

Subject: HealthCare Financial Assistance Policy
Policy: BO 165
Effective Date: 1/1/2025
Revision Date: 2/10/2025

Purpose: To establish guidelines for financial assistance responsive to the needs of the community, 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.

Scope: This HFA Policy applies to the Mercy Health Rehabilitation Hospital located at 3180 Belmont Avenue Youngstown, Ohio 44505.

Definition: **Uninsured** is defined as, “those without commercial or private insurance coverage, Medicare or Medicaid; including those whose benefits have exhausted.”
AGB – Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
FPG – U.S. Department of Health & Human Services Federal Poverty Guidelines.
HCAP – Ohio Hospital Care Assurance Program.
HFA – Healthcare Financial Assistance.
SNF – Skilled Nursing Facility.

Policy:

1. Healthcare Financial Assistance (“HFA”) is a program that covers 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.
2. HFA policy applies to all emergency and other medically necessary care provided by Mercy Health Rehabilitation Hospital.
3. HFA policy does not apply to certain other providers delivering emergency or other medically necessary care in Mercy Health Rehabilitation Hospital facilities. The list of providers is maintained in a separate document and online. Members of the public may readily obtain it free of charge via the contact list at the end of this policy.

Procedure: **HFA Eligibility Criteria:**

- **Income**
 - To apply for HFA, a patient or family member must complete an application including gross income for up to 12 months prior to the date of application or date of service. Proof of income is required with the exceptions of patients who qualify for presumptive eligibility detailed below.
 - Proof of income is not required if a patient or family member attests to an income level that qualifies the applicant for discounted care under Ohio’s Healthcare Assurance Program (HCAP).
- **Assets**
 - There are situations where individuals may not have reported income but have significant assets available to pay for healthcare services. In these situations, Mercy Health Rehabilitation Hospital may evaluate and require documented proof of any assets that are categorized as convertible to cash and unnecessary for the patient’s essential daily living expenses.
- **Expenses**
 - To apply for HFA, a patient or family member must provide monthly expense amounts on the

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financial assistance application to evaluate the patient’s need for financial assistance.

- **Federal Poverty Guidelines**

- HFA eligibility is based upon expanded income levels of up to 200% of FPG. Approval is based upon the number of family members and family income.
- If a dependent is disabled and over the age of eighteen, he/she will be included in family size.
- The FPGs in effect on the date of service are in effect for the application process. They are issued each year in the *Federal Register* by the **Department of Health and Human Services (HHS)**. The current and historical FPGs are available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
- Individuals with an income level at 200% FPG or below receive 100% discount on healthcare services.

- **Geographic Area**

- Patients who live in the community served by Mercy Health Rehabilitation Hospital will be offered healthcare financial assistance. For those patients living outside of the geographic area, extenuating circumstances must be documented and approved by the Central Billing Office and be medically necessary in nature.

- **Deductibles**

- For patients who don’t qualify for HFA and have self-pay balances after insurance, balances attributed to the patients’ deductible (including co-pay and co-insurance amounts) will require payment.
- Upon receipt of the signed application, the information will be reviewed, income verified, and an eligibility determination will be made. The patient will be notified in writing of the determination.

- **Presumptive Eligibility**

- Patients are presumed to be eligible for financial assistance on the basis of individual life circumstances including but not limited to
 - Patient’s income is below 200% Federal Poverty Guidelines and considered self-pay;
 - Patient discharged to a SNF;
 - Patient is deceased with no known estate;
 - State-funded prescription programs;
 - Homeless or received care from a homeless clinic;
 - Participation in Women, Infants and Children programs (WIC);
 - Food stamp eligibility;
 - Subsidized school lunch program eligibility;
 - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);

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- Patients that are referred through a National Association of Free Clinics;
 - Medicaid Eligible Patients, when the following criteria apply:
 - Medicaid eligibility requirements are met after the service is provided;
 - Non-covered charges occur on a Medicaid eligible encounter; and
 - The provider is not credentialed or contracted.
 - Low income/subsidized housing is provided as a valid address; or
 - Other significant barriers are present.

- Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
- Patients determined to have presumptive financial assistance eligibility will not be required to meet income criteria, asset eligibility criteria, or fill out a financial assistance application.
- Mercy Health Rehabilitation Hospital shall utilize available resources (e.g. technology solutions, service organizations, etc.) to obtain such information as credit score in order to assist in determining whether a patient is presumed eligible for financial assistance.

- **Cooperation**
 - Patients/guarantors shall cooperate in supplying all third party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
 - While the application is being processed, Mercy Health Rehabilitation Hospital will request that patients who may be Medicaid-eligible apply for Medicaid. In order to receive healthcare financial assistance, the patient must apply for Medicaid and be denied for any reason other than the following:
 - Did not apply;
 - Did not follow through with the application process;
 - Did not provide requested verifications.

- **Accuracy of Application**
 - Financial assistance may be denied under this HFA policy if there is reasonable suspicion of the accuracy of an application. If the patient/guarantor supplies the needed documentation and/or information requested to clarify the application, the financial assistance request may be reconsidered. Reconsideration will be reviewed and handled on a case-by-case basis.

Application Process for HFA:

- Application forms are made available in Pre-Admission and Admission / Registration sites to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting Mercy Health Rehabilitation Hospital via the contact list at the end of this policy.
- Mercy Health Rehabilitation Hospital may accept verbal clarifications of income, family size or any

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information that may be unclear on an application.

- Approved applications will be honored for a period of 240 days from the initial date of service and are not applied retrospectively to prior dates of service in which the application period has expired.
- For patients in Ohio, Hospital Care Assurance Program (HCAP) requires a completed application for:
 - Inpatient admission unless the patient is readmitted within 45 days of discharge for the same underlying condition.
 - The application period for HCAP eligible dates of service is 3 years from the date of the first follow-up notice sent to a patient, regardless of bad debt status. Applications for HCAP eligible older than the 3-year application period will be denied and written notice sent.

Financial Assistance for Catastrophic Situations:

- Financial assistance for a catastrophic situation is available under this policy.
- Catastrophic financial assistance is defined as a patient that has medical or hospital bills after payment by all third parties that exceed 25% of the patient's total reported income and the patient is unable to pay the remaining bill.
- To begin the financial assistance process, a financial assistance application should be submitted.

Basis for Calculating Amounts Charged to Patients:

- Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. Mercy Health Rehabilitation Hospital will set the AGB for, those patients who qualify for the Financial Assistance Program, at the amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance and deductibles).
- Mercy Health Rehabilitation Hospital does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.
- Uninsured, self-pay patients are required to make a down payment that will not exceed AGB as defined above.

Actions Taken in the Event of Nonpayment:

- The actions that Mercy Health Rehabilitation Hospital may take in the event of nonpayment are described in the Mercy Health Rehabilitation Hospital Billing and Payment Policy. Members of the public may obtain a free copy of this separate policy by contacting Mercy Health Rehabilitation Hospital via the contact list at the end of this policy.

Measures to Widely Publicize the HFA Policy:

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- Mercy Health Rehabilitation Hospital makes this HFA policy, application form, and plain language summary of the policy widely available on its website, and implements additional measures to widely publicize the policy in the communities served.
- Mercy Health Rehabilitation Hospital also accommodates all significant populations that have limited English proficiency by translating this HFA policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

Notice to Ohio Residents—Ohio Hospital Care Assurance Program (HCAP): Mercy Health Rehabilitation Hospital provides, without charge to the individual, basic, medically necessary hospital-level services to individuals who are residents of Ohio, are not Medicaid recipients, and whose income is at or below the federal poverty line. Covered services are inpatient and outpatient services covered under the Ohio Medicaid Program, with the exception of transplantation services and services associated with transplantation. Recipients of Disability Financial Assistance qualify for assistance. Ohio residency is established by a person who is living in Ohio voluntarily and who is not receiving public assistance in another state. Requests for financial assistance for Ohio residents are processed for HCAP first, and then are otherwise subject to the provisions of this HFA policy.

Correspondence concerning Mercy Health Rehabilitation Hospital HFA policies should be sent to the following:

Mercy Health Rehabilitation Hospital
 Attn: Finance
 3180 Belmont Avenue
 Youngstown, Ohio 44505

Questions concerning Mercy Health Rehabilitation Hospital HFA policies should be directed to:
 (234) 264-8500.

Additional information is available at: <https://www.mercyhealthrehabhospital.com/patient-experience/financial-assistance>

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