POLICY:

As part of the mission of Mon Health (MH), promotion of health, relief of burdens of government, and volunteer and community services shall be implemented in a reasonable manner consistent with the maintenance of the economic well being and fiscal soundness of the hospital. MH will provide medically necessary health care services for patients in the hospital's service area, including emergency care, as defined by the hospital from time to time. This policy complies with all applicable federal, state, and local laws, for use in circumstances in which financial assistance shall be offered to the hospital's uninsured or underinsured patients on a nondiscriminatory basis to meet the need of the community. Cosmetic/plastic procedures (i.e., gastric bypass, tubal ligation, and tubal reversal) are not eligible to be covered under this policy. Payments for the cosmetic/plastic procedures will be required prior to performance of specific procedures. Additional exclusions include swing bed services, professional services delivered by providers not employed by Mon Health, and external lab providers. Any procedure that is questionable will be reviewed to determine its eligibility.

RESPONSIBILITY:

Requests for Financial Assistance will be reviewed and evaluated by any of the following personnel: Customer Account Rep, Senior Financial Rep, Assistant Director or Director of Patient Accounting

PROCEDURE:

Hospital Financial Assistance may be considered when:

- It is determined that a patient does not have adequate financial resources to pay for services rendered at MH.
- The hospital and/or patient have attempted to obtain retroactive coverage through governmental Medical Assistance programs, and such coverage was not available or approved. This excludes those cases, however, where coverage was denied due to the failure of the patient to cooperate with the application/approval process.
- Third party insurance coverage provides reimbursement for less than the total billed charges (deductibles, co-insurance amounts, pre-existing condition determination, and other coverage denials) and when the patient is unable to make payment for these amounts.

ELIGIBILITY:

Services eligible/covered:

- Financial Assistance under this policy shall apply to emergency, urgent care and medically necessary services at MH and or professional/physician services delivered by a MH employed provider. A list of providers can be obtained free of charge at monhealth.com/providers.

Services not eligible/not covered:

- Cosmetic/plastic procedures (i.e., gastric bypass, tubal ligation, and tubal reversal) are not eligible to be covered under this policy. Payments for the cosmetic/plastic procedures will be required prior to performance of specific procedures.
- Any procedure that is questionable will be reviewed to determine its eligibility.
- Professional/physician services delivered by a provider not employed by MH including, but not limited to
  Mid Atlantic Anesthesia, Radiological Physician Specialists, West Virginia Emergency Physicians

LLP, Hospitalist group Sanjay Bharti PLLC, Mountain State Orthopedics, Women's Health Care of Morgantown, Mountaineer Orthopedic Specialist, Pioneer, Rural Physician Group, Northstar Anesthesia, WVU Medicine.
- Services provided by external reference labs i.e. LabCorp, Quest Diagnostics.
- Financial Assistance may be deemed ineligible for services performed out of network.

Financial Assistance will be denied to patients who refuse to take reasonable actions necessary to obtain medical assistance available through outside health and welfare agencies, when referred by the Financial Counselor or third-party vendor.

Patients who are uninsured, underinsured, ineligible for government assistance programs, or unable to pay based on their individual financial situation are eligible for Financial Assistance. Determinations of eligibility are made on a case-by-case basis and may require appointments or discussion with hospital financial counselors. MH provides assistance for deductibles, co-insurance, or co-payments in the form of free services. When determining patient eligibility, MH does not take into account race, gender, age, sexual orientation, religious affiliation, social or immigrant status, or age of the patient's account.

Additionally, MH may refer to or rely on external sources and/or other program enrollment resources in the case of patients lacking documentation that supports eligibility or individual circumstance. MH may provide free services when:

- Patient is homeless
- Patient is eligible for other state or local assistance programs that are unfunded
- Patient is eligible for food stamps or subsidized school lunch program
- Patient is eligible for assistance under the Crime Victims Act or Sexual Assault Act
- Patient is eligible for a state-funded prescription medication program
- Patient is deceased
- Patient files bankruptcy
- Patient has a current Medicaid card

Patients will be required to assign or pay, to MH, all insurance payments or liability settlements designated as remuneration for medical expenses. Payments received on an account with a Charity Care Adjustment will be applied to the account and the adjustment reversed up to the amount of the Charity Care Adjustment. Mon Health extends a self pay charitable reduction/discount to billed chargers for unisured patients receiving medically necessary services excluding cosmetic & exempted procedures equal to 50%.

APPLYING FOR FINANCIAL ASSISTANCE:

A request for financial assistance can be made at any time during the billing/collection process. To apply for Financial Assistance, an individual may contact Patient Financial Services to be referred to teh appropriate Financial Counselor at 1-833-851-8335, obtain a form at www.monhealth.com/main/financial-assistance or visit the Financial Counselor office at any of our facilities. To be considered eligible for Financial Assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for Financial Assistance, or other private or public payment programs. Mon Health may accept a screening denial by our third party eligibility partner to satisfy this requirement. In addition to completing an application, documentation that may need to be provided or reviewed including the following documentation:

- Bank statements
- Proof of income for applicant (and spouse if applicable); three most recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently supporting themselves

- Copy of most recent tax return
- Review of available assets or other financial resources
- External, public sources which may be utilized, including credit scores

EVALUATION:

1. Charity Care Adjustment requests must have a Financial Assistance Application (Exhibit I) completed and submitted to the Patient Accounting Department for evaluation. All required verification/documentation must accompany the Financial Application. Failure to comply may result in a denial.
2. To qualify for Charity Care Adjustment, the applicant must meet the current income/asset guidelines (Exhibit II).
3. For the purpose of reviewing a Financial Assistance Application, the following will apply:
   Member of the Household: Will include all persons currently claimed on IRS Tax Return. In the event no tax return is filed, MH reserves the right to verify filing with the IRS.
   Employment of Household Members: Will include all forms of employment, including self-employment, for every household member.
   Gross Income: The applicant must provide verification of gross income to insure that gross income is used in determining yearly income for the Financial Assistance Application. Gross income is the amount earned by employee, the net profit of a self-employed individual, or share (as stated in the federal tax return) of the net profit of a member of a partnership or corporation. Prescription expenses/ medial expenses and medical insurance premiums paid by the patient will be allowed as a deduction from income.

   Other Income: The applicant must provide all income received by all members of the household in applying for a Charity Care Adjustment, regardless of whether the income is used in the yearly income test. Failure to provide this information is reason for denial of a Charity Care Adjustment.
   Current Financial Status: All monies for every member of the household are to be listed. Failure to provide this information is reason for denial of a Charity Care Adjustment. Other income and cash convertible assets will be used in the charity determination process.
4. Patients who can demonstrate their family income is at or below 200% of the federal poverty level w/ cash/equivalent assets less than 25% of household income may still be eligible for a 100% discount.
5. Applicants for a Charity Care Adjustment will be notified in writing of the approval or denial. An applicant may appeal a denial and request a re- evaluation which will be processed as outlined in the appeal procedure. Upon denial of a Charity Care Adjustment, the patient will be responsible for immediate arrangements for the balance due, to prevent collection activity, including but not limited to internal dunning procedures, reporting of a delinquency on a credit record and legal action.
6. At the hospital's discretion, patients with family income exceeding 200% of the federal poverty level may still be eligible for discounts on an individual basis, taking into account extenuating circumstances, including financial or medical indigence or catastrophic infirmity. Catastrophic consideration can be made on claims greater than 25% of their gross income.
7. If an applicant is found to have withheld information requested in the Financial Assistance Application or given false information, an approved or pending Charity Care Adjustment may be reversed or denied.
8. If a Charity Care Adjustment is reversed on a patient account, the balance will be due immediately.
9. Once Financial Assistance is approved, prior unpaid balances will be considered as charity going back one (1) year from the approval date. Patients who are in an active payment plan and apply and meet the charity guidelines will have remaining payment plan balance adjusted as charity.
10. Once an individual is determined to be eligible for Financial Assistance, they will be provided services as no charge. Since he services are provided at no charge, this is less than the amount generally billed (AGB) to individuals who have insurance.

APPEAL PROCEDURE:

1. If a Charity Care Adjustment applicant is denied, the applicant may appeal the denial and request a re-evaluation. The appeal must be submitted in writing within 30 days of the denial date.
2. Upon receipt of a written appeal to a Charity Care Adjustment denial, the applicant's Financial Assistance Application will be re-evaluated by one of the personnel authorized to review and approve/deny a Financial Assistance Application who was not involved in the initial evaluation. A written response of approval or denial will be issued within 30 days of receipt of the appeal.
3. If the applicant for a Charity Care Adjustment is denied on an appeal and the applicant still disputes the decision, the applicant must submit a second appeal within 30 days of the date of the second denial. This will be the final appeal accepted from the applicant.
4. The final appeal will be evaluated by two (2) of the designated personnel authorized to approve/deny a Charity Care Adjustment. Their evaluation will be completed within 30 days of receipt of the appeal and a detailed, written response will be sent to the applicant outlining the reasons(s) for the approval/denial.

EXTERNAL VALIDATION PROCESS:

Where available, MH locations may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. It is based on a predictive model that incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for MH financial assistance under the traditional application process. This model is deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted and allows MH to screen all patients for financial assistance prior to any extraordinary collection actions.
The data returned from this electronic screen will constitute adequate documentation of financial need under the MH policy.

When electronic qualification is used as the basis for presumptive eligibility, the highest discount levels will be granted for eligible services for retrospective dates of service only. If a patient does not qualify under the electronic enrollment process, the patient may still be considered under the traditional financial assistance application process.

Patient accounts granted presumptive eligibility will be reclassified under the financial assistance policy. They will not be sent to collection, will not be subject to further collection actions, will not be notified of their qualification and will not be included in the hospital's bad debt expense.

COMMUNICATION OF CHARITY CARE PROGRAM:

MH communicates the availability and terms of its charity care program to all patients, through means which include, but are not limited to:

- Posted signs within waiting rooms, registration booths, or desks as well as emergency rooms, urgent care centers, and financial services departments
- Notifications on patient bills or statements
- Posted policies on the organization's website
- Reference within the MH patient handbook where applicable
- Designated staff knowledgeable on the charity care policy to answer patient questions or who may refer patients to the program

Requests can be made by a patient, their family members, friend or associate, but will be subject to applicable privacy laws.

Patients concerned about their ability to pay for services or would like to know more about financial assistance should be directed to the Patient Financial Services at 1-833-851-8335.