

CABELL HUNTINGTON HOSPITAL

FINANCIAL ASSISTANCE POLICY

Policy Statement:

As part of Cabell Huntington Hospital's mission, we are committed to providing Emergency Services as well as other Medically Necessary Care to all patients, regardless of a patient's ability to pay for such services.

Cabell Huntington Hospital is further committed to providing financial assistance to patients who have health care needs are United States citizens, Uninsured or otherwise ineligible for any government programs which provide coverage for Emergency Services and Medically Necessary Care based on their individual financial situation.

In conformity with Cabell Huntington Hospital's general admission policy, the Financial Assistance Policy will be extended to all patients without distinction on the basis of race, color, sex, national origin, or religious affiliation.

This Financial Assistance Policy, the Financial Assistance Application and the Plain Language Summary of this Policy are also available in Spanish.

Policy Purpose:

Cabell Huntington Hospital and its hospital affiliates are tax-exempt charitable organizations within the meaning of §501(c)(3) of the Internal Revenue Code and charitable institutions under West Virginia state law. All care will be provided to patients without regard to race, creed, or ability to pay.

The principal beneficiaries of the Financial Assistance Policy are intended to be Uninsured patients, who are United States citizens, whose Annual Household Income does not exceed 150% of the Federal Poverty Income Guidelines (FPG) published from time to time by the U.S. Department of Health and Human Services and who do not have assets in excess of \$50,000. Patients experiencing financial or personal hardship or special medical circumstances also may qualify for assistance. Under no circumstances will a patient eligible for financial assistance under this Policy be charged more than amounts generally billed for such care.

Cabell Huntington Hospital's Financial Assistance Policy establishes the policy to be followed in: (1) determining the eligibility for Financial Assistance for those patients receiving Emergency Services and other Medically Necessary Services; (2) calculating amounts charged to a patient eligible for Financial Assistance; and, (3) facilitating the patient application process for Financial Assistance. Additionally, this policy includes and hereby incorporates by reference Cabell Huntington Hospital's policy and procedure for billing and collection practices related to medical care services provided by it and its related facilities, including the efforts that it and its related facilities will make to determine a patient's eligibility for Financial Assistance prior to engaging in Extraordinary Collection Actions in the event of non-payment.

Definitions:

Application	The process of applying under this policy, including either (a) by completing the Financial Assistance Application in person, on-line, or over the phone with a Financial Counselor, or (b) by mailing or delivering a completed paper copy of the Financial Assistance Application to Cabell Huntington Hospital.
Application Period	Period of time commencing no later than 240 days after the first post-discharge billing statement is provided.
Cabell Huntington Hospital	Cabell Huntington Hospital, its facilities and its affiliates in the Cabell Huntington Hospital health system, collectively, including: Cabell Huntington Hospital, Edwards Comprehensive Cancer Center, Hoops Family Children's Hospital, Cabell Huntington Hospital Family Medical Center, and Cabell Huntington Surgery Center.
Emergency Services	Care or treatment for an Emergency Medical Condition as defined by EMTALA.
EMTALA	Emergency Medical Treatment and Active Labor Act (42 U.S.C. 1395dd).
Family	The patient, patient's spouse (regardless of where the spouse lives) and all of the patient's natural or adoptive children under the age of eighteen who live with the patient. 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 where the parents live), and all of the parent(s)' natural or adoptive children under the age of eighteen who live in the home.
FPG	Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Human Resources. The FPG applied will be the FPG in effect as of October 1 of the year this policy was last reviewed.
Gross Charges	Total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.
Guarantor	A person other than the patient who is responsible for payment of the patient's medical bills.
Household	All family members who live in the patient's residence and all others claimed as dependents on the patient's tax returns.
Household Income	The total gross income, before all deductions and adjustments, for all family members who live in the patient's household and for all others claimed as dependents on the patient's tax returns.
Income	Income, as defined by the Internal Revenue Service.
Insured	Patients who have any governmental or private health insurance.
Liquid Assets	Cash, securities, promissory notes, publically-traded stocks, bonds, U.S. Savings

Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash.

Look Back Method	Discounts are calculated based on all services provided to the combination of commercially insured and Medicare amounts allowed 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 and every October 1 st thereafter.
Medical Debt	Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles, unless the patient purchased insurance through a Qualified Health Plan and meets eligibility requirements. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay (opting out of insurance coverage or insurance billing).
Medically Necessary	Medical treatment, services and care, including a hospital admission, that Care is deemed medically necessary. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports; and, Explanation of Benefits to support other Medical Debt.
Qualified Health	Under the Affordable Care Act, starting in 2014, an insurance plan that is Plan certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.
Uninsured	No level of insurance or third party assistance to cover medical expenses.

Relationship to Other Policies:

Policy Relating to Emergency Care: Consistent with EMTALA, Cabell Huntington Hospital will provide an appropriate medical screening to any individual, regardless of ability to pay, requesting treatment for a potential emergency medical condition. Cabell Huntington Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance. If, following an appropriate medical screening, Cabell Huntington Hospital personnel determine that the individual has an emergency medical condition, Cabell Huntington Hospital will provide services, within the capability of the Cabell Huntington Hospital facility, necessary to stabilize the individual's emergency medical condition, or will effect an appropriate transfer as defined by EMTALA.

Eligibility Criteria for Financial Assistance:

Patients are not eligible for financial assistance, as provided for in this Policy, if the patient is eligible to receive reimbursement for any portion of a patient's bill from any first or third party payor, including health insurance, workers' compensation or liability payors,

Asset Guidelines. Patients with more than \$50,000 in total assets, excluding primary residence and primary car are ineligible for financial assistance under this Policy. Examples of assets which may be considered are: real property, including rental property, automobile(s), recreational vehicle(s), bank account(s), and other investments.

Patients who apply within the Application Period and meet the qualifications are eligible for the assistance described in this Policy.

Patients seeking care at Cabell Huntington Hospital are eligible for Income based financial assistance under this Policy if the patient is a United States citizen, the patient's Household Income does not exceed 150% of the FPG, the patient does not have assets in excess of \$50,000 and the patient is seeking Emergency Services or Medically Necessary Care for inpatient or outpatient hospital or physician services.

Additional Ways to Qualify for Assistance:

A patient who does not qualify for Income based financial assistance under this Policy, but is unable to pay for the cost of Medically Necessary Care may seek assistance in the following circumstances:

1. Exceptional Circumstances - Patients who certify that they are undergoing an extreme personal or financial hardship (including a terminal illness or other catastrophic medical condition).
2. Special Medical Circumstances - Patients who are seeking treatment that can only be provided by Cabell Huntington Hospital medical staff or who would benefit from continued medical services from Cabell Huntington Hospital for continuity of care.
3. Medicaid Screening - Patients seeking care may be contacted by a representative to determine whether they may qualify for Medicaid. Patients must cooperate with the Medicaid eligibility process to be eligible for financial assistance under this Policy.
4. Medicaid Adjustments - Patients will be eligible for financial assistance under this Policy for a 100% discount, if a patient qualifies for Medicaid but funding is not available to pay for Emergency Services and other Medically Necessary Services or Medicaid denies coverage for particular Emergency Services and other Medically Necessary Services. Upon approval, discounts will be processed promptly in accordance with procedures, state statutes and regulations.

Method of Applying:

- A. Income-Based Financial Assistance
 - (i) Upon scheduling, prior to admission, or at registration, those Uninsured Patients that Cabell Huntington Hospital determines through supporting documentation and/or third party verification databases to be United States citizens and to have Household

Income at or below 150% of the FPG and do not have assets in excess of \$50,000 will be deemed eligible for financial assistance without further information or documentation. The patient will be notified in writing and, if deemed ineligible for financial assistance, will have the opportunity to submit additional information and supporting documentation if the patient believes he or she may qualify for more assistance.

- (ii) Patients seeking Emergency Services will be treated without regard to whether they are eligible for financial assistance. If medically appropriate, a patient who received Emergency Services may receive information in our Emergency Department from a Financial Counselor about the availability of financial assistance and, if requested, an Application may be initiated on their behalf.
- (iii) Any other patient seeking income-based financial assistance at any time in the scheduling or billing process may complete the Financial Assistance Application. Patient will be asked to provide information on Household Income for at least a three-month period immediately preceding the date of eligibility review. Patient may be asked to provide information on Household Income for the twelve-month period immediately preceding the date of eligibility review. Third-party income verification services may be used as evidence of Household Income. The Financial Assistance Application may be found in our Emergency departments, registration and Admission areas, from a Financial Counselor or online at <http://cabellhuntington.org/fap>. In addition, you may call the following numbers to speak to a Financial Counselor or request a mailed copy of our Financial Assistance Policy, plain language summary and application form free of charge: 304-526-6344 or 304-526-6099 (general number); 304-522-3387 (CHH Women's Health Huntington patients); 304-399-2980 (CHH Women's Health Merritts Creek patients); or 304-399-2980 (The Mind Wellness Center patients).
- (iv) If there is a discrepancy between two sources of information, a Cabell Huntington Hospital representative may request additional information to verify Household Income.

B. Exceptional Circumstances

A patient who claims to have incurred or is at risk of incurring an exceptionally high balance under the patient's circumstances may complete a Financial Assistance Application and provide information on Household Income for the twelve-month period immediately preceding the date of the Financial Assistance Application. During the application process, Cabell Huntington Hospital will attempt to gather information on financial circumstances and personal hardships from the patient and/or other sources regularly utilized by Cabell Huntington Hospital to obtain such information. Determinations are made by the Business Office Director under the direction of the CFO. The patient will be notified in writing of the final determination.

C. Special Medical Circumstances

A patient who claims to have special medical circumstances may inform Cabell Huntington Hospital of such circumstances, complete a Financial Assistance Application and provide information on Household Income for the twelve-month period immediately preceding the date of the Financial Assistance Application. The patient and Cabell Huntington Hospital will jointly attempt to determine whether the patient needs treatment that can only be provided by Cabell Huntington Hospital medical staff, or the patient would benefit, for continuity of care, from continued medical services from Cabell Huntington Hospital. The patient will be notified in writing if they do or do not qualify for financial assistance due to special medical circumstances.

D. Incomplete or Missing Applications

Patients will be notified in writing of information missing from the Financial Assistance Application and given a reasonable opportunity to supply it. If missing information is not supplied, Cabell Huntington Hospital may also use third party income verification databases to complete the Financial Assistance Application. Failure to provide requested additional documentation within thirty days will result in the denial of the Financial Assistance Application without any further notice from Cabell Huntington Hospital. If a Financial Assistance Application is denied, the patient will not be permitted to reapply for financial assistance for the date(s) of service for which the patient was denied.

Eligibility Determination Process:

A. Applications. A patient who desires Financial Assistance is responsible for completing a Financial Assistance Application. If you are unable to complete and execute a Financial Assistance Application, a Financial Counselor may provide reasonable assistance to you in an attempt to complete a Financial Assistance Application. Any Financial Assistance Application, whether completed in person, online, delivered or mailed, will be referred to a Financial Counselor and/or the Business Office for evaluation and processing. **See Appendix A** for Financial Assistance Application.

B. Financial Interview. A Financial Counselor may attempt to determine, through mail, telephone, facsimile, e-mail, or interview, whether Uninsured Patients are eligible for financial assistance. The Financial Counselor may ask for information, including family size, sources of Household Income and any other financial or extenuating circumstances that support eligibility under this Policy and, further, may assist a patient in completing an Application accordingly. Although a Financial Counselor may provide assistance by mail, telephone, facsimile, e-mail or interview, a patient who desires Financial Assistance is the person ultimately responsible for completing a Financial Assistance Application.

C. Determination of Eligibility. A Financial Counselor and/or the Business Office will evaluate and process all Financial Assistance Applications. The patient will be notified by letter of the eligibility determination. If a Financial Assistance Application is denied, a patient may not reapply for financial assistance for the same date of service. Patients who do not qualify for financial assistance (other than those deemed presumptively ineligible) may receive an estimate of the amount due from a Financial Counselor and may be requested to set up payment arrangements or pay a deposit prior to scheduling; provided however, that such payment arrangements are never required as a condition to receiving treatment for Emergency Services.

D. Documentation Required to be Submitted for All Applications. All applications shall be returned with the following:

1. Proof of income for all recognized members of the patient's household who have any income for the last three (3) months, i.e., paystubs, SSI statements, child support, rental property. A bank statement is not considered proof of income.
2. Household Income for the last tax year, e.g., completed tax forms. Those patients who are married, but file taxes separately will need to submit completed tax forms for both spouses.
3. If no income, the "Certification of no Income" form is to be completed.

E. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no completed 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, Cabell Huntington Hospital could use outside agencies and public databases in determining estimated income amounts for the purpose of determining eligibility for Financial Assistance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. The patient is a beneficiary under State-funded prescription programs;
2. The patient is homeless or received care from a homeless clinic;
3. The patient is a beneficiary under Women, Infants and Children programs (WIC);
4. The patient is food stamp eligible;
5. The patient is eligible for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
6. The patient provides a low income/subsidized housing as a valid address; and
7. The patient is deceased with no known estate.

Cabell Huntington Hospital shall notify patients who are deemed presumptively ineligible for financial assistance of such determination and inform the patient of Cabell Huntington Hospital's Financial Assistance Policy. Any patient who is deemed presumptively ineligible for financial assistance shall be provided with an opportunity to submit an application and supporting documentation for a determination of eligibility.

F. Additional Documentation which may be requested. In order to process a patient's Financial Assistance Application, a Financial Counselor may request from the patient additional Supporting Documentation including, but not limited to: W-2s; 1099s; workers' compensation, Social Security award letters, disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports; and, Explanation of Benefits to support other Medical Debt. Failing to provide requested additional documentation within thirty days will result in the denial of the Financial Assistance Application without any further notice from Cabell Huntington Hospital. If a Financial Assistance Application is denied, the patient will not be permitted to

reapply for financial assistance for the date(s) of service for which the patient was denied.

Basis for Calculating Amounts Charged to Patients, Scope and Duration of Financial Assistance:

Patients eligible for awards of income-based financial assistance under the Policy will receive assistance according to the following income criteria:

- If you are a United States citizen, your Household Income is at or below 150% of the FPG and you do not have assets in excess of \$50,000, you will receive 100% financial assistance.
- The FPG applied will be the FPG in effect as of October 1 of Cabell Huntington Hospital's current fiscal year.

As used herein, the "amount generally billed" has the meaning set forth in IRC §501(r)(5) and any regulations or other guidance issued by the United States Department of Treasury or the Internal Revenue Service defining that term. See **Appendix B** for the Federal Poverty Guidelines in effect and a detailed explanation of how the "amount generally billed" is calculated.

Once Cabell Huntington Hospital has determined that a patient is eligible for income-based financial assistance, that determination is valid for ninety (90) days forward from the date of eligibility approval.

Determination of Eligibility for Financial Assistance Prior to Action for Non-payment; Billing and Collection Policy:

- A. **Billing and Reasonable Efforts to Determine Eligibility of Financial Assistance.** Cabell Huntington Hospital seeks to determine whether a patient is eligible for assistance under this Policy prior to or at the time of admission or service. If a patient has not been determined eligible for financial assistance prior to discharge or service, Cabell Huntington Hospital will bill for care. Cabell Huntington Hospital will bill uninsured patients directly for the charges incurred. Patients will receive a series of billing statements over a 120 day period beginning after the patient has been discharged delivered to the address on record for the patient. Only patients with an unpaid balance will receive a billing statement. Billing statements include a notice of this Policy and how to apply for financial assistance. Reasonable efforts to determine eligibility include: notification to the patient by Cabell Huntington Hospital of the Policy upon admission and in written and oral communications with the patient regarding the patient's bill, an effort to notify the individual about the Policy and the process for applying for assistance at least 30 days before taking action to initiate any lawsuit, and a written response to any Financial Assistance Application for assistance under this Policy submitted within 240 days of the first billing statement with respect to the unpaid balance or, if later, the date on which a collection agency working on behalf of the Cabell Huntington Hospital returns the unpaid balance to Cabell Huntington Hospital.
- B. **Collection Actions for Unpaid Balances.** After 120 days from the first post-discharge billing statement to the patient, if a patient has an unpaid balance and there is no pending financial assistance application, the patient's account may be referred to a collection agency or law firm for collection of the unpaid balance. Cabell Huntington Hospital and its collection agencies/law firms may report to credit bureaus, commence civil litigation, pursue wage garnishments, place a lien on real or personal property, attach or seize an individual's bank account or any other personal property, and other similar collection actions.

NOTE: A patient may apply for financial assistance under this Policy even after the patient's unpaid balance has been referred to a collection agency or law firm.

In no case will Emergency Services be delayed or denied to a patient because of an unpaid balance. In no case will Medically Necessary Care be delayed or denied to a patient before reasonable efforts have been made to determine whether the patient may qualify for financial assistance. An Uninsured patient who seeks to schedule new services and has not been presumed eligible for financial assistance may be contacted by a Financial Counselor who will notify the patient of the Policy and help the patient initiate an Application for financial assistance if requested.

- C. Review and Approval. Cabell Huntington Hospital's Business Office has the authority to review and determine whether reasonable efforts have been made to evaluate whether a Patient is eligible for assistance under the Policy such that extraordinary collection actions may begin for an unpaid balance.

Providers Not Covered Under Cabell Huntington Hospital’s Financial Assistance Policy:

See **Appendix C** for list of providers who are and who are not covered by this Policy.

Plain Language Summary

See **Appendix D** for a plain language summary of this Policy.

Updates

The following Appendices may be updated without prior approval of the Board of Directors for the following purposes:

- Appendix A, Financial Assistance Application – updates to reflect changes in laws, rules and regulations.
- Appendix B, Federal Poverty Guidelines and calculation of “amount generally billed” – updates to incorporate changes in the Federal Poverty Guidelines and updates to reflect changes in laws, rules and regulations.
- Appendix C, List of Providers – updates to the list of providers covered and not covered by the Policy which shall be done on a quarterly basis.
- Appendix D, Plain Language summary – updates to reflect changes in laws, rules and regulations.

Policy Originated:	Adopted by the Board of Directors September 27, 2016
Reviewed:	August 29, 2017
Revised:	December 10, 2019; May 26, 2020; October 14, 2022