

Financial Assistance Policy

Wheeling Hospital, Belmont Community Hospital, & Harrison Community Hospital

Responsibility

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Wheeling Hospital's procedures for screening the patient's ability to pay and whether they may qualify for financial assistance.

Wheeling Hospital Organization

The Wheeling Hospital Organization includes Wheeling Hospital, Belmont Community Hospital, and Harrison Community Hospital. It is understood that any reference to Wheeling Hospital in this policy includes and applies to Belmont Community Hospital and Harrison Community Hospital.

Definitions

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

Medically Necessary – defined as any hospital inpatient, outpatient, or emergency medical care that is needed for the diagnosis or treatment of your medical condition, meet accepted standard of medical practice, and is not entirely elective for patient comfort and/or convenience.

Charity Care – defined as healthcare services that have been or will be provided but are never expected to result in payments. Charity care results from a provider's policy to provide healthcare services free to those approved applicants who are at or below 200% of the Federal Poverty Guidelines.

Financial Assistance – medically necessary care provided by Wheeling Hospital to those approved applicants who are between 201% and 400% of the Federal Poverty Guidelines.

Federal Poverty Level (FPL) – defined as the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities.

Amounts Generally Billed (AGB) – defined as the amounts generally billed to insured patients seeking emergency or medically necessary care

Gross Charges – defined as the total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Patient Income – defined as the previous year total income and will include: wages, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, alimony, child support, assistance from outside the household, and other miscellaneous sources;

- Noncash benefits (such as food stamps and housing subsidies) do not count
- Excludes capital gains or losses
- If a person lives with a family, include the income of all family members (non-relatives, such as housemates, do not count).

Family – defined as the parent, spouse, and all children, natural or adoptive, under the age of eighteen who live in the home.

Uninsured – defined as a patient with no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Eligibility

All Wheeling Hospital accounts for inpatient, outpatient, emergency room services, and professional services of employed physicians are eligible for financial assistance or charity. Eligibility is determined using a combination of the Federal Poverty Guidelines for the most current year as well as by reviewing the patients total income resources which includes total household income, expenses, assets, and liabilities. An application must be completed and signed by the patient/guarantor. Each application received will serve to determine eligibility for all *family members listed **within the application**. The completed application must be signed by the patient/applicant or the responsible party attesting to the truthfulness and accuracy of the information provided on the application. When a patient has provided the completed, signed application with all required supporting documentation, the Patient Accounting Supervisor/Manager or the Revenue Cycle Director will review the application for approval.

A financial assistance application must be accompanied by supporting documentation that verifies the listed income. A patient is required to include their most current pay stubs and any or all of the following documents (if applicable) to verify income provided on the application:

- ✓ Social Security 1099 form or award letter
- ✓ Unemployment or Worker's Compensation award letter
- ✓ Most recent IRS Form 1040 and W2s
- ✓ Full Tax Form with Schedule C, if self-employed

The following is a list of items that will be requested as additional supporting documentation to verify the income provided on the application:

- ✓ Bank Statements for the last three months
- ✓ Mutual Fund Statements for the last three months
- ✓ Money Market Account Statements for the last three months
- ✓ COD's Statements for the last three months
- ✓ Bonds Statements for the last three months
- ✓ Other Income, i.e. Trust Funds statements for the last 3 months

Living expenses and debt information will also be requested as part of the application process. These include, but may not be limited to, the following:

- ✓ Mortgage or Rent
- ✓ Real Estate Taxes
- ✓ Utilities
- ✓ Food
- ✓ Prescriptions
- ✓ Medical supplies and Medical bills
- ✓ Motor vehicle payment
- ✓ Motor vehicle insurance
- ✓ Alimony or child support payments

If the patient has claimed that they have no income, a signed letter of support from the individual providing support for the patient is required.

Patients will be required to re-verify and re-submit a completed application for charity or financial assistance every 180 days.

In the event that a patient has been approved for Medicaid but has services that Medicaid has not agreed to back date coverage for or has services that fall outside of the 3 month back date window, those patient's services will be eligible for a charity adjustment, provided the patient fills out a financial assistance application and provide the required documentation. They will receive a letter from the business office acknowledging that the services have been adjusted as well as what account numbers and related dates of services that were affected; however, these patients will not receive a charity card from the business office.

Patients whose family income is greater than 400% of the FPL will not be eligible for AGB discounts. These patients are encouraged to contact Wheeling Hospital's business office at (800)626-0023 in order to review circumstances and/or options.

Any person found to be providing fraudulent information will be denied without reconsideration for a period of up to one year.

*Grandparents are permitted to include grandchildren that reside with them on their charity or financial assistance application, if they are able to claim them on their federal tax return.

Method of Billing Charges – Uninsured Patients

Wheeling Hospital will assist uninsured patients in applying for financial assistance or other medical coverage. These patients will be encouraged to undergo a screening for Medicaid eligibility with our financial counselors to determine if they qualify for Medicaid coverage. After a patient has submitted their financial assistance application and all supporting documentation and it has been determined that they qualify for assistance, Wheeling Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

0% - 200%
201% - 300%
301% - 350%
351% - 400%

Inpatient discount off AGB charges billed

100% charity
30% discount
20% discount
10% discount

Family income as % of FPL

0% - 200%
201% - 300%
301% - 350%
351% - 400%

Outpatient discount off AGB charges billed

100% charity
30% discount
20% discount
10% discount

Wheeling Hospital utilizes the 'look-back method' to determine the amounts generally billed (AGB) to qualifying patients. Uninsured patients that qualify for participation in the financial assistance program

will be granted an AGB discount from total charges. Inpatient and outpatient services were calculated separately. The percentages were determined by utilizing the calculation of the sum of all claims paid by Medicare fee for service and all private health insurers divided by the sum of the gross charges for these claims. Below are the Inpatient and Outpatient percentages for Wheeling, Belmont, and Harrison Community Hospital for 2018.

Facility	Inpatient	Outpatient
Wheeling	55%	56%
Belmont	71%	61%
Harrison	40%	62%

Below are the percentages for Wheeling, Belmont, and Harrison Physician Practice Divisions for 2018.

Wheeling	Belmont	Harrison
40%	40%	60%

These accounts will not be eligible for the prompt-pay discounts offered by Wheeling Hospital.

Method of Billing Charges – Insured Patients

In the method of Billing Charges listed below, Wheeling Hospital can be substituted for any of the above facilities which includes the Physician Practice Division and their corresponding percentages.

Wheeling Hospital will assist insured patients with patient due balances, as a result of deductible, co-pays, or co-insurances assigned by the insurance provider, in applying for financial assistance. If an individual is determined to be FAP eligible, based on the table below, for an incident of care, the individual cannot be charged more than amounts generally billed (AGB) to individuals who have insurance covering such care. Each incident of care will be evaluated by the credit/collections staff at Wheeling Hospital to determine if a discount is needed to ensure that the patient is not charged more than AGB. After a patient has submitted their financial assistance application and all supporting documentation and it has been determined that they qualify for assistance, Wheeling Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

- 0% - 200%
- 201% - 300%
- 301% - 350%
- 351% - 400%

Inpatient discount off AGB charges billed

- 100% charity
- 30% discount
- 20% discount
- 10% discount

Family income as % of FPL

- 0% - 200%
- 201% - 300%

Outpatient discount off AGB charges billed

- 100% charity
- 30% discount

301% - 350%
351% - 400%

20% discount
10% discount

Wheeling Hospital utilizes the 'look-back method' to determine the amounts generally billed (AGB) to qualifying patients. Patients that qualify for participation in the financial assistance program will be granted an AGB discount from total charges. Inpatient and outpatient services were calculated separately. The percentages were determined by utilizing the calculation of the sum of all claims paid by Medicare fee for service and all private health insurers divided by the sum of the gross charges for these claims. Inpatient service percentage is 55% and outpatient service percentage is 56% for calendar year 2018.

An insured patient's eligibility for an AGB adjustment will be determined by an evaluation of the total charges and any payments and/or adjustments as applied by the patient's insurance carrier. In the event that the patient's insurance carrier has applied the entire balance to the patient's responsibility, the patient will be eligible for a full AGB adjustment. If the patient's insurance carrier has made a payment and/or adjustment to an inpatient account and the patient's responsibility is more than 55% of the total charges, the patient will be granted an AGB adjustment to bring the account balance to 55% of total charges. If the patient's insurance carrier has made a payment and/or adjustment to an outpatient account and the patient's responsibility is more than 56% of the total charges, the patient will be granted an AGB adjustment to bring the account balance to 56% of total charges. Any financial assistance granted thereafter will be applied using the methods as described above.

If the patient's insurance carrier has made a payment and/or adjustment on an inpatient account and the patient's responsibility is less than 55% of the total charges, the patient will not be granted an AGB adjustment. If the patient's insurance carrier has made a payment and/or adjustment on an outpatient account and the patient's responsibility is less than 56% of the total charges, the patient will not be granted an AGB adjustment. Any financial assistance granted on these balance will be applied using the methods described below.

After the patient has submitted their financial assistance application and all supporting documentation and it has been determined that they qualify for assistance, Wheeling Hospital will then review any account(s) that are eligible for adjustment. These adjustments to the accounts will be applied using the methods outlined below.

Family income as % of FPL

0% - 200%
201% - 225%
226% - 250%
251% - 275%
276% - 300%
301% - 325%
326% - 350%

Discount

100% charity
65% discount
60% discount
55% discount
50% discount
45% discount
40% discount

351% - 375%
376% - 400%

35% discount
30% discount

These accounts will not qualify for the prompt-pay discounts offered by Wheeling Hospital.

Method of Application

In order to apply for financial assistance, all applicants are expected to complete and sign the Wheeling Hospital Financial Assistance application form and provide all requested documentation. If documentation is not included with the application and/or if the financial assistance application is not completed in its entirety, the application will be denied and returned to the patient accompanied by a letter outlining the items necessary for the application to be processed.

Financial Assistance applications are to be submitted to the Business Office:

Wheeling Hospital
Business Office
Attn: Credit/Collections Dept.
1 Medical Park
Wheeling, WV 26003

Wheeling Hospital's credit/collections staff will process requests for financial assistance promptly and will notify the patient/applicant or responsible party in writing within 30 days of receipt of a completed application. If a patient is denied eligibility for financial assistance, the patient may re-apply at any time. If a patient is denied for financial assistance and does not provide payment or enter into a payment plan agreement, Wheeling Hospital reserves the right to transfer the patient's account(s) to a third party collection agency for follow-up.

Upon approval of the patient's application, a card will be issued by the Patient Accounting Office and is good for 180 days from the date of the approval. The card is accepted at both Wheeling Hospital and Belmont Community Hospital for that 180 day time period. Any active accounts receivable accounts and/or accounts reported to bad debt for services up to one year prior to the approval of the patient's application will be adjusted unless previously approved for financial assistance. If previously approved for financial assistance, the new approval will not override adjustments already made to a patient's accounts. A patient will be required to update their financial information and fill out a new financial assistance application **after** the 180 day period expires.

The approval time period for financial assistance eligibility will begin on the date that the patient is determined eligible for assistance and for one year prior to the date of eligibility. Active accounts and/or accounts reported to bad debt for services that fall outside of the one year range may be considered on a case by case basis at Wheeling Hospital's discretion.

*Family shall include the patient(s), their spouse, and all children, natural or adoptive, under the age of eighteen who live in the home.

If a patient is in need of any assistance regarding the financial assistance program or the related applications, they are encouraged to contact the Wheeling Hospital business office at 304.243.3690 if

their last name is between 'A' and 'D', at 304.243.8837 if their last name is between 'E' and 'K', at 304.243.8874 if their last name is between 'L' and 'Q', and at 304.243.3357 if their last name is between 'R' and 'Z'. Assistance can also be found in the Outpatient Lobby in Tower 4, behind the registration check-in desk, in the Financial Counselors' offices.

Method of Application – through Financial Counselors

Upon registration for outpatient services, if a patient expresses concern in regard to payment, whether for co-pay, co-insurance, or deductible, the financial counselors will offer and explain the hospital's charity and discount application. If a patient is interested in applying for charity, the financial counselor has the ability to run the patient through inRoads/MITS. The inRoads/MITS software will calculate if a patient/spouse/children qualify for Medicaid. In the event that the patient/spouse/children qualify, the financial counselor will send them to the correct DHHR office to complete the application process for the Medicaid card. The financial counselors will then inquire about the patient's gross family income. This inquiry will give the financial counselor an idea of where the patient would fall on the charity/discount scale and gives the financial counselor an opportunity to tell the patient what they could qualify for, even before the application is processed. The financial counselors would then indicate that the patient should fill out the application. At this time, the financial counselor will tell the patient to send their application and all supporting documentation through the mail or drop the information off to their office. They will also make themselves available for any questions that the patients may have. Once the financial counselor verifies that the application is completed and all supporting documentation is included, they will scan it to the credit/collections representative for review and processing. Once the cards are received in the mail, they are good for 180 days from the date of the approval. Active accounts receivable accounts and/or accounts reported to bad debt for services up to one year prior to the date of approval of the patient's application will be adjusted. A patient will be required to update their financial information and fill out a new financial assistance application **after** the 180 day period expires.

Active accounts and/or accounts reported to bad debt for services that fall outside of the one year range may be considered on a case by case basis at Wheeling Hospital's discretion. The application must be filled out in its entirety, include all requested supporting documentation, and include the patient's signature.

Financial Assistance applications are to be submitted to the Business Office:

Wheeling Hospital
Business Office
Attn: Credit/Collections Dept.
1 Medical Park
Wheeling, WV 26003

Billing and Collection

Wheeling Hospital has a separate billing and collections policy and it will be made available, upon request, to the patient.

Affiliated Entities

Wheeling Hospital is affiliated with several small groups representing anesthesiologists, radiologists, hospitalists, and emergency room physicians. Tri-State Emergency Physicians, LLP employs and bills for the services provided by the emergency room physicians. Radiology Associates employs and bills for the services provided by the radiologists. Medical Park Anesthesiologists employs the anesthesiologists and MBA bills for the services provided. Mountain Physicians, LLP employs and bills for the physicians in the hospitalists group. One or more of these groups may provide medically necessary services to our patients when the patient is in the emergency room, receiving inpatient or outpatient services; however, these groups are not covered under our Financial Assistance Policy. Tri-State Emergency Physicians, LLP, Radiology Associates, Mountain Physicians, LLP, and MBA (Medical Park Anesthesiologists) honor the Wheeling Hospital charity/discount determinations if a patient provides the billing office(s) with a copy of the charity/discount card. However, the level of discount may not be the same as the level of discount offered by Wheeling Hospital.

Policy Publication

The Financial Assistance Policy can be found on the following websites for Wheeling, Belmont, and Harrison Community Hospital, at www.wheelinghospital.org/about/financialassistance.aspx and www.harrisoncommunity.com/information.html , also located on the website, patients can find the financial assistance policy application and a plain language summary of the financial assistance policy. These policies and the application may be printed off of the website, filled out, and mailed to the address listed above. At the request of the patient, the hospital will send all or some of the documentation through the mail. Paper copies can also be found on the hospital grounds at several locations.

At the time of discharge, included in the discharge papers, the patients will receive a plain language summary of the financial assistance policy as well as a copy of the financial assistance application and the related contact numbers for assistance or questions on filling out the forms. Patients may find the financial assistance application located on the backs of their billing statements as well. In the event that the patient receives a collection letter and has not yet filled out a financial assistance application, the collection letter will also be accompanied by a financial assistance application and the plain language summary of the financial assistance policy. On site, patients can find displays of the financial assistance policy located in the ER lobby, as well as the lobby of the outpatient registration department and on the walls of the registration booths and financial counselors' offices. At the time patients are seen, they are encouraged to inquire about the financial assistance policies and whether or not they may qualify for assistance. The registrars and financial counselors will also have access to paper copies of the plain language summary, charity application, and financial assistance policy, should the patient wish to review the policies on their own and ask questions later.

Additional Information

In some cases, Wheeling Hospital may recognize other financial or medical conditions that warrant financial assistance. If a patient's income falls outside the guidelines for financial assistance, please contact Wheeling Hospital's business office at (800)626-0023 in order to review circumstances and options. In any case, Wheeling Hospital staff may be able to help establish a payment plan that helps patients pay their balance(s), over time.

Refunds

If a patient is approved for financial assistance through the financial assistance application process and has made a payment on any of the accounts deemed eligible; the patient will be refunded any monies overpaid to the extent consistent with the level of financial assistance awarded.

Exclusions

While Wheeling Hospital's Financial Assistance Program covers most services, there are some exclusions, including, but not limited to cosmetic surgeries, unless medically necessary, and any other services, at Wheeling Hospital's discretion, unless the services are determined to be medically necessary to the care of the patient. In the event that a qualifying patient's insurance carrier denies payment for injuries sustained as a result of illegal drug and/or alcohol use, Wheeling Hospital will provide the patient with an AGB adjustment on the balance due. These services, however, will not be eligible for any additional discounts and/or financial assistance. Long-term care and ICF services provided at Bishop Joseph Hodges Continuous Care Center are not subject to charity or discount adjustments, payment arrangements must be made with the staff at Bishop Joseph Hodges Continuous Care Center.