



TITLE: Financial Assistance Aultman Hospital	ORIGINAL EFFECTIVE DATE: 12/29/2015
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(This policy rescinds any previous publication covering the same material)

Background

Aultman Hospital, Aultman Alliance, Aultman Orrville and Aultman Specialty Hospital are tax-exempt, charitable organization and is committed to providing quality healthcare to all patients requiring hospital services (including emergency and other medically necessary care) regardless of their ability to pay for such services. The purpose of this policy is to identify circumstances in which Aultman Hospital, Aultman Alliance, Aultman Orrville and Aultman Specialty Hospital will provide financial assistance or support to eligible patients who require emergency or other medically necessary care. Aultman will not delay, refuse, or discourage emergency or other medically necessary care based on a patient’s ability to pay for such care.

This Financial Assistance Policy (or referred to herein as “FAP”) is consistent, appropriate, and essential to Aultman’s mission, vision, and values. Aultman will continue to play a leadership role in the community by responding to our patients’ needs.

This FAP applies to Aultman Hospital, Aultman Alliance, Aultman Orrville, Aultman Specialty Hospital, Aultman North, Aultman West, Aultman Carrollton, Aultman Woodlawn, Aultman Pain Management and Aultman Medical Group, Family Practice, and Internal Medicine Clinics.

Definitions

Amounts Generally Billed (or “AGB”) means the amounts generally billed by Aultman Health Foundation for emergency or other medically necessary care to patients who have insurance covering such health care.

Annual Family Income means all wages, salaries, and other taxable pay of the patient and his or her Family for the most recently completed calendar year occurring prior to the date on which the patient received emergency or other medically necessary care from Aultman Health Foundation that is covered by this policy.

Aultman Health Foundation refers to Aultman Hospital, Aultman Alliance, Aultman Orrville and Aultman Specialty Hospital.

Eligible Patient means a patient who has submitted a complete FAP Application and/or otherwise qualifies for assistance under this policy, as determined by Aultman.

EMTALA means the Emergency Medical Treatment and Active Labor Act, a federal law.

Emergency Care (or Treatment) refers to health or medical care provided at Aultman to treat an emergency medical condition as defined by EMTALA.

Episode of Care is the period of time in which a patient receives hospital services for a specific medical problem, health condition or specific illness, and may include pre-admission testing and care received by the patient at a hospital facility after an admission. A patient generally receives a separate bill for services following each Episode of Care. Aultman Health Foundation may, if reasonable, apply this policy to aggregated Episodes of Care for purposes of complying with the notification and standards under the FAP; however, even if aggregated, the FAP's timelines will be measured with respect to the patient's most recent Episode of Care.

Extraordinary Collection Actions refers to the following actions taken by Aultman Health Foundation against a patient related to obtaining payment of a bill for emergency or other medically necessary care covered under this policy:

- (i) selling a patient's debt to another party (except in situations where the debt purchase meets the requirements of a debt sale that is not an Extraordinary Collection Action – that is, the purchaser of the debt is a party to a written agreement with Aultman, pursuant to which the purchaser is limited with respect to the interest it may charge and the collection activities it may undertake, and is required to adhere to this policy if the individual is determined to be eligible for assistance under this policy).
- (ii) reporting adverse information about the patient to consumer credit reporting agencies or credit bureaus.
- (iii) deferring or denying, or requiring a payment before providing, medically necessary care because of a patient's nonpayment of one or more bills for previously provided emergency or other medically necessary care.
- (iv) any action that requires a legal or judicial process, such as, placing a lien on a patient's property, commencing a civil action against a patient, and garnishing a patient's wages.

FAP means Financial Assistance Policy, or this policy.

FAP Application or *application* means the information and accompanying documentation that Aultman Health Foundation requests a patient to submit to apply for financial assistance under the FAP. A FAP Application is considered "complete" by a patient if it contains information

and documentation sufficient for Aultman Health Foundation to determine whether the patient is eligible for assistance under the FAP. A FAP Application is “incomplete” if a patient provides some, but not sufficient, information and documentation to determine eligibility for assistance under the FAP.

Family means the patient, the patient’s spouse, and the patient’s children (natural or adopted) under the age of 18 who live in the patient’s home. If the patient is under 18 years of age, the patient’s family will include the patient’s parents (natural or adoptive) and the parent(s)’s other children under the age of 18 who live in the home.

Gross Charges means the full, established price for medical care that Aultman Health Foundation consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

HCAP is the Hospital Care Assurance Program, a program administered by the Ohio Department of Medicaid, which provides funding to hospitals to help indigent and uninsured patients pay for hospital services.

Liquid Assets are defined as a patient’s investments that could be converted into cash within one (1) year but are not generally considered part of the patient’s Annual Family Income. Examples include Checking accounts, savings accounts, certificates of deposit, money-market or credit union accounts and descriptions of owned property.

Medically Necessary Care or Services is defined as procedures, items or services that prevent, diagnose, evaluate, or treat an illness, injury, disease, or its symptoms, emotional or behavioral dysfunction, cognitive impairment, or developmental disability and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment and/or pain and discomfort. The fact that a physician, dentist, or other licensed practitioner renders, prescribes, orders, certifies, recommends, or approves a procedure, item or service for health care does not, in and of itself make the procedure, item, or service medically necessary and does not guarantee payment for it.

Physician Services include services provided to a patient by a physician or nurse practitioner as part of a patient’s inpatient, outpatient, or clinic treatment at an Aultman facility.

Uninsured Patient is a patient who does not have any insurance coverage, whether from a government program such as Medicare or Medicaid, from an employer or from a private health insurer.

Who qualifies for financial assistance?

Patients who are uninsured, underinsured, ineligible for government assistance programs or unable to pay based on their individual financial situations may be eligible for financial assistance. Patients that are insured and their gross family income is at or below 200% of the Federal Poverty Income guidelines may be eligible to receive financial assistance. Aultman Health Foundation will make determinations for financial assistance on a case-by-case basis as set forth in this policy. To make determinations, Aultman Health Foundation may require patients to meet with Aultman's financial counselors. Patients will also be required to apply for benefits under Medicaid (if applicable) and the State of Ohio HCAP Program before consideration for financial assistance from Aultman. If Aultman Health Foundation determines that a patient is eligible for financial assistance, the patient may receive free and/or discounted services or other assistance with deductibles, co-insurance and/or co-payments. Aultman Health Foundation do not take into account race, gender, age, sexual orientation, religious affiliation, and social or immigrant/visa status when determining if a patient is eligible for financial assistance.

Aultman Health Foundation will determine whether a patient qualifies for financial assistance under this policy based upon the patient's completed FAP Application. Eligibility criteria are based upon the patient's Annual Family Income and available Liquid Assets. The Federal Poverty guideline is updated annually in conjunction with the published updates to the guidelines by the U.S. Department of Health and Human Services. The amount of assistance provided is determined by applying a sliding scale percentage discount against the applicable Aultman's Gross Charges for the care received (the lower the Annual Family Income is in relation to the Federal Poverty guidelines, the greater the percentage discount). In addition to Annual Family Income, Aultman Health Foundation shall also consider the patient's available Liquid Assets and ability to pay.

Any uninsured patient with an Annual Family Income, as determined and verified through the patient's completed FAP, that is less than 400% of the Federal Poverty limit may be eligible for assistance under this policy.

Regardless of the foregoing calculation, an Eligible Patient will never be personally responsible for paying more than the Amount Generally Billed for the emergency or other medically necessary care he or she receives from Aultman.

If the patient is a member of the Amish community and agrees to receive care under the Amish hospital care agreement with Aultman, then the patient is not eligible for financial assistance under this policy. However, if the patient does not provide Aultman Health Foundation with information to verify participation in the Amish hospital care agreement, or if the patient opts out of the Amish hospital care agreement, then the patient will be required to comply with this policy and submit Medicaid and HCAP applications, in addition to Aultman's FAP application, to receive any financial assistance.

How does a patient apply for financial assistance?

To be considered for financial assistance under Aultman's FAP, the patient must submit a

complete FAP Application to Aultman. The FAP Application can be obtained at the following website: <http://aultman.org> or at the following Aultman facilities: Aultman Hospital, 2600 Sixth Street S.W., Canton, Ohio. Completed applications and accompanying documentation should be submitted to: Aultman Outreach Department, 2600 Sixth Street, S.W., Canton OH 44710. Questions regarding this policy or the FAP Application should be directed to the Aultman Outreach Department at (330) 363-2200 or by email at patientoutreach@aultman.com. Aultman Alliance applications can be submitted to: Aultman Alliance Community Hospital, 200 E. State St, Alliance OH 44601. Aultman Alliance Financial Counselors can be reached at (330) 596-7584.

The FAP Application must be completed by the patient and include all information and documentation described or requested in the FAP Application necessary for Aultman Health Foundation to determine the patient's Annual Family Income and other financial resources that may be available to pay for the patient's emergency or other medically necessary care. Before a patient receives any financial assistance under this FAP for which the patient may be eligible, Aultman Health Foundation may require the patient to apply for financial assistance through an available governmental or other program, including Medicaid and, if applicable, COBRA. Aultman Health Foundation may also use an outside vendor to verify a patient's income information as reported by the patient on the FAP Application.

If a patient submits an incomplete FAP Application, Aultman Health Foundation will provide the patient with notice of the information necessary to complete the application and the appropriate contact information if the patient has questions regarding the application. A patient who submits an incomplete application will be given a reasonable opportunity to update and provide a complete application.

Aultman Health Foundation will screen patients based on the FAP Application and will notify patients in writing if they are eligible for financial assistance. If Aultman Health Foundation identifies a source of payment for the patient's care, the patient (or the patient's guarantor) is expected to comply with those requirements of that payment source. If needed, Aultman Health Foundation will review additional sources of financial assistance once the payments from the identified source have been applied to the patient's account.

As part of Aultman's FAP Application screening process:

1. If a patient is potentially eligible for Medicaid, a patient must complete a Medicaid application (Aultman may request this form at the time the FAP Application is submitted). Aultman Health Foundation will process all patients through the HCAP program first. If the patient is not eligible under the HCAP Program, then Aultman Health Foundation will screen the patient using the FAP Application. Patients who fail to complete the required application(s) will automatically be disqualified from the charity care program.
2. HCAP applications, as required by the Ohio Department of Medicaid, will be accepted three (3) years from the date the first statement for an Episode of Care is sent to the patient. A patient must submit a FAP Application to Aultman Health Foundation within

one (1) year from the time the first statement is sent to the patient. If more than one year passes before a patient submits the FAP Application, a patient will not be able to apply for financial assistance from Aultman Health Foundation for that Episode of Care.

3. Aultman Health Foundation may deny a patient's request for financial assistance for incomplete documentation on the Medicaid and HCAP applications and the FAP Application.
4. Each application required by this policy must be signed by the patient, the patient's spouse, or the patient's legal representative. For deceased patients, all applications must be attested to by an individual who has legal authority to act the patient, such as the executor of patient's estate, the court-appointed administrator of the patient's estate or, if there is no executor or administrator, the patient's next of kin.
5. Parents cannot sign any application for a patient 18 years of age or older, unless proof of legal authority is provided.
6. If a patient is eligible for HCAP assistance:
 - Outpatient eligibility is effective for ninety (90) days from the initial date of the Episode of Care.
 - Assistance for inpatient care will determined for each hospital admission unless the patient is readmitted with the same underlying condition within forty-five (45) days.
 - Assistance available for inpatient care may be used to cover related outpatient services for the patient for ninety (90) days immediately following the first day of the patient's hospital admission.

If a patient has been treated by Aultman Health Foundation before, and the patient does not submit a complete FAP Application or the patient does not provide Aultman Health Foundation with information about insurance coverage, Aultman Health Foundation may make a presumptive determination about the patient's eligibility for financial assistance for an Episode of Care. Aultman's presumptive determination may include use of the patient's financial information as available from third party sources or a review of the patient's financial information on file with Aultman.

How does Aultman Health Foundation determine if a patient is eligible for financial assistance?

Aultman Health Foundation will review the information and accompanying documentation provided by each patient in the FAP Application. To allow Aultman Health Foundation to appropriately review the FAP Application, the patient must cooperate and comply with all

verification of income and assets to be considered.

Once a patient submits a complete FAP Application, Aultman Health Foundation will determine the patient's eligibility for financial assistance under this FAP based on the patient's Annual Family Income and inform the patient of its determination, including, if eligible, the assistance to which the patient is entitled under this FAP. If the patient is an Eligible Patient but is not eligible for free care, Aultman Health Foundation will provide the patient with a billing statement showing what the patient owes, an explanation as to how such amount was determined and describe how the patient can obtain an explanation as to how AGB is calculated.

After the financial assistance available to the patient is calculated, the remaining balances will be treated in accordance with Aultman Patient Financial Services' policies regarding self-pay balances. Payment terms will be based on the current guidelines determined by Aultman Patient Financial Services. The patient is responsible for contacting Aultman Patient Financial Services to set up on a monthly payment plan. Aultman Patient Financial Services may be contacted by calling the Aultman Outreach Department at (330) 363-2200 or Aultman Alliance Financial Counselors at (330) 596-7584.

If prior payments have been made on the account, any over payment will be refunded back to the patient. Aultman Health Foundation reserves the right to reallocate the previous payments to other unpaid accounts of the patient.

How long does an eligibility determination under the FAP last?

The eligibility determination made by Aultman Health Foundation pursuant to a patient's completed application remains effective for one (1) year from the date of service giving rise to the patient's submission of the FAP Application (or the date the completed FAP Application is signed by the patient if no prior date of service applies). A patient's eligibility will extend to the end of the month in which eligibility expires. For example, if the patient's eligibility began on January 3, 2016, the patient's eligibility will expire on January 31, 2017.

If a patient subsequently receives emergency or other medically necessary services at an Aultman facility during the one-year period in which an eligibility determination is in effect, Aultman Health Foundation will rely on that eligibility determination when determining the patient's financial obligation for such services. If, however, the eligibility determination results in the patient receiving less than the most generous discount available under this FAP, Aultman will notify the patient about his/her right to re-submit or update his/her FAP Application.

Aultman Health Foundation may also require a patient to re-submit or update the FAP Application during the one-year period in which an eligibility determination is in effect if Aultman Health Foundation becomes aware, or suspects, that the patient's Annual Family Income and/or Family size has changed. Patients will be required to submit a new FAP Application once their eligibility determination under a prior FAP Application has expired (for example, the FAP Application is more than one (1) year old).

Until Aultman Health Foundation determines whether a patient is eligible for financial assistance, the patient remains fully responsible for one hundred percent (100%) of all Gross Charges and will be subject to Aultman's general billing and collection practices.

If Aultman Health Foundation denies a FAP application and determines that a patient is not eligible for financial assistance, the patient may submit an appeal in writing within ten (10) business days to: Aultman Hospital, Finance Department, Outreach, 2600 Sixth Street S.W., Canton, Ohio 44710 or by email at patientoutreach@aultman.com. or Aultman Alliance Community Hospital, Financial Counselors, 200 E. State Street, Alliance, Ohio 44601.

When can a patient apply for financial assistance?

Generally, a patient can apply for financial assistance at any time prior to or during the rendering of hospital services or during the collection process. For the first 120 days after the date of the first post-discharge billing statement for the hospital services, Aultman Health Foundation will notify patients about the Financial Assistance Policy by including conspicuous language on at least three (3) billing statements informing them of the policy and a phone number to call to receive information about the FAP. Also, included within the third billing statement, if no payments have been made or no FAP Application has been received, Aultman Hospital, Aultman Alliance, Aultman Orrville and Aultman Specialty Hospital will include a plain language summary of this FAP. Aultman Health Foundation will accept FAP Applications from patients for up to 240 days after the patient receives the first billing statement for the hospital services provided.

What hospital services are covered by this FAP?

The FAP applies to all Emergency and other Medically Necessary Care provided at an Aultman facility as defined in the *Background* section of the policy. The necessity for medical treatment of any patient will be based on the clinical judgment of the health care provider caring for a patient, such as a physician, without regard to the financial status of the patient. Certain elective procedures, such as cosmetic surgery, may not be covered.

How does this FAP apply to a medical emergency?

Consistent with the rules of EMTALA, Aultman will provide an appropriate medical screening to any patient presenting to an Aultman Emergency Department, regardless of ability to pay, to determine if the patient has an emergency medical condition. If the medical screening indicates that the patient requires further care, Aultman will provide the necessary services without discrimination in accordance with the requirements of EMTALA. No Aultman facility will undertake actions to discourage individuals from seeking emergency medical care, such as demanding payment before receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

What is not included in Aultman's hospital services?

This FAP applies only to services rendered by an Aultman facility and does not apply to services rendered by health care providers, practitioners or physicians who provide care to patients at Aultman's facilities, unless noted otherwise in this policy. A list of the providers that deliver Emergency or other Medically Necessary Care at Aultman's hospital facilities and the designation as to whether the services rendered by such providers are covered under this FAP is attached hereto as Appendix A. Patients may be billed by their physicians, including the Emergency Department physicians, specialty laboratories or other independent health care providers during a hospital stay. Patients are responsible for balances not billed by Aultman. Patients needing financial assistance are encouraged to contact these health care providers to determine if they have financial assistance programs.

What if a patient does not pay for hospital services?

A patient is responsible for balances billed by Aultman Health Foundation after financial assistance is applied to the patient's account under the FAP. Upon receipt of a patient's FAP Application, Aultman Health Foundation will use reasonable efforts to confirm whether a patient is eligible for financial assistance before taking Extraordinary Collection Actions to collect the amount owed by the patient. The collection actions Aultman Health Foundation may undertake before instituting Extraordinary Collection Actions include assigning the patient's account to Aultman's internal collections department. The collection actions and Extraordinary Collection Actions that Aultman Health Foundation may undertake to collect unpaid balances are described further in Aultman's Collection Practices Policy. A free copy of Aultman's Collection Practices Policy is available at <http://aultman.org> or by contacting the Aultman Collection Department, 2600 Sixth Street, S.W., Canton Ohio 44710, (330) 588-4747 or Aultman Alliance Financial Counselors, 200 E. State St, Alliance Ohio 44601, (330) 596-7584. The reasonable efforts Aultman Health Foundation will undertake to determine whether a patient is an Eligible Patient under this FAP before instituting Extraordinary Collection Actions include the following:

- Notifying patients about this policy.
- Refraining from engaging in any Extraordinary Collection Activities for a minimum of 120 days from the date of the first post-discharge billing statement unless a final eligibility determination has been made under this policy pursuant to a completed FAP Application.
- Notifying patients of the right, and providing them the opportunity, to re-submit or update their FAP Application if they receive care during an existing one-year eligibility period and the financial assistance for which they have been deemed eligible is not the most generous level of assistance provided under this policy.
- If a final eligibility determination has not been made with respect to a patient's complete FAP Application, at least 30 days prior to instituting an Extraordinary Collection Action, providing notice to a patient that advises them of the financial

assistance that may be available, including a plain language summary of this FAP, and that identifies the Extraordinary Collection Action(s) to be used to collect the unpaid balance and the deadline for when such action will begin (which will not be earlier than 30 days after the date of the notice).

- Undertaking reasonable efforts to verbally notify the patient about Aultman's FAP and how the patient may obtain assistance with the FAP Application process unless a final eligibility determination has been made under this policy pursuant to a completed FAP Application.
- Processing FAP Applications (both complete and incomplete) in accordance with the terms of this policy.
- Suspending an already-instituted Extraordinary Collection Action while a patient's FAP Application is pending.
- Taking reasonable action to reverse any Extraordinary Collection Actions already taken if a patient is determined to be an Eligible Patient.

The Aultman Outreach Department is responsible for determining whether the above reasonable efforts have been undertaken by Aultman Health Foundation and whether Extraordinary Collection Actions may be instituted.

How does Aultman Health Foundation calculate the Amount Generally Billed?

Aultman Health Foundation calculates the AGB using the allowed amounts paid for hospital services by aggregating our Medicare, Medicare Advantage, and private insurers during a twelve (12) month rolling period. The allowed amounts are based on the insurance payments and patient's responsibility on all claims that are considered medically necessary and allowed under the Medicare Fee- for-Service and Ohio Medicaid programs.

How can patients get a copy of Aultman's Financial Assistance Policy?

A patient can read or print the FAP at www.aultman.com or a patient can contact Aultman Hospital Patient Outreach at (330) 363-2200 or Aultman Alliance Financial Counselors at (330) 596-7584 to request a copy. Information relating to the FAP is also included on the back of Aultman's billing statement.

Will Aultman Health Foundation take steps to tell patients about the Financial Assistance Policy?

Aultman Health Foundation will communicate the availability of financial assistance to all patients by:

- Posting signs in waiting rooms, registration areas, Emergency Department, Immediate Care Centers, Patient Accounts, and other appropriate hospital areas indicating that the FAP, FAP summary and FAP Application are available on request and without charge.

- Posting information about financial assistance, including the FAP (and a summary of the FAP) and the FAP Application on Aultman’s website. Patients can print or download the FAP, FAP summary and the FAP Application from the website.
- Distributing the FAP summary to patients by hospital team members at intake and upon discharge.
- Printing notifications on patient bills or statements.
- Information, such as the FAP, FAP summary and FAP Applications, will be available in-patient intake areas to promote the Financial Assistance Policy. Aultman’s registrars, financial counselors and other appropriate hospital personnel will be made aware of the Financial Assistance Policy to assist patients.
- Providing the FAP, FAP summary and FAP Application in the native language of Aultman’s most likely limited English proficiency patients given the communities within and population of Aultman’s service areas.

Are there any exceptions to this FAP?

Any exceptions to this FAP must be approved by an authorized administrator in the Aultman Patient Finance Department.

Attachments:

Appendix A (List of Other Providers)

References:

FAP Application

Aultman Hospital Policy, *Collection*

Practices Aultman Hospital Policies,

EMTALA Approval:

Adopted by the Aultman Hospital, Board of Directors, December 16, 2015

Sources:

IRS Final Rules for Charitable Hospitals, 26 C.F.R. §§ 1.501(r)-1 to 1.501(r)-7.

APPENDIX A

List of Providers – Aultman Hospital

Specialty	Provider Name/Group	Is Care Covered by FAP?
Emergency Medicine	Canton Aultman Emergency Physicians, Inc.	Yes
Anesthesia	Ohio Based Physicians	Yes