

Financial Assistance Policy
Harrison Community Hospital

Responsibility

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Harrison Community Hospital's procedures for screening the patient's ability to pay and whether they may qualify for financial assistance.

Definitions

For the purpose of this policy, the terms below are defined as follows:

Medically Necessary – defined as any hospital inpatient, outpatient, or emergency medical care that is needed for the diagnosis or treatment of your medical condition, meet accepted standard of medical practice, and is not entirely elective for patient comfort and/or convenience.

Charity Care – defined as healthcare services that have been or will be provided but are never expected to result in payments. Charity care results from a provider's policy to provide healthcare services free to those approved applicants who are at or below 200% of the Federal Poverty Guidelines.

Financial Assistance – medically necessary care provided by Harrison Community Hospital to those approved applicants who are between 201% and 400% of the Federal Poverty Guidelines.

Federal Poverty Level (FPL) – defined as the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities.

Amounts Generally Billed (AGB) – defined as the amounts generally billed to insured patients seeking emergency or medically necessary care

Gross Charges – defined as the total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Patient Income – defined as the previous year total income and will include: wages, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, alimony, child support, assistance from outside the household, and other miscellaneous sources;

- Noncash benefits (such as food stamps and housing subsidies) do not count
- Excludes capital gains or losses
- If a person lives with a family, include the income of all family members (non-relatives, such as housemates, do not count).

Family – defined as the parent, spouse, and all children, natural or adoptive, under the age of eighteen who live in the home.

Uninsured – defined as a patient with no level of insurance or third party assistance to assist with meeting his/her payment obligations.

*HCAP – defined as those approved applicants who are residents of the state of Ohio and fall at or below 100% of the Federal Poverty Guidelines.

Eligibility

All Harrison Community Hospital accounts for inpatient, outpatient, emergency room services, and professional services of employed physicians are eligible for financial assistance or charity. Eligibility is to be determined by referencing the Financial Assistance matrix, which is based on the Federal Poverty Guidelines for the most current year available as issued by the department of Health and Health

Services. An application must be completed and signed by the patient/guarantor. Each application received will serve to determine eligibility for all *family members listed **within the application**. The completed application must be signed by the patient/applicant or the responsible party attesting to the truthfulness and accuracy of the information provided on the application. When a patient has provided the completed, signed application with all required supporting documentation, the Patient Accounting Supervisor/Manager or the Revenue Cycle Director will review the application for approval.

A financial assistance application must be accompanied by supporting documentation that verifies the listed income. A patient is required to provide their most recent pay check stub and at least one of the following documents to verify the income provided on the application:

- ✓ Social Security 1099 form or award letter
- ✓ Unemployment or Worker's Compensation award letter
- ✓ Most recent IRS Form 1040 and W2s
- ✓ Full Tax Form with Schedule C, if self-employed

The following is a list of items that may be supplied as additional supporting documentation to verify the income provided on the application:

- ✓ Bank Statements for the last three months
- ✓ Mutual Fund Statements for the last three months
- ✓ Money Market Account Statements for the last three months
- ✓ COD's Statements for the last three months
- ✓ Bonds Statements for the last three months
- ✓ Other Income, i.e. Trust Funds statements for the last 3 months

If the patient has claimed that they have no income, a signed letter of support from the individual providing support for the patient is required.

Patients will be required to re-verify and re-submit a completed application for charity or financial assistance every 180 days.

In the event that a patient has been approved for Medicaid but has services that Medicaid has not agreed to back date coverage for or has services that fall outside of the 3 month back date window, those patient's services will be eligible for a charity adjustment, provided the patient fills out a financial assistance application and provides the required documentation. They will receive a letter from the business office acknowledging that the services have been adjusted as well as what account numbers and related dates of services that were affected; however, these patients will not receive a charity card from the business office.

Patients whose family income is greater than 400% of the FPL will not be eligible for AGB discounts. These patients are encouraged to contact Harrison Community Hospital's business office at (800)626-0023 in order to review circumstances and/or options.

Any person found to be providing fraudulent information will be denied without reconsideration for a period of up to one year.

*An approved HCAP application for outpatient services is effective for 90 days. An approved HCAP application for inpatient services is effective for 45 days. Patients are required to submit separate HCAP applications for inpatient and outpatient services.

*Grandparents are permitted to include grandchildren that reside with them on their charity or financial assistance application, if they are able to claim them on their federal tax return.

Method of Billing Charges – Uninsured Patients

Harrison Community Hospital will assist uninsured patients in applying for financial assistance or other medical coverage. These patients will be encouraged to undergo a screening for Medicaid eligibility with our financial counselors to determine if they qualify for Medicaid coverage. After a patient has submitted their financial assistance application and all supporting documentation and it has been determined that they qualify for assistance, Harrison Community Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

0% - 100%
101% - 200%
201% - 400%

Inpatient discount off AGB charges billed

HCAP eligible
100% charity
5% discount

Family income as % of FPL

0% - 100%
101% - 200%
201% - 300%
301% - 350%
351% - 400%

Outpatient discount off AGB charges billed

HCAP eligible
100% charity
25% discount
15% discount
5% discount

Harrison Community Hospital utilizes the ‘look-back method’ to determine the amounts generally billed (AGB) to qualifying patients. Uninsured patients that qualify for participation in the financial assistance program will be granted an AGB discount from total charges. Inpatient and outpatient services were calculated separately. The percentages were determined by utilizing the calculation of the sum of all claims paid by Medicare fee for service and all private health insurers divided by the sum of the gross charges for these claims. Inpatient service percentage is 40% and outpatient service percentage is 62% for calendar year 2018.

These accounts will not be eligible for the prompt-pay discounts offered by Harrison Community Hospital.

Method of Billing Charges – Insured Patients

Harrison Community Hospital will assist insured patients with patient due balances, as a result of deductible, co-pays, or co-insurances assigned by the insurance provider, in applying for financial assistance. If an individual is determined to be FAP eligible, based on the table below, for an incident of care, the individual cannot be charged more than amounts generally billed (AGB) to individuals who have insurance covering such care. Each incident of care will be evaluated by the credit/collections staff at Harrison Community Hospital to determine if a discount is needed to ensure that the patient is not charged more than AGB. After a patient has submitted their financial assistance application and all supporting documentation and it has been determined that they qualify for assistance, Harrison Community Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

0% - 100%
101% - 200%
201% - 400%

Inpatient discount off AGB charges billed

HCAP eligible
100% charity
5% discount

Family income as % of FPL

0% - 100%
101% - 200%
201% - 300%
301% - 350%
351% - 400%

Outpatient discount off AGB charges billed

HCAP eligible
100% charity
25% discount
15% discount
5% discount

Harrison Community Hospital utilizes the 'look-back method' to determine the amounts generally billed (AGB) to qualifying patients. Patients that qualify for participation in the financial assistance program will be granted an AGB discount from total charges. Inpatient and outpatient services were calculated separately. The percentages were determined by utilizing the calculation of the sum of all claims paid by Medicare fee for service and all private health insurers divided by the sum of the gross charges for these claims. Inpatient service percentage is 40% and outpatient service percentage is 62% for calendar year 2018.

An insured patient's eligibility for an AGB adjustment will be determined by an evaluation of the total charges and any payments and/or adjustments as applied by the patient's insurance carrier. In the event that the patient's insurance carrier has applied the entire balance to the patient's responsibility, the patient will be eligible for a full AGB adjustment. If the patient's insurance carrier has made a payment and/or adjustment to an inpatient account and the patient's responsibility is more than 40% of the total charges, the patient will be granted an AGB adjustment to bring the account balance to 40% of total charges. If the patient's insurance carrier has made a payment and/or adjustment to an outpatient account and the patient's responsibility is more than 62% of the total charges, the patient will be granted an AGB adjustment to bring the account balance to 62% of total charges. Any financial assistance granted thereafter will be applied using the methods as described above.

If the patient's insurance carrier has made a payment and/or adjustment on an inpatient account and the patient's responsibility is less than 40% of the total charges, the patient will not be granted an AGB adjustment. If the patient's insurance carrier has made a payment and/or adjustment on an outpatient account and the patient's responsibility is less than 62% of the total charges, the patient will not be granted an AGB adjustment. Any financial assistance granted on these balance will be applied using the methods described below.

After the patient has submitted their financial assistance application and all supporting documentation and it has been determined that they qualify for assistance, Harrison Community Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

0% - 200%
201% - 225%
226% - 250%

Discount

100% charity
65% discount
60% discount

251% - 275%	55% discount
276% - 300%	50% discount
301% - 325%	45% discount
326% - 350%	40% discount
351% - 375%	35% discount
376% - 400%	30% discount

These accounts will not qualify for the prompt-pay discounts offered by Harrison Community Hospital.

Method of Application – HCAP

In order to apply for HCAP consideration, the application provided must be filled out in its entirety and submitted to the Harrison Community Hospital Business Office. For HCAP purposes, a family includes the patient, the patient’s spouse (regardless of whether they live at home), and all of the patient’s children, natural or adoptive, under the age of eighteen who live in the home. If the income of a spouse or parent who does not live in the home cannot be obtained, or the absent spouse or parent does not contribute income to the family, determination of eligibility shall proceed with the available income information. If the patient is the child of a minor parent who still resides in the home of the patient’s grandparents, then the “family” shall include only the patient’s parent(s) and any of the parent(s)’ children, natural or adoptive who reside within the home.

Method of Application – Financial Assistance

In order to apply for financial assistance, all applicants are expected to complete and sign the Harrison Community Hospital Financial Assistance application form and provide all requested documentation. If documentation is not included with the application and/or if the financial assistance application is not completed in its entirety, the application will be denied and returned to the patient accompanied by a letter outlining the items necessary for the application to be processed.

Financial Assistance applications are to be submitted to the Business Office:

Harrison Community Hospital
 Business Office
 Attn: Credit/Collections Dept.
 1 Medical Park
 Wheeling, WV 26003

Harrison Community Hospital’s credit/collections staff will process requests for financial assistance promptly and will notify the patient/applicant or responsible party in writing within 30 days of receipt of a completed application. If a patient is denied eligibility for financial assistance, the patient may re-apply at any time. If a patient is denied for financial assistance and does not provide payment or enter into a payment plan agreement, Harrison Community Hospital reserves the right to transfer the patient’s account(s) to a third party collection agency for follow-up.

Upon approval of the patient’s application, a card will be issued by the Patient Accounting Office and is good for 180 days from the date of the approval. The card is accepted at both Wheeling Hospital, Belmont Community Hospital, and Harrison Community Hospital for that 180 day time period. Any active accounts receivable accounts and/or accounts reported to bad debt for services up to one year

prior to the approval of the patient's application unless previously approved for financial assistance. If previously approved for financial assistance, the new approval will not override adjustments already made to a patient's accounts. A patient will be required to update their financial information and fill out a new financial assistance application **after** the 180 day period expires.

The approval time period for financial assistance eligibility will begin on the date that the patient is determined eligible for assistance and for one year prior to the date of eligibility. Active accounts and/or accounts reported to bad debt for services that fall outside of the one year range may be considered on a case by case basis at Harrison Community Hospital's discretion.

*Family shall include the patient(s), their spouse, and all children, natural or adoptive, under the age of eighteen who live in the home.

If a patient is in need of any assistance regarding the financial assistance program or the related applications, they are encouraged to contact the Harrison Community Hospital business office at 304.243.3690 if their last name is between '**A**' and '**D**', at 304.243.8837 if their last name is between '**E**' and '**K**', at 304.243.8874 if their last name is between '**L**' and '**Q**', and at 304.243.3357 if their last name is between '**R**' and '**Z**'. Assistance can also be found in the Main Lobby at the registration check-in desk.

Billing and Collection

Harrison Community Hospital has a separate billing and collections policy and it will be made available, upon request, to the patient.

Affiliated Entities

Harrison Community Hospital is affiliated with small groups representing anesthesiologists and radiologists. Radiology Associates employs and bills for the services provided by the radiologists. Medical Park Anesthesiologists employs the anesthesiologists and MBA bills for the services provided. One or more of these groups may provide medically necessary services to our patients when the patient is in the emergency room, receiving inpatient or outpatient services; however, these groups are not covered under our Financial Assistance Policy. Radiology Associates and MBA (Medical Park Anesthesiologists) honor the Harrison Community Hospital charity/discount determinations if a patient provides the billing office(s) with a copy of the charity/discount card. However, the level of discount may not be the same as the level of discount offered by Harrison Community Hospital.

Policy Publication

The Financial Assistance Policy can be found on Harrison Community Hospital's website, at www.harrisoncommunity.com/information.html , also located on the website, patients can find the financial assistance policy application and a plain language summary of the financial assistance policy. These policies and the application may be printed off of the website, filled out, and mailed to the address listed above. At the request of the patient, the hospital will send all or some of the documentation through the mail. Paper copies can also be found on the hospital grounds at several locations.

At the time of discharge, included in the discharge papers, the patients will receive a plain language summary of the financial assistance policy as well as a copy of the financial assistance application and the related contact numbers for assistance or questions on filling out the forms. Patients may find the

financial assistance application located on the backs of their billing statements as well. In the event that the patient receives a collection letter and has not yet filled out a financial assistance application, the collection letter will also be accompanied by a financial assistance application and the plain language summary of the financial assistance policy. On site, patients can find displays of the financial assistance policy located in the ER lobby, as well as the lobby of the outpatient registration department. At the time patients are seen, they are encouraged to inquire about the financial assistance policies and whether or not they may qualify for assistance. The registrars will also have access to paper copies of the plain language summary, charity application, and financial assistance policy, should the patient wish to review the policies on their own and ask questions later.

Additional Information

In some cases, Harrison Community Hospital may recognize other financial or medical conditions that warrant financial assistance. If a patient's income falls outside the guidelines for financial assistance, please contact Harrison Community Hospital's business office at (800)626-0023 in order to review circumstances and options. In any case, Harrison Community Hospital staff may be able to help establish a payment plan that helps patients pay their balance(s), over time.

Refunds

If a patient is approved for financial assistance through the financial assistance application process and has made a payment on any of the accounts deemed eligible; the patient will be refunded any monies overpaid to the extent consistent with the level of financial assistance awarded.

Exclusions

While Harrison Community Hospital's Financial Assistance Program covers most services, there are some exclusions, including, but not limited to cosmetic surgeries, unless medically necessary, and any other services, at Harrison Community Hospital's discretion, unless the services are determined to be medically necessary to the care of the patient. In the event that a qualifying patient's insurance carrier denies payment for injuries sustained as a result of illegal drug and/or alcohol use, Harrison Community Hospital will provide the patient with an AGB adjustment on the balance due. These services, however, will not be eligible for any additional discounts and/or financial assistance. Long-term care and ICF services provided at Bishop Joseph Hodges Continuous Care Center are not subject to charity or discount adjustments, payment arrangements must be made with the staff at Bishop Joseph Hodges Continuous Care Center.