LINDNER CENTER OF HOPE

POLICY/PROCEDURE TITLE: *Financial Assistance Policy*	**PAGE** 1 of 5
	EFFECTIVE: 8/18/2008
POLICY NUMBER: FI- 038	**LAST REVIEWED/REVISED:** 9/3/26
RESPONSIBLE DEPARTMENT: Finance	
ADMINISTRATIVE APPROVAL: Laura Nixon, CFAO	

PURPOSE

Consistent with Lindner Center of HOPE's (Lindner Center) mission, Lindner Center strives to ensure that the financial capacity of any person in need of mental health services does not prevent the person from seeking or receiving care. Lindner Center will provide, without discrimination, care of emergency medical and psychiatric conditions to individuals regardless of their race, creed, ability to pay, or eligibility for financial assistance or government assistance.

This policy serves to establish and ensure procedures for the review and completion of requests for charity medical and psychiatric care including (i) eligibility criteria for financial assistance – both free and discounted care; (ii) the basis for calculating amounts charged to patients eligible for financial assistance under this policy; and (iii) the financial assistance application process.

DEFINITIONS

A. Application Period – Application period means the period during with Lindner Center must accept and process an application for financial assistance, submitted by an individual, under its financial assistance policy in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance. The Application period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Lindner Center provides the individual with a written notice that sets a deadline after which collection activities may be initiated as outlined in the Billing and Collection policy.

B. Medically Necessary Care – Those services reasonable and necessary to diagnose and provide preventative, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care, generally accepted at the time services are provided and are considered medically necessary by the Medicare and Medicaid services. Residential services are excluded from the financial assistance policy.

C. Uninsured Patients – Individuals who do not have governmental or private health insurance or whose benefits have been exhausted.

D. Federal Poverty Guidelines (FPG) – Published each year by the Department of Health and Human Services and in affect at the date of service for awards of financial assistance under this Policy.

E. Patient Friendly Billing – Guidelines outlined by the Healthcare Financial Management Association (HFMA) that promotes clear, concise and correct patient-friendly financial communication.

F. Program Administration – Lindner Center's Registration and Intake personnel and Financial Counselors that processes financial assistance applications and make determinations based upon individual program guidelines.

G. Amounts Generally Billed (AGB) – Lindner Center will apply the "look-back method" for determining Amounts Generally Billed. In particular, Lindner Center will determine the Amounts Generally Billed for emergency or other medically necessary care by multiplying the Gross Charges for that care by the AGB Percentage.

H. AGB Percentage – Lindner Center will calculate the AGB Percentage at least annually by dividing the sum of all claims that have been paid in full for medically necessary care by look-back together as the primary payer(s) of these claims during a prior twelve (12)-month period by the sum of the associated Gross Charges for those claims. For these purposes, Lindner Center will include in ‘‘all claims that have been paid in full’’ both the portions of the claims paid by Medicare or the private insurer and the associated portions of the claims paid by insured individuals in the form of co-insurance, copayments or deductibles.

PROCEDURE

A. Eligibility and Application Process

1. Eligibility for charity care will be based on a patient’s financial need. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need, and may:
   a. Include an application process in which the patient or the patient’s guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
   b. Include the use of external publicly available data sources that provide information on a patient’s or a patient’s guarantor’s ability to pay.
   c. Include reasonable efforts by Lindner Center to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to notify patients of such programs and how to apply:
   d. Take into account the patient’s available income and all other financial resources available to the patient; and
   e. Include a review of the patient’s outstanding accounts receivable for prior services rendered and the patient’s payment history.

2. Please note, financial assistance will not be considered for dates of service in which a patient opted not to use their active health insurance policy and discounts do not include copayments. In addition, discounts will not apply to balances related to non-covered services, plan exclusions or failures to update coordination of benefits. Families who are members of an insurance plan that is not contracted with Lindner Center of HOPE or Lindner Center Professional Associates will not be eligible for the discount on the unpaid portion of their claim. They will only be eligible for the discount on the balances attributed to the deductible and/or coinsurance. Please note that discounts may not apply when a Health Savings Account (HSA), Health Reimbursement Arrangement (HRA), Flexible Spending Account (FSA), or similar account/fund has been established for family medical expenses. Payment from the applicable fund must be received before any discount can be applied. These funds may only be used for eligible expenses of tax dependents.

3. Lindner Center disallows actions that discourage individuals from seeking emergency medical and psychiatric care and complies with the Emergency Medical Treatment and Labor Act (“EMTALA) as further detailed in Lindner Center’s EMTALA policy. While it is preferred but not required that a request for charity care and a determination of financial need be made prior to rendering of non-emergent medically necessary services, the determination may be made at any point in the collection process. The need for financial assistance shall be re-evaluated at each occurrence of inpatient services and each subsequent time of outpatient services if the last financial evaluation was completed more than ninety (90) days from the last outpatient service, or at any time that additional information relevant to the eligibility of the patient for charity care becomes known. Lindner Center has adopted the guidelines set forth in Ohio Administrative Code 5160-2-07.17 in defining re-evaluation for financial assistance.

B. Determining the Financial Assistance Adjustment

1. Individuals eligible for financial assistance under this policy, who reside in Ohio, shall not be charged more than the amounts generally billed (AGB) to individuals who have insurance. This value shall be calculated using the "look-back" method based on actual paid claims from April through March. The current AGB for hospital services is 53% and is updated annually. For patients that do not reside in Ohio, but reside in the United States, they will receive a 25% discount on gross charges for medically necessary services.

C. Identification of Patients who may be Eligible for Financial Assistance

1. Lindner Center maintains an interdisciplinary team of associates who are trained to help patients and their families with billing, eligibility and payment plans.
2. Staffed in the Intake or registration department of the Lindner Center facility are:
   a. Intake and registration associates who focus on capturing accurate and up to date demographic information (e.g. home address, telephone contact numbers, place of employment) so that telephone assistance with the collections or financial assistance process (after patient discharge) is made easy. Each Intake or Registration associate is knowledgeable of financial assistance programs and can refer interested patients to an in-house Financial Counselor. Intake and registration associates will request photo ID for proof of identity to protect against identity theft and ensure the application is accurate.
   b. Financial Counselors who may visit patients and their families on the floors as early in the medical visit as appropriate. By visiting patients while they are in-house, a Financial Counselor can help the patient identify which assistance programs he/she may be eligible for and help start the application process where appropriate. In some cases, the application process can be completed during the patient's stay.
3. For general questions, assistance with completing the financial assistance application or to request a free copy of the plain language summary and financial assistance policy, patients may call (513) 536-0224 during normal business hours.

D. Basic, Medically Necessary Mental Health Hospital- Level Services

1. Lindner Center provides, without charge "basic, medically necessary hospital-level services" to certain, eligible individuals who are residents of Ohio, are not recipients of the Medicaid program and whose incomes are at or below the federal poverty line, in a manner consistent with OAC Ann. 5101:3-2-07.17.
2. Such services will be provided consistent with Ohio's Medicaid hospital benefit coverage.
3. A complete application is required prior to determination of eligibility to receive a discount on services.

E. Discount Available for Certain Uninsured Patients who are Ineligible for Medicaid

1. To be eligible for this discount, Lindner Center must have determined that:
   a. the patient satisfies all residency requirements per the state of Ohio Hospital Care Assurance Program (HCAP) guidelines,
   b. the patient cooperated in supplying all requested information, the patient is uninsured, and
   c. the patient does not have other assets that could be used to pay the hospital bill.
   d. In these circumstances, the amount of the discount from the charges will vary depending upon the Federal Poverty Guidelines ("FPG") published yearly by the United States Department of Health and Human Services, in the following manner:
   Income Amount of Charges Discounted
   Income less than or equal to 200% of FPG 100%

F. Catastrophic Medical Circumstances

1. Lindner Center provides a charity care discount for patients who have experienced catastrophic medical circumstances and whose medical bills far-exceed their ability to pay ("Catastrophic Circumstances").
   a. This discount is determined by Lindner Center on a case-by-case basis, without giving exclusive consideration to a patient's income after Lindner Center obtains and/or develops documentation concerning the Catastrophic Circumstances. The following are examples of circumstances that might justify, depending on other circumstances, such a discount after appropriate documentation is provided:
      1) the patient is not eligible for any state or federal health insurance program that provides assistance to uninsured or underinsured patients; the patient has no identifiable assets; and the balance on the account exceeds $20,000 after all third-party insurance has been paid on the account;
      2) the patient has medical bills and hospital bills, after third party insurance has paid, that exceed 30% of the patient's gross annual income; or
      3) the patient's payment of his hospital bill would require liquidation of assets critical to living or would cause undue financial hardship, as determined by Lindner Center, to the patient's family-support system.

G. Presumptive Eligibility for Discount

1. Certain circumstances indicate that an uninsured patient should be eligible for a charity care discount even in the absence of complete documentation.
   a. The following are examples of such circumstances:
      1) the patient is homeless and/or has received care for the homeless
      2) the patient qualifies for other state or local assistance programs that are unfunded or the patient's eligibility has been dismissed due to a technicality (i.e., Medicaid spend-down). When Lindner Center determines that such circumstances justifying presumptive eligibility exist, Lindner Center provides a 100% discount.

H. Unexpected Changes

1. When unforeseen changes occur that impact a patient's ability to pay, Lindner Center may take these circumstances into account in determining the applicability of a charity care discount. For example, if, as a result in a change of circumstance, a patient would now be eligible for a charity care discount (but had previously not been eligible), Lindner Center may retroactively apply the discount up to 180 days from the new date of determination.
2. Also, if information is obtained of a positive change in a patient's financial situation, Lindner Center reserves the rights to withdraw a previously approved charity discount and pursue the outstanding balances on the account.

I. Relationship to Billing and Collection Policies

1. Lindner Center subscribes to the principles of Patient Friendly Billing and works to ensure the financial communications and counseling are clear, concise, correct, and considerate of the needs of patients and family members.
2. Lindner Center's financial counseling team's goal is to work closely with a patient to identify the appropriate payment plan (if one is required), to resolve the patient's hospital bill.
3. Lindner Center will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this policy.
4. Collection activity will proceed based on a separate Collection Policy. The Lindner Center Billing & Collection Policy can be viewed and printed free of charge online at https://lindnercenterofhope.org/wp-content/uploads/2024/02/Collections-and-Bad-Debt-1_24.pdf

J. Communication of the Charity care and Financial Assistance Policy to Patients and the Community

1. Lindner Center is committed to publicizing this policy and the financial assistance programs available within the communities it serves by taking the following steps:
   a. Posting a copy of this policy along with a downloadable copy of the plain language summary and financial assistance application on the Lindner Center internet website: https://lindnercenterofhope.org/wp-content/uploads/2021/04/LCOH-Plain-Language-Summary-10-26-1.pdf and https://lindnercenterofhope.org/new-patient-forms/
      1) There is no fee or special hardware or software required for downloading a copy the Policy or Financial Assistance Application.
      2) The Lindner Center Financial Assistance Policy is translated into Spanish.
   b. Financial Counselors will provide a copy to any other person who requests it.
   c. Signs are posted throughout the admission areas within the hospital facility providing details of financial assistance available.
   d. Patient statements will include a request that the patient is responsible to inform Lindner Center of any available health insurance coverage; and will include a notice of Lindner Center's Financial Assistance policy, a telephone number to request Financial Assistance, and the website address where Financial Assistance documents can be obtained.
   e. Lindner Center will make information regarding its Policy available to appropriate governmental agencies and nonprofit organizations dealing with public health in Lindner Center's service areas.

K. Physicians Covered and Non Covered Under the Charity Care and Financial Assistance Policy

1. Most services provided by physicians at a Lindner Center facilities are covered by the Lindner Center Financial Assistance Policy, as described above. The discount for physician services calculated under the AGB guidelines is 42% for patients that reside in Ohio. For patients that reside in a State other than Ohio, Lindner Center provides a 25% discount on medically necessary care. Physicians working at a Lindner Center facility who are not covered under the FAP are identified in a separate document online at: https://lindnercenterofhope.org/wp-content/uploads/2026/01/Copy-of-Lindner-Center-of-HOPE-Financial-Assistance-Policy-Covered-Providers-1_26-1.pdf

2. Physician services provided by Cincinnati Children's Medical Center, UC Physicians or lab billing by CompuNet Clinical Laboratories are not covered by Lindner Center's financial assistance policy.

Effective: 8/18/08
Revised: 9/13/10, 9/13/11, 2/15/10, 5/25/10, 7/26/10, 10/26/11, 11/12/12, 4/15/13, 5/20/13, 6/16/14, 3/1/15, 3/30/18, 8/20/19, 7/30/2020, 1/1/21, 1/24/22, 7/1/22, 7/6/23, 2/27/24, 7/1/24, 1/29/25, 1/21/26, 9/3/26