

BOONE MEMORIAL HOSPITAL, INC.
Financial Assistance Policy

POLICY

It is the philosophy of Boone Memorial Hospital, Inc. (“BMH”) that all individuals who receive medical care at our facility should be held responsible for their financial obligations. Notwithstanding that philosophy, BMH recognizes that a segment of its community has a limited ability to pay. This Financial Assistance Policy was established to recognize the needs of those individuals and families who do not have the resources to meet some or all their financial obligations.

BMH stands committed to providing services to the population through financial assistance. As part of its mission and commitment to the community, BMH may provide financial assistance through free or below-cost health care, based on available resources, to patients and members of the community who qualify for such assistance according to this policy.

1. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE

An assessment of a patient’s eligibility for financial assistance can be initiated in several different ways, including a patient requesting an Application for Financial Assistance for Hospital Charges (“Application”) from BMH in person, over the phone, through the mail or via the BMH website at www.bmh.org. BMH personnel/representatives can also initiate the assessment through routine inquiry about a patient’s resources and plans for absolving his or her account balance. However, only the patient, an immediate family member or the patient’s representative may complete and sign the Application.

There is no assurance that the patient will qualify for financial assistance. To process the Application, each of the several areas of inquiry must be satisfied, as applicable, or there must be documentation as to why an area of inquiry was not satisfied. Upon request, the appropriate personnel at BMH will discuss the areas of inquiry and/or information required with the patient, immediate family member or patient representative completing the Application.

2. BASIS FOR CALCULATING AMOUNTS CHARGED

The amount that a patient is expected to pay, and the amount of financial assistance offered depends on the patient's insurance coverage and income and assets as set forth in the eligibility section of this Policy. The Federal Income Poverty Guidelines, as seen in Exhibit A, will be used in determining the amount of the write off and the amount charged to patients, if any, after an adjustment.

Financial assistance discounts will be available for only emergency or other medically necessary healthcare services provided to persons who meet the financial and documentation criteria defined in the FAP policy. Patients who are uninsured or underinsured and have a household income at or below 100% of Federal Poverty Guidelines (FPG) may receive free care (a 100% discount.) Individuals with annual household incomes between 101% and 240% FPG will be eligible for up to a 90% discount off normal charges, based on a sliding scale from our normal charges as illustrated by the table below.

Amounts charged for emergency and medically necessary medical services to patients eligible for Financial Assistance will not be more than the amount generally billed to individuals with insurance covering such care

3. ELIGIBILITY CRITERIA

BMH is committed to providing financial assistance through free or below-cost health care to those individuals who meet applicable criteria. Any patient with an outstanding patient account is eligible for consideration for financial assistance. Each patient's situation will be evaluated according to relevant circumstances, such as income, assets or other resources available to the patient or patient's family when determining the ability to pay for care. Taking this

information into consideration, the attached Financial Assistance Eligibility Discount Guidelines (Attachment A) are utilized to determine what, if any, percentage of the patient's bill will be discounted.

In certain situations, when a patient's circumstances do not satisfy the requirements under the Financial Assistance Eligibility Discount Guidelines, a patient may still be able to obtain financial assistance. In these situations, the BMH Chief Financial Officer, or designee will review all available information and decide on the patient's eligibility for such assistance.

Financial assistance discounts cannot be combined with other discounts such as prompt pay discounts.

Medicaid recipients who receive Medically Necessary Care not covered by Medicaid will have 100% of the Patient Responsibility for such Medically Necessary Care adjusted. An application for financial assistance will not be required in these circumstances. This includes Medicaid plans awarded in states other than West Virginia.

Families with the address of a "Homeless" or "Homeless Shelter" will be eligible for a 100% discount of the Patient Responsibility. An application for financial assistance will not be required in these circumstances.

Patients that expire with a balance are considered charity and are eligible for 100% discount of the Patient Responsibility.

PLEASE NOTE: Some of the physicians providing services at BMH are not employees of the hospital. You may receive separate bills from your private physician and/or from other physicians whose services your hospital visit required, such as radiologist professional fees for charges associated with reading x-rays. For questions regarding these bills, or to make payment arrangements for these physician services, please contact the individual physicians' office(s).

Patients must provide their "Total Yearly Income" to be considered for financial assistance.

- a. Adults: If the patient is an adult, the term "Total Yearly Income" means the sum of the total yearly gross income of the patient and the patient's spouse.
- b. Minors: If the patient is a minor, the term "Total Yearly Income" means the sum of the total yearly gross income of the patient, the patient's mother, and the patient's father.

The patient, immediate family member or patient representative shall verify the patient's reported Total Yearly Income, as provided on the Application. The Total Yearly Income may be verified through any of the following mechanisms:

- a. Income Indicators. By the provision of third-party financial documentation including IRS Form W-2, Wages and Tax Statement; paycheck remittance; individual tax return; telephone verification by employer; bank statements; Social Security payment remittance; Worker's Compensation payment remittance; unemployment insurance payment notice; Unemployment Compensation Determination Letters; or other appropriate indicators of the patient's Total Yearly Income.
- b. Participation in a Benefit Program. By the provision of documentation showing current participation in a public benefit program such as Medicaid; Food Stamps; WIC; or other similar means tested programs. Proof of Participation in any of the above programs indicates that the patient has been deemed Financially Indigent and therefore, is not required to provide his or her income on the Assistance Application.
- c. In cases where the patient or responsible party is unable to provide third party verification of patient's Total Yearly Income, verification of the patient's Total Yearly Income can be done in either of the following ways:

1. Obtaining the patient's or responsible party's Written Attestation. By obtaining an application signed by the patient or responsible party attesting to the veracity of the patient's Total Yearly Income information provided: or
2. Obtaining the patient's or responsible party's Verbal Attestation. Through the written attestation of the BMH employee completing the Assistance Application that the patient or responsible party verbally verified the patient's Total Yearly Income information provided.
3. In instances where the patient or responsible party is unable to provide the requested third-party verification of patient's Total Yearly Income, the patient or responsible party is required to provide a reasonable explanation of why the patient or responsible party is unable to provide the required third-party verification. Sound business practices will be employed to verify patient's attestation and supporting information.

Patients, immediate family members or patient representatives applying for financial assistance must verify the number of people in the patient's household ("Number in Household").

- a. Adults: In calculating the Number in Household, include the patient, the patient's spouse, and any dependents (as defined by the Internal Revenue Code).
- b. Minors: In calculating the Number in Household, include the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father.

During the verification process, while information to determine a patient's Total Yearly Income is being collected, the patient may be treated as a private pay patient.

The Financial Assistance Eligibility Discount Guidelines are attached as Attachment A and are made a part of this Financial Assistance Policy. The Financial Assistance Eligibility Discount Guidelines will be updated annually in accordance with the FPG as published in the Federal Register by the U.S. Department of Health and Human Services.

The Application is effective for all outstanding patient accounts and for all accounts discharged six months after the Application is signed by the patient, immediate family member or patient representative. The Application may be extended for an additional six months by any of the same with affirmation of the Number in Household and the patient's reported Total Yearly Income.

4. MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

The following measures are used to publicize the financial assistance available from BMH to the community and patients in accordance with Federal and State law:

- a. Posting on the BMH website at the following location: www.bmh.org;
- b. Providing information when a patient calls BMH at (304) 369-1230;
- c. Annually posting an article in a newspaper of local circulation and/or other means as deemed reasonably necessary.

5. NON-PAYMENT

After the patient's account is reduced by the discounts based on the Financial Assistance Eligibility Discount Guidelines, the patient is responsible for the remainder of their outstanding patient accounts. Patients will be invoiced for any remaining amounts in accordance with other BMH Debt Collection Policies regarding this matter.

6. REASONS FOR DENIAL

- a. BMH reserves the right to exclude certain services from being covered under this Financial Assistance Policy.
- b. Financial assistance will be denied to a patient if the patient, an immediate family member, or the patient's representative provides false information on the Application including information regarding the Total Yearly Income, the Number in Household, assets or other resources available that might indicate a financial means to pay for care; or
- c. An application will be denied if the patient receives a third-party financial settlement associated with the care rendered, in which case the patient is expected to use the settlement amount to satisfy any outstanding accounts.

PURPOSE

This Financial Assistance Policy (i) describes the financial assistance available from BMH, including free or below-cost health care; (ii) explains the eligibility criteria for financial assistance from BMH; (iii) establishes BMH's guidelines for calculating charges and administering financial assistance; (iv) explains the actions that BMH will take in the event of non-payment, including collection actions and reporting to credit agencies; and (v) describes the methods that BMH will use to widely publicize this policy within the served community. The policy also serves to meet the requirements set forth in Internal Revenue Code Section 501(r).

RESPONSIBILITIES

BMH's Administrative Staff are responsible for the oversight of this Policy.

Any material modifications to the standards set forth in this policy must be approved by BMH's Board of Directors prior to implementation.

BMH's Financial Assistance Committee is responsible for establishing, approving, and monitoring any procedures, agreements or standard applications necessary to effectuate the provisions of this policy.

AUDIT AND MONITORING REQUIREMENTS

Periodic audits will be conducted to review for compliance with the provisions of this Financial Assistance Policy. Documented findings will be reported to the Board of Directors or any designated subcommittee thereof.

BILLING

BMH will use its best efforts to ensure that patient accounts are processed fairly and consistently. Any individual seeking financial assistance from BMH under this policy shall provide the hospital with information concerning health benefits coverage, financial status and any other information that is necessary for the hospital to decide regarding the patient's status relative to this Financial Assistance Policy. In addition, BMH will forego extraordinary collection actions against an individual until such time as BMH has made reasonable efforts to determine whether the individual is eligible for assistance under this policy. Reasonable efforts by BMH might include, but are not limited to, the following:

1. Notifying the individual of this policy upon his or her admission to BMH;
2. Notifying the individual of this policy by written and oral communications; and/or
3. Engaging the individual in conversation regarding his or her outstanding bill.

BMH will not knowingly send an individual's bill to a collection agency if that individual has an application pending under this policy. For individuals who qualify for financial assistance and are cooperating in good faith to resolve their discounted hospital bills, BMH may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. However, after reasonable efforts have been made to determine an individual's eligibility under this policy, BMH may authorize a third party to engage in collection actions which pertain to the routine collection process and may also initiate reporting to credit agencies.

REFERENCES

Standards/Regulations

Standard or Regulatory Agency	Citation Reference
Internal Revenue Code	Section 501(r)

This Financial Assistance Policy does not affect any BMH obligation under the Emergency Medical Treatment and Active Labor Act. All individuals presenting with emergency medical care conditions will be provided appropriate care, without discrimination, regardless of their eligibility for financial assistance or for government assistance. The Financial Assistance Policy also does not alter or modify other BMH policies concerning efforts to obtain payments from third-party payors.

Exhibit A – Federal Poverty Guidelines

Effective Date: March 18, 2022

Based on Federal Poverty Guidelines for 2022

2022 Federal Poverty Level Guidelines								
# Individuals in Household	Annual Income 100%FPG	Annual Income 120%FPG	Annual Income 140%FPG	Annual Income 160%FPG	Annual Income 180%FPG	Annual Income 200%FPG	Annual Income 220%FPG	Annual Income 240%FPG
1	\$ 13,590.00	\$ 16,308.00	\$ 19,026.00	\$ 21,744.00	\$ 24,462.00	\$ 27,180.00	\$ 29,898.00	\$ 32,616.00
2	\$ 18,310.00	\$ 21,972.00	\$ 25,634.00	\$ 29,296.00	\$ 32,958.00	\$ 36,620.00	\$ 40,282.00	\$ 43,944.00
3	\$ 23,030.00	\$ 27,636.00	\$ 32,242.00	\$ 36,848.00	\$ 41,454.00	\$ 46,060.00	\$ 50,666.00	\$ 55,272.00
4	\$ 27,750.00	\$ 33,300.00	\$ 38,850.00	\$ 44,400.00	\$ 49,950.00	\$ 55,500.00	\$ 61,050.00	\$ 66,600.00
5	\$ 32,470.00	\$ 38,964.00	\$ 45,458.00	\$ 51,952.00	\$ 58,446.00	\$ 64,940.00	\$ 71,434.00	\$ 77,928.00
6	\$ 37,190.00	\$ 44,628.00	\$ 52,066.00	\$ 59,504.00	\$ 66,942.00	\$ 74,380.00	\$ 81,818.00	\$ 89,256.00
7	\$ 41,910.00	\$ 50,292.00	\$ 58,674.00	\$ 67,056.00	\$ 75,438.00	\$ 83,820.00	\$ 92,202.00	\$ 100,584.00
8*	\$ 46,630.00	\$ 55,956.00	\$ 65,282.00	\$ 74,608.00	\$ 83,934.00	\$ 93,260.00	\$ 102,586.00	\$ 111,912.00
Discount	100%	90%	80%	70%	60%	50%	40%	30%

**If There are more than eight individuals in the family, \$4,720 should be added per each additional individual*