Name of Policy: Patient Financial Assistance **Policy Number**: 3364-142-13 **Approving Officer**: Chief Financial Officer **Responsible Agent**: Director, Patient Financial Svc **Scope**: University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** **Original effective date**: 9/5/2008
Key words: Assistance, Financial, Application, Eligibility, Income	

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

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

(B) Purpose of policy

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

(C) Scope

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

(1) Elective and Cosmetic services;

(2) Services that are not medically necessary;

(3) Specialized or high fixed cost services and supplies, including but not limited to Infusions, Chemotherapy, Oncology, and transplantation services; and

(4) Services for which payments are due from any third party, such as municipalities, detention centers, law enforcement agencies under contract, Church supported Ministries and negotiated settlements (to include legal cases).

(D) Procedure

After confirming that the patient is an Ohio resident, the patient and/or Patient Financial Services representative must complete the financial assistance application. The information on the financial assistance application helps determine the appropriate assistance program that will best resolve the patient's outstanding financial obligation. All medically necessary hospital services provided within a one (1) -year look back period are eligible for financial assistance consideration.

(1) Prior to, or when appropriate subsequent to, approval for financial aid, patients may be asked to apply for Medicaid or other publicly sponsored insurance programs. Cooperation is a required condition of eligibility for further financial assistance.

(2) If a patient's income level appears to fall within the eligibility range of this policy:

(a) The patient receives with the financial assistance application along with instructions and may potentially be required to make a down payment on the applicable service. Proof of household income is required for financial assistance eligibility and all paperwork and supporting documentation must be completed and returned within 10 days from the date of the financial assistance application. UTMC, in its sole discretion, determines the extent of supporting documentation required in any particular case. Documentation may include, but is not limited to, copies of pay stubs, W2s, bank statements, and tax returns.

(b) Total household income is the total of all sources of income before deductions (e.g., taxes, social security, insurance premiums, payroll deductions, etc.) ("Gross Income"). Gross Income is income from all members of a household received from the following sources: wages, unemployment income, workers' compensation, veterans' benefits, social security income, disability insurance, alimony, child support, and other cash income. To verify Gross Income, UTMC may look back 3 or 12 months prior to the date of service, whichever method provides the most benefit to the patient.

(3) Upon receipt of the financial assistance application and proof of income:

(a) Patient Financial Services will make a determination and notify the patient of the determination in writing. Patient Financial Services will only consider the financial assistance application and proof of income when making its determination.

(b) If patient Gross Income level qualifies for any level of assistance, UTMC will honor the approved financial assistance application for the patient responsibility of UTMC claims for 90-days from the date of the initial claim.

(c) When patient Gross Income is at or below the federal poverty guideline, patient may be eligible for Ohio Hospital Care Assurance Program (HCAP) (see Policy 3364-142-14).

(d) Patient Financial Services will reduce the patient liability portions of UTMC bills as a discount percentage according to the level of assistance determination.

(e) When applications are deemed incomplete, Patient Financial Services will notify the applicant that failure to provide all required documentation to UTMC within ten days of notification will result in a denial of financial aid and the account may be subject to collection activity.

(f) If a patient has a remaining balance after financial assistance is applied, minimum monthly payments may be established. If the patient defaults on the payment arrangement, UTMC will begin formal collection proceedings with all rights and remedies permissible under the federal Fair Debt Collection Practices Act. In addition, penalty fees and interest will be

added to the amount due by the State of Ohio Attorney General's office in accordance with Ohio Revised Code § 131.02.

(4) Financial Assistance is determined by a sliding scale of total household income between 201% and 400% of Federal Poverty Guidelines.

(5) When a patient is uninsured but is not eligible for financial assistance, UTMC offers a self-pay discount.

Approved by: _____ Troy Holmes Chief Financial Officer _____ Date _____ Debra Carpenter Director, Patient Financial Services _____ Date *Review/Revision Completed by:* *Director, Patient Financial Services*	**Policies Superseded by This Policy:** • *None* Initial effective date: 9/5/2008 Review/Revision Date: 2/6/2013 7/1/2015 8/1/2017 3/21/2018 1/16/2019 7/15/2019 1/19/2021 1/13/2021 1/23/2023 5/2025 Next review date: