Federal Poverty Guidelines. If approved, 100% of the patient portion will be adjusted. The FAA can be used as the HCAP application for potential patients eligible for this program.
- d. **Charity Program:** Patients who do not meet the income or residency requirements of other programs may be eligible for assistance with their hospital bill in the following circumstances:

- Patient has cooperated in supplying all information needed for other Federal/State healthcare programs and has been denied;
- Patient has completed a FAA and cooperates with The Christ Hospital;
- Patient's income is at or below 300% of the Federal Poverty Guidelines;
- Below is the sliding scale income matrix for The Christ Hospital's Charity Program:

<u>INCOME RANGE</u>	<u>DISCOUNT %</u>	
Income <= 150% FPG	100%	Assistance
Income >150% and <=200%FPG	75%	Assistance
Income >200% and <=300% FPG	50%	Assistance

- For Discounted care of less than 100% Assistance, no patients determined to be FAP-eligible will be charged more for emergency or medically necessary care than the Amounts Generally Billed (AGB) for emergency or medically necessary care. AGB means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. To calculate the AGB, The Christ Hospital uses the "look-back" method. Under this method, The Christ Hospital uses data based on claims sent to Medicare and Medicaid fee-for-service and private health insurers for emergency and medically necessary care over the 12-month period from June through May, divided by the

associated gross charges for those claims, to determine the percentage of gross charges typically allowed by these insurers. This is called the AGB Percentage. Associated portions for these claims paid by Medicare beneficiaries or insured individuals in the form of co-payments, co-insurance or deductibles are included in AGB Percentage calculation. The AGB Percentage is then multiplied by gross charges for emergency and/or medically necessary care to determine AGB. The Christ Hospital recalculates the AGB Percentage annually and updates this FAP annually to reflect the same. Currently, The Christ Hospital uses the following AGB Percentages determine AGB:

Patient Type	% of Gross Charges
Inpatient	30%
Outpatient	24%

- Incomplete Charity Applications: Often there is information, provided by the patient or through other sources, which could offer sufficient evidence to provide the patient with charity care assistance. In the event there is incomplete evidence provided by the patient to support a patient's eligibility for charity care, the patient's account will be determined as ineligible for The Christ Hospital Charity Program. In no event will The Christ Hospital engage in any ECAs against an individual or guarantor to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under this FAP.
- Upon notice of a patient's death, unless the patient passed away at The Christ Hospital, the staff will procure a copy of the death certificate. An account will be reviewed for estate status, assets or available form of payment prior to being sent to Bad Debt or written off to Charity. To claim accounts upon death of the patient as charity, notice of probate must be obtained indicating no assets.
- A patient who is eligible to receive financial assistance under the FAP will be charged less than "gross charges" for all services.

- e. **Uninsured Discount Program:** Uninsured patients not eligible for any of the above programs (Medicare and Medicare HMOs, Medicaid and Medicaid HMOs, HCAP, Charity Program) will receive a discount. See "Uninsured Discount Policy" for more detail.
- f. At The Christ Hospital's discretion, patients with family income exceeding 100% of the Federal Poverty Level may still be eligible for hardship financial assistance or catastrophic discount on an individual basis, taking into account extenuating circumstances, including financial or medical indigence or catastrophic infirmity.

### 3. Eligibility for Charity Program under the FAP

Eligible Services under the Charity Program include: emergency and medically necessary care as defined herein.

Eligible Patients are those patients who meet the financial criteria described above. All patients, regardless of age, gender, race, sexual orientation, religious affiliation, ethnic background, national origin or age of the patient's account, are included. To be eligible, a patient must be a United States of America citizen.

#### **4. Applying for Financial Assistance under the Charity Program**

To be considered eligible for financial assistance under The Christ Hospital's Charity Program, a patient must co-operate with The Christ Hospital to explore alternative means of assistance if necessary, including, but not limited to, Health Insurance Marketplace (Exchange) Participation, Medicare, Medicare HMOs, Medicaid and Medicaid HMOs. Patient shall co-operate in supplying all third-party insurance information. Patients will be required to provide necessary information and documentation when applying for a discount, financial assistance or other private or public payment programs.

The process for applying for financial assistance under the FAP includes these steps:

- Fill out the FAA and include the required supporting documents;
- One signature is required on the application (the patient, guarantor or legal representative);
- Return the completed FAA to: The Christ Hospital, Attn: Patient Finance 2139 Auburn Ave, Cincinnati, OH 45219 or fax to 513-263-8596;
- The Financial Assistance Department will review your completed application, along with the documentation you provided, to determine your eligibility;
- The Christ Hospital will contact you if additional information is required to complete your application process and/or when a decision has been made. Please allow 30 days for The Christ Hospital to complete the evaluation process.
  - In some cases The Christ Hospital can also accept patient income as reported by a credit bureau agency; or as reported verbally by the patient (or the patient's guarantor or legal representative) during a face-to-face interview.

In addition to completing the FAA, supporting documentation that may need to be provided may include, but is not limited to:

- Proof of income for applicant (and spouse if applicable), most-recent pay stubs, unemployment insurance payment stubs or sufficient information on how patients are currently supporting themselves;
- A letter or written statement from employer verifying gross wages for the last 90 days;
- W-2s;
- Copy of the most-recent Federal Income Tax Return (Form 1040);
- If self-employed, a financial statement of gross income, less business expenses;
- Bank statements;

- If patient/spouse is unemployed, a letter from the patient/spouse indicating how long they have been unemployed will suffice as proof of income;
- As a last resort, The Christ Hospital can accept a written statement from the patient as proof of eligibility or in the case of nursing home patients, a Power of Attorney or a letter from the case manager.
- Alimony payments made to a spouse are an allowable deduction from family income. Child support payments are not an allowable deduction from family income;
- Social Security or Retirement Benefit may be in the form of a written statement from patient/beneficiary or verification of benefits from Social Security office or the most recent Social Security award letter;
- External, public sources which may be utilized, including credit scores;
- The patient's total resources, liquid and non-liquid assets, as well as liabilities and expenses, (excluding personal residence, retirement funds such as a 403(b) or 401(k) plan, and automobiles), may be considered in the final determination of financial assistance as possible sources of payment. If the patient has more than \$10,000 in liquid assets (savings or checking account), the patient will no longer qualify for the FAP plan; however, they may qualify for a discount program based on the situation;
- Family income is calculated based on the income earned in the preceding 12-month period. \*Although proof of income for the preceding 12-month period is preferred, family income may be based on the current income, especially if there has been a significant change in the family's income.

Individuals who do not have any of the documentation or information listed above; have questions about the FAA or application process; or would like assistance with completing the FAA, may contact (513-263-9197).

A FAA can be used to cover accounts for Medicare (including HMO Medicare) patients approved (regardless of the date of service) in the current calendar year. For non-Medicare patients, financial assistance determination will remain in effect for 90 days, after which the patient will need to re-qualify to validate that their financial situation has not changed.

FAP applications and records will be retained for a minimum of 6 years.

## **5. Reasons for Denial of Financial Assistance under the Charity Program**

The Christ Hospital may deny a request for financial assistance for a variety of reasons including, but not limited to:

- Sufficient income;
- Sufficient asset level;
- Patient is uncooperative/unresponsive to reasonable efforts by financial representatives to procure necessary information and documentation described in this FAP to complete a FAA. The Christ Hospital does not deny financial assistance to applicants based on a failure to submit any information or documentation not mentioned in the FAP;
- Incomplete FAA, despite reasonable efforts to work with financial representatives;

- Pending insurance or liability claim;
- Withholding insurance payment or settlement funds.

## **6. Patient Payments and Refunds**

If a patient has been charged for and paid for care, but is later determined to be a FAP-Eligible patient at the time the care was received, The Christ Hospital will refund any amount the patient has paid The Christ Hospital for the care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-Eligible Patient, unless such amount is less than \$5.00 (or such other amount set by notice or guidance published in the Internal Revenue Bulletin).

While patient eligibility for financial assistance is not retrospective in nature, The Christ Hospital may forgive, and deem as financial assistance to the patient, any outstanding balances for prior episodes of care which were 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.

## **7. Measures to Publicize the FAP**

The Christ Hospital is committed to offering financial assistance to eligible patients who do not have the ability to pay for their medical services in whole or in part. In order to accomplish this charitable goal, The Christ Hospital will widely publicize this FAP in the communities we serve. The Christ Hospital communicates the availability and terms of its Financial Assistance Program to all patients, through means which include, but are not limited to:

- Offering a paper copy of the plain language summary of this FAP to patients as part of the intake or discharge process;
- Notifications on patient statements;
- Publicly displayed on a sign in the Emergency Department and admission areas;
- Posted on The Christ Hospital's website in English and available to access and download without requiring special computer hardware or software and without payment of a fee to The Christ Hospital. Staff will provide any individual information on how to access a copy of the FAP, the plain language summary, and/or the FAA online with direct website address, or URL, of the webpage on which these documents are posted;
- Reference within The Christ Hospital Patient Handbook;
- Designated staff knowledgeable of the FAP to answer patient questions or who may refer patients to the programs;
- Copies of this FAP, the plain language summary and the FAA are located and available upon request and without charge in the Emergency Department and Admission/Registration areas;
- The FAP and the FAA are available by mail or by calling 513-263-9211.
- Requests can be made by a patient, their family members, friend or associate, but will be subject to applicable privacy laws;
- Patients concerned about their ability to pay for services or who would like to know more about financial assistance, should be directed to the Customer Service Department in Patient Financial Services at 513-263-9211;

- A financial counselor is located in the main patient entrance at the Patient Registration desk at The Christ Hospital. The patient entrance greeters can assist patients to locate a financial counselor.

## **8. Billing, Collections, and Actions Taken in the Event of Nonpayment**

The purpose of this section is to establish The Christ Hospital's guidelines regarding the billing of and collection from patients who receive services from The Christ Hospital, including the vendors who perform billing and collection services for The Christ Hospital. As set forth herein, The Christ Hospital will not engage in any ECA against an individual or guarantor to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for Charity Program financial assistance for the care under The Christ Hospital's FAP. The Christ Hospital will allow patients to submit complete Applications during the Application Period. The Christ Hospital, at its discretion, may accept Applications submitted outside of the Application Period.

### **Billing Cycle**

The Christ Hospital and its authorized vendors will send each patient or guarantor a bill for unpaid hospital charges, complying with the requirements of this FAP, after discharge. The Christ Hospital may also send follow-up statements periodically thereafter.

The billing cycle includes sending a patient several written notifications of an outstanding balance due within a 120-day cycle, notifying them of their debt, as well as opportunities to make payments and payment arrangements. After this cycle concludes, any outstanding debt that is not secured in a payment arrangement will be placed with a collection agency on the behalf of The Christ Hospital.

### **Complete Application - Reasonable Efforts to Determine FAP Eligibility**

If an individual submits a complete Application (either initially or by amending an incomplete Application) during the Application Period, The Christ Hospital will have engaged in reasonable efforts to determine if an individual is FAP-eligible if it does the following in a timely manner:

- 1) Ceases to initiate any ECAs or suspend previously initiated ECAs to obtain payment for the care;
- 2) Makes an eligibility determination as to whether the individual is FAP-eligible for the care;
- 3) Notifies the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis of this determination;
- 4) In the event the individual is determined to be FAP-ineligible, ECAs may be initiated or resume;
- 5) In the event the individual is determined to be FAP-eligible for the care, The Christ Hospital will take the following steps:

- a) If the individual is determined to be eligible for assistance other than 100% assistance (free care), provide the individual with a billing statement that indicates:
  - i) the amount the individual owes for the care as an FAP-eligible individual;
  - ii) how that amount was determined; and
  - iii) state or describe how the individual can get information regarding the AGB for the care.
- b) Refund to the individual any amount he or she paid for the care (whether to The Christ Hospital or any other party to whom The Christ Hospital has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5.00 (or such other amount published in the Internal Revenue Bulletin); and
- c) Take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.

#### **No Application - Reasonable Efforts to Determine FAP Eligibility**

The Christ Hospital will have made reasonable efforts to determine whether an individual is FAP-eligible for the care if it does all of the following before initiating an ECA:

- 1) Refrains from initiating such ECAs during the Notification Period;<sup>1</sup>
- 2) Provides notification to individuals about the FAP before initiating any ECAs to obtain payment for the care. If The Christ Hospital intends to pursue ECAs, to provide proper notification, the following **Notification** process will occur at least 30 days before first initiating one or more ECAs:
  - a) Written Notification. In writing, The Christ Hospital notifies the patient:
    - i) that financial assistance is available for eligible individuals;
    - ii) identifies the ECAs The Christ Hospital (or other authorized vendor) intends to initiate to obtain payment for the care;
    - iii) states a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided; and
    - iv) includes the plain language summary of the FAP.
  - b) Oral Notification. The Christ Hospital will make a reasonable effort to orally notify the patient about the FAP and how the individual may obtain assistance with the Application process.

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<sup>1</sup> Deferred Care Based on Nonpayment (discussed below) is an exception to this 120-day Notification Period.

- 3) If no Application is submitted after following this Notification process, The Christ Hospital may initiate ECAs to obtain payment for the care unless and until The Christ Hospital receives an Application during the Application Period.

**Please Note: Multiple Episodes of Care.** If The Christ Hospital aggregates an individual's outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

#### **Incomplete Application - Reasonable Efforts to Determine FAP Eligibility**

If an individual submits an incomplete Application during the Application Period, The Christ Hospital will have engaged in reasonable efforts to determine if an individual is FAP-eligible if it does the following:

- 1) Provides the individual with a written notice that:
  - a) Describes the additional information and/or documentation required under the FAP or Application that must be submitted to complete the application;
  - b) Sets forth a reasonable deadline (no less than 30 days) to complete the Application;
  - c) Includes the following or similar contact information and language: "If you have questions about the Application or Application process; or would like assistance with completing the Application, you may contact 513-263-9197";
- 2) Ceases to initiate any ECAs or suspend previously initiated ECAs until the patient has failed to timely respond to the request for additional information and/or documentation.

#### **Deferred Care Based on Past Nonpayment**

If a patient has an outstanding balance for previously provided care, The Christ Hospital may engage in the ECA of deferring, denying or requiring payment before providing additional medically necessary (but non-emergent) care only when the following steps are taken:

- 1) The Christ Hospital provides the patient with an Application (to ensure the patient may apply immediately, if necessary);
- 2) The Christ Hospital provides a written notice indicating the availability of financial assistance and specifying any deadline, if any, after which a submitted (or, if applicable, completed) application for assistance for the previous care episode will no longer be accepted. If a deadline is provided, the deadline must be at least 30 days after the date the written notice is provided or 240 days after the first post-discharge billing statement for prior care, whichever is later;
- 3) A plain language summary of the FAP is included in the written notice;
- 4) The Christ Hospital makes a reasonable effort to orally notify the individual about the FAP and explain how to receive assistance with the Application process;

- 5) If the individual submits an Application for the previously provided care on or before the above-noted deadline (or at any time, if The Christ Hospital did not provide any deadline), The Christ Hospital processes the Application on an expedited basis to ensure that medically necessary care is not needlessly delayed.

#### **Miscellaneous Provisions:**

- **Anti-Abuse Rule.** The Christ Hospital will not base its determination that an individual is not FAP-eligible on information that The Christ Hospital has reason to believe is unreliable or incorrect, or on information obtained from the individual under duress or through the use of coercive practices. A coercive practice includes delaying or denying emergency medical care to an individual until the individual has provided information requested to determine whether the individual is FAP-eligible for the care being delayed or denied.
- **Determining Medicaid Eligibility.** The Christ Hospital will not fail to have made reasonable efforts to determine whether an individual is FAP-eligible for care if, upon receiving a complete Application from an individual who The Christ Hospital believes may qualify for Medicaid, The Christ Hospital postpones determining whether the individual is FAP-eligible for the care until after the individual's Medicaid application has been completed and submitted and a determination as to the individual's Medicaid eligibility has been made.
- **No Waiver of Application.** Obtaining a signed waiver from an individual, such as a signed statement that the individual does not wish to apply for assistance under the FAP or receive the notifications described herein, will not itself constitute a determination that the individual is not FAP-eligible.
- **Final Authority for Determining FAP Eligibility.** Final authority for determining that The Christ Hospital has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in ECAs against the individual rests with The Christ Hospital's Patient Financial Services Department.
- **Agreements with Other Parties.** If The Christ Hospital sells or refers an individual's debt related to care to another party, The Christ Hospital will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care.
- **Providing Documents Electronically.** The Christ Hospital may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

#### **Regulatory Requirements:**

In implementing this FAP, The Christ Hospital shall comply with all other Federal, State and Local laws, rules, and regulations that may apply to activities conducted pursuant to this FAP.