

POLICY/ PROCEDURE

1. DEPARTMENT: PATIENT ACCOUNTING	
2. MANUAL: PATIENT ACCOUNTING PROCEDURES	
3. DEVELOPED BY: Terri Webb, Tami Davis, Jay Jacobs	
4. APPROVED BY: Jay Jacobs/Tami Davis	
APPROVAL DATE: 02/01/24	EFFECTIVE DATE: 02/01/24
KEY TERMS: FINANCIAL ASSISTANCE	

TITLE: FINANCIAL ASSISTANCE POLICY (Charity)

I. POLICY

Southern Ohio Medical Center (“SOMC”) is committed to providing Financial Assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for government programs or otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with its mission to provide our region with compassionate, high quality, affordable healthcare services, SOMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. SOMC will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for Financial Assistance or governmental assistance.

This written policy:

- Includes eligibility criteria for Financial Assistance, as defined below
- Describes the basis for calculating amounts charged to patients eligible for Financial Assistance under this policy
- Describes the method by which patients may apply for Financial Assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital
- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for Financial Assistance to the Amount Generally Billed (AGB), as defined below

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with SOMC’s procedures for obtaining Financial Assistance and to contribute to the cost of their care based on their individual ability to pay.

In order to manage its resources responsibly and to allow SOMC to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes this Financial Assistance Policy as required by section 501(r) of the Internal Revenue Code for the provision of Financial Assistance.

FINANCIAL ASSISTANCE POLICY (Charity)

SOMC 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 Financial Assistance Policy.

II. DEFINITIONS

HCAP Assistance: "HCAP Assistance" means free or discounted care provided through the HCAP Program under the terms described below.

Financial Assistance: "Financial Assistance" means free or discounted care provided under the terms of this Financial Assistance Policy, either pursuant to the HCAP Program or Charity Care Program.

Family: For purposes of HCAP, "Family" shall include the patient, the patient's spouse (regardless of whether they live in the home), and all of the patient's children, natural or adoptive, under the age of eighteen who live in the home. If the patient is under the age of eighteen, the "family" shall include the patient, the patient's natural or adoptive parent(s) (regardless of whether they live in the home), and the parent(s)' children, natural or adoptive, under the age of eighteen who live in the home.

Family: For purposes of the Charity Care Program, "Family" shall use the Census Bureau definition, which is a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of Financial Assistance.

Family Income: For purposes of the Charity Care Program, "Family Income" is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses.

Charity Care: "Charity Care" means free or discounted care provided pursuant to SOMC's Charity Care Program described in this Policy.

Uninsured (Self-Pay): The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured (Self-Pay balance after insurance): The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

FINANCIAL ASSISTANCE POLICY (Charity)

Look Back Method: Discounts are calculated based on all services provided to the combination of commercially insured and Medicare patients fully adjudicated as of the end of a recent 12-month look back period ending no more than 120 days prior to the effective date of the policy or every July 1st thereafter. Thus, the look back method shall be used to calculate AGB. For a more detailed explanation of the methodology utilized to determine “Amounts Generally Billed” (or “AGB”) see Appendix A.

Gross charges: The total charges at the organization’s full established rates for the provision of patient care services before deductions from revenue are applied.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Amount Generally Billed: Defined in Treasury Regulation § 1.501(r)-5 and as calculated in Appendix A.

III. EMERGENCY MEDICAL CARE POLICY

All patients who present to the Emergency Services Department for care will be evaluated regardless of patient’s ability to pay. A medical screening exam will be performed on the patient by a physician or a physician extender and will follow the guidelines set forth by the EMTALA/COBRA law. The complete policy entitled Medical Screening Exam Policy is located in the Emergency Department.

The hospital facility disallows actions that discourage individuals from seeking medical care.

IV. PROCEDURES

A. Services Eligible Under This Policy:

Financial assistance made available under this policy is applicable to medically necessary services and to emergent medical conditions provided by covered providers. Non-emergent and non-medically necessary care will not be covered under this FAP. Please see Appendix B for a list of covered and non-covered providers under this policy.

B. Eligibility for Financial Assistance

Eligibility for Financial Assistance will be determined under the criteria set forth in Section D of this Financial Assistance Policy. The granting of assistance shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Note: uninsured patients may be eligible for a self-pay discount granted under a separate policy that sets forth applicable terms and conditions.

FINANCIAL ASSISTANCE POLICY (Charity)

C. Method by Which Patients May Apply for Financial Assistance

1. Financial Assistance eligibility shall be determined in accordance with procedures that involve an individual assessment of financial need. These procedures shall include:
 - a. The patient or guarantor is **requested** to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - b. Patients may attest to their income amount by completing the Financial Assistance Application.
 - c. If requested, the patient or guarantor will provide income verification in the form of paycheck stubs, letters from employers, or letters from reliable sources;
 - d. Reasonable efforts by SOMC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - e. A review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

2. SOMC values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of assistance. The application will be accepted at any time, before admission, at admission, or after discharge.

3. You may obtain a copy of our FAP and Financial Assistance Application from: the website address <https://www.somc.org/online/financialassistance/>, the back of patient statements, making a request by phone (740) 356-7229 (and a free copy will be mailed to the requestor), and from the Emergency Department, Main Registration, or the Business Office located at 1835 Oakland Avenue, Portsmouth, Ohio 45662.

4. Please mail completed Financial Assistance Applications to Patient Accounting at 1248 Kinney Lane, Portsmouth, OH 45662.

5. For information regarding our Financial Assistance Policy (including assistance completing the form), please contact a representative in our Patient Accounting Department at (740) 356-7229. You may also contact the Business Office in-person located at 1835 Oakland Avenue, Portsmouth, Ohio 45662.

D. Eligibility Criteria and Amounts Charged to Patients

1. Hospital Care Assurance Program ("HCAP Program")

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. SOMC applies the HCAP eligibility requirements per applicable laws, regulations, and instructions from ODJFS. This Financial Assistance Policy summarizes the eligibility requirements as follows:

FINANCIAL ASSISTANCE POLICY (Charity)

- i. **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.
- ii. **Income.** The patient must meet the income guidelines at or below 100% of the current Federal Poverty Income Guidelines at the time of service for the patient's Family size. Income for HCAP is based off 3 months prior to date of service and/or 12 months prior to date of service (using whichever income qualifies the patient). 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.
- iii. **Services.** Services must be a medically covered service per ODJFS guidelines.
- iv. **Application.** A signed application is required for eligibility for the HCAP program.

2. Charity Care Program

Charity Care Program is 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 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.

Charity Care is determined by using the income information 6 months prior to application date.

SOMC does not require a signature for processing an application for the Charity Care Program.

Under the Charity Care Program, services eligible will be made available to the patient on a sliding fee scale, in accordance with the financial need as determined, up to 300% of Federal Poverty Levels (FPL) in effect at the time of the determination. The percentage discount applicable under this policy is calculated based on the table below. 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.

Medicare coinsurance and deductible balances cannot be claimed as Charity if they have already been claimed as Medicare Bad Debt. SOMC has the choice to either claim Medicare coinsurance and deductible balances as Charity or Medicare Bad Debt, but not both on the same dollar amount.

FINANCIAL ASSISTANCE POLICY (Charity)

Size	HCAP - Yearly Income	Charity - Yearly Income		
	100% Discount	100% Discount	75% Discount	64% Discount
1	Up to \$15,060	Up to \$30,120	\$30,021-\$37,650	\$37,651-\$45,180
2	Up to \$20,440	Up to \$40,880	\$40,881-\$51,100	\$51,101,-\$61,320
3	Up to \$25,820	Up to \$51,640	\$51,641-\$64,550	\$64,551-\$77,460
4	Up to \$31,200	Up to \$62,400	\$62,401-\$78,000	\$78,001-\$93,600
5	Up to \$36,580	Up to \$73,160	\$73,161-\$91,450	\$91,451-\$109,740
6	Up to \$41,960	Up to \$83,920	\$83,921-\$104,900	\$104,901-\$125,880

- For families/households with more than 6 persons, add \$10,760 for each additional person to get the household income that qualifies for free care.
- Discounts effective 02/01/2024

3. AGB Limitation

Notwithstanding anything to the contrary, a patient eligible for Financial Assistance under this policy shall not be charged an amount that exceeds the AGB for emergency and other medically necessary care. See Appendix A for further detail.

E. Communication of the Financial Assistance Program to Patients Within the Community

Notification about Financial Assistance available from SOMC shall be made available by various methods which may include, but are not limited to: the publication of notices on patient bills, posting notices in the Emergency Department, in the Admissions packets, at Family Health Centers, admitting and registration departments, hospital business offices and other public places that SOMC may elect.

SOMC shall also publish and widely publicize a summary of this Financial Assistance Policy on facility websites (www.SOMC.org). Such notices and summaries shall be provided in the primary languages spoken by the population served by SOMC.

FINANCIAL ASSISTANCE POLICY (Charity)

Referral of patients for Financial Assistance may be made by any member of the SOMC staff or medical staff. A request for assistance may be made by the patient or family member, close friend or associate of the patient, subject to applicable privacy laws. A representative of the Patient Accounting department can assist any patient with the application process by directly calling (740) 356-7229.

F. Relationship to Collection Policies

SOMC management shall develop policies and procedures for internal and external billing and collection practices that take into account the extent to which the patient qualifies for Financial Assistance, a patient's good faith effort to apply for governmental programs or for Financial Assistance from SOMC and a patient's good faith effort to comply with his or her payment agreements with SOMC. A copy of the Billing and Collection Policy can be found on our website at www.SOMC.org. For patients who qualify for Financial Assistance and who are cooperating in good faith to resolve their discounted hospital bills, SOMC may offer extended payment plans. SOMC will not impose extraordinary collection actions such as wage garnishments; liens on primary residences or other legal action for any patient without first making reasonable efforts to determine whether that patient is eligible for Financial Assistance under this policy. Reasonable efforts shall include:

- Validating that the patient owes the unpaid bills and that all sources of third party payment have been identified and billed by the hospital;
- Documentation that SOMC has or has attempted to offer the patient the opportunity to apply for Financial Assistance pursuant to this policy and that the patient has not complied with the hospital's application requirements;
- Documentation that the patient has been offered a payment plan but has not honored the terms of the plan.

G. Actions That May Be Taken in the Event of Non-Payment

The actions taken in the event of nonpayment are described in the Billing and Collection Policy – Self Pay Accounts. A free copy of that policy may be obtained on our website: www.SOMC.org or a paper copy by contacting a Patient Accounting representative at (740) 356-7229.

H. Regulatory Requirements

In implementing this Policy, SOMC management and facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy. Medicare coinsurance and deductible balances cannot also be claimed as Charity if they have already been claimed as Medicare Bad Debt. SOMC has the choice on which adjustment they will make but can't use both on the same dollar amount.

APPENDIX A

**CALCULATION OF AMOUNT GENERALLY OWED BY INDIVIDUALS
ELIGIBLE FOR FINANCIAL ASSISTANCE**

SOMC limits the amount owed by individuals eligible under this Financial Assistance Policy who received medically necessary services or services for an emergent medical condition to an Amount Generally Billed (AGB) to patients covered by Medicare and Private Insurers. SOMC shall periodically, at least once a year, update the AGB calculation and re-evaluate the method used. The AGB shall be based on all services provided to Medicare and Private Insured patients fully adjudicated as of the end of a recent 12-month look back period ending no more than 120 days prior to the effective date of the policy or every July 1st thereafter. The calculation of the current AGB is as follows:

$$\frac{\text{Total Medicare and Private Insured Allowed Reimbursement}}{\text{Total Medicare and Private Insured Gross Charges}} = \text{AGB Percentage}$$

(Current AGB is 34% effective February 4, 2024)

For a person eligible for Financial Assistance under this policy, the maximum he or she may be charged is calculated as set forth below. This limitation applies to the patient liability only (excluding any portion assumed or paid by insurance or other entities on behalf of the patient):

$$\text{Total Gross Charges for the Services Rendered} \times \text{AGB Percentage} = \text{Maximum Patient Financial Responsibility}$$

FINANCIAL ASSISTANCE POLICY (Charity)

APPENDIX B

(Updated as of 05/06/24)

Providers covered by SOMC's Financial Assistance Policy

- All SOUTHERN OHIO MEDICAL CENTERS HOSPITAL SERVICES (Cancer Center, Family Health Center, Rehab, Radiology, Lab, etc.)¹
- All SOMC Medical Care Foundation providers
 - SOMC Anesthesia Associate
 - SOMC Cancer Center
 - SOMC Care Center
 - SOMC Dermatology Associates(effective 06/24/24)
 - SOMC Downtown Portsmouth Family Practice
 - SOMC Eastern Family Practice
 - SOMC Endocrinology Associates
 - SOMC ENT Associates
 - SOMC Family Practice and Specialty Associates
 - SOMC Gastroenterology Associates
 - SOMC Heart & Vascular Associates
 - SOMC Hospice and Palliative Care
 - SOMC Infectious Disease Associates
 - SOMC Internal Medicine
 - SOMC Ironton Family Health Center
 - SOMC Ironton Family Practice & Specialty Associates

¹ SOMC is the only provider for which HCAP is available.

FINANCIAL ASSISTANCE POLICY (Charity)

- SOMC Lucasville Family Practice
- SOMC Minford Family Practice
- SOMC Neurology & Physical Medicine Associates
- SOMC Northwest Family Practice
- SOMC OB/GYN – Haldarman
- SOMC OB/GYN Associates
- SOMC Orthopedic Associates
- SOMC Pathology Associates
- SOMC Pediatric Associates
- SOMC Podiatry Associates
- SOMC Portsmouth Family Health Center
- SOMC Primary Care Associates
- SOMC Psychiatric Associates
- SOMC Pulmonary Critical Care Associates
- SOMC Pulmonary Critical Care Associates / Inpatient
- SOMC Radiology Associates
- SOMC Rheumatology Associates(effective 06/29/24)
- SOMC Sleep Medicine Associates
- SOMC South Shore Family Practice
- SOMC South Webster Family Practice
- SOMC Surgical Associates
- SOMC Urology Associates
- SOMC Vanceburg Family Health Center
- SOMC Waverly Family Health Center

FINANCIAL ASSISTANCE POLICY (Charity)

- SOMC Waverly Pediatric Associates
- SOMC West Portsmouth Family Practice
- SOMC West Union Family Health Center
- SOMC West Union Pediatrics Associates
- SOMC Western Family Practice
- SOMC Wheelersburg Family Health Center

FINANCIAL ASSISTANCE POLICY (Charity)

Providers not covered by SOMC's Financial Assistance Policy

- Envision Emergency Physician Services
- Apogee Hospitalist
- Non-emergent services (Hearing aids, elective surgeries, etc.)
- Any Private Practice Physician Services
 - Ali, Mohammad T., MD
 - Daniels, Curtis J., MD
 - DiTraglia, John F., MD
 - Fink, Alicia M., CNP
 - Hill, Jeffrey R., DO
 - Johnson, Terry A., DO
 - Rajpal, Saurabh, MD
 - Saxby, Richard D., DPM
 - Schmucker, Kevin R., PhD
 - Turjoman, John (A), MD
 - Vadde, Rakesh, MD
 - Walker, David S., MD
 - Pediatrics
 - Cardiology
 - Pediatrics
 - Family Medicine
 - Family Medicine
 - Family Medicine
 - Pediatric Cardiology
 - Podiatry
 - Psychology
 - Pediatrics
 - Pulmonology
 - Family Medicine
- David G. Provaznik, DO, INC.
- Ibrahim Zayneh, MD LLC/Dermatology
- Jennifer D Roberts, DO OBGYN
- John D. Evans, MD – Ophthalmology
- Kings' Daughters
- Portsmouth Cancer Care Associates
- R Aaron Adams DO
- Robert J. Knox, MD – Ophthalmology
- Roberts and Roberts Family Practice
- Scioto County Cancer Center
- Southern Ohio Gastroenterology, Inc.
- Southern Ohio Nephrology

- Southern Ohio Rheumatology, Inc.
- Southern Ohio Surgical Associates
- Wheelersburg Internal Medicine Group