

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.
 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 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.

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 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.