

Department: Accounting

Title: Financial Assistance Policy

Background:

Salem Regional Medical Center (“the Center”) is a tax-exempt charitable organization within the meaning of §501(c)(3) of the Internal Revenue Code and charitable institutions under Ohio law.

The Center is committed to providing both “Emergency” and “Medically Necessary Care” on a non-profit basis to patients without regard to race, creed, or ability to pay.

The principle beneficiaries of the Financial Assistance Policy (“the Policy”) are intended to be uninsured patients requiring emergency and medically necessary care whose Annual Family Income does not exceed 400% of the Federal Poverty Guidelines (FPG) as published by the U.S. Department of Health and Human Services as of the date of the service.

The financial assistance available under this policy takes into consideration each patient’s financial resources. The overall process seeks to qualify uninsured and underinsured patients for a number of programs including the facility’s own financial resources. Each part of the process depends on the full cooperation of the patient. Patients are expected to contribute to the cost of their care based on their individual ability to pay. Some patients choose to be uninsured.

Many patients cannot afford insurance. In order to determine eligibility under the policy, patients may be asked to provide, as applicable:

- A copy of the family’s most recent tax return;
- Current bank statements (checking and savings);
- Proof of income for the patient and spouse, if married, plus three most recent pay stubs, Social security statements or unemployment stubs;
- Current Medicaid or other insurance cards; and,
- Patients indicating that that they have no income must provide information as to how they are currently supporting themselves.


The Center reserves the right to modify this policy at any time.

Note: If you do not understand or have questions regarding the above policy and/or procedure, call your immediate supervisor.

Effective Date: 12/1/14

Revised Dates: 6/16; 10/18; 7/19

Department Head



Administrative Head

Chief of Staff
(If Applicable)



President/CEO

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Definitions:

“Annual Family Income” Includes gross salaries/wages and other taxable pay and cash receipts. It does not include investments or other assets.

“Emergency Care” or “Emergency Treatment” shall mean the care or treatment for an Emergency Medical Condition, as defined by EMTALA.

“EMTALA” is the Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd).

“Family” shall mean the patient, patient’s spouse (regardless of whether they live in the home) and all of the patient’s children, natural or adoptive, under the age of eighteen who live at home. 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 whether they live in the home), and the parent(s)’ children, natural or adoptive under the age of eighteen who live in the home.

“FPG” shall mean the Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for awards of financial assistance under this Policy.

“HCAP” is Ohio’s Hospital Care Assurance Program. HCAP is Ohio’s version of the federally required Disproportionate Share Hospital program. HCAP compensates hospitals that provide a disproportionate share of basic medically necessary hospital level services to qualified patients.

“Healthy Start” is Ohio’s Medicaid program available to pregnant women and children under the age of 19 who are in families with up to 200% of the FPG.

“Insured Patients” are individuals who have any governmental or private health insurance.

“Medically Necessary Care” shall mean those services reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.

“Policy” shall mean this Financial Assistance Policy as in effect from time to time. This Policy does not govern the Center’s provision of HCAP services. HCAP services are provided pursuant to law.

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“Service Area” includes Columbiana County, excluding Yellow Creek and East Liverpool Townships, and the five lower townships of Mahoning County.

“Resident” shall mean a person who is a legal resident of the United States and the State of Ohio for at least six (6) months at the time services are provided or who otherwise has the intent to remain in the state after services are provided.

“Uninsured Patients” are individuals (i) who do not have governmental or private health insurance; (ii) whose insurance benefits have been exhausted; or (iii) who do not have governmental or private health insurance other than benefits under the Ohio Medicaid and Ohio Job and Family Service Covered Family Planning –Related Services program.

“Underinsured Patients” are individuals (i) who have governmental or private health insurance; (ii) whereas the coverage is inadequate to cover many fundamental healthcare needs. Such coverage may be limited to catastrophic or limited benefit plans, covering specific conditions or with minimal per diem benefits. Underinsured does not apply to high deductible plans.

Policy:

1. **Policy to Provide Care on Nondiscriminatory Basis.** The Center’s policy is to provide Emergency and Medically Necessary Care to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth below, Insured/Underinsured and Uninsured Patients who do not have the means to pay for services provided may request to be considered for awards of financial assistance under the Policy. The eligibility criteria for financial assistance and the procedures for receiving financial assistance set out in this Policy are intended to ensure that the Center will have the financial resources necessary to meet its commitment to providing care to patients who are in financial need.
2. **Policy Relating to Emergency Medical Care.** Consistent with EMTALA, the Center will provide an appropriate medical screening to any individual, regardless of ability to pay, requesting treatment for a potential emergency medical condition. If, following an appropriate medical screening, the Center personnel determine that the individual has an emergency medical condition, the Center will provide services, within its capability, necessary to stabilize the individual’s emergency medical condition, or will affect an appropriate transfer as defined by EMTALA.
3. **Relationship to Center’s HCAP Policy.** The Center is a participant in HCAP. All HCAP services are governed by Ohio’s HCAP Policy, and nothing in this Policy is intended or should be interpreted to limit an HCAP-eligible person’s assistance under HCAP. HCAP covers only basic, medically necessary hospital level services.

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4. Services Eligible:

Services eligible under this Policy, which are provided by Salem Regional Medical Center, are listed below. In addition, certain other providers delivering such services within Salem Regional Medical Center are listed in Exhibit A (attached). Services provided by physicians that are not covered by this policy are listed in Exhibit B (attached):

- a. Emergency medical services provided in an emergency room setting;
- b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual;
- c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and,
- d. Medically necessary services, evaluated on a case-by-case basis at the facility's discretion.

5. Eligibility Criteria for Financial Assistance:

- a. In general, Uninsured/Underinsured Patients whose Annual Family Income does not exceed 400% of the FPG, who meet other criteria set forth in this Policy, and who apply for assistance as required in Section 6 below are eligible for financial assistance under this Policy.
- b. Specific Circumstances:
 - i. Patients with insurance who are billed for residual amounts maybe eligible for assistance under this Policy but may also be eligible for assistance under HCAP.
 - ii. Pregnant patients with insurance that does not provide maternity benefits are eligible for assistance under this Policy, provided they agree to work with the Medicaid Eligibility vendors to determine if maternity benefits are available under another program, such as Healthy Start.
- c. **Geographic Requirements.** Financial assistance under this Policy is intended for persons residing in the service area of Salem Regional Medical Center.
- d. **Exceptional Medical Circumstances.** A patient may qualify for financial assistance under exceptional circumstances. If the patient's Annual Family Income exceeds 400% of the FPG, and the patient supplies information to support exceptional medical circumstances (i.e. terminal illness, excessive medical bills and/or medications, etc.) they will be considered for assistance if 100% of incurred charges are greater than 25% of their Annual Family Income.
- e. In no circumstances will a patient, insured or uninsured, be required to pay out of pocket in excess of 25% of their Annual Family Income for incurred charges. Patients who incur more than one such event in a 12-month calendar period will be evaluated on a case-by-case basis for assistance. Patients must fulfill the application requirements to be considered for assistance under this clause.

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6. Method of Applying for Financial Assistance:

- a. To be eligible for financial assistance under this Policy, individuals must apply for financial assistance and cooperate with the Center's personnel in determining whether or not the individual is eligible for assistance. Application for assistance must be made within one year from the date of service.
- b. For those patients who have the ability to pay and do not qualify for 100% financial assistance, a good faith payment for the uncovered balance is required as well as the development of a payment plan that is reasonable for the amount owed. Patients who provide a deposit for services and subsequently qualify for 100% financial assistance may have unpaid self-pay balances that have been determined ineligible for financial assistance deducted from the deposit before issuing a refund.
- c. Proof of income and financial documentation will be required based on the patient's Annual Family Income at the time of service. Annual Family Income determination should be based on the 3-month or 12-month period immediately preceding the date of service on the application, whichever is most advantageous to the patient.
- d. The Center's employees will proceed through the following hierarchy in an effort to secure the best evidence available from the patient or guarantor (responsible party) at the time of their encounter – but in case of emergency services not until after the patient is stabilized:
 - i. A completed Financial Assistance application inclusive of the patient or guarantor's signature and hard copy proof of income, such as pay stubs, bank statements, or a letter from the applicant's employer supporting the income thereon. If this information is unavailable, then,
 - ii. A completed Financial Assistance application inclusive of the patient or guarantor's signature and IRS Form W-2 Wage and Tax Statement from the most recent year supporting the income, or Federal Income Tax return as filed with the IRS. If this information is unavailable, then,
 - iii. A completed Financial Assistance application inclusive of the patient or guarantor's signature, unless there is a documented reason the patient or a person legally authorized to speak for the patient could not sign the form or provide proof of income documentation.
- e. The following steps will be followed to evaluate a patient's request for consideration under the Financial Assistance Policy:
 - i. Financial Interview – The financial counselor will discuss with patients their individual financial position and obtain from them information regarding their finances. This information will be recorded on the Financial Assistance Application. Patients will be provided an Application to sign and complete. The signed document and proof of income information will be forwarded to Patient Financial Services for evaluation and processing.

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- ii. **Separate Procedures** – Each inpatient admission and outpatient procedure or service represents a separate financial encounter and will be evaluated with new data to determine if a change has taken place. An eligibility review will be conducted and a new application will be requested for each inpatient admission (unless the patient is readmitted within 45 days for the same underlying condition) and every 90 days for outpatient services.
 - iii. **Estimates** – For those patients who qualify for less than 100% financial assistance, an estimate of the amounts to be charged to the patient based on the sliding scale criteria set forth in Section 8 of this Policy will be developed, when possible.
 - iv. **Patients not Eligible** – Patients who are able to pay for services and are therefore determined not to be eligible under the guidelines will be required to pay a good faith deposit of the estimated patient responsibility for either the scheduled inpatient or outpatient services prior to or at the time of service and make arrangements for payment plan to pay for the remaining balance after services are provided.
 - v. **Request for Information** – If individuals request information regarding financial assistance by phone or email, the individual will be mailed a financial assistance application.
7. **Limitation on Charges.** For emergency and medically necessary services, the charges to individuals eligible under this Financial Assistance Policy are limited to the Amounts Generally Billed (AGB) for such services to individuals that have insurance coverage for such care. Such amounts are determined in accordance with the method described under Proposed Treasury Regulation §501(r)-5(b)(1)(i)(B). Such amount is determined by dividing the sum of all claims for emergency and medically necessary care paid in full by the lowest negotiated commercial rate payor (including associated co-pays) by the sum of the associated Gross Charges for those claims. The resulting percentage determines the discount rate to be applied to the gross charges. The Amounts Generally Billed calculation shall be performed each September, based on reimbursement received in the prior fiscal year ending June 30, when the new AGB rate will be effective on October 1.
8. **Basis for Calculating Amounts Charged to Patients.** The basis for calculating amounts charged to patients eligible for awards of financial assistance under this Policy will be as set forth in this paragraph:

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- a. Patients eligible for awards of financial assistance under the Policy will receive assistance according to the following sliding scale:

Annual Family Income	Amount of Discount From AGB
<150% FPG	100%
151%-200% FPG	75%
201%-250% FPG	50%
251%-300% FPG	35%
301%-400% FPG	25%

9. **Determination of Eligibility for Financial Assistance Prior to Collection Action.** Notwithstanding any other provision of any other policy at Center regarding billing and collections matters, including the policies referred to in Section 10 below, Center will not engage in extraordinary collection actions before it makes reasonable efforts to determine whether an individual who has an unpaid invoice amount from Center is eligible for financial assistance under this Policy. As used in this Policy, (1) “extraordinary collection actions” include lawsuits, liens on residences, arrests, body attachments, or other similar collection processes, and will include such other actions as may be set forth in future guidance from the United States Department of Treasury or the Internal Revenue Service; and (2) “reasonable efforts” includes notification to the patient by Center of the Policy upon admission and in written and oral communications with the patient regarding the patient’s bill, including invoices, telephone calls, and such other communications as may be set forth in future guidance from the United States Department of Treasury of the Internal Revenue Services.
10. **Actions under Billing and Collection Policy in the event of Non-Payment.** Actions which may take place with regard to non-payment for emergency and medically necessary services, by a patient who is able to pay for services, including collections action and reporting to credit agencies, are set forth in facility’s separate Collection Policy.
11. **Measures to Publicize Facility’s Financial Assistance Policy.** The Center is committed to widely publicizing the Policy within the communities it serves. To that end, it will take the following steps to ensure that members of those communities are aware of and have access to this Policy:
- a. The Center will make a copy of its current Policy available to the community by posting a plain English summary of the Policy on its web page, www.salemregional.com, along with a copy of the complete Policy and free Hospital Financial Assistance Program application.

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- b. The plain English summary will be posted in locations throughout the Center so that it is easily available to patients and their families.
 - c. Notification of the policy, including information about the Policy, is provided with billing notices.
 - d. Notification of the availability of financial aid is conspicuously posted throughout patient areas within the Center.
 - e. Financial Counselors have the plain English summary of the Policy available for all patients and are trained in the application process.
 - f. The Center will include a plain English summary of the Policy in any community benefit reporting to the community at large along with a description of how to obtain a copy of the Policy.
 - g. The Center will make information regarding its Policy available to appropriate governmental agencies and nonprofit organizations dealing with public health in its service areas.
 - h. A copy of the Policy is available in the Patient Accounting Department.
12. For additional information related to this policy, please call 330/332-7171.
13. **Effective Date.** This policy applies to patient accounts deemed eligible for financial assistance on or after **December 1, 2014.**

Approved by the Finance Committee on November 18, 2014
Approved by the Board of Directors on November 22, 2014
Revisions approved by the Finance Committee on June 14, 2016
Revisions approved by the Board of Directors on June 16, 2016

Exhibit A

Salem Regional Medical Center Physicians Who Are Covered
By The Salem Regional Medical Center Financial Assistance Policy*
Effective July 1, 2019

Richard W. Beatty, M.D.
Anna M. Citino, MD
Vidya J. Counto, M.D.
Walter W. Dombroski, M.D.
L. Austin Fredrickson, M.D.
Richelle L. Keleman, M.D.
William Z. Kolozsi, M.D.
William S. Lee, M.D.
Danielle R. Macabobby, M.D.
Marcia L. Marhefka, M.D.
Karla A. McNair, M.D.
Meredythe A. McNally, M.D.
Susanne S. Mont, M.D.
Kurtis R. Moodie, M.D.
Madeleine A. Ortiz, M.D.
J. Cletus Paumier, M.D.
Mark A. Peckman, M.D.
Dominic J. Peters, M.D.
Patricia A. Pompura, M.D.
I. Darrell Pugh, D.O.
Stephanie L. Raynish, M.D.
Maria L. Ryhal, M.D.
Teri L. Sanor, M.D.
Lee T. Simon, M.D.
John E. Thompson, M.D.
George S. Wilson, M.D.
Chaohua Yan, M.D.
Terrence E. Zipfel, M.D.

*Applies to services performed within Salem Regional Medical Center

Exhibit B
Physicians Who Are Not Covered
By The Salem Regional Medical Center Financial Assistance Policy
Effective July 1, 2019

Sandeep R. Anreddy, M.D.
Peter L. Apicella, M.D.
Brienne M. Bagwell, M.D.
Richard L. Banning, M.D.
John E. Barrett, D.P.M.
Lisa A. Bennett, M.D.
James R. Billak, D.O.
Adel Bishai, M.D.
Bradford T. Black, M.D.
Joshua W. Blanton, M.D.
Gregory A. Blasko, D.P.M.
Guy L. Blaser, D.O.
AnnMarie Bonetti, D.O.
Bart Brine, M.D.
Matthew D. Cheng, M.D.
Ann C. Ciancone, M.D.
Jeffrey R. Cohen, D.O.
Alan J. Cropp, M.D.
Lori A. Crowl, M.D.
Anthony F. Cutrona, M.D.
Alexander Daves, D.O.
John M. Dawson, D.O.
William F. Demas, M.D.
Lawrence A. DiDomenico, D.P.M.
Sharon L. DiLauro, M.D.
Dean Economous, M.D.
Constantine G. Economus, M.D.
Richard T. Esper, M.D.
Kristyn A. Essad, D.O.
Mark H. Evans, M.D.
Richard L. Fawcett, M.D.
Lauren S. Fredrickson, M.D.
Brock Generalovich, D.O.
Prabhakaran Gopalakrishnan, M.D.
Joseph A. Graziano, M.D.
Jeffrey Halley, M.D.
Firas M. Hamdan, M.D.
Nivin Haroon, M.D.
Anne M. Harper, M.D.

Exhibit B
Physicians Who Are Not Covered
By The Salem Regional Medical Center Financial Assistance Policy
Effective July 1, 2019

Frank A. Heinselman, M.D.
Alan K. Hodgdon, M.D.
Paul M. Hom, D.D.S.
Rex B. Jennings, D.O.
Jisha John, M.D.
Todd L. Johnson, M.D.
Marcus J. Julius, M.D.
Jeffrey Kempe, M.D.
Ayla A. Kessler, M.D.
Jeremy L. King, M.D.
Peter Komentiani, M.D.
Suvir Kovoor, M.D.
Steven E. LaTulippe, M.D.
Marty R. LeJeune, D.O.
Robert D. Lewis, M.D.
Indra P. Limbu, M.D.
Peter M. Listerman, M.D.
Timothy R. Lockso, D.O.
Jay R. Lugibihl, D.O.
Denis R. Lunne, M.D.
John R. Madison, M.D.
Michael E. Madison, M.D.
Christinia M. Mager, M.D.
Thomas G. Mager, M.D.
Nadeem N. Malik, M.D.
Medford B. Mashburn, M.D.
Francisco A. Mateo, M.D.
Dennis J. McArthur, M.S.
Shannon M. McNally, M.D.
Igor Milosevic, M.D.
Basanta K. Mohapatra, M.D.
Susanne S. Mont, M.D.
Kurtis Moodie, M.D.
Douglas H. Musser, D.O.
Matthew M. Narducci, DPM
David B. Nash, M.D.
Hilmer O. Negrete, M.D.
Tracy L. Neuendorf, D.O.
Kavitha Nidamanuri, M.D.
Leslie P. Niehaus, D.P.M.
Timothy A. Niemi, M.D.

Exhibit B
Physicians Who Are Not Covered
By The Salem Regional Medical Center Financial Assistance Policy
Effective July 1, 2019

Matthew P. Noyes, M.D.
Priya N. Patel, M.D.
Kate E. Paylo, D.O.
Ramana R. Podugu, M.D.
Sourabh K. Prabhakar, M.D.
John Prodafikas, M.D.
Jonathan V. Pulido, M.D.
Joseph C. Rettig, M.D.
Anthony J. Rich, D.O.
Prakash N. Roy, M.D.
Danny E. Sankovic, M.D.
Erdal Sarac, M.D.
Michael L. Scavina, M.D.
Avi Schiowitz, D.O.
Lawrence Schmetterer, M.D.
Michael J. Scolieri, M.D.
Cary C. Scott, M.D.
Michael J. Seider, M.D.
Michael J. Sevilla, M.D.
Akbar Shah, M.D.
Jocelyn F. Shimek, D.O.
Richard A. Simmons, D.O.
Homer L. Skinner, D.O.
Mark S. Smesko, D.P.M.
Charles Spirtos, M.D.
Bhargavi Tangirala, M.D.
Thomas R. Timko, M.D.
Marc S. Uchino, D.O.
Thomas D. Vrable, D.O.
Richard G. Wise, D.O.
Susan G. Woods, M.D.
Eyob A. Yinnesu, M.D.
Wasefy H. Zakhary, M.D.