

Wood County Hospital Corporate Policy

Financial Assistance Policy And Billing and Collections Policy

PURPOSE

This Financial Assistance Policy outlines the eligibility options for 1) uninsured patients who require emergency or medically necessary services at Wood County Hospital as required by Internal Review Code Section 501(r) and 2) those who will qualify for financial assistance for emergency medical care. Qualified patients will receive free or discounted care in accordance with the eligibility criteria and determination processes outlined in this document.

EMERGENCY MEDICAL CARE

Wood County Hospital provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this financial assistance policy. Wood County Hospital will provide care in compliance with the Emergency Medical Treatment and Labor Act (EMTALA). Wood County Hospital will not require payment from individuals before receiving treatment for emergency medical conditions or pursue debt collection activities that interfere with providing emergency medical care.

ELIGIBLE SERVICES

This financial assistance policy applies to all emergency and other medically necessary care provided by Wood County Hospital. The following services are not covered under this policy: self-pay bariatric charges, cosmetic surgery, and elective services deemed non-covered by insurances as not medically necessary.

Certain physician services not provided and billed by Wood County Hospital are not covered by this financial assistance policy. This includes physician services in the Emergency Department, Radiology Department, Anesthesiologist services, Intensivists, general surgery (other than Peter Lalor, M.D., except for self-pay bariatrics), vascular surgery (other than David Vicente, M.D.), orthopedic surgery (other than Carlos Gomez, M.D.), Pain Management Department, Wound Care Department (other than Patricia Noble, C.F.N.P.), and Radiation Oncology Department.

Physician services provided by Orthopedic Surgery provided by Carlos Gomez, M.D., general surgery provided by Peter Lalor, M.D., vascular surgery provided by David Vicente, M.D., wound care provided by Patricia Noble, C.F.N.P., CRNA services, the Ob/GYN Department and Pediatric Department are covered by this policy.

Amounts Charged to Uninsured Patients

Wood County Hospital will not charge an patient approved for financial assistance under this policy for emergency care or other medically necessary care, more than the amounts generally billed (AGB) to individuals who have insurance. Gross charges will be provided on the billing statement and used as the starting point for allowances, discounts, and deductions.

Wood County Hospital uses the look-back method to determine AGB. The hospital will determine AGB annually by dividing the sum of the amount of all claims for emergency and other medically necessary care that have been provided by private health insurers and Medicare fee-for-service insurers during a prior 12 month period by the sum of the associated gross charges for those claims. The current AGB percentage is calculated to be 59% of gross charges creating a 41% discount of gross charges.

ELIGIBILITY CRITERIA

- **Discounts:** Financial assistance eligibility requires submission of a complete application. Eligibility determinations are based on household income and the number of members in the household, in compliance with federal poverty guidelines. A household includes the parent(s), their spouse(s), and all their children, natural or adoptive, under the age of eighteen. Discounts are as follows:
 - A 41% AGB discount is applied to the gross charge for uninsured patients, as long as a completed financial assistance application and proof of income are on file and they do not qualify for free or discounted care (Gross Charge – 41% AGB discount = Amount billed to uninsured patient).
 - 100% discount (free care) for patients with an income level at or below 100% of the Federal Poverty Guidelines, applicable to the date of service, who complete the financial assistance application (including supporting documentation) through the Hospital Care Assurance Program (HCAP) program.
 - 100% discount (free care) for patients with an income level between 101% and 150% of the Federal Poverty Guidelines who complete the financial assistance application (including supporting documentation) through Wood County Hospital's Uncompensated Care program.
 - 75% discount for patients with an income level between 150% and 200% of the Federal Poverty Guidelines who complete the financial assistance application (including supporting documentation) through Wood County Hospital's Uncompensated Care program.
 - Individuals with an income level over 201% FPG may be eligible for prompt pay discounts.
- **Required Documentation:** Proof of income for the three months prior to the date of service is required.
 - Proof of income may include: pay stubs, W2s, copy of paychecks, bank statements showing direct deposits, child support/alimony documents, social security/disability award letters.
 - For the self-employed, a written declaration of income along with the previous year's tax return or profit/loss statements for the 3 months prior to the date of service is required.
 - In the event that the patient has no income, a written statement is required indicating how they are supporting their living expenses.
- **Failure to Provide Documentation:** Wood County Hospital will not deny assistance due to a failure to provide information/documentation not specified in this policy or on the application. First Wood County Hospital will contact the patient via the United States Postal Service requesting documentation and notifying the patient what steps will be taken if the patient fails to respond.
- **Residency:** To qualify for HCAP, the patient must be a resident of the state of Ohio, and verified is not a current Medicaid recipient. The Uncompensated program and AGB discounts for the uninsured have not residency limitations.

PRESUMPTIVE ELIGIBILITY

Presumptive eligibility - for a 100% discount (that is, free care) will be provided to those uninsured patients on the basis of individual situations including, but not limited to:

- Homeless patients
- Deceased patients with no known estate
- Patients who filed bankruptcy

PATIENT COMMUNICATION

- Wood County Hospital widely publicizes its FAP by—
 - Notifying patients that financial assistance is available through signage posted in the hospital's emergency room and registration areas, via the hospital website, through information on guarantor billing statements, through contact with patient accounting representatives, and staff identification of patients with potential financial need.
 - Offering a plain language summary of the policy to patients as part of the intake process.
 - Wood County Hospital distributes copies of the plain language summary of its FAP and its FAP application form to all of its referring staff physicians and to the community health centers serving its community. Wood County Hospital also distributes copies of these documents to the local health department in quantities sufficient to meet demand. In addition, every issue of the quarterly newsletter that Wood County Hospital mails to the individuals in its customer database contains a prominently displayed advertisement informing readers that Wood County Hospital offers financial assistance and that people having trouble paying their hospital bills may be eligible for financial assistance. The advertisement provides with the web page where the FAP and application may be accessed, as well as contact phones for contacting staff for questions regarding the financial application process.
- Assistance is offered, free of charge, to complete assistance applications for the following programs:
 - Ohio Medicaid
 - Hospital Care Assurance Program (HCAP)
 - Wood County Hospital Uncompensated Care Programs
- Patients may request financial assistance at any time prior to or during the scheduling process, pre-registration, registration, testing, hospital stay, or throughout the course of the billing and collections cycle.
- A copy of the financial assistance policy and plain language summary are available in English or Spanish, free of charge at www.woodcountyhospital.org/patients-visitors/billing-and-insurance, from Patient Accounts at 419-354-8972 or 419-373-7611, in the emergency room, or registration areas, or by writing to Wood County Hospital, Attn: Patient Accounts, 950 W Wooster St, Bowling Green, OH 43402.

APPLICATION PROCESS

- Financial assistance applications in English or Spanish may be obtained from the Wood County Hospital website at www.woodcountyhospital.org/patients-visitors/billing-and-insurance/financial-options, by contacting Patient Accounts at either 419-354-8972 or 419-373-7611, or by writing to Wood County Hospital, Attn: Patient Accounts, 950 W. Wooster St, Bowling Green, OH 43402.
- Completed applications and proof of income need to be submitted to Patient Accounts, Attn: Financial Counselor, 950 W Wooster St, Bowling Green, OH 43402.
- Financial assistance determinations will be made in a timely fashion and collection efforts will not be attempted while the application is being reviewed.
- If the application is incomplete, the patient will be provided with a written notice that describes the additional information or documentation that must be submitted to complete the application, along with contact information the patient may use to get help with the application process. Efforts may also be made to contact the patient via phone. Collection activities will be suspended while attempting to obtain the missing information. If the applicant fails to respond with the required information within a reasonable time period, the application file will be closed and collection activities may resume. However, if the patient provides the missing information or documentation at any time during the 240-day period beginning with the first post-charge billing statement, the application file will be re-opened and collection activities will once again be suspended while an eligibility determination is made.
- Once a determination is made, the patient will be notified in writing of the decision. This notice will also include, if applicable, the discount for which the patient is eligible and state the basis for the determination. In addition, if the patient is determined to be eligible for assistance other than free care, the patient will be provided with a billing statement that indicates the amount the patient owes after all financial assistance discounts have been applied and how that amount was determined and that states (or describes how the individual can get information regarding) the AGB for the care. Applications for HCAP and Uncompensated care programs denied as over guidelines will receive a denial letter.
- Payments received from a Health Savings Account or flexible spending account are considered compensation associated with health care coverage and not eligible for refund if a financial assistance application is approved as eligible.
- Inpatients are required to complete an application for each admission, unless the patient is readmitted within 45 days of discharge for the same underlying condition. Approved inpatient applications may also cover outpatient services for the 90 day period following the first day of inpatient admission.
- Approved outpatient applications are effective for 90 days from the initial date of service.
- In the event an approved inpatient or outpatient application for a discount of less than 100% is effective during the 90 days after the initial admission or date of services (or the 45 days after discharge for the same underlying condition, in the case of an inpatient), the patient will be notified regarding the basis of the discount on the initial application and about how to apply for more generous assistance in the event the patient believes his or her eligibility status has changed.
- Applications may be denied if there is a reasonable doubt that the applicant is not telling the truth.
- Applications and documentation will be retained for six years.

- Patients who apply for financial assistance for an episode of care during the 240-day period beginning with the first post-discharge bill for the care and are determined to be eligible will be refunded or credited any amount he or she has paid for the care that exceeds the amount he or she is determined to personally owe after applying the financial assistance discount, unless the credit balance is less than \$5.00.
- Wood County Hospital will accept and review all applications for dates of service up to 240 days for the first post-discharge bill for the service. Applicants eligible for HCAP may apply for a period of three years from the date of the initial bill per State of Ohio HCAP requirements. Applicants, who do not qualify for HCAP, will not be eligible for financial assistance if applying after the 240-day.
- For applications that have qualified for free care, if the account had been referred to a collection agency, it will be closed by the agency. In addition, the agency will report that the debt is no longer owed and remove it from credit reporting. More generally, if a patient is determined to be eligible for financial assistance, Wood County Hospital or its collection agency (whichever has the authority to do so) will take all reasonably available measures to reverse any extraordinary collection action (as defined below) taken against the patient to obtain payment for the care. Such measures will not generally include reimbursing a patient for any court costs associated with the patient's account being referred to legal.

BILLING AND COLLECTION PRACTICES

A statement of hospital services is sent to the patient/guarantor in incremental billing cycles. In cases where the patient is uninsured, the statement is sent after services are rendered. In most cases where patients have coverage through an insurance carrier, the statements are sent after services have been adjudicated by the insurance carrier. There are some cases where adjudication has been stopped by the carrier due to the patient/guarantor needing to provide additional information. In these situations, statements will be issued to the patient/guarantor. Statements are generated in 30 day increments.

Wood County Hospital representatives and/or their designees attempt to contact the patient/guarantor during the statement billing cycle in order to pursue collections and to orally notify the patient/guarantor that financial assistance is available for eligible individuals and about how to obtain assistance with the application process. Collection and notification efforts are documented on the patient's account.

Wood County Hospital will not engage in extraordinary collection actions (ECAs) (either itself or through a collection agency) against a patient/guarantor to collect payment for care, unless permission to engage in such ECAs has been granted by Patient Accounts administration. In addition, Wood County Hospital will not engage in ECAs against a patient/guarantor without first having made reasonable efforts to determine the patient's eligibility under the financial assistance policy and making patient's aware of the policy. Once 120 days have passed from the first post-discharge statement date and no application has been received, nor other payment arrangements established, or payments received are not within our established guidelines for repayment plans, the outstanding balance will be forwarded to a collection agency. At approximately the same time, the patient/guarantor will be provided with a written notice that indicates that financial assistance is available for eligible individuals, identifies the ECA(s) that the collection agency intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated by the collection agency. This notice will also include a plain language summary of the policy.

Patients/guarantors are responsible for providing a current mailing address at the time of service or upon moving.

Patients/guarantors who failed to comply with the agreed upon arrangements for a repayment contract or have defaulted on a Commerce Bank loan program may be referred to a collection agency for unpaid debt, unless a financial assistance application has been submitted or payment in full has been received.

Wood County Hospital may pursue the following ECAs either directly or through its collection agency:

- Selling a patient/guarantor's debt to another party
- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus
- Actions that require legal process, are limited to garnishing an individual's wages.

Wood County Hospital will work with all patients to establish suitable payment arrangements, if payment in full cannot be made after the first statement has been delivered to the patient/guarantor. Interest free repayment contracts with defined payment timeframes on outstanding balances are available to all patients/guarantors. Prompt pay discounts and an interest free bank loan are additional options for satisfying account balances.

Accounts submitted to an external collection agency meet the following criteria:

- The agreement with the collection agency is in writing and includes a code of conduct as well as requirements consistent with section 1.501(r)-6(c)(10) of the Treasury Regulations.
- The agreement defines the standards and scope of practices to be used by outside collection agents acting on behalf of Wood County Hospital, all of which must be in compliance with this procedure.
- No legal action may be undertaken by the collection agency without prior written permission from Wood County Hospital.
- All decisions as to the manner in which the claim is to be handled, whether suit is to be brought, whether the claims is to be settled, whether the claim is to be returned to Wood County Hospital, and any other matters related to resolution of the claim shall be made by Wood County Hospital.
- Wood County Hospital reserves the right to discontinue collection actions at any time with respect to any specific account.

Formulated: Feb 1, 2019

Revised: Mar 25, 2019; Oct 1, 2020, Dec 19, 2022, Feb 3, 2023, Mar 10, 2023