



**Franklin County Hospital Systems
Principles on Patient Financial Assistance,
Patient Responsibility and Bill Collections**

Franklin County's not-for-profit hospitals have each adopted billing and collection policies appropriate to their patients, communities and circumstances. The following principles were adopted by the Board of Directors of the Central Ohio Hospital Council on Oct. 2, 2009, and provide a valuable framework for hospitals' review and revisions to their policies.

General Principles

Fear of a hospital bill should not deter anyone from seeking medically necessary care in a Franklin County hospital.

All patients will be treated with dignity, compassion and respect and in a culturally appropriate manner.

All patients will receive the same high quality of care regardless of their race, religion, sex, national origin, disability, familial status or ability to pay for health care services.

Principles on Patient Financial Assistance

Each hospital will have clearly articulated, understandable financial assistance policies consistent with its mission and values and its commitment to provide financial assistance to low-income patients.

All patients, regardless of insurance status, will be informed about financial assistance. Free interpretation and translation services should be made available as necessary.

Hospitals will have adequate, easily visible signage in appropriate areas of the hospital (i.e. Emergency Department, Admitting/Registration) informing patients and their families of the availability of financial assistance. Signs will include contact information.

Patients who do not apply for assistance before leaving the hospital will have access to an application and instructions on how to complete the application process and a contact phone number for assistance.

Information regarding the availability of financial assistance will be included on hospital bills including who to contact to begin the eligibility determination process.

Hospitals will post financial assistance information on their public Web sites.

Hospitals will educate patients who may be eligible about the availability of Medicaid and other government-sponsored health care programs, and will assist such patients in applying.

Communications to patients regarding financial assistance programs will be written in understandable terminology.

Eligibility requirements related to Federal Poverty Guidelines will be clearly explained to patients. Patients will also be told how assets, as well as income, may be used in determining eligibility for financial assistance.

Hospitals will work with patients who do not qualify for charity care or financial assistance to establish payment options including interest free or low interest loans that are appropriate given the patient's income and assets. Consideration will be given to prompt payment discounts and other means of relieving financial pressure on self-pay patients. The availability of such assistance will be communicated to all patients who indicate a need for assistance.

Hospitals will ensure that patient financial counselors are fully trained on the hospital's financial assistance policies and can communicate those policies clearly to patients. All hospital staff members who come in direct contact with patients will be trained to direct patients to hospital financial counselors when issues of financial assistance are raised by a patient or family member.

Hospitals have a financial responsibility to seek payment from patients when the patient does not qualify for charity care or financial assistance and when the patient's income or other assets clearly indicate he or she has ability to pay for the health care services provided.

Principles on Patient Responsibility

Patients in need of financial assistance have a responsibility to work with hospitals in a timely manner when applying for assistance.

Patients must communicate their need for assistance to hospital personnel within a reasonable timeframe, and are expected to meet their financial responsibility if it is determined they have an ability to pay, based on the hospital financial assistance policy.

Patients must provide accurate information to hospital staff, when requested. Applications with inaccurate or misleading information may be denied.

Patients have an obligation to forward to the hospital payments by any third party, such as payments from automobile insurance, before applying for charity care or financial assistance. If such funds are received after the patient receives financial assistance, the patient has an obligation to reimburse the hospital.

Patients who are financially obligated to pay for all or a portion of their care must work with the hospital on establishing the best method of payment and demonstrate good faith efforts to abide by that agreement.

Principles on Bill Collections

Hospitals will provide their mission statement and their billings and collections guidelines to their collection agencies and attorneys, and hospitals will secure their agreement to adhere to the same high standards incorporated in the hospital's policies.

Legal action, including the garnishing of wages, will be taken by the hospital only when there is sufficient evidence that the patient or responsible party has the income and/or assets to meet his or her obligation.

Collection efforts will be discontinued when a patient's financial assistance eligibility has been established based on information provided by the patient. If a patient is mistakenly billed after his or her eligibility for assistance has been established, the hospital will apologize for the error and correct the mistake.

A collection agency may take no legal action without first receiving the hospital's approval.