Title: Hospital and Physician Financial Assistance
And Self-Pay Billing and Collections Policy

Effective Date: March 1, 2017, Revised 10/9/17, 02/12/2018, 08/16/2018, 01/11/2019, 03/01/2019, April 1 2019, May 2019, June 2019, Sept. 2019, Dec. 2019, Jan. 2020 March 2020, May 2020, June 2020, August 2020, January 2021, March 2021. June 2021, August 2021, Jan. 2022, March 2022, June 2022. Jan. 2023, Feb 2023, March 2023, Jan 2024, Feb 2024, January 2025 .

Purpose

Financial Assistance

Genesis Healthcare System (referred to as "GHS") is committed to excellence in providing high quality health care while serving the diverse needs of our community. GHS is dedicated to the concept that emergency and other medically necessary care should be accessible to all. Genesis does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individuals' color, sex, race, creed, disability, sexual orientation, gender identity, national origin, immigration status, age or religious preference.

GHS provides emergency and other medically necessary care to individuals without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. In the event that a patient needs and qualifies for financial assistance, funds are set aside each year to meet these needs. Whenever possible, a determination of eligibility for financial assistance will be initiated prior to, or at the time of admission.

GHS will apply financial assistance without charge as governed by Section 5112.17 (renumber as 5168.14) of the Ohio Revised Code for household incomes at or below the 100% Federal Poverty Level and consider a reduced cost for persons whose household income is between 101-300%* of the Federal Poverty Level on "True Self Pay" and "After Insurance Self Pay" balances incurred for medically necessary healthcare services. Financial assistance discounts will not be provided for elective procedures, except as may be determined in the sole discretion of GHS on a case by case basis.

GHS policy is applicable to all hospital-based charges and hospital-owned physician group charges as set forth in this policy, but does not include charges associated with non-hospital owned physician group charges, radiology interpretation charges, or other charges not billed directly by the hospital or a hospital-owned physician group. In addition, this policy does not include charges such as DME, phone, cable or other charges not typically covered by traditional medical coverage.

The application review process is designed to support a fair, consistent, respectful and objective

manner for all applicants. Financial assistance discounts for household incomes above the 100% Federal Poverty Level are subject to the limitations described in section regarding Available Programs – Hospital Financial Assistance.

Billing and Collection Policy
To set forth the actions that GHS will take in the event of non-payment of the portion of patient accounts for inpatient services and outpatient services provided by GHS that are the responsibility of the individual patient and not covered by insurance or other third-party payment source.

To ensure that reasonable efforts are made to determine whether the individual responsible for payment of all or a portion of the patient account is eligible for assistance under the GHS financial assistance policy prior to commencement of extraordinary collections actions ("ECAs") to collect the account.

This policy covers billing and collection of patient liability for both uninsured patients and patients with insurance, including co-payments, co-insurance and deductibles. This policy does not cover actions taken to enforce any statutory lien that may exist with respect to the proceeds of any third-party recovery to which the patient is entitled.

Public Notice and Policy Transparency
Right to Free Care: GHS provides notice to the patient of the right to receive emergent and medically necessary hospital services without charge if the household income is at or below the 100% Federal Poverty Level through the following actions:

- Signage posted in all Registration areas and in the Emergency Department
- Hospital provides notice of information related to the Hospital Care Assurance Program (HCAP) on the initial billing invoice

Website: GHS will prominently and conspicuously post complete and current versions of the following on the website in English and in the primary languages of any populations with limited proficiency in English that constitute more than 5% of the residents of the community serviced by GHS.

- Financial Assistance Policy (FAP)
- Financial Assistance Application Form (FAA)
- Plain Language Summary of the Financial Assistance Policy (PLS)
- Contact information for Patient Financial Services Representatives

Signage: GHS will display signage at all points of admission and registration areas, including the Emergency Department. All signage denoting that financial assistance is available will contain the following elements:

- The facility provides notice to the patient of the right to receive emergent and medically necessary hospital services without charge if the gross household income is at or below the 100% Federal Poverty level (FPL).
- The hospital facility's website address where the FAP and FAA Form can be accessed
- The telephone number and physical location (room number) that individuals can call or visit with any questions about the FAP or the application process

Financial Counselor Visits: Financial Counselors will seek to provide personal financial counseling to all individuals admitted to GHS. Interpreters will be used, as indicated, to allow for meaningful conversation with individuals who have limited English proficiency. Financial assistance and discount information will be made available.

Plain Language Summary (PLS): The PLS will be disseminated to the community members served by GHS in a manner reasonably calculated to reach members that are likely to require financial assistance.

Financial Assistance Application (FAA) Form Availability: GHS will make FAA forms available by all of the following methods:

- Downloadable forms located on our website: www.genesishcs.org
  - Select "Pay a Bill" located at the top of the web page.
  - Select Financial Assistance located on the left side of web page.
- Paper mailings as requested by calling Patient Resource Center: 1.866.270.1944 during business hours 8:00 am – 5:00 pm Monday through Friday and located at all registration and admission areas, including the Emergency Department

Billing and Collection Policy: The Billing and Collection Policy is described in detail later in this policy. In summary, this policy states the process in which GHS will bill and collect the patient responsible balances for services incurred by an individual at Genesis Hospital. The Billing and Collection Policy is widely available to the public in all of the following methods:

- Downloadable forms located on our website: www.genesishcs.org
  - Select "Pay a Bill" located at the top of the web page.
  - Select Financial Assistance located on the left side of web page.
- Paper mailings as requested by calling Patient Resource Center: 1.866.270.1944 during business hours 8:00 am – 5:00 pm Monday through Friday and located at all registration and admission areas, including the Emergency Department

Emergency Medical Care Policy: GHS will provide emergency and other medically necessary care to individuals without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. GHS and its personnel will not

engage in any actions that discourage individuals from seeking Emergency Medical Care, including and without limitation:

- GHS will not demand payment before treatment of an emergency medical condition.
- GHS will not engage in or permit collection activities in the Emergency Department or other areas of the hospital where such activities could interfere with the provision of emergency care.

Definitions

Annual Excess Asset Responsibility: Amount calculated based on the total value of qualified assets minus $5,000 multiplied by the corresponding percent for all applicants whose annual income exceeds 100% of the Federal Poverty Level. Patient's responsibility will be determined each calendar year and will not be subject to financial assistance. Note: the Annual Excess Asset Responsibility is not applied in determining discounts related to Genesis NHSC Location(s)financial assistance.

Application Period: The period during which GHS must accept and process an application for financial assistance under the FAP. The Application Period begins on the date the care is provided and ends on the 240th day after GHS provides the first billing statement.

Assets: Dollar value in Checking Account(s), Savings Account(s), Certificates of Deposit(s), Money Market(s), Stocks, Bonds, Mutual Funds, Property Value (exclude primary residence) and "Other" Assets-identified by the patient/guarantor on the Asset Review Form.

Asset Review Form/Asset Calculation Tool: Form that is completed and signed by the guarantor that will identify asset value and allow for calculations by Decision Support to calculate the Excess Asset Responsibility due. Refer to Appendix E for calculation.

Average Generally Billed (AGB): Average amount reimbursable by insurance carriers calculated to ensure that qualifying patient liabilities of uninsured patients do not exceed the AGB. Discount will be calculated using total gross charges for account and the patient responsible amount will not exceed the amount calculated. Details on AGB calculation is included in Appendix D. Qualifying patient liability is defined as balance(s) that have been identified as FAP- eligible.

Billing Deadline: The date after which GHS may initiate ECA against Responsible Individual who has failed to submit an application for financial assistance under the FAP. The Billing Deadline must be specified in a written notice to the Responsible Individual provided at least 30 days prior to such deadline, but no earlier than the last day of the Notification Period.

Catastrophic Financial Assistance: Excessive Medical Program-Assistance program for medically necessary services that is available for households with annual household income exceeding 300% of the Federal Poverty Level and excessive medical debt related to services incurred at GHS only. Patient's required self-pay responsibility will not exceed 30% of the annual household income. Refer to Appendix F for calculation.

Completion Deadline: The date after which GHS may initiate or resume an ECA against an individual who has submitted an incomplete FAP if that individual has not provided the missing information and/or documentation necessary to complete the application. The Completion Deadline must be specified in a written notice and must be no earlier than the later of (1) 30 days after GHS provided the individual with this notice; or (2) the last day of the Application Period.

Extraordinary Collection Action (ECA): Any action against an individual related to obtaining payment of a Self-Pay Account that requires legal or judicial process or involves selling of a Self-Pay account to another party or reporting adverse information about the Responsible Individual to consumer credit reporting agencies or credit bureaus. ECAs do not include a transfer of patient liability to another party for purposes of collection without the use of any ECAs.

FAP-Eligible Individual: A Responsible Individual eligible for financial assistance under the FAP without regard to whether the individual has applied for assistance.

Federal Poverty Level (FPL): Poverty thresholds that are issued each year in the Federal Register by the Department of Health and Human Services (HHS) http://aspe.hhs.gov/poverty

Financial Assistance Policy (FAP): GHS Financial Assistance Program for Uninsured and insured patient responsibility; which includes eligibility criteria, maximum billed charges calculation, method for applying policy, and availability of applications.

Genesis NHSC Qualifying Site Locations or "Genesis NHSC Location(s)": The Genesis practice locations that are National Health Service Corps (NHSC) qualifying sites. These locations offer financial assistance to individuals and families without requiring Annual Excess Asset Responsibility related to services at the NHSC location, and determine eligibility solely based on annual incomes and household size, as further set forth in this policy. The current locations, which is subject to change based on continuing qualification and approval, are as follows:

Genesis Crooksville Family Practice
Genesis Junction City Family Practice
Genesis New Lexington Family Practice
Genesis Somerset Family Practice
Genesis Coshocton Primary Care Office

For NHSC approved Genesis sites, the requirement for patients to apply for Medicaid and provide denial documentation prior to, and to be considered eligible for, applying for financial assistance through the sliding fee discount is not applicable.

Gross Household Income: Any gross earnings/benefit from Employment, Bureau of Worker's Compensation, Unemployment, Veterans Administration, Social Security, Social Security Disability, SSI, Department of Human Services Cash Benefit, Dividends, Interest, Alimony, Child Support, Rental Income or the sale of possessions.

Hospital Care Assurance (HCAP): Hospital assistance program for household incomes at or below the 100% Federal Poverty Level, provided for medically necessary healthcare services.

Indigent: Refers to patient that has no financial resources to pay the obligated charges.

Medically Necessary Services: Inpatient or Outpatient healthcare services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms, which if left untreated, would pose a threat to the patient's ongoing health status.

Notification Period: the period during which GHS must notify an individual about its FAP in order to have made reasonable efforts to determine whether an individual is FAP-Eligible. The Notification Period begins on the first date care is provided to the individual and ends on the 120th day after GHS provides the individual with the first billing statement for the care.

Patient Liability: Portion of a patient account that is the individual responsibility of the patient or other Responsible Individual, net of the application of payments made by any available healthcare insurance or other third-party payor (including co-payments, co-insurance and deductibles), and any net of any reductions or write off made with respect to such patient account after application of financial assistance, as applicable.

Plain Language Summary: a written statement that notifies a patient and applicable Responsible Individuals that GHS offers financial assistance under the FAP for inpatient and outpatient services provided at GHS hospital from which the patient is being discharged.

Qualified Household: Includes the patient, patient's spouse and children (biological or adopted) who are under the age of eighteen and reside in the home.

Additional clarification:

- Excludes Step-Parent or Step-Children
- Shared Parenting-minor child's residence is determined by custodial parent's designation (school record)
- Separated Marital Status-If sharing household with spouse, spouse is a dependent; must include spouse's gross income
- Separated Marital Status-No longer residing in household. No financial support. Spouse is included as a dependent. Income verification statement is required to confirm date of separation, and written notice-no longer sharing a residence or providing financial support to one another.
- Legal Custody (temporary or permanent) does not constitute a household dependent for grandparent or appointed guardian.
- Patient 18 years of age or older is defined as an adult that is responsible for

himself or herself, regardless of full-time student status.

Responsible Individual: the patient and any other individual having financial responsibility for a patient balance.

Self-employed: Income produced when one or more household members has a business or trade service through self or a created corporation.

Uninsured: Individuals who do not have healthcare coverage, whether through an insurance carrier or a government program, and who do not have a right to be reimbursed by anyone else for their healthcare expenses. This individual automatically qualifies for the standard uninsured discount and may also qualify for financial assistance, if applicable.

Zero Income: No income for specific months identified. Requires a signed written statement with reference to source assisting household with shelter and necessities.

Available Financial Assistance Programs

Disability Assistance (DA) Program: Disability Assistance coverage is an automatic approval for free care. Proof of Disability Assistance eligibility is required either by copy of issued card, on-line verification, or written/signed notice from a representative of the Department of Human Services County Office. Any payment received from the patient on accounts that are deemed eligible for the Disability Assistance (DA) will be refunded to the patient.

Hospital Care Assurance Program (HCAP): OAC 5160-2-07.17 requires that all hospitals write off bills for basic, medically necessary hospital level services to patients with family incomes at or below federal poverty limits, as defined by the rule. OAC 5160-2-07.17 does not cover transplant services, physician charges, ambulance and patient convenience items (telephone, parking, television, personal items). In order for a patient's care to qualify, the patient must meet all of the following criteria:

- Resident of Ohio
- Not a Medicaid Recipient
- Annual Gross Household Income at or below the 100% Federal Poverty Level

Eligibility is based on gross household income three (3) months and/or twelve (12) months prior to **date of service**. Accounts that are in Bad Debt Status are also eligible to be reviewed for discount and processed if the patient is determined to be eligible. All accounts will be returned from Bad Debt until determination is made. Any payment received from the patient on account(s) that are deemed eligible for HCAP will be refunded to the patient.

OAC 5101:3-2-07.17 establishes a three-year limitation on applications effective for dates of service on and after December 14, 2000. The rule states that the three-year limit begins on the date of the first follow-up notice sent to a patient, not the date of service. A Patient that provides

a signed refusal to apply for Medicaid will not be eligible for the 100% discount, HCAP or Hospital Financial Assistance. The assistance opportunity will be the Tier 2 discounts *(description located in Appendix C)*.

Hospital Financial Assistance: GHS has established a financial assistance policy that emphasizes our focus on providing excellent patient care to all members of our community regardless of their ability to pay. Each year, funds are set aside to assist individuals serviced by GHS that are not Medicaid recipients and have a household income between 101 and 300% of the Federal Poverty Level. All payments received from patients in excess of $5 (five dollars) will be refunded, exceptions are payments made toward ineligible amounts and payments made towards accounts awarded financial assistance based on change in status. The annual excess asset patient responsibility payments are not eligible for financial assistance. The annual excess asset patient responsibility is determined by the value of eligible assets in excess of $5,000. A percentage of the value of assets in excess of $5,000 will be due annually as part of the financial assistance policy. The amount will be calculated based on the total value of qualified assets minus $5,000 multiplied by the corresponding percent for all applicants whose annual income exceeds 100% of the Federal Poverty Level. Patient's responsibility will be determined each calendar year and will not be subject to financial assistance. Amounts that exceed $5,000 up to $10,000 will have a 2.5% Excess Asset Patient Responsibility, all amounts greater than $10,000 will have a 5% Excess Asset Patient Responsibility. In regard to Genesis NHSC Location(s) FAP, the Excess Asset Patient Responsibility shall not apply and financial assistance shall be determined solely based on income and family size.

Each year the U.S. Department of Health and Human Services makes available the Federal Poverty Income Guides, which go into effect on the year of the publication date in the Federal Register. Federal poverty guidelines in place on the date of admission or service shall be used to determine eligibility for assistance.

Assistance will be based on a three-tiered Sliding Fee Schedule (table available in Appendix C):

- Hospital Financial Assistance Tier 1- available for households with annual income between 101-138% of the Federal Poverty Level. Patient responsibility will be zero contingents upon all requirements after meeting the Annual Excess Asset Responsibility.
- Hospital Financial Assistance Tier 2- available for households with annual income between 139-225% of the Federal Poverty Level. Patient responsibility will be 25% of remaining balance contingent upon all requirements after meeting the Annual Excess Asset Responsibility.
- Hospital Financial Assistance Tier 3 - available for households with annual income between 226-300% of the Federal Poverty Level. Patient responsibility will be 39% of remaining balance contingent upon all requirements after meeting the Annual Excess Asset Responsibility.

Excess Asset Patient Responsibility will be assessed each calendar year and will be subject to all collection efforts including credit agency reporting.

Catastrophic Hospital Financial Assistance: GHS understands that healthcare can become a financial hardship. Patients that do not meet hospital financial assistance qualifications may need help meeting their financial obligations. Catastrophic Hospital Financial Assistance is available to individuals that have hospital bills in excess of 30% of their gross household income, are not a Medicaid recipient and have contacted GHS to receive assistance. Each
request will be reviewed and processed by a Genesis Representative. Excessive Medical discount will be applied, when appropriate. Catastrophic Hospital Financial Assistance is based on account balance due at time of application. Previous payments received will not be refunded.

Financial Assistance Summary: All discounts will be applied in the order listed within this section and notification will be sent to recipients of financial assistance in an acceptable manner and timeframe. All discounts will be applied to the remaining amount due for any qualified applicant. The remaining amount due for any qualified applicant will not exceed the AGB. All payments received will remain payments on account except where specified that payments will be refunded. All collection efforts will cease upon receipt of financial assistance application and all accounts will be returned from bad debt until a determination is made. In addition, prompt pay discounts are available for individuals that wish to pay their accounts in full and payment plans are available for individuals that would like to pay their balance over a specific period of time. A limitation of charges has been set in place for cases of emergent or medically necessary services, a patient who is eligible or ineligible for one of the financial assistance programs will not be charged more than the amounts generally billed (AGB) based on the Third Party Fee for Service Beneficiaries. Calculation of AGB is available in Appendix D.

HB/PB E-Visits, Cosmetic procedures, and special elective procedures (EX- cardiac rehab, tubal ligation reversal, or GRIP visits, cardiac scoring, Sclerotherapy procedures) are **not** eligible for Financial Assistance or HCAP.

Audiology Services- Hearing aids are NOT eligible for financial assistance or HCAP. Hearing Aid repairs are not eligible for Financial Assistance, HCAP, OR the uninsured discount.

Bankruptcy Adjustments- Once bankruptcy documentation is received; any remaining balances the patient has at that time would be adjusted as long as the DOS qualifies for the bankruptcy timeframe. Pat Code: 2008 HB Bankruptcy Adjustment.

Estate Adjustments- Our Attorney's office handles deceased patient accounts and after exhausting all efforts to collect, send back to GHS for an adjustment on any remaining balances the deceased patient may have.

*Any cases that are 6 months greater than the date of death are unable to be sent to our Attorney's office as they are unable to file on those, so those remaining balances would be adjusted at that time.

*These accounts are also tagged as "outsourced" in Epic, however, remaining as part of the active AR, just specified in an outsource category.

Adjustment Pat Codes:

2152 HB Medicare Estate Adj.

2051 HB Other Estate Adj.

Billing and Collections

Subject to compliance with the provisions of this policy, GHS may take any and all legal actions, including ECAs, to obtain payment for services provided. GHS will not engage in ECAs, either directly or by any debt collection agency or other party to which the hospital has referred the patient's debt, before reasonable efforts are made to offer the financial assistance opportunity and determine eligibility for submitted applications received from the Responsible Individual.

Once the balance becomes the patient's responsibility (balance in the self-pay bucket), the patient will incur 4 statements, one every 30 days for 120 days. At day 90, Genesis will send a final message with the statement to the patient alerting them that they have 30 days to secure a payment arrangement or apply for financial assistance prior to being transitioned to our collection agency. If no contact is attempted by the patient, the account will be sent to our internal early out team to work for an additional 60 days. If no resolution then the account will be sent to our collection agency at day 180. Once with the agency, for those accounts residing in collections for 12 months without a payment attempt, the patient will receive a notification to prompt a response. If payment methods are not arranged by month 18, Genesis will appear as a soft hit on the patient's credit report.

All patients will be offered a Plain Language Summary of the Hospital's financial assistance policy prior to discharge from the hospital. At least three separate communications will be mailed to the last known address of each Responsible Party prior to the end of the notification period that will include the plain language summary. At least 60 days will lapse between the first and third required communication. Detailed itemized statements will be made available upon request except where prohibited by state or federal regulations. Accounts with zero balance will not receive three separate communications; however, the individuals are eligible to apply for financial assistance. If responsible party is found to be eligible for financial assistance; any appropriate refunds will be made after all other debt for that Responsible Party has been met.

All responsible parties will receive written notification regarding ECAs that may commence if action is not taken. Thirty days will lapse between issuance of notification and commencement of ECA. Action constitutes making payment arrangements for the amount due or completing a financial assistance application.

ECAs may commence if, payment arrangements have not been made and met, 30 day written notification has been provided to the responsible parties and one of the following occur:

1. Responsible individual fails to apply for financial assistance under the FAP by the last day of the Notification Period;
2. Responsible individual fills out a financial assistance application and the patient is denied assistance due to ineligibility and receives a letter indicating reason for denial;
3. Responsible individual receives less than 100% financial assistance and fails to make or meet payment arrangements or;
4. Responsible individual submits an incomplete financial assistance application and does not comply within 30 days of request for additional information

A letter indicating intent to transfer account balance to a collection agency shall be mailed to the last known address of the responsible party prior to placing the account with a collection agency.

Any responsible party contacting GHS concerning financial assistance availability will be provided with information requested and instructed on how to obtain a free copy of the application and policy.

After the commencement of ECAs is permitted, external collection agencies shall be authorized to report patient liability to credit agencies, file litigation, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, prior approval from GHS shall be required before lawsuits may be initiated and prior approval must be received from GHS before any physical detention or arrests are made of any responsible party.

Patients who are able, but unwilling, to pay for GHS services are considered bad debt and will be referred to outside agencies for collection. Patients who qualify for financial assistance, but fail to pay the self-pay remainder due following the appropriate discount, are considered bad debt for the amount of such balance and will be referred to outside agencies for collection.

This policy is available free of charge to the public. Copies of the policy are available at all registration areas, Genesis website: www.genesishcs.org, and may be requested by mail. The policy will be published in English and any language that exceeds 5% of the population and the language of more than 1,000 members of the community of the coverage area.

If GHS refers or sells patient debts to another party during the Application Period, the written agreement with such party must obligate such party to:

1. Refrain from engaging in ECAs until the Application period has lapsed;
2. Suspend any ECAs if the individual submits a FAP application during the Application Period;
3. If the Responsible Individual is determined to be FAP-eligible, ensure that the individual does not pay and is not obligated to pay more than required, and to reverse

any ECA previously taken; and
4. Obtain similar provisions in a written agreement if such party refers or sells the debt to yet another party.

If GHS has initiated ECAs or collection efforts, the following must be met in order to stop ECAs and process refunds for any payments made toward balance due:

1. Completed application is on file;
2. Proof of income is provided for 3 or 12 months prior to date of service;
3. Medicaid determination is met for all applicants with income < 139% of Federal Poverty Level and;
4. Determination has been made that the individual is eligible for financial assistance

Responsibilities

GHS and individuals each have responsibilities for general processes related to financial assistance and billing collections.

GHS Responsibilities:

- GHS will maintain a financial assistance policy to evaluate and determine eligibility for financial assistance.
- GHS will communicate the availability of financial assistance to all individuals in a manner that promotes full participation by individuals.
- GHS will properly instruct all staff involved in the patient registration, billing, and follow-up areas to answer or direct questions regarding the financial assistance policy to a Patient Financial Services Specialist.
- GHS requires all contracts with third party agents who collect bills on behalf of GHS to include provisions that these agencies will follow GHS financial assistance policies.
- GHS Decision Support department provides organizational oversight on financial assistance policies/processes that govern the financial assistance process.
- After receiving the individual’s request for financial assistance, GHS notifies individual of the eligibility determination within a reasonable period oftime.
- GHS provides options for payment arrangements.
- GHS upholds and honors individual’s rights to appeal decisions and seek reconsideration.
- GHS maintains (and requires billing contractor to maintain) documentation that supports the offer, application for, and provision of financial assistance for a minimum of seven years.
- GHS will periodically review and incorporate updates to the federal poverty guideline published by the United States Department of Health and Human

Services.

- GHS will calculate amounts generally billed (AGB) utilizing the look back method by March 31 each year using the actual data from the prior year. Any unpaid claims by the date of calculation will be calculated utilizing average collections for that payor or financial class.

Individual Patient Responsibilities:

- To be considered for a discount under the financial assistance policy, the individual must cooperate with GHS to provide the information and documentation necessary. Patient or guarantor will be encouraged to apply for other existing financial resources that may be available to pay for healthcare, such as Medicare, Medicaid, third-party liability, Healthcare Spending Accounts, etc.
- To be considered for a discount under the financial assistance policy, the individual must provide GHS with financial and other information needed for eligibility (this includes completing the required application forms and cooperating fully with the information gathering and assessment process).
- An individual who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment arrangement.
- An individual who qualifies for partial discounts must make good faith efforts to honor the payment arrangement for their discounted hospital bills. The individual is responsible to promptly notify GHS of any change to financial situation so that the impact of the change may be evaluated against financial assistance policy and their discounted hospital bills to enable GHS to take appropriate action to assist the individual in meeting their financial obligations.
- An individual must meet all applicable financial obligations associated with qualified assets.

Determination and Process

GHS will process all financial assistance applications in a manner that is equitable, consistent, and timely.

Identification and eligibility: Requests for financial assistance will be accepted by GHS for the greater of the Application period or as identified in OAC 5101:3-2-07.17. Individuals will be notified of the availability of financial assistance through the following ways:

- Registration and pre-registration processes will promote identification of individuals that may need financial assistance.
- Counselors will make best efforts to reach all inpatients during the course of their stay or at time of discharge, if cleared by attending nurse.
- PLS summary will be included in at least three billing statements that are sent to the patient during the 120-day notification period following and including the first post discharge billing statement.
- Individuals will be informed about GHS FAP in all oral communications, if patient indicates the need for financial assistance.
- Individuals will be provided with at least one written notification, generated no sooner than 90 days following the first post-discharge billing statement. The purpose of the notification is to inform an individual that the hospital may take action, no sooner than 30 days following the date of the warning notification, to report adverse information about the individual to consumer credit reporting agencies/credit bureaus, if the individual does not submit a Financial Assistance Application (FAA) or pay the amount due by a specified deadline.
- All accounts will be recalled from any outsource/collection agency upon receipt of financial assistance except where application deadline has lapsed.
- For Genesis Ambulatory Pharmacy ONLY- The first 30-day prescription fill on new prescription orders will be filled and covered by the Genesis Ambulatory pharmacy department in order to allow appropriate time for the patient to complete the application and for Genesis staff to review the application. (The second 30-day prescription will be patient responsibility if the patient does not complete the application).

Application Frequency: Individuals may apply for financial assistance for any balance owed to GHS for hospital services provided, but must apply for each of the following individually:

- Outpatient Services- May consider an eligibility determination to be effective for 90 days from the month in which an application is signed, after which a new signed application will be required.
- Inpatient Services-Must be considered per admission. Application signature and date must be on or after the date of admission.
- For Genesis Ambulatory Pharmacy ONLY- financial assistance application will be valid for 12 rolling calendar months from approved application signature date.

Eligibility Criteria: Eligibility for assistance will be determined in accordance with Federal and State regulations, in combination with GHS financial assistance policy.

- The hospital will exhaust all third party payer possibilities.
- Based on the OAC 5160-2-07.17 Patients with a household income at or below 138% of the Federal Poverty Level are required to apply for Medicaid or provide a signed statement as acknowledgement that the individual fully understands that the application will not be eligible for 100% discount in all

instances where the individual refuses to apply for Medicaid regardless of reason.
- Health Savings Accounts or Health Flexible Savings Accounts must be exhausted before applying for free or reduced cost.
- Financial assistance program will be the payer of last resort for all balances. In cases of third-party liability, patient or legal representative must provide written documentation of coverage limits and payment distribution, which exhausted the available benefit. The self-pay remainder due may then be considered for financial assistance.
- Qualified family size is determined according to OAC rule 5101:3-2-07.17.
- The patient or representative is responsible to initiate a complete application, which includes date, signature, all required information, and cooperate throughout the determination process.
- The Financial Assistance Application and completed forms are subject to verification by GHS. The signature of the patient or legal representative on the application acts as a written testimony that he/she acknowledges and understands that the information provided may be reviewed by federal, state and/or other enforcement agencies and affirms under penalty and law that information is true and correct. In rare instances, an application may be processed without a signature. These instances will be reviewed by management and approved on a case-by-case basis.

Household Income: Proof of income three (3) and/or twelve (12) months prior to the date of service is required or proof of income three (3) and/or twelve (12) months prior to the date of application may be considered based on decreased income resulting from a job loss or life changing event. ***Qualifications based on decreased income will only be considered for the outstanding balance due at the time of the application.***

Acceptable proof of income is identified as:

- Employee Pay/Check Stubs, governmental notices/pay stubs (Social Security, Social Security Disability, Unemployment, Bureau of Worker’s Compensation, Veteran’s Benefits), Pensions, Retirement Plan(s), Interest Income received monthly (Bank/Brokerage Statement).
- Letter or printout from employer on company letterhead
- Signed Income Verification Statement for required timeframe.
- Self-Employed-Signed Income Verification Statement to verify that income three (3) months or twelve (12) months prior to date of service or application date (if based on decreased income) AND copy of the latest filed Federal Income Tax (including schedules).
- Written and signed statement to confirm amount of gross income received for identified months. Also utilized to report zero income situations. Statements of

zero income must include reference to source assisting household with shelter and necessities.

A written attestation, signed by the patient, legal guardian or executor may be considered on a case-by-case basis, if the proof of income is not available for reasons beyond the applicant's control, applicant is deceased and no estate exists or for a reason that is deemed appropriate by management. In order to file a written attestation, the applicant or responsible party must work with a representative of Patient Financial Services to complete the necessary documentation.

General Information: Determination of financial assistance eligibility will be provided to the patient or legal representative. Accounts that are in Bad Debt Status are also eligible to be reviewed for discount and all collection efforts will be terminated until a determination is reached, if the greater of the application deadline or as identified in OAC 5101:3-2-07.17 has not expired. *Account balances in lawsuit or legal status are EXCLUDED-unless three (3) month or twelve (12) month income from each **date of service** is provided as proof that the household Federal Poverty Level was at or below 100% FPL.* All documentation received will be scanned and stored electronically.

Board Approval:

____________________________________ ________________________
Signature Date

Document History:

1. Created November 2015
2. Updated February 2017
3. Updated February 2018
4. Updated August 2018
5. Updated January 2019
6. Updated March 2019
7. Updated January 2020
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9. Updated May 2020
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11. Updated August 2020
12. Updated Jan 2021
13. Updated March 2021
14. Updated June 2021
15. Updated August 2021
16. Updated January 2022
17. Updated March 2022
18. Updated February 2023
19. Updated February 2024

Appendix A

Genesis HealthCare System Entities

Providers covered by Genesis HealthCare System's Financial Assistance Policy

Genesis Hospital Inpatient Services
Genesis Hospital Outpatient Services
Genesis Surgery Center
Northern Lights Imaging (Excludes HCAP)
Genesis Anesthesia Providers Services (Excludes HCAP)
Genesis Medical Group Services (Excludes HCAP)
Genesis Primary Care Physicians Services (Excludes HCAP)
Genesis NHSC Locations (Effective 1/1/20; Excludes HCAP)
Genesis Ambulatory Pharmacies (Effective 7/1/2021; Excludes HCAP)
Coshocton Medical Center

*Providers **not** covered by Genesis HealthCare System's Financial Assistance Policy*

Genesis Emergency Physician Services
Riverside Radiology
Preferred Associates of Pathology
Other Private (Non-Genesis Employed) Physician Groups

Appendix B

Ohio Revised Code - 5160-1-01 Medicaid medical necessity: definitions and principles.

Medical necessity is a fundamental concept underlying the Medicaid program.

(A) Medical necessity for individuals covered by early and periodic screening, diagnosis and treatment (EPSDT) is defined as procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability.
(B) Medical necessity for individuals not covered by EPSDT is defined as procedures, items, or services that prevent, diagnose, evaluate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability and without which the person can be expected to suffer prolonged, increased or new morbidity; impairment of function; dysfunction of a body organ or part; or significant pain and discomfort.
(C) Conditions of medical necessity are met if all the following apply:
(1) Meets generally accepted standards of medical practice;
(2) Clinically appropriate in its type, frequency, extent, duration, and delivery setting;
(3) Appropriate to the adverse health condition for which it is provided and is expected to produce the desired outcome;
(4) Is the lowest cost alternative that effectively addresses and treats the medical problem;
(5) Provides unique, essential, and appropriate information if it is used for diagnostic purposes; and
(6) Not provided primarily for the economic benefit of the provider nor for the convenience of the provider or anyone else other than the recipient.
(D) The fact that a physician, dentist or other licensed practitioner renders, prescribes, orders, certifies, recommends, approves, or submits a claim for a procedure, item, or service does not, in and of itself make the procedure, item, or service medically necessary and does not guarantee payment for it.
(E) The definition and conditions of medical necessity articulated in this rule apply throughout the entire Medicaid program. More specific criteria regarding the conditions of medical necessity for particular categories of service may be set forth within ODM coverage policies or rules.

Replaces: 5160-1-01
Effective: 3/22/2015
Five Year Review (FYR) Dates: 03/22/2020
Promulgated Under: 119.03
Statutory Authority: 5164.02
Rule Amplifies: 5164.02
Prior Effective Dates: 4/7/77, 9/19/77, 12/21/77, 12/30/77, 7/1/80, 2/19/82, 10/1/84, 10/1/87, 6/1/91, 5/30/02, 07/01/2006

Appendix C

Financial Assistance Discount Levels and Qualifications (Sliding Fee Schedule)

Discount Level	*Description*	*Income % of FPL*
*HCAP**	*100% Discount Free Care*	*100% or less*
*Tier 1**	*100% Discount Free Care*	*101 – 138%*
Tier 2	*75% Discount*	*139 – 225%*
Tier 3	*61% Discount*	*226 – 300%*
Uninsured	*40% Discount*	*301% or more*

Maximum Income Levels for Discounts by Tier[a]

Family Size	*HCAP**	*Tier 1**	*Tier 2*	*Tier 3*
Discount %	*100%*	*100%*	*75%*	*61%*
1	$ 15,650.00	$ 21,597.00	$ 35,212.50	$ 46,950.00
2	$ 21,150.00	$ 29,187.00	$ 47,587.50	$ 63,450.00
3	$ 26,650.00	$ 36,777.00	$ 59,962.50	$ 79,950.00
4	$ 32,150.00	$ 44,367.00	$ 72,337.50	$ 96,450.00
5	$ 37,650.00	$ 51,957.00	$ 84,712.50	$ 112,950.00
6	$ 43,150.00	$ 59,547.00	$ 97,087.50	$ 129,450.00
7	$ 48,650.00	$ 67,137.00	$ 109,462.50	$ 145,950.00
8	$ 54,150.00	$ 74,727.00	$ 121,837.50	$ 162,450.00
Each Additional Family Member Add	$ 5,500.00	$ 7,590.00	$ 12,375.00	$ 16,500.00

**Applicants qualifying for HCAP or Tier 1 discounts are required to apply for Medicaid coverage and must present denial documentation in order to be eligible for HCAP or Tier 1 discounts. Applicants may elect to not apply for Medicaid and in doing so will qualify for Tier 2 discounts regardless of income % less than 226%.*

[a] Federal Poverty Level guidelines in current publication (in the Federal Register) on the date of admission or service shall be used to determine eligibility for assistance.

Appendix D

Amount Generally Billed Calculation

Discounted rate for medically necessary services that is available on all Self Pay balances before or after insurance. Discount will be calculated using total gross charges for account and the patient responsible amount will not exceed the amount calculated.

GHS utilizes the look back method to calculate the amount. This means that GHS takes all fully adjudicated claims from the prior year and calculates the amount allowed by qualified payors; which includes the patient responsibility portion of the allowance regardless if payment is collected from patient.

Current Year calculation

Qualified payers:

Medicare Fee for Service
Medicare Advantage
Commercial
Anthem

Service	Average Generally Billed
Inpatient	*39%* of Gross Charges
Outpatient	*39%* of Gross Charges

Calculation is based on the following:

Claims with discharge date January 1 – December 31
*Updated by March 31 annually utilizing fully adjudicated allowable claims

Appendix E

Asset Calculation Form*

In accordance with the CMS guidelines, assets evaluation is a government requirement that has been implemented to satisfy the requirements of the annual Cost Report. Assets are defined by the OAC 5160:1-1-01 as the dollar value of Checking Account(s), Savings Account(s), Certificates of Deposit(s), Money Market(s), Stocks, Bonds, Mutual Funds, Property Value (exclude primary residence) and “Other” Assets that can be utilized to satisfy financial obligations. Financial assistance eligibility for Hospital Services is based on patient’s income, assets and family size. Financial assistance eligibility for Physician Services, is based on income and family size and no other factor (e.g. assets, insurance status, citizenship, population type, participation in the Health Insurance Marketplace).

Each calendar year (January – December) a household that has qualified for financial assistance must meet an annual excess asset amount based on the assets disclosed during their initial application for that year or if a significant change has occurred to their asset value during that year the household may disclose any changes. Once this obligation has been met, the financial assistance eligibility amount will apply to all remaining balances that met the requirements of financial assistance. Asset values up to $5,000 will not be assessed for excess asset amounts due.

Excess Asset % Table

Total Qualified Assets on Application	Annual Excess Asset Responsibility %
$0 - $5,000	0%
$5,001 – 15,000	2.5%
Greater than $15,001	5.0%

Example Calculation for Annual Excess Asset Amount:

Assets included on Application

Checking Account:	$2,500
CD’s:	3,000
2nd Property:	60,000
Total Assets	**$65,500**

Annual Excess Asset Calculation:

Total qualified Assets:	$65,500
Deduct initial $5000:	5,000
Assets Remaining:	$60,500
% applied	5%
Annual Excess Amount Due:	**$3,025**

The amount the qualifying household must meet is $3,025 before the financial assistance amount will be applied.

** Not applicable to Genesis NHSC Locations’ charges; if a patient has both hospital-based or other location charges and Genesis NHSC Locations charges, the form must be completed in relation to hospital-based financial assistance qualification only.*

Appendix F

Excessive Medical (Catastrophic) Calculation

GHS understands that healthcare can become a financial hardship and that patients that do not meet hospital financial assistance qualifications may need help meeting their financial obligations. Catastrophic Hospital Financial Assistance is available to individuals that have hospital bills in excess of 30% of their household income, are not a Medicaid recipient and have contacted GHS to receive assistance. Each request will be handled by a counselor and discounts will be awarded when appropriate. Catastrophic Hospital Financial Assistance is based on account balance at time of application, previous payments received will not be refunded.

All recipients of Excessive Medical assistance must complete a financial assistance application and supply all necessary information for the application. Application will be assessed for any and all assistance available and if no other assistance is available or if a balance remaining after assistance exists, the applicant may receive an excessive medical adjustment based on the total hospital amount due in comparison to the household's annual income.

Calculation of Excessive Medical

(Total Household Hospital Amount Due) minus (Annual Household Qualified Income times 30%)

Example Calculation for Excessive Medical Discount:

Parent 1 earns $45,000 per year + Parent 2 earns $52,000 per year

Total Household $97,000 per year for a household of 4 exceed all financial assistance limits
Maximum Hospital Medical Debt: $97,000 times 30% = $29,100

Hospital Medical Debt
Parent 1: $12,500
Parent 2: $46,000
Children: $1,500
Total Medical Debt: $60,000

(Total Household Hospital Amount Due) minus (Annual Household Qualified Income times 30%)
$60,000 *Minus* *$29,100* *= $30,900*

Household would receive a discount of $30,900 from their medical debt and be responsible for $29,100.