

**Fisher-Titus Medical Center Financial Assistance
Policies & Procedures
2020**

Fisher-Titus Charity Care: This is an FTMC Charity Care Program for those patients who do not qualify for State of Ohio medical aid, including the Hospital Care Assurance Program, who have no third party coverage, whose income falls above the federal poverty guidelines and is generally unable to pay for hospital services provided. Patients falling from 101%-150% of the Federal Poverty Level will qualify to have the patient's charges written off.

Proof of income is determined by 1) check stubs, 2) a recent income tax return or W-2. 3) a signed statement from the patient or account guarantor stating their income or how they are supported. 4) acceptance into an income-based government assistance program. Financial Services will determine eligibility for a charity write-off using the following income guidelines:

Person(s) in family/ household	2020	2020			2020			2020		
	0%-100% FPL HCAP	101%-150% FPL FREE CARE DISCOUNT			151%-200% FPL 75% DISCOUNT			201%-300% FPL 20% DISCOUNT		
1	\$12,760	\$12,761	To	\$19,140	\$19,141	To	\$25,520	\$25,521	To	\$38,280
2	\$17,240	\$17,241	To	\$25,860	\$25,861	To	\$34,480	\$34,481	To	\$51,720
3	\$21,720	\$21,721	To	\$32,580	\$32,581	To	\$43,440	\$43,441	To	\$65,160
4	\$26,200	\$26,201	To	\$39,300	\$39,301	To	\$52,400	\$52,401	To	\$78,600
5	\$30,680	\$30,681	To	\$46,020	\$46,021	To	\$61,360	\$61,361	To	\$92,040
6	\$35,160	\$35,161	To	\$52,740	\$52,741	To	\$70,320	\$70,321	To	\$105,480
7	\$39,640	\$39,641	To	\$59,460	\$59,461	To	\$79,280	\$79,281	To	\$118,920
8	\$44,120	\$44,121	To	\$66,180	\$66,181	To	\$88,240	\$88,241	To	\$132,360

A. Patients requesting free care, who do not qualify for Medicaid or HCAP will be referred to Financial Services.

B. State Collection and Recovery Services and the LLC will also screen accounts for possible charity care and refer them back to Financial Services. Self-pay patients who qualify for 100% charity will qualify for a 50% discounts at Fisher-Titus Medical Care LLC with the exception of Behavioral Health. All insured and uninsured patients who qualify for charity at FTMC will have the same discount at Behavioral Health.

C. After identifying an account to be written off, Financial Services processes the application and provides the correct adjustments to accounts that have cleared insurance and/or self-pay. The patient is mailed a Financial Assistance Approval letter if qualified. Patients are also notified by mail if Ineligible.

D. Each account will be identified by:

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- Patient's name
- Account Number
- Amount of the write-off
- Date of Service
- Internal write off code.

E. Any total guarantor balance of \$5,000.00 or above will be listed on a separate Financial Assistance Summary Sheet to be reviewed and signed by the Financial Counselor, Director of Patient Access and the Controller. Any total guarantor balance write-off exceeding \$15,000 should be reviewed and signed by the Chief Financial Officer.

F. Financial Services will scan all appropriate documents into Cerner for that Guarantor's record including proof of income, copies of applications or copies of insurance cards.

(Documents prior to Jan 1, 2003 are kept on paper alphabetically.)

G. These files will be retained for a minimum period of seven years for audit purposes.

H. Specific write off codes are used for this program in order to book these write-offs to a special general ledger account, providing readily available reporting and audit capability. Codes are assigned by the Controller.

I. Estates with exhausted assets, when verified by a Financial Counselor, will qualify for the program. This includes surviving spouse estates, although efforts for a completed application should first be exhausted.

J. Patients approved for the Fisher Titus Health Financial Assistance will need a new application every 90 days. Patients with no foreseeable change in current year income may be approved for the entire remaining current year. (i.e. SSI and retirement income only)

K. Accounts identified by State Collection and Recovery Services, LLC as "CNA" (Closed, No Assets) automatically qualify for this program. SCRS will use all reasonable industry standards to attempt to collect the debt before identifying an account as "CNA". SCRS will note and maintain the *reason* why the account is not collectable in their system.

L. For the purpose of income determination, "non-cash" deductions will not be allowed. Some examples include: depreciation, deducting personal vehicles for business, health savings account contributions, IRA deductions, etc. Conversely, certain benefits will be included in income, for example: minister' housing allowances.

M. For the purpose of income determination, income from seasonal employment will be adjusted to reflect a yearly wage.

N. Patients who qualify for a government assistance program based on income level automatically qualify for this program; after reasonable

attempts to obtain a charity application are documented. Upon discovery of an approved program, accounts within a six-month look back will be included in the write-off. Examples of approved programs include, but are not necessarily limited to, Medicaid Family Planning Benefits and Breast and Cervical Cancer Project (BCCP) eligible patients.

O. Fisher Titus Medical Center reserves the right to revoke and/or reverse financial assistance approval to patients based on assets, income or non-taxable income (i.e. S.S., Pensions, Dividends, IRA / 401k withdraws, etc.,) that were not previously reported. The Fisher Titus Medical Center Charity Program is for those individuals and families that have no ability to pay.

P. Where none of the above programs apply, Fisher Titus Health reserves the right to also consider a Hardship application on a case-by-case basis for patients who otherwise demonstrate that a financial hardship is catastrophic, unusual, or extraordinary. Both the Fisher Titus Health Charity Program and the Hardship Program are programs of last resort, meaning that if another state or federal program is available to provide assistance, or if another resource is available to pay for a patient's care or reimburse the patient for charges relating to that care, that program or resource must be exhausted before the patient becomes eligible for the Fisher Titus Health programs.

Q. Our billing procedure (after insurance payments and/or self-pay) provides four statements to the patient. The first statement includes a 10% discounted amount as prompt payment in full. The second and third statements simply state the full balance due. The fourth and final statement has a large red **Final Notice** stamped directly across the page. If the patient ignores or does not respond to this notification, regardless of payments being made, the account then goes into a collection status. The account remains in that status for 30 days before being turned over to an outside collection agency. It is the patients responsibility to contact the Financial Services office to set-up reasonable payment plans if they cannot pay in full within those four stmts. It is also the responsibility of the patient to complete a charity app if they believe their annual income for their family size may qualify them for possible assistance.