WEIRTON MEDICAL CENTER

Weirton Medical Center	Financial Assistance Policy	
Effective Date: April 1, 2017	Revised Date: March 7, 2022	Approval: Joseph Sayut, CFO

I. BACKGROUND:

Weirton Medical Center (WMC) is a tax-exempt charitable organization within the meaning of section 501(c)(3) of the Internal Revenue Code and a charitable organization under West Virginia law. This financial assistance policy recognizes that WMC provides services to a diverse population of patients. Some patients do not qualify for Medicaid or other forms of public assistance, in spite of having little, if any, income. Other patients may have unexpected and/or extraordinarily high medical bills without sufficient income or liquid assets to satisfy their obligations. Accordingly, depending on individual circumstances, this financial assistance program provides eligible patients with options for resolving their financial obligations to WMC. These options include the following:

- Assisting patients with applying and obtaining eligibility for West Virginia, Ohio and Pennsylvania Medicaid
- Eligibility for financial assistance based on verified need
- Graduated levels of financial assistance, up to and including 100% forgiveness
- Discounts to uninsured patients
- Interest-free installment payment plans

II. POLICY:

WMC's policy is to provide emergency and medically necessary care to patients without regard to their ability to pay. In fulfilling its charitable mission and commitment to the community it serves, WMC offers a financial assistance program for eligible patients. The principal beneficiaries of this policy are intended to be uninsured patients who are not eligible for their State of residence Medical Assistance Program and/or other private or public funding sources and whose annual household income does not exceed 300% of the Federal Poverty Income Guidelines (FPG) as published from time to time by the U.S. Department of Health and Human Services, and in exceptional circumstances, may be available for patients with annual household income exceeding 300% of the FPG. **Please see Attachment A.**

It is the policy of WMC to provide, within budgetary limits, financial assistance to uninsured patients who either demonstrate financial need, or are deemed presumptively eligible for assistance based on established criteria. In addition, insured patients with copayments, deductibles, coinsurance and/or non-covered charges remaining after insurance payments have been received, may be eligible for financial assistance based on demonstrated financial need or presumptive eligibility. **Please see Attachment B**.

It is the policy of WMC to provide, within budgetary limits, financial assistance to the uninsured. Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with WMC's procedures for obtaining financial assistance or other forms of payment, including any and all sources of coverage available through expanded Medicaid eligibility and/or Commercial Insurance Exchanges available within the

patient's State of residence or from the Federal Exchange, provided for in the Affordable Care Act. Patients are also expected to contribute to the cost of their care based on individual ability to pay.

A determination of financial assistance for a given patient will be revalidated every three (3)months. WMC reserves the right to amend this policy at any time.

III. SCOPE:

This policy applies to eligible healthcare services (described below) provided by WMC. Although WMC, with appropriate authorization, is willing to notify physicians who participated in the patients' care, it does not have the authority to waive or discount any charges from physicians who are not employed by WMC. Such notification does not obligate non-employed physicians to reduce or forgive patient balances for their professional services.

Any WMC patient, regardless of residency status and United States citizens, may be eligible for financial assistance. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Financial Assistance will be considered only after all payment options have been exhausted by the patient. Those options include, but are not limited to, Medicaid within their State of residency and State and/or Federal Commercial Insurance Exchanges as applicable.

III. DEFINITIONS:

EMERGENCY CARE: Care or treatment for a medical screening examination and, when applicable, care for an emergency medical condition as defined by EMTALA.

FINANCIAL ASSISTANCE (AKA Charity Care): healthcare services that have or will be provided, but are not expected to result in cash inflows. Financial assistance results from WMC's policy to provide healthcare services free or at a discount to individuals who meet established criteria.

HOUSEHOLD: A household shall mean the patient, patient's spouse and all of the patient's children, natural or adoptive, under the age of eighteen who live at home. If the guarantor claims someone as a dependent on his/her income tax return, this person may be considered a dependent for purposes of financial assistance determination.

HOUSEHOLD INCOME: Wages and salaries before deductions, net income from self-employment, social security, retirement income, unemployment compensation, royalty income, workers' compensation, disability compensation, pensions, strike benefits, public

assistance, alimony, child support, dividends, interest, rental income, gambling and lottery winnings.

MEDICALLY NECESSARY SERVICE(S): A service that is reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity. Medically necessary services shall include inpatient and outpatient services mandated under Title XIX of the Federal Social Security Act. Medically necessary services shall not include: (a) non-medical services, such as social, educational, and vocational services; (b) cosmetic surgery; canceled or missed appointments; (c) research or the provision of experimental or unproven procedures; (d) the provision of whole blood; provided, however, that administrative and processing costs associated with the provision of blood and its derivatives shall be payable; and (e) private room differential. The following are excluded: Guest Meals. Exceptions may be made subject to approval by the CEO or CFO.

V. PROCEDURE GUIDELINES:

A. Services eligible under this policy

For purposes of this policy, the following healthcare services are eligible for financial assistance consideration:

1. Emergency medical services provided in an emergency room setting.
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the patient.
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
4. Medically necessary services, evaluated on a case-by-case basis at WMC's discretion.

NOTE: Pursuant to the Emergency Medical Treatment and Active Labor Act (EMTALA), patients presenting with an emergency medical condition who have either not had a medical screening examination, or have had such screening and remain unstable, will not have their care delayed pending initiation of any financial assistance process described herein.

B. Eligibility Criteria for Financial Assistance

1. In general, patients whose annual household income does not exceed 300% of the FPG, who meet the other criteria set forth in this policy, and who apply for assistance as required in section C below are eligible for financial assistance under this policy.
2. If a patient's annual household income exceeds 300% of the FPG, and the patient provides information to support extraordinary medical circumstances (e.g. terminal illness, exceptional medical bills and/or medications, etc.) he/she will be considered

for assistance if 100% of the patient's liability exceeds 25% of the annual household income. All requests for exceptional circumstance review must be approved by the Director of Revenue Cycle.

3. If it is determined that a patient has existing financial assistance at another hospital, they will be referred back to that hospital.

C. Method of Applying for Financial Assistance

1. To be eligible for financial assistance under this policy, individuals must apply for financial assistance and cooperate with WMC in determining whether or not he/she is eligible for assistance under this policy. An application and copy of this policy can be obtained online at https://www.weirtonmedical.com/patients-visitors/financial.php
2. Information can be requested in writing by mail or by visiting the Financial Counselors at Weirton Medical Center, 601 Colliers Way, Weirton, WV 26062 or by calling 304-797-6042, option 3.
3. The financial counselor will discuss with patients their individual financial circumstances and obtain from them a completed and signed Financial Assistance application, along with copies of proof of income. Proof of income includes, but is not limited to, their most recent federal tax return, W2s, pay stubs, Social Security award letter, unemployment letter, bank statements. Patients will also be required to provide photo identification, proof of application for Medicaid and/or Commercial Insurance through the Insurance Exchange within their State of residence.
4. The financial counselor will determine the level of assistance based on proof of income documents provided.
5. Financial Assistance applications are to be submitted to the following office:

Weirton Medical Center
ATTN: Financial Counselors
601 Colliers Way
Weirton, WV 26062

Financial Counselor Physical Location:
WMC Hospital Main Lobby
Elevator to Level 1
Financial Counselors office to the left

6. Before WMC initiates extraordinary collection activities, the Financial Assistance Application, along with supporting documentation as required, must be completed and received by WMC within 120 days from the date the patient was initially billed. If and when WMC exercises its right to pursue extraordinary collection activities, the patient has an additional 120-day period from the date such activity was initiated in which to submit a Financial Assistance Application.

D. Collections in the Event of Non-Payment

If the individual is already a Financial Assistance recipient and he/she is cooperating in good faith to pay his/her balance but nonetheless experiencing difficulty, WMC will endeavor to offer an extended payment plan and will not engage in Extraordinary Collection Actions (ECAs), as defined by applicable federal laws.

In the event WMC is unsuccessful in collection after all financial assistance payment options are exhausted, WMC reserves the right to transfer the balance to a third-party collection agency.

E. Basis for Calculating Amounts Charged to Patients

Patients eligible for financial assistance under this policy will receive assistance according to the following sliding scale:

Annual Household Income	Percent of Discount
<200% FPG	100%
201% to 300%	50%

A patient eligible for Financial assistance may not be charged more that amounts generally billed for emergency or other medically necessary care.
In order to ensure patients are not charged more than conventional insurance, the "look-back method" will be used, i.e. the percentage of charges paid by private insurers and Medicare over the past 12 months will be applied for patients who are not covered by insurance (self-pay):

60% DISCOUNT on Total Charges for Inpatient accounts

60% DISCOUNT on Total Charges for Outpatient accounts

F. PROVIDER LIST

To access the full Provider List – Please see Attachment C