

Policy/Procedure Title	Financial Assistance			
Manual Location(s)	Pleasant Valley Hospital	Effective	10/01/16	Page 1 of 12
Policy Section	Patient Financial Services			
Approved By:	Board of Directors			
Policy Owner	Director of Revenue Cycle			

Purpose :

This policy and the Financial Assistance Programs outlined herein are intended to address the dual purpose of providing access to care to those without the ability to pay and to offer a discount from billed charges for those who can pay a portion of the cost of their care. This policy sets forth the basic framework for the two Financial Assistance Programs that will apply to Pleasant Valley Hospital (PVH). PVH Patient Financial Services Department has the final authority for determining eligibility for financial assistance.

PVH is dedicated to providing quality healthcare to all patients regardless of age, sex, sexual orientation, race, religion, disability, veteran status, national origin and/or ability to pay.

The services covered by this policy include all emergency and other Medically Necessary Care provided by PVH. PVH will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance. PVH shall comply with all Emergency Medical Treatment and Labor Act (EMTALA) regulations by providing medical screening examinations and stabilizing treatment and referring or transferring an individual to another facility, when appropriate, and providing emergency services in accordance with 42 CFR 482.55 (or any successor regulation). PVH prohibits any actions that would discourage individuals from seeking emergency medical care.

Definitions:

Amounts Generally Billed (AGB): the usual and customary charges for covered services provided to individuals eligible under the Basic Financial Assistance Program, multiplied by the PVH specific AGB percentage applicable to such services

Covered Services: those inpatient and outpatient services provided by PVH, which are Medically Necessary in accordance with the standards of Palmetto GBA, PVH's Medicare Administrative Contractor.

FAP Eligible Individual: an individual eligible for financial assistance under this Policy and one or both of the Financial Assistance Programs.

Federal Poverty Guidelines: A measure defined by the United States Government based on annual income and household size to indicate poverty threshold

Gross Charges: Amounts charged for medical care

Medically Necessary Care: those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be Medically Necessary taking into account the most appropriate level of care. Depending on a patient's medical condition, the most appropriate setting for the provision of care may be a home, a provider's office, an outpatient facility, an inpatient hospital, or rehab level of care. In order to be Medically Necessary, a service must:

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1. Be required to treat an illness or injury
2. Be consistent with the diagnosis and treatment of the Patient's condition(s)
3. Be in accordance with the standards of good medical practice
4. Not be for the convenience of the Patient or the Patient's provider
5. Be at a level of care most appropriate for the Patient
6. Emergent Services are deemed to be Medically Necessary

Uninsured Patient: A Patient without benefit of health insurance or government program(s) that may be billed for Covered Services provided to them

Policy:

This policy establishes two programs, the Basic Financial Assistance Program, and the Enhanced Financial Assistance Program. Under the Basic Financial Assistance Program, Uninsured Patients having an annual household income of \$125,000 or less may, depending upon their assets and liabilities, qualify for discounted pricing for Medically Necessary services without having to apply for Medicaid assistance. Under the Enhanced Financial Assistance Program, Patients having an annual household income at or below 200% of the Federal Poverty Guidelines may, depending upon their assets and liabilities, qualify for Enhanced Financial Assistance subject to application for Medicaid. This policy and the Financial Assistance Programs set forth under this policy are intended to comply with Section 501(r) of the Internal Revenue Code and shall be interpreted and applied in accordance with such regulations

Exclusions:

The Basic Financial Assistance Program applies solely to Uninsured Patients who have no third-party coverage either for the covered services PVH provides to them. There is no Basic Financial Assistance Program at PVH available to persons who are not Uninsured Patients and does not apply to copayments, coinsurance, deductibles, or non-covered services.

This policy does not apply to charges for services from other providers whose services are coincident to those provided by PVH (e.g., Radiologist, Anesthesiologist).

Methods for Applying for Financial Assistance:

Patients may apply for Financial Assistance under either the Basic or Enhanced Financial Assistance Programs by any of the following means:

1. Prior to receiving services by contacting Patient Financial Services (PFS) or the Financial Counselor
2. Download the application from the PVH website www.pvalley.org and return to any patient access location, the Financial Counselor's office or by mail to 2520 Valley Drive, Point Pleasant WV, 25550. Attn: Financial Counselor
3. Applications are available at all patient access locations
4. Request a copy be mailed by contacting the Financial Counselor at (304) 675-4340 ext. 1394

Basic Financial Assistance:

An uninsured patient will ordinarily qualify to the Basic Financial Assistance program if he/she has an annual household income of less than \$125,000. PVH reserves the right to deny participation in the Basic Financial Assistance Program to an uninsured patient who has an annual

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household income of less than \$125,000, if, in the judgement of PFS, such patient has sufficient net assets to pay for covered services at the Usual and Customary charges.

Patients who qualify for the Basic Financial Assistance program, after completing application and being approved, will be charged for covered services at AGB rate. If the covered services are Emergent Services or services that PVH is otherwise required to provide under EMTALA, then PVH will provide such services without requiring any advanced deposit or prepayment. For all other covered services, PVH will ordinarily require an advance prepayment or deposit of the estimated amount of the AGB.

The PVH specific AGB percentage is calculated annually with the calculation formula and percentage posted to the PVH website and attached to this policy as Appendix A.

Enhanced Financial Assistance Program:

A patient will ordinarily qualify for the Enhanced Financial Assistance Program if he/she meets each of the following requirements:

1. An annual household income equal to or less than 200% of the Federal Poverty guidelines. See Appendix B.
2. Applies for Medicaid and fully cooperates in the Medicaid application and eligibility determination process.
3. Is denied Medicaid coverage
4. Presumptive Eligibility - Using proprietary data resources and scorecard development with a self-pay outsourcing agency a unique tool has been developed to identify accounts that qualify for available assistance care programs. Coupled with the ability to identify the patient's ability to pay, the agency gathers aggregated data elements related to Federal Poverty Guidelines (FPG) that indicates average household number and income. The agency can has developed a report based on Pleasant Valley Hospital's Assistance Guidelines, applying the correct formulas to assist the Hospital in administering the program. Scoring 1-10 with segments 8,9 and 10 being the lowest propensity to pay. Accounts that score in segments 8,9 and 10 will be sent back to Pleasant Valley in a separate file coded CHR (charity/financial assistance) for review of write off.

Write-Offs and Adjustments:

Covered services are eligible for write-off, in whole or in part:

1. A patient qualifies for Medicaid after service has been provided by PVH, including accounts that predate coverage = 100% write-off
2. A patient qualifies for the Enhanced Financial Assistance program = 100% write off
3. A patient qualifies for the Basic Financial Assistance program = AGB adjustment

Signature Authority for Write-Offs:

The Basic and Enhanced Financial Assistance program write-offs will be subject to the following approval limits:

1. Up to \$5,000-approval by the Manager of Patient Financial Services
2. Over \$5,001-approval by the Director of Revenue Cycle Management

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Publication of Policy:

The Financial Assistance plain language summary, Appendix C, and application are available on the PVH website, posted in conspicuous locations at all patient access locations. The Financial Counselor and PFS are readily available to assist any patient with applying for Medicaid, completing the Financial Assistance application, and discussing collections and balances.

Updates:

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

1. Appendix A, Calculation of the AGB-updated to reflect annual calculation of Amounts Generally Billed and updates to reflect changes in laws, rules, and regulations
2. Appendix B, Annual updated Federal Poverty guidelines
3. Appendix C, Plain language summary-updates to reflect changes in laws, rules, and regulations
4. Appendix D, Providers Roster-updates to the list of providers covered and not covered by the Policy

Revised: 9/20/22

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Appendix A

Calculation of Amounts Generally Billed October 1, 2021 – September 30, 2022 (draft calculation as of 9/01/22)

A. Medicare Fee-for-Service Claims Paid Hospital during Relevant Period	\$6,244,202.37
B. Private Insurer Claims Paid Hospital during Relevant Period	\$9,571,318.92
C. Coinsurance, Co-pays, and Deductibles Paid Hospital for the claims listed in A and B during Relevant Period	\$1,100,000
D. TOTAL PAYMENTS FOR CLAIMS	\$16,915,521.29
E. Usual and Customary Hospital Charges for Services Provided for Claims listed in D.	\$54,118,586.90
F. Hospital Amounts Generally Billed (AGB) Percentage (D divided by E)	31%

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Appendix B

2023 POVERTY INCOME GUIDELINES

2023 Federal Poverty Guidelines		
Family Size	FPG	<200%
1	\$14,580	\$29,160
2	\$19,720	\$39,440
3	\$24,860	\$49,720
4	\$30,000	\$60,000
5	\$35,140	\$70,280
6	\$40,280	\$80,560
7	\$45,420	\$90,480
8	\$50,560	\$101,120
For family units of more than 8 members, add \$5,140		

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Appendix C

PLEASANT VALLEY HOSPITAL

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY (FAP)

FINANCIAL ASSISTANCE PROGRAM

Pleasant Valley Hospital offers Basic and Enhanced Financial Assistance to patients that are in financial need. Patients must use all other resources, including application to the local Department of Health and Human Services before Enhanced Financial Assistance will be considered. Eligibility for assistance is based upon the total gross income (how much you make before taxes) and the number of dependents in the family. A Basic Financial Assistance eligible individual may not be charged more than AGB for emergency or other medically necessary care.

Qualification:

Basic:

- Uninsured
- Income under \$125,000

Enhanced:

- At or below 200% of the federal poverty level
- Does not meet Medicaid qualifications

HOW TO APPLY FOR FINANCIAL ASSISTANCE

- Call (304) 675-4340 extension 1394
- www.pvalley.org
- Financial Counselor at 2520 Valley Drive, Point Pleasant, WV 25550
- Any Pleasant Valley Registration Desk
- Application in admission packet

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Appendix D

PVH credentialed Provider listing as of 9/20/22. This list delineates Providers that are PVH FAP eligible.

Provider	PVH FAP Applies	PVH FAP DOES NOT APPLY
Adams, Jason, MD		X
Agrawal, Suresh, MD (PIC)		X
Akin, Jay, MD	X	
Al Haj Ali, Emad MD	X	
Alsanani, Ahlim, MD (MU)		X
Alsharedi, Mohamed, MD		X
Amin, Nisar, MD	X	
Anwar, Asif, MD (DRad)		X
Aronoff, Benjamin, MD (SRS)		X
Arumugam, Prakash, MD	X	
Austin, Robert, DO		X
Ayers, Harold E., Jr., MD	X	
Badran, Sam, MD	X	
Bailey, Ryan, CRNA		X
Baker, Daniel, MD (DRad)		X
Bass, David, MD (DRad)		X
Belle, Troy, MD (DRad)		X
Belluso, Robert, DO	X	
Berger, Robert, MD (DRad)		X
Berven, Michael, MD (DRad)		X
Bicak, Nikola, DPM		X
Boardman, John, MD (DRad)		X
Brull, James, DO (DRad)		X
Burton, Dennis, MD (DRad)		X
Carr, Albert, CRNA		X
Carter, Courtney, MD (DRad)		X
Cavin, Lillian, MD (DRad)		X
Choi, Young, MD		X
Crompton, John, MD	X	
Damron, Timothy, MD	X	

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Dasaro, Anthony, MD		X
Dave, Bhavika, MD (DRad)		X
DeFreitas, Angela, AGACNP-BC	X	
Deweese, Brandon, FNP- BC	X	
Dougherty, Thomas, MD		X
Drennen, Richard, CRNA		X
Dunster, Patrick, MD	X	
Edgar, Kenneth, MD (DRad)		X
Faber, David, MD		X
Frost, Brooke, FNP-BC	X	
Fugaro, Francis, MD		X
George, Bassem R., MD	X	
Gomez, Raymond, CRNA		X
Goradia, Dhawal (DRad)		X
Grandia, Ronn MD	X	
Grossman, Jeffrey (DRad)		X
Grubb, Kristen, MD (DRad)		X
Haid, John, MD		X
Hande, Rashmi, MD (DRad)		X
Harshany, Mark, MD (DRad)		X
Hawkins, Randall, MD	X	
Henry, Ryan, CRNA		X
Hill, Patrick, MD (KVR)		X
Hoblitzell, Seth, CRNA		X
Hotchkiss, Laura, MD (DRad)		X
Hughes, Lisa, MD (DRad)		X
Hulkower, Miriam, MD (DRad)		X
Ingles, Jeanne, FNP-BC	X	
Jamora, Ismael, MD		X
Jaramillo, Victor, MD	X	
Johnson, Charles, MD (DRad)		X
Khawaja, Imran, MD		X
Kheetan, Murad, MD (MU)		X
Kitchen, Anthony, MD	X	
Kosik, Russell, MD (DRad)		X
Krompecher, Adam, MD (KVR)		X
Kumar, Suresh, MD		X
Kurdi, Mostafa, MD		X
LaCarbonara, Fredric, MD		X
Levine, Justin, MD (KVR)		X
Lieving, Wesley, DO	X	

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Maloof, Alberta J., MD (KVR)		X
McComas, Carl, MD		X
McNeil, Kenneth, MD		X
Mohan, Brij, MD (PIC)		X
Monty, Steven, CRNA		X
Moore, Ruth Elizabeth, FNP-C	X	
Morgan, Breton, MD		X
Mosenkis, Ari, MD		X
Mulamalla, Sumanth, MD (SRS)		X
Nguyen, Bao, MD (DRad)		X
Nolte, Justin, MD		X
Ogu, Iheanyichukwu, MD (MU)		X
Phillips, William, MD (DRad)		X
Piehowicz, Thomas, DO (PIC)		X
Pilika, Asti, MD (DRad)		X
Popovich, Teppe (DRad)		X
Potter, Lou, FNP- BC	X	
Pramod, Sheena, MD (MU)		X
Reddy, Susmitha, MD (KVR)		X
Reed, Charlotte, FNP-BC	X	
Rice, Jonna, CRNA		X
Rizvi, Avez, MD (DRad)		X
Rodgers, Daniel, MD		X
Rossi, David, CRNA		X
Roy, Anjali, MD (DRad)		X
Sedeyn, Jonathan, DO	X	
Shah, Shree, MD (DRad)		X
Sharp, S. Michael, MD	X	
Shenouda, Mina, MD	X	
Sheridan, Edward, MD		X
Sigdel, Saroj, MD		X
Simon, Mel, MD		X
Simon, Theresa, MD	X	
Sinclair, Joseph, MD		X
Skeens, Heather, MD		X
Smith, Justin, CRNA		X
Swanson, George, MD		X
Tayengco, Robert, MD	X	
Taylor, Kimberly, DO (DRad)		X
Thompson, Matthew, MD		X

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Toler, Billie, DO	X	
Trent, Daniel, DO	X	
Vaidya, Shrikant, MD	X	
Valenzuela, Roberto, MD		X
Wade, John, MD		X
Wagner, James, DO		X
Wamsley, Megan, FNP	X	
Werthammer, Matthew, MD		X
Westin, Charles (DRad)		X
Westmoreland, Danny, DO		X
Whipp, Kylan, MD	X	
White, Jonathan, MD		X
Willis, Anthony, MD (DRad)		X
Wilson, Jessica, DO	X	
Wyant, Tasha, FNP-BC	X	

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