

POLICY AND PROCEDURE

Function:	Leadership	Policy Number:	TH 146
Subject:	Financial Assistance	Distribution:	Thomas Health System-wide
Prepared By:	Finance Department; Legal Department; Corporate Compliance	Effective Date: Last Review, Revision Date:	January, 2014 December 1, 2018 August 22, 2022
Approved By:	Senior Vice President/CFO	Approved By:	President/CEO; TH Board of Trustees

I. Definitions

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

Financial Assistance: Assistance in paying for health care services available to individuals who meet established Financial Assistance criteria.

Family: Using the Census Bureau definition, 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: 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, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- If a person lives with a family member who can claim the patient as a dependent and supplies 50% or more of the patient’s financial care, this would be included. (Non-relatives, such as housemates, do not count).
- Includes money received for a dependent, or money earned by a dependent over 18 years old and working.

Financially Indigent: Family Income is less than or equal to 200% of the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services (“Federal Poverty Guidelines”) will be eligible for an adjustment of 100% as charity care. Applicants with an income level between 201% and 320% will be reviewed individually and a portion of the outstanding balance adjusted off as charity care based on the following adjustment table:

Income Level (% of Poverty Guidelines)	Patient Responsibility
0% - 200%	0%
201% - 220%	5%
221% - 240%	7.5%
241% - 260%	10%
261% - 280%	15%
281% - 300%	20%
301% - 320%	25%

Discounts are also available for patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient's medical expenses for an episode exceeds 20% of their annual income. In these cases, patient's copays and deductibles may also be included in this discount. Catastrophic costs or conditions occur when there is a loss of employment, death of a primary wage earner, excessive medical expenses or other unfortunate events. Medical indigence/ catastrophic circumstances will be evaluated on a case-by-case basis that includes a review of the patient's income, expenses and assets.

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenues are applied. The hospital will produce the same charge amounts regardless of the existence of third party insurance coverage, government insurance coverage or no insurance coverage.

Thomas Health: Includes Thomas Memorial Hospital, Saint Francis Hospital, and Thomas Health Physicians.

II. Policy

Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and/or disenfranchised, Thomas Health is committed to providing without discrimination, emergency and medically necessary care to individuals regardless of their ability to pay.

Financial Assistance is available to individuals who have healthcare needs and reside in West Virginia, are Financially Indigent, ineligible for a government program, and are otherwise unable to pay for medically necessary or emergency care. Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Thomas Health procedures for obtaining Financial Assistance or other forms of payment and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow Thomas Health to provide the appropriate level of assistance to the greatest number of persons in need, the following guidelines for the provision of patient Financial Assistance have been established.

Who is eligible for Financial Assistance? Financial Assistance is available to patients who meet the following criteria:

- the patient is Financially Indigent;
and;
- the patient resides in West Virginia.

Patients outside these guidelines may also be considered on an exception basis.

Patients may not be eligible for Financial Assistance if they are covered by a commercial health insurance company that:

- Does not have a contract with Thomas Health and will not pay out-of-network benefits to Thomas Health; or
- Does not authorize services to be rendered at Thomas Health.

Amounts Generally Billed (AGB): Individuals who have no third party coverage (governmental or commercial) will be eligible for discounted care. The discount is an estimate of Amounts Generally Billed (AGB) to Commercial and Medicare payers. Detail of the discount and how this discount was calculated can be found in Attachment A of the Financial Assistance Policy. This discount does not apply when other discounts for elective or cosmetic treatment have already been applied.

What is covered under Financial Assistance? All emergency and medically necessary care is covered once you are approved, you are covered for six (6) months.

What is not covered under Financial Assistance? The following are not covered by this policy:

- elective or cosmetic services
- surgical weight loss procedures
- sleep lab procedures
- elective sterilizations
- reversals of sterilizations
- services not considered medically necessary by most insurance companies
- Thomas Health reserves the right to exclude, at its discretion, services to which the discount is not applicable

If a patient chooses to receive non-emergency, non-medically necessary, and/or elective care at Thomas Health, even though they know the services will not be covered under insurance or are not eligible for Financial Assistance, the patient will be responsible for payment of the estimated amount of the claim in full prior to service.

How do I apply for Financial Assistance? If you feel you might be eligible for Financial Assistance, applications are available:

- On our website at www.thomashealth.org
- At each registration area at Thomas Memorial Hospital and Saint Francis Hospital
 - Thomas Health Physician patients will be directed to the hospital financial advocate.
- By calling Customer Service. Thomas Memorial Hospital 304-766-3777 or Saint Francis Hospital 304-347-6688

Financial Advocates are available at each hospital to assist in the application process.

Patients may apply for Financial Assistance at any time when seeking medical care or at any time thereafter prior to final resolution of the patient's bill.

Please complete all sections of the application form, including a signature and the date, and assemble all required documentation prior to submitting your application. If you need help completing your application, please contact Thomas Memorial Hospital 304-766-3777 or Saint Francis Hospital 304-347-6688, or visit a Financial Advocate at Thomas Memorial Hospital or Saint Francis Hospital. The office is open between 8 AM and 4 PM, Monday – Friday.

Completed applications should be mailed to Thomas Health, Attention: Financial Advocate 4605 MacCorkle Ave. SW, South Charleston, WV 25309.

Can a referral be made on my behalf for Financial Assistance? Referral of patients for Financial Assistance may be made by any member of the Thomas Health staff or medical staff, including physicians, nurses, financial advocates, social workers, case managers, chaplains, and religious sponsors. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for Financial Assistance.

Will I be notified about the availability of Financial Assistance? Individuals will be notified about the Financial Assistance Policy within 120 days from the date the first “post-discharge” billing statement is provided to the patient, and in the case of an incomplete application, will be provided with information relevant to completing the application. Patients will have 240 days to submit a financial assistance application from the date that the first post-discharge billing statement for the care is provided.

How does Thomas Health determine whether I am eligible for Financial Assistance? Eligibility for Financial Assistance will be considered for those individuals who reside in West Virginia, are Financially Indigent, ineligible for any government health care benefit program and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of Financial Assistance eligibility 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.

Eligibility for Financial Assistance will be determined in accordance with procedures that involve an individual assessment of financial need and include, but are not limited to:

- An application process, in which the patient or the patient’s guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. This may include the most recent Federal Tax Return (1099/W2), bank statements (3 months), pay stubs (past 3 months), Social Security check or proof thereof, unemployment checks, workers compensation checks, child support (proof of paying child support), alimony, retirement, pension checks, most recent property taxes, investment and stock statements;
- Reasonable efforts by Thomas Health to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs; and
- A review of the patient’s outstanding accounts receivable for prior services rendered and the patient’s payment history.

Uninsured patients must be screened for all other means of other third party coverage prior to a determination of eligibility for Financial Assistance.

An eligibility determination may be completed at any point in the collection cycle. Thomas Health will provide, without discrimination or delay to inquire about the individual’s method of payment or insurance coverage, care for emergency medical conditions to individuals regardless of their eligibility under this Policy. It is preferred but not required that a request for Financial Assistance and an eligibility determination occur prior to rendering of non-emergent medically necessary services.

Eligibility for Financial Assistance shall be re-evaluated if the last eligibility determination was completed more than six (6) months prior, or at any time additional information relevant to the Financial Assistance eligibility of the patient becomes known.

Thomas Health’s values of human dignity and stewardship shall be reflected in the application process, the eligibility determination process, and granting of Financial Assistance.

Applications and requests for Financial Assistance shall be processed promptly and the financial advocate department shall make and document a determination of eligibility for approval by management and notify the patient or applicant of the determination in writing within 30 days of receipt of a completed application.

Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance application on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for Financial Assistance, Thomas Health could use outside agencies in determining estimated income amounts for the basis of determining eligibility for Financial Assistance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
6. Low income/subsidized housing is provided as a valid address; and
7. Patient is deceased with no known estate.
8. Qualified Medicare Beneficiary (QMB) Program
9. Out of State Medicaid (Non-Par Provider) or Medicaid recipient and services are not covered by Medicaid Program

Amounts Charged to Financial Assistance Eligible Patients. Once Thomas Health determines that a patient is eligible for Financial Assistance, that patient shall not receive any future bills based on undiscounted gross charges. The amount charged for emergency or other medically necessary care to a Financial Assistance eligible individual will not be more than the amounts generally billed to (received by either Thomas Health Physicians, Thomas Memorial or Saint Francis Hospital) Medicare fee-for-service and commercially insured patients. The amounts generally billed are calculated using the "look-back" method based on actual past claims paid to Thomas Health Physicians, Thomas Memorial Hospital or Saint Francis Hospital, as applicable, in the prior fiscal year by Medicare fee-for-service together with all private health insurers. The amounts generally billed will be recalculated annually. If it is not known that a patient is eligible for Financial Assistance, usual charges will be billed and if it is later determined that the individual is eligible, any excess payments will be refunded.

What billing and collection actions are taken in the event of non-payment? Thomas Health will not engage in extraordinary collection actions (actions requiring legal or judicial process) against an individual before it makes a reasonable effort to determine whether the individual is eligible for Financial Assistance. Reasonable efforts shall include:

1. Validating that the patient or responsible party owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital;
2. Documentation that Thomas Health has provided written notice regarding this Policy, identifying any extraordinary collection actions that Thomas Health intends to initiate, and stating a deadline for initiation of the actions that is no earlier than 30 days from the date the written notice is provided and 120 after the first "post-discharge" billing statement is provided, as well as providing a plain language summary with the notice, and making a reasonable effort to orally notify the patient about this Policy and how the individual may obtain assistance with the application process;
3. Documentation that, in the event of an incomplete application, Thomas Health provided written notice to the individual about how to complete the application, including a description of the outstanding documents or information required and contact information for submission, as well as providing a reasonable opportunity to complete the application;
4. Documentation that the patient or responsible party does not qualify for Financial Assistance on a presumptive basis;

5. Documentation that the patient or responsible party was offered a payment plan but has not honored the terms of that plan.

For patients that submit a Financial Assistance application, even if incomplete, any pending extraordinary collection actions will be suspended until Thomas Health makes an eligibility determination.

For patients who are determined eligible for Financial Assistance, Thomas Health will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies, will cease all collection efforts, refund any amounts already paid, and take all reasonable measures to reverse any extraordinary collection actions already taken.

Patients who are not eligible for Financial Assistance but who are cooperating in good faith to resolve their Thomas Health bills may be offered extended payment plans. Non-compliance with established payment plans or continued non-payment without cooperation may result in further collection activities. These further collection efforts consist of statements, phone calls, and if the balance has not been resolved from within 120 days of the date the patient was notified of this Policy, placement at a collection agency or legal services may occur, which could include seeking wage garnishments or liens.

Publicizing Financial Assistance Policy. Thomas Health will publicize this Financial Assistance Policy by:

- Making paper copies of this Policy, a plain language summary of this Policy, and the Financial Assistance application form available upon request, without charge, by mail and in public locations including emergency rooms and admission areas;
- Conspicuously displaying items like signs and brochures with general information about the availability of Financial Assistance in public areas of the facilities, including emergency rooms and admission areas;
- Notifying members of the community likely to need Financial Assistance of its availability by providing plain language summaries of the Policy for distribution at local agencies and nonprofit organizations that address the health needs of the community's low-income populations, along with instructions on how they may obtain more information;
- Posting this Policy, a plain language summary of this Policy, and the application form on the Thomas Health website, so that these forms can be easily accessed, downloaded, viewed, and printed;
- Including the following language on all patient invoices and patient registration materials: "All or a portion of your bill may be eligible for forgiveness under our Financial Assistance Policy. For more information regarding Financial Assistance, please call 304-766-3777 for Thomas Memorial Hospital or 304-347-6688 for Saint Francis Hospital or visit our website at www.thomashealth.org; Thomas Health Physician patients requesting Financial Assistance should contact the Financial Advocate at either Thomas Memorial Hospital or Saint Francis Hospital; and
- Offering a plain language summary of this Financial Assistance Policy and an application form during the registration process.

Provider List. The full Provider List is available on our website at www.thomashealth.org.

III. Procedures

It is preferred but not required that an application or request for Financial Assistance and a determination of Financial Assistance eligibility occur prior to rendering of emergent, medical necessary services. However, the determination may occur at any point in the collection cycle. Thomas Health will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under this Policy. The need for Financial Assistance shall be re-evaluated at each subsequent time of services if the last

financial evaluation was completed more than six (6) months prior, or at any time additional information relevant to the eligibility of the patient for Financial Assistance becomes known.

Once it has been determined that Financial Assistance may be required, the following procedure is used:

<p>Registration staff, Medicaid Eligibility staff, DHHR worker, Financial Advocate and Patient Financial Services Director or designee</p>	<ul style="list-style-type: none"> ○ Determine if patient/ responsible party is able to pay charges or establish partial payment arrangements for the patient liability according to established guidelines. ○ If so, collect money or establish payment plan in specific hospital and/or physician billing and collection system. ○ If not, refer patient to Medicaid Eligibility Office, or DHHR worker to determine if patient meets Medicaid eligibility criteria. <ul style="list-style-type: none"> ▪ If meets Medicaid eligibility, Medicaid Eligibility staff, DHHR worker, or Financial Advocate will place patient in Pending Medicaid Insurance Plan. ▪ If unable to qualify, continue
<p>Registration staff, Medicaid Eligibility staff, Financial Advocate or designee</p>	<p>Provide patient/responsible party with Financial Assistance application/forms and cover letter. Advise patient of need for supporting documentation.</p>
<p>Financial Advocate or designee</p>	<ul style="list-style-type: none"> ○ When patient/responsible party completes and returns application, the Financial Advocate will immediately evaluate for eligibility. <ul style="list-style-type: none"> • Once application is complete including all supporting documentation, the Financial Advocate will complete a charity worksheet and forward to the Executive Director of Revenue Cycle Services for approval or denial according to the Financial Assistance Policy. If approved, the Financial Advocate will place the patient in a Financial Assistance financial class and mail approval letter to the patient. Write off will appear on Financial Advocate work list the next day and be written off. • If not approved the Financial Advocate will send denial reason letter to the patient, and make sure patient is in a Prompt Pay/ Uninsured financial class. If the application has been denied because additional documentation is required, the Financial Advocate Department will also attempt to contact the patient orally by phone. • The Patient Financial Services Director or designee, in coordination with the Executive Director of Revenue Cycle Services has the final responsibility for determining that Thomas Health has made reasonable efforts to determine whether an individual is eligible for Financial Assistance and therefore may engage in extraordinary collection actions. • Documentation regarding applications will be scanned to the applicable hospital and/or physician system.

	<ul style="list-style-type: none">• Any exceptions to this policy shall be approved by the Senior Vice President of Finance/CFO or designee.
Executive Director of Revenue Cycle Services	<ul style="list-style-type: none">○ Reviews all financial applications for denial or approval.○ Reviews all patients, pre-date of service or at time of service that cannot meet financial requirements either by payment or approved financial application.<ul style="list-style-type: none">○ Reviews with ordering physician to determine if care can be deferred. Denied or continue service as ordered.○ Logs all patients that could not meet financial requirements by account number only; with either approved for continued services, deferred service or denied service with the associated reason code.

IV. Regulatory Requirements

In implementing this Policy, Thomas Health management and facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy, as may be amended from time to time.

Reviewed/Revised: January 2014; January 2015; September 2016; October, 2017; December, 2018; October, 2022



FINANCIAL ASSISTANCE POLICY – ATTACHMENT A

Calculation of Amounts Generally Billed (AGB)

To calculate Amounts Generally Billed (AGB), we have chosen to use a “look-back” method based on actual past claims paid to Thomas Health by Medicare fee-for-service together with all private health insurers. This calculation is based on all Medicare and private health insurance payments received for inpatient and outpatient acute services in calendar year 2021.

THOMAS MEMORIAL HOSPITAL

Payer Group	Total Inpatient and Outpatient Charges for FY 2021	Total Inpatient and Outpatient Discounts for FY 2021	Discount Rate for FY 2021 Inpatient and Outpatient Services
Total of Medicare and Insurance	\$630,551,055	\$468,392,822	74%

SAINT FRANCIS HOSPITAL

Payer Group	Total Inpatient and Outpatient Charges for FY 2021	Total Inpatient and Outpatient Discounts for FY 2021	Discount Rate for FY 2021 Inpatient and Outpatient Services
Total of Medicare and Insurance	\$185,086,863	\$138,752,890	75%

Based on the data listed above, Thomas Health allowed a blended discount rate for Medicare and private health insurance. This volume is equivalent to 74% for Thomas Memorial Hospital and 75% for Saint Francis Hospital. We will allow a 75% discount for all uninsured patients according to our Billing and Collections Policy. This discount will be recalculated annually.