

EFFECTIVE DATE: December 2022

POLICY AND PROCEDURE

REVIEWED BY: Approved 02/2025 by MEC and Board of ManagersREVISED: 02/2025

POLICY: Ohio Valley Surgical Hospital Charity Care Financial Assistance Policy**I. Policy Statement/Scope:**

- A. Ohio Valley Surgical Hospital (the "Hospital") is committed to providing financial assistance responsive to the needs of the community, regardless of race, age, gender, color, ethnic background, national origin, citizenship, primary language, religion, disability, handicap, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.
- B. Accordingly, the Hospital maintains this Charity Care Financial Assistance Policy ("FAP") through which it provides free or discounted care to individuals 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 ("Financial Assistance"). Financial Assistance includes both HCAP Assistance (Section X) and charity care (Sections III to V).
- C. The Hospital's governing body established this policy pursuant to section 501(r) of the Internal Revenue Code (the "Code"). The Hospital reserves the right to offer discounts under other policies or on a case-by-case basis. Any discounts not expressly described herein are excluded from the scope of this FAP.

II. Emergency Services:

The Hospital does not have an emergency room and does not provide emergency medicine, behavioral health, or maternity services. The Hospital, however, has policies for appraising emergencies, providing initial treatment where appropriate, and making a referral for further treatment as necessary. The Hospital's policy for emergency services applies without discrimination to all individuals regardless of whether they can pay or are eligible for assistance under this FAP. The Hospital does not demand that patients pay before receiving treatment for emergency services or permit debt collection activities that interfere with the provision of emergency services. Emergency services are provided, as necessary, to Hospital patients in a non-discriminatory manner.

III. Charity Care – Covered Services, Eligibility, Amount Charged, and Cooperation:

- A. This FAP applies to all Emergency Medical Care (as defined below and as applicable to Hospital) and other all other Medically Necessary Care (as defined below) provided by the Hospital, as well as certain other providers delivering Emergency Medical Care or other Medically Necessary Care in the Hospital's facilities ("Covered Services"). Attached is a list of providers, other than the Hospital, delivering such care in the Hospital facilities, that specifies which providers are covered by this FAP and which are not covered (see Attachment A).

1. "Emergency medical care" has the meaning set forth in Treas. Reg. 1.501(r)-1

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2. "Medically necessary care" has the meaning established for purposes of Medicaid.
- B. The following services are expressly excluded from the scope of this FAP and the definition of Covered Services:
1. Care, services, and/or procedures deemed to be neither Emergency Medical Care nor Medically Necessary Care;
 2. Cosmetic surgery (identified by diagnosis & procedure done, etc.); and
 3. Bariatric charges.
- C. Under the Hospital's charity care program, discounts are provided as follows with respect to Covered Services:
1. Patients earning up to 115% percent of the Federal Poverty Guidelines will receive a 100% discount.
 2. Patients earning between 116% up to 405% percent of the Federal Poverty Guidelines will receive discounts ranging between 95% and 5%.
 3. For insured patients, discounts under this policy are applied against the remaining balance of charges due after reduction for amounts paid or assumed by insurance. For uninsured patients, discounts are applied against gross charges.
- D. Additional Eligibility Criteria / Income / Assets / HSAs:
1. To apply for Financial Assistance, a patient or family member must complete an application (see Attachment B) including gross income for a minimum of 3 months (up to 12 months) prior to the date of application or date of service. Proof of income may be requested from patients requesting financial assistance consideration.
 2. Third-party income scoring may be used to verify income in situations where income verification is unable to be obtained through other methods.
 3. There are situations where individuals may not have reported income but have significant assets available to pay for healthcare services. In these situations, the Hospital may evaluate these assets as cash available to meet essential living expenses, which includes healthcare expenses.
 4. The Hospital requires proof that Health Savings Account and/or Medical Savings Account funds have been depleted prior to providing healthcare financial assistance.
 5. Financial Assistance under the Hospital's charity care program is **only** available to patients who are **not** otherwise eligible for a financial assistance program provided by a third party and who do **not** have another source of payment or reimbursement for the charges related to their care. Other sources of payment that must be exhausted before a patient is eligible for charity care under this Section III could include, but are not limited to, health insurance, HCAP, various other government programs, other insurance such as automobile, homeowner, or liability insurance, or third parties who may be responsible for the patient's care.
- E. Cooperation / Accuracy / Denial:
1. While the application is being processed, the Hospital will request that patients who may be Medicaid-eligible apply for Medicaid. In order to receive

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healthcare financial assistance, the patient must apply for Medicaid and be denied for any reason other than the following: (i) did not apply; (ii) did not follow through with the application process; or (iii) did not provide requested verifications.

2. Financial assistance may be denied under this FAP 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.

IV. Application Process for Financial Assistance:

A. Applications:

1. Application forms (see Attachment B) are made available in Pre-Registration, Admission / Registration, and several alternative registration sites to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting the Hospital as indicated in Section IX.
2. The Hospital may accept verbal clarifications of income, family size or any information that may be unclear on an application.
3. Inpatients will be required to complete an application for each admission unless the patient is readmitted within 45 days of discharge for the same underlying condition.
4. Approved outpatient applications are effective for 90 days from initial date of service.
5. An inpatient application can also be used to cover outpatient services for the patient in the 90-day period immediately following the first day of the inpatient admission.
6. Applications will be valid retrospectively for a period of 3 years prior to the date of application regardless of inpatient or outpatient status.

V. Basis for Calculating Amounts Charged to Patients:

- A. Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for Emergency Medical Care or other Medically Necessary Care (*i.e.*, any Covered Services) than the amount generally billed ("AGB"). At least annually, the Hospital calculates an AGB percentage based on the Look-Back Method (as defined by Treasury Regulations under section 501(r) of the Code). Members of the public may obtain the current AGB percentage for the Hospital (and a description of the calculation) in writing and free of charge by contacting the Hospital as indicated in Section IX of this Policy.
- B. The Hospital does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

VI. Actions Taken in the Event of Nonpayment:

The actions that the Hospital may take in the event of nonpayment are described in a separate Billing and Collections Policy. Members of the public may obtain a free copy of this separate policy from the Hospital Patient Account Services by contacting the Hospital as indicated in Section IX.

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VII. Measures to Widely Publicize the FAP:

- A. The Hospital makes this FAP, application form, and plain language summary of the policy widely available on its website and implements additional measures to widely publicize the policy in communities served.
1. Website: www.ovsurgical.com
 2. Paper copies of this FAP, application, and plain language summary, free of charge, are available in all admissions areas, patient intake areas, financial counseling office, and the front desk.
 3. Signage in all registration and admissions areas.
 4. Statement of Financial Assistance Program on each patient statement that includes the Hospital's contact information from Section IX.
 5. Offering a plain language summary of the FAP on discharge.
 6. The Hospital also accommodates significant presenting populations (the lesser of 5% of the community or 1,000 individuals) within our community that have limited English proficiency by translating this FAP, all related billing and collection policies, the application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

VIII. Financial Counselors:

Financial counselors are available to answer your questions about payment arrangements, insurance coverage, Medicare, and other financial inquiries.

For more information about financial counseling, please call (937) 521-3943.

IX. Patient Account Services:

Contact Ohio Valley Surgical Hospital Patient Account Services at (937) 521-3943.

Representatives are available Monday through Thursday from 9:00 a.m. to 12:00 p.m. and from 1:00 p.m. to 4:30 p.m.

X. HCAP – Eligibility and Amount Charged:

In addition to charity care described throughout this FAP, the Hospital also offers assistance through its HCAP Program.

- A. The HCAP Program is the Ohio Department of Job and Family Services' ("ODJFS") mechanism for meeting the federal requirement to provide additional payments to hospitals which provide a disproportionate share of uncompensated services to the indigent and uninsured. HCAP is administered by ODJFS and is governed by state and federal requirements. The Hospital applies the HCAP eligibility requirements per applicable laws, regulations, and instructions from ODJFS. This FAP summarizes the eligibility requirements as follows:
1. Residency. The patient must be voluntarily living in the state of Ohio. This includes temporary residents such as students or migrant workers and patients who are temporarily residing with in-state relatives. This does not include patients who reside in another state and are merely traveling through or vacationing in Ohio or any patient who has come to Ohio solely to receive medical care.
 2. Income. The patient must have income at or below 100% of the current

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Federal Poverty Income Guidelines at the time of service for the patient's Family size. The patient cannot be a recipient of Medicaid or any other state Medicaid program.

"Income" of a Family is determined under the applicable HCAP rules and regulations promulgated under Ohio law.

3. Services. Services must be a medically covered service per ODJFS guidelines.
4. Application. A signed application is required for eligibility for the HCAP program.

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Financial Assistance Policy
Attachment A

The following is a list of providers who provide services at Ohio Valley Surgical Hospital who are covered by our Financial Assistance Policy:

PROVIDER LAST NAME	PROVIDER FIRST NAME	DEGREE	SPECIALTY
Macy	Kevin	DO	Family Medicine
Macy	Joel	MD	Family Medicine
Molina	Domingo	MD	Orthopedic Spine Surgery
Smith	Ronald	MD	Ear Nose Throat
Oaks	Hilary	CNP	Primary Care
Bowers	Anna	CNP	Primary Care
McCoy	Merandia	CNP	Orthopedic Spine
Erbaugh	Susan	CNP	Orthopedic Spine
Rodgers	Sarah	CNP	Ear Nose Throat
Magee	Jayde	CNP	Ear Nose Throat

The following is a list of providers who provide services at Ohio Valley Surgical Hospital who **ARE NOT** covered by our Financial Assistance Policy:

PROVIDER LAST NAME	PROVIDER FIRST NAME	DEGREE	SPECIALTY
Abu-Farsakh	Sohaib	MD	Pathology
Ahmed	Ashfaq T.	MD	Internal Medicine
Ahmed	Najeeb	MD	Internal Medicine - Cardiovascular - Interventional Cardiology
Ahmed	Tajuddin	MD	Medicine - Cardiology
Ajit	Challa	MD	Gastroenterology
Al Faruqi	Tayma	MD	Radiology
Alcauskas	Megan	MD	Telemedicine
Andorfer	Mary Susan	CRNA	CRNA
Annamraju	Ananth	MD	Urology

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Arbona	Guillermo A	MD	Radiology
Ashinoff	Russell	MD	Plastic Surgery
Blabuena-Root	Melissa	MD	Telemedicine
Banna	Feras	AA-C	Anesthesiologist Assistant
Baum	Zachary	CNP	Nurse Practitioner
Beals	Amie	PA-C	Physician Assistant
Bibler	W. Bradford	MD	Radiology
Boe	Dana L.	MD	Radiology
Boe	Steven	MD	Radiology
Boston	George Michael	MD	Anesthesia
Brack	Mitchell	MD	Radiology
Burdette	Steven	MD	Infectious Disease
Burke	Stefanie	PA-C	Physician Assistant
Byers	Lisa	PA-C	Physician Assistant
Byrum	Eric P	MD	Radiology
Cain	Philip Jeffrey	DPM	Podiatry
Cardinal	Edward	AA-C	Anesthesiologist Assistant
Cardinal	Traci	PA-C	Physician Assistant
Carney	Glenn	MD	Radiology
Chen	Jonathan H.	MD	Telemedicine (RTNA)
Choung	Edward Y	MD	Radiology
Chu	Paul	MD	Anesthesiologist
Clouse	Julian	PA-C	Physician Assistant
Colombo	James	MD	Urology
Conkel	Steven	MD	General Surgery
Cook	Thomas M.	DO	Orthopedics

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Daniels	Jennifer	MD	General Surgery
Dean	Jacob T.	MD	Medicine - Family Practice
Deardurff	Margaret L.	PA-C	Physician Assistant
Devatha	Ashok	MD	Medicine - Family Practice
Drocton	Gerald	MD	Radiology
Espinosa	Eric A.	MD	Urology
Fahrbach	Karl	MD	Radiology
Franklin	Cody	PA-C	Physician Assistant
Frey	Courtney J.	MD	Radiology
Gala	Sanjiv	MD	Radiology
Gallo	Samuel Anthony	MD	Ophthalmology
Galloway	Robert	MD	Radiology
Galluch	David	MD	Orthopedics
Gano	Gina	PA-C	Physician Assistant
Gardner	Kathryn	MD	Radiology
Gleason	Paul	MD	Hand Surgery (Ortho)
Gorzitze-Maxey	Adrian	PA-C	Physician Assistant
Green	Darin L	DO	Proctology
Groth	Aaron T.	MD	Medicine - Family Practice
Heyse	Phillip	MD	General Surgery
Hick	Eric	DO	Urology
Ho	Donghai	MD	Ophthalmology
Hogan	Anthony	AA-C	Anesthesiologist Assistant
Hogan	Catherine	AA-C	Anesthesiologist Assistant
Hussain	Yessar	MD	Telemedicine
Iyer	Hariharan	MD	Plastic Surgery
Jawadi	Muhammed Husain	MD	Internal Medicine

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Jennings	Richard	DPM	Podiatry
Jha	Rakesh	MD	Radiology
Kale	Santosh	MD	Plastic Surgery
Kang-Chapman	Justine	MD	Radiology
Kaufman	Matthew	MD	Plastic Surgery
Kearfott	Jeffrey L.	MD	Ophthalmology
Kerr	Joseph	DPM	Podiatry
Knoerr	Jayde	CNP	ENT
Kocak	Ergun	MD	Plastic Surgery
Lau	Gary John	MD	Ophthalmology
LeMelle	Donald	DPM	Podiatry
LeMelle	Hillary	AA-C	Anesthesiologist Assistant
Macy	Joel	MD	Family Medicine
Macy	Kevin	DO	Family Medicine
Mader	Joseph	AA-C	Anesthesiologist Assistant
Majmudar	Amit	MD	Radiology
Malphrus	Amy	MD	Neurology
Mahoney	Andrew	MD	Radiology
Mardovin	Vlada Wally	MD	Urology
McCoy	Merandia	CNP	Spine/Pain
Miller	Trevor	MD	Radiology
Mills	Christopher J.	MD	Radiology
Molina	Domingo	MD	Orthopedics-Spine
Muddasani	Dheeraj	MD	Radiology
Nasser	Ahmed	MD	Plastic Surgery
Nedelman	Richard M.	MD	General Surgery
Nesselroade	Daniel	MD	Gynecology

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Oaks	Hillary	CNP	Nurse Practitioner
Oehler	Mary C	MD	Radiology
ONeill	Thaddeus P.	MD	Plastic Surgery
Orr	Curtis J.	MD	Gynecology
Orsinelli	August M	MD	Radiology
Osterholt	Shawn S.	MD	Gynecology
Pahouja	Gaurav	MD	Urology
Pandya	Vijay J.	MD	Radiology
Parameswaran	Lakshmy	MD	Pathology
Patel	Dhaval	MD	Radiology
Patel	Priyal	MD	Radiology
Patel	Tushar	MD	Plastic Surgery
Patel	Vihang	MD	Gastroenterology
Patel	Vipul	MD	Internal Medicine
Pavlatos	Thales N.	MD	Anesthesia / Pain Management
Perez	Vincent	MD	Radiology
Peters	Darrell	DO	Anesthesiology
Pleger	Mark	PA=C	Internal Medicine with Dr. Umerani
Rak	Thomas P.	MD	Plastic Surgery, Surgery of the Hand
Ramirez	Carmen	MD	Telemedicine
Ranginwala	Moin	MD	Internal Medicine - Pulmonary & Sleep
Ranginwala	Mujeeb	MD	Rheumatology
Rauf	Abdur	MD	Gastroenterology
Richards	Joshua	MD	Medicine - Family Practice
Rodgers	Sara A.	CNP	Nurse Practitioner
Romano	Nicholas D.	MD	Radiology
Rose	Michael	MD	Plastic Surgery

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Sarihan	Alper	DO	Medicine - Family Practice
Schaublin	Greg A.	MD	Telemedicine (RTNA)
Schimmoeller	Kaitlyn A.	PA-C	Physician Assistant
Schneider	Christopher	MD	General Surgery
Scott	Melinda A.	DO	Orthopedics
Shah	Ajul	MD	Plastic Surgery
Shahid	Abdul Q.	MD	Anesthesiology / Interventional Pain Management
Shell	Jerry	MD	Ophthalmology
Shiang	Elaine	MD	Radiology
Shirka	Romina	DO	Telemedicine
Smidebush	Gerald	MD	Radiology
Smith	Ronald M. Jr.	MD	Otolaryngology
Spicer	Coral M.	MD	Gynecology
Storck	Scott A.	MD	Ophthalmology
Swan	Jennifer	DPM	Podiatry
Szames	David	DO	Radiology
Thompson	Ian M.	MD	Orthopedics
Thompson (Burns)	Laura B.	MD	Medicine - Family Practice
Tigyer	Lance M.	DO	Ortho-Spine
Tirgan	Nima	MD	Ophthalmology
Tiwari	Pankaj	MD	Plastic Surgery
Tomsic	Mark	AA-C	Anesthesiologist Assistant
Umerani	Ajaz	MD	Internal Medicine
Urbancic	Richard	MD	Radiology
Urs	Latha	MD	Pathology
Vitellas	Kenneth M.	MD	Radiology

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Wagner	Daniel	MD	Radiology
Wagner	Matthew M	MD	Radiology
Weber	Nathan	AA-C	Anesthesiologist Assistant
Will	Peter C.	MD	Radiology
Wimmers	Eric	MD	Plastic Surgery
Wittstein	Peter	MD	Ophthalmology
Yoder	Taylor	PA-C	Physician Assistant

Attachment B

HCAP – FAP Application is on the Intranet and the Internet