OHIO VALLEY SURGICAL HOSPITAL **BUSINESS OFFICE**

EFFECTIVE DATE: December 2022 **POLICY AND PROCEDURE**

REVIEWED BY: Approved 12/2025 by MEC and Board of Managers

REVISED: 12/2025

Policy: Billing and Collections Policy

I. Policy Statement:

Ohio Valley Surgical Hospital is committed to providing education to patients and guarantors as it relates to billing and collections of payment for services rendered. Payment on accounts will be pursued consistently, 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. To that end, Ohio Valley Surgical Hospital will not engage in any extraordinary collection actions (as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under its Financial Assistance Policy ("FAP").

Every guarantor will be given reasonable time and communication to be aware of and understand their financial responsibility. The guarantor will be held financially responsible for services actually provided and adequately documented. Ohio Valley Surgical Hospital representatives and/or its designee will widely publicize its FAP policy by, among other things, offering a copy of the plain language summary of the policy prior to the patient being discharged. Understanding each guarantor's insurance coverage is the responsibility of the guarantor. Any self-pay liability secondary to insurance coverage is defined by the guarantor's insurance coverage and benefit design. Ohio Valley Surgical Hospital relies on the explanation of benefits and other information from the guarantor and the insurance carrier for eligibility, adjudication of the claim, and patient responsibility determinations.

II. Related Policies:

Ohio Valley Surgical Hospital offers various options for uninsured and underinsured patients who do not qualify for financial assistance under its FAP policy. For further information, please contact Ohio Valley Surgical Hospital as indicated in Section X.

III. Policy:

A statement of hospital services is sent to the patient/guarantor in incremental billing cycles. In cases when the patient has no insurance coverage, that is a self-pay patient, the statement is sent after services are rendered. In most cases when patients have coverage through an insurance carrier, the statements are sent after the services have been rendered, claim is submitted, and claim has been adjudicated by the insurance carrier. There are some cases, for example, when there is a stop in the adjudication of a claim due to the patient needing to provide additional information, where a statement will be sent to the patient and/or guarantor prior to claim processing.

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Ohio Valley Surgical Hospital representatives and/or their designees may attempt to contact the patient/guarantor (via telephone, mail, or email) during the statement billing cycle in order to pursue collections. Collection efforts are documented on the patient's account.

IV. Statement Cycle:

Patient Statements are sent by the following guidelines:

A. The first statement is sent after receiving the Explanation of Benefits (EOB) from the patient's primary and/or secondary insurance company. The patient account representative reviews the account for pending transactions.

B. Patient statements are on a thirty (30) day work cycle. The patient receives four (4) statements before a determination can be made to send the patient to collections.

C. The fourth statement states the patient may be sent to the collection agency. The account representative will try to contact the patient to make payment arrangements. If there is no response from the patient within ten (10) days from the last statement, the patient's account will be flagged and sent to the Revenue Cycle Director ("RCD") for review.

D. The RCD shall review all patient accounts flagged for determination of collection actions. The RCD may determine to hold accounts from collection actions.

V. Extraordinary Collection Actions (ECAs):

A. It is the policy of Ohio Valley Surgical Hospital not to engage in ECAs against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for assistance under its FAP policy.

B. ECAs include:
   1. Selling a patient's debt to another party;
   2. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
   3. Deferring or denying, or requiring payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under Ohio Valley Surgical Hospital's FAP policy; or
   4. Actions requiring legal or judicial process, such as commencing a civil action against an individual and placing a lien on an individual's property (although exceptions include filing a proof of claim in bankruptcy and hospital liens on personal injury judgments/settlements).

C. Ohio Valley Surgical Hospital may pursue all available means in the collection of delinquent accounts including those actions requiring a legal or judicial process. However, legal action will NOT include bank garnishment, repossession of assets and foreclosures. Ohio Valley Surgical Hospital must be notified of and approve of any legal action being taken in the collection of delinquent accounts by any vendors working on behalf of Ohio Valley Surgical Hospital.

VI. Efforts to Determine FAP Eligibility:

A. Ohio Valley Surgical Hospital will allow patients to submit complete FAP applications during a 240-day Application Period (as described herein).

B. Ohio Valley Surgical Hospital will not engage in ECAs against the patient or guarantor without making reasonable efforts to determine the patient's eligibility under the FAP policy. Specifically:
    1. Ohio Valley Surgical Hospital will notify individuals about the FAP policy as described herein before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the first post-discharge billing statement for the care.
    2. If Ohio Valley Surgical Hospital intends to pursue ECAs, the following will occur at least 30 days before first initiating one or more ECAs:
        i. Ohio Valley Surgical Hospital will notify the patient in writing that financial assistance is available for eligible individuals, identifies the ECAs the facility (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided. The above notice will include a plain language summary of the FAP policy. Ohio Valley Surgical Hospital will make a reasonable effort to notify the patient verbally about the FAP policy and how the individual may obtain assistance with the application process.
        ii. If Ohio Valley Surgical Hospital aggregates an individual's outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.
        iii. If Ohio Valley Surgical Hospital defers or denies, or requires a payment before providing, medically necessary care to an individual with one or more outstanding bills for previously provided care, Ohio Valley Surgical Hospital will provide the individual with an FAP application form and a written notice indicating that financial assistance is available for the eligible individuals and stating the deadline, if any, after which Ohio Valley Surgical Hospital will no longer accept and process an FAP application submitted (or, if applicable, completed) by the individual for the previously-provided care. The deadline will be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided. Ohio Valley Surgical Hospital will also provide the individual with a plain language summary of the FAP policy with the written notice and make a reasonable effort to orally notify the individual about Ohio Valley Surgical Hospital's FAP policy and about how the individual may obtain assistance with the FAP application process. If an FAP application is timely received by Ohio Valley Surgical Hospital, it will process the application on an expedited basis.

VII. Processing FAP Applications:

A. If an individual submits an incomplete FAP application during the Application Period, Ohio Valley Surgical Hospital will:
    1. Suspend any ECAs to obtain payment for the care; and
    2. Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or FAP application form that must be

submitted to complete the application and that includes the Ohio Valley Surgical Hospital contact information set forth in Section X.

B. If an individual submits a complete FAP application during the application period, Ohio Valley Surgical Hospital will:
   1. Suspend any ECAs to obtain payment for the care;

   2. Make an eligibility determination as to whether the individual is FAP-eligible for the care and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.

C. If the individual is determined to be FAP-eligible for the care, Ohio Valley Surgical Hospital will:
   1. If the individual is determined to be eligible for assistance other than free care, provide the individual with a billing statement that indicates the amount the individual owes for the care as an FAP-eligible individual and how that amount was determined and states, or describes how the individual can get information regarding, the AGB for the care.
   2. Refund to the individual any amount he or she paid for the care (whether to Ohio Valley Surgical Hospital or any other party to whom Ohio Valley Surgical Hospital has referred to sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as an FAP-eligible individual, unless such excess amount is less than $5 (or such other amount published in the Internal Revenue Bulletin).
   3. Take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.

D. When no FAP application is submitted, unless and until Ohio Valley Surgical Hospital receives a FAP application during the Application Period, Ohio Valley Surgical Hospital may initiate ECAs to obtain payment for the care once it has notified the individual about the FAP policy as described herein.

VIII. Miscellaneous Provisions:

Anti-Abuse Rule – Ohio Valley Surgical Hospital will not base its determination that an individual is not FAP-eligible on information that Ohio Valley Surgical Hospital has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.

Determining Medicaid Eligibility – Ohio Valley Surgical Hospital will not fail to have made reasonable efforts to determine whether an individual is FAP-eligible for care if, upon receiving a complete FAP application from an individual who Ohio Valley Surgical Hospital believes may qualify for Medicaid, Ohio Valley Surgical Hospital postpones determining whether the individual is FAP-eligible for the care until after the individual's Medicaid application has been completed and submitted and a determined as to the individual's Medicaid eligibility has been made.

No Waiver of FAP Application – Obtaining a signed waiver from an individual, such as a signed statement that the individual does not wish to apply for assistance under the FAP policy or receive the notifications described herein, will not itself constitute a determination that the individual is not FAP-eligible.

Final Authority for Determining FAP Eligibility – Final authority for determining that Ohio Valley Surgical Hospital has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in ECAs against the individual rests with the Ohio Valley Surgical Hospital Patient Account Services Department.

Agreements with Other Parties – If Ohio Valley Surgical Hospital sells or refers an individual's debt related to care to another party, Ohio Valley Surgical Hospital will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care.

Providing Documents Electronically – Ohio Valley Surgical Hospital may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

IX. 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 Ohio Valley Surgical Hospital (937) 262-4442.

X. Patient Account Services

Contact Ohio Valley Surgical Hospital Patient Account Services at (937) 262-4442.
Representatives are available Monday through Friday from 8:00 a.m. to 12:00 p.m. and from 1:00 p.m. to 4:30 p.m.

Notice to Ohio Residents—Ohio Hospital Care Assurance Program (HCAP): Ohio Valley Surgical 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 FAP policy.