EFFECTIVE DATE: Approved by the "Authorized Body" on:
Revision Dates: 2/14/08; 8/1/08; 10/1/08; 1/23/09; 5/5/09; 11/22/2010, 12/21/2010; 1/20/11, 5/16/11; 1/26/12; 3/13/12; 1/24/13; 2/26/13; 3/7/13; 1/22/14, 5/28/14, 6/25/14, 1/27/15, 4/1/2015, 11/30/2015, 02/22/2016, 10/12/2016, 11/29/2017, 9/26/2018, 09/23/2019, 09/21/20, 09/20/2021, 9/19/2022, 12/13/2023, 3/10/2025

Key Points

- Southwest General Health Center "SWG" is a charitable organization that provides both emergent medical and medically necessary care provided by the hospital facility regardless of their ability to pay. Southwest does not allow any actions that discourage individuals from seeking medical care.

1. SWG provides charity care, referred to in this policy as financial assistance through the following: Hospital Care Assurance Program (**HCAP**), Financial Assistance Policy (**FAP**), and Catastrophic Discount (**CD**). These are different programs, with different eligibility and application requirements, and offer a discount of up to 100% off the patient's balance.

- Individuals who are eligible for FAP will not be charged more than AGB rates for emergency and medically necessary care.
- Individuals who are eligible for free care through HCAP will receive a 100 % discount of the patient responsible amount.
- SWG will provide, without discrimination, emergency medical care consistent with Section 1867 of the Social Security Act (EMTALA), to patients regardless of their eligibility under this Financial Assistance Policy. SWG Emergency Medical Treatment and Labor Act (EMTALA) policy can be found here.
- SWG will take reasonable measures to widely publicize this policy (or a summary thereof) and make charity/financial assistance applications available to patients free of charge.
- Patients may apply for financial assistance under HCAP for three (3) years after the first post-discharge statement.
- Patients may apply for financial assistance under the FAP up to two hundred forty (240) days after the date of their first post-discharge billing statement.
- Patients must complete a new application every 90 days for outpatient services.
- Patients must complete a new application for every inpatient admission.
- When a patient fails to apply for financial assistance, SWG may conduct a presumptive eligibility analysis to determine if the patient qualifies for any type of financial assistance.

SCOPE: This policy applies to all emergency and medically necessary care provided by the hospital facility, including all such care provided in the hospital facility by SWG Home Health, SWG Hospice, and providers employed by Southwest General Medical Group (SGMG). This policy does not apply to those physicians not employed directly by SWG or SGMG or any professional fees from physicians

or other healthcare professionals whose services are not billed by Southwest facilities. SWG does not have the authority to waive any charge from physicians or other health professionals. Please see attached Appendix "B" for a list of providers including whether they are included in the Southwest financial assistance policy.

HCAP Policy

1. Individuals can apply for financial assistance under HCAP at any time up to three (3) years days after the date of their first post – discharge billing statement.

2. Eligibility under this Policy is determined in accordance with Ohio Administrative Code (OAC) 5160-2-17 Ohio HCAP rules. For more information, see the Ohio Hospital Association's Ohio HCAP and Hospital Free Care Requirements Frequently Asked Questions on this page: OHA FAQs. Please refer to Tables 1 in Appendix A for eligible family size and income levels. SWG will use the following information to determine the individual's eligibility:

    a. Financial Assistance application form – the patient or the guarantor is required to complete and sign an application for financial assistance. SWG may request documentation from the patient/guarantor to substantiate income and family size information provided on the application. A financial assistance application can be found on the here on the SWG website, hospital statements and bills, and in Patient Access (Registration) areas.

    b. Individuals must be an Ohio resident or living in Ohio voluntarily. Individuals vacationing from out of state or out of the country or in search of medical care are not covered by this policy.

    c. Individual and household income must be documented on the application. Upon request of proof of household income, income may be verified using any or all these items: payroll stubs, bank statements, or any documentation showing financial means received to determine financial need.

    d. Income will be calculated two ways using: three months prior to the date of service multiplied by 4 or 12 months prior to the date of service multiplied by one. SWG will use the result that is most beneficial for the patient to support the eligibility for a discount.

Prior to evaluating any application to determine if an individual meets the requirements for financial assistance, the individual may be required to show proof that he or she has applied for Medicaid coverage. The SWG eligibility vendor is available to assist individuals with applying for Medicaid and is available to subsequently assist those same individuals with applying for financial assistance.

e. SWG may not deny financial assistance under this Policy based on an individual's failure to provide information or documentation that is not clearly described in this Policy or the financial assistance application.

f. SWG will refund any payments made by the patient or guarantor to those individuals who were subsequently determined to be eligible for HCAP.

FAP Policy (Uninsured patients)

1. Uninsured Individuals can apply for financial assistance at any time up to two hundred and forty (240) days after the date of their first post – discharge billing statement.

2. The applicable financial assistance discount will be determined in accordance with this Policy. Please refer to Table 2 in Appendix A for eligible family size and income levels. SWG will use the following information to determine the individual's eligibility:

   a. Financial Assistance application form – the individual or the guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. A financial assistance application can be found here on the SWG website, hospital statements and bills, and in Patient Access (Registration) areas.
   b. Individuals must be an Ohio resident or living in Ohio voluntarily. Individuals vacationing from out of state or out of the country or in search of medical care are not covered by this policy.

   g. The patient's income documentation is required for all SWG FAP programs. Household income may be verified using any or all these items; W-2's, current state or federal tax returns, payroll stubs, bank statements, or any documentation used to support a federal

or state income tax return showing financial means received to determine financial need.

h. Income will be calculated two ways using either three months prior to the date of service multiplied by 4 or 12 months prior to the date of service multiplied by one. SWG will use the result that is most beneficial for the patient to support the eligibility for a discount.

i. Prior to evaluating any application to determine if an uninsured patient meets the requirements for financial assistance, the patient is required to show proof that he or she has applied for Medicaid coverage. The SWG eligibility vendor will assist individuals with applying for Medicaid and will subsequently assist those same individuals with applying for financial assistance.

f. Financial assistance discounts apply to qualifying charges for three months after the initial hospital service date for which financial assistance was approved.

3. SWG may not deny financial assistance under this Policy based on an individual's failure to provide information or documentation that is not clearly described in this Policy or the financial assistance application.

4. Individuals who are uninsured may qualify for financial assistance under this Policy if they meet the following eligibility criteria and have had or are seeking emergency care or medically necessary[1] services at SWG.

a. SWG will provide Free Care to uninsured patients whose family size and household income is less than or equal to 250% of the current Federal Poverty Guidelines.
b. SWG will provide Discounted Care to uninsured patients with a family size and a household income between 251%-400% of the current Federal Poverty Guidelines.
c. "Discounted Care" shall mean care that has been discounted to the rate set forth as the "Amount Generally Billed ("AGB") as shown in Table 3 in Appendix A.
d. SWG offers payment plans.
e. Uninsured patients who do not qualify for Free Care or Discounted Care may still qualify for financial assistance via catastrophic discount if they can demonstrate that their medical expenses exceed an established percentage of their family income outlined in Table 4 in Appendix A.

[1] Please see definition of term at the end of this policy.

5. Requests for assistance due to exceptional circumstances will be evaluated on a case-by-case basis. Exceptional circumstances include those patients who relay that they are undergoing an extreme personal or financial hardship (including a terminal illness or other catastrophic medical condition).
    a. SWG reserves the right to provide either a 100% discount or Discounted Care to any individual who may fall outside of the parameters set forth in this policy, where such individual who has been identified, in the sole discretion of Hospital Facility and approved by the Chief Financial Officer of the Hospital of having exceptional medical circumstances (i.e. terminal illness, excessive medical bills and/or medications, etc.).

6. SWG will refund any payments of $5.00, or more, in excess of the AGB to those individuals who were subsequently determined to be eligible for financial assistance.

7. If an individual defaults (does not make payments for two (2) consecutive months) on a payment plan, SWG reserves the right to initiate normal collection activities for the remaining discounted balances. Normal collection activities shall not be considered Extraordinary Collection Activities ("ECAs") as defined in Section 8 below, and shall be considered "reasonable efforts" on behalf of SWG to notify an individual about his/her ability to apply for financial assistance under this Policy. Such normal collection activities and reasonable efforts are outlined in Appendix C.

8. If a guarantor does not pay his or her portion of the amount as set forth on the billing statement, and SWG has made reasonable efforts, per Appendix C to determine if the individual is eligible for financial assistance, SWG may engage in ECAs. SWG may not engage in ECAs sooner than one hundred twenty (120) days after the first post discharge billing statement.
   SWG shall give the individual thirty (30) days written notice before engaging in ECAs.
    a. SWG may engage in the following ECAs:
        I. Selling an individual's debt to another party;
        II. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
        III. Deferring, denying, or requiring a payment before providing medically necessary care covered under this policy; and
        IV. Actions that require legal or judicial process
        V. Placing a lien on an individual's property;
        VI. Attaching or seizing an individual's bank account or any other personal property;
        VII. Commencing a civil action suit against an individual; VIII. Garnishing an individual's wages.

9. Presumptive Eligibility
    a. When a patient does not provide a Financial Assistance Application or supporting documentation, SWG may utilize other sources of information to make an individual assessment of financial need.
    SWG may utilize a third-party to conduct an electronic review of patient information to assess financial need. Relief granted using this method will be identified as presumptive financial assistance. The patient will be notified in writing if the discount is less than 100% and will have an opportunity to submit a financial assistance application if the patient believes that he or she may qualify for more assistance. The model is described in Appendix D.

10. **Widely Publicized Policy**
    a. SWG shall make this Policy, financial assistance applications and additional information about financial assistance available in the following ways:
        I. The financial application form and the plain language summary including translated copies of this form may be obtained at https://www.swgeneral.com/Financial-Tools/Financial-Assistance
        II. Paper copies of this Policy, financial assistance application form, and plain language summary of this Policy will be available upon request, without charge both by mail and in public locations in hospital facilities, in the emergency room, admission areas, hospital registration areas and financial counseling areas and in additional mailings from the hospital.
        III. Paper copies of the plain language summary of this policy will be offered to individuals as part of the patient intake or discharge process.
        IV. Information about how to apply for financial assistance can be found on all hospital facility billing statements, including a telephone number for the department that can provide information about this policy and the application process.
        V. Public displays about the SWG financial assistance program shall be prominently displayed in the emergency and admissions areas.
        VI. SWG will provide financial counseling for individuals needing assistance to complete the financial assistance application at the main hospital. For questions individuals may call 440-816-4701 Monday – Friday 8:00AM - 4:30PM. Individuals requiring assistance from a SWG customer service representative may contact 1-844-902-3811 from 8:00AM to 7:00PM.

VII. A copy of the Southwest Billing and Collections Policy is available on the website at https://www.swgeneral.com/Financial-Tools/Pay-My-Bill/Billing-Policies

Key Terms & Definitions

AGB is the amount generally billed to individuals who have no insurance covering the care provided. Southwest has determined this amount by using the look-back method as defined by the IRS 1.50(r) to be the average paid by Medicare for Medically necessary care that has been allowed to Southwest as a percent of the gross charge for the prior year. Table 3 of this policy, includes the discounted rates used to arrive at the amount generally billed.

Annual Family Income includes wages, salaries, non-wage income including alimony, child support; social security, retirement account income, unemployment, worker's compensation, and pension, interest or rental income of the family.

Emergency Care or Emergency Treatment is care or treatment for an Emergency Medical Condition defined by EMTALA.

EMTALA is the Emergency Medical Treatment and Active Labor Act (42 U.S.C ss1395dd).

Family includes patient, patient's spouse (regardless of whether they live in the home) and all of the patient's children, natural or adopted, under the age of eighteen who live at home. If the patient is under the age of eighteen, the family shall include the patient, the patient's natural or adoptive parents (regardless of whether they live in the home) and the parents' children, natural or adopted under the age of eighteen who live in the home.

FPL is the Federal Poverty Limit established annually by the U.S. Department of Health and Human Services and in effect at the date of the services were provided.

Guarantor is a person other than the patient responsible for payment of the patient's medical bills.

HCAP Hospital Care Assurance Program is a state mandated program (State of Ohio Mandated Free Care Rule 5160-2-07.17) providing free basic, medically necessary care to patients at or below the federal poverty guidelines.

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

Medically Necessary Care is defined by using the same definition for medical necessity as the Ohio Medicaid definition found in the Ohio Administrative Code at 5160-1-01. This policy does not cover any outpatient prescriptions, cosmetic procedures, tubal or vasectomy reversals or services provided under a package rate agreement.

APPENDIX A

Table 1:

Hospital Care Assurance Program (HCAP)

- If the family size and income level is determined to be below these ranges, the patient is eligible for 100% free service

2025 Federal Poverty Limit (FPL) Guidelines and Approval Percentages

Family Size	Gross Monthly Income	Gross Annual Income
1	$1,304	$15,650
2	$1,763	$21,150
3	$2,221	$26,650
4	$2,679	$32,150
5	$3,138	$37,650
Each Additional	$458	$5,500

The current guidelines apply for all patients receiving services effective **1/1/2025**

Table 2:

Hospital Financial Assistance (FAP)

- If the family size and income is determined to be below 250%, the **uninsured** patient is eligible for 100% free service

Family Size	Gross Monthly Income	Gross Annual Income
1	$3,260	$3,9125
2	$4,406	$52,875
3	$5,552	$66,625
4	$6,698	$80,375
5	$7,844	$94,125
Each Additional	$1,146	$13,750

Table 3:

Amounts Generally Billed "AGB" Rates

- The family and income size is determined to be between 251% and 400% of the Federal Poverty Limit (FPL), the **uninsured** patient is eligible for Medicare rates. We will discount the balance down to the amount we would (on average) receive in payment from Medicare.

Family Size	Gross Monthly Income	Gross Annual Income
1	$5,217	$62,600
2	$7,050	$84,600
3	$8,883	$106,600
4	$10,717	$128,600
5	$12,550	$150,600
Each Additional	$1,833	$22,000

- Amount Generally Billed (AGB) Discounted Rate

Service	Discount
Inpatient	75%
Outpatient	85%
Professional Services for SGMG	42%

AGB rates are based on using the look-back method for calculating the reimbursement of Medicare payments from 1/1/24-12/31/24. These calculations are performed annually.

Table 4:

Catastrophic Discount

- The family and income size is over 400% of the Federal Poverty Limit (FPL)
- The patient has medical expenses to income ratio that exceeds 15%

2024 Income levels for Catastrophic Discount:

Family Size	Gross Monthly Income	Gross Annual Income
1	$5,187	$62,240
2	$7,050	$84,600
3	$8,883	$106,600
4	$10,717	$128,600
5	$12,550	$150,600
Each Additional	$1,833	$22,000

Expenses to Income %	Catastrophic Adjustment %
0-15%	0
16%-25%	AGB Rates
26%-and above	100% Discount

APPENDIX B

Follow this link for a list of providers indicating whether they are included in the SWG FAP
https://www.swgeneral.com/Financial-Tools/FinancialAssistance/Provider-List-Appendix-B

APPENDIX C

NORMAL COLLECTION ACTIVITIES AND REASONABLE EFFORTS

1. Southwest General Health Center seeks to determine whether a patient is eligible for assistance under this Policy prior to or at the time of admission or service. If a patient has not been determined eligible for financial assistance prior to discharge or service, SWG will bill for care.

2. SWG sends 4 billing statements within 120 days during the “notification period” which includes information on how to obtain a financial assistance application.

3. Processing any HCAP applications within three (3) years after the first post-discharge bill has been sent to the guarantor and place all normal collection activities on hold until a financial assistance determination has been made. Processing any FAP financial assistance applications received within 240 days after the first post-discharge bill has been sent to the guarantor and place all normal collection activities on hold until a financial assistance determination has been made.

4. Engage third party collection agency for additional collection activities, however such third-party collection agencies shall not engage in the ECAs until after the appropriate notice is given per Section 8.

5. Prior to engaging in ECA’s, SWG will identify that reasonable efforts were made to determine whether an individual is eligible for financial assistance.

6. In the case of an incomplete financial assistance application, SWG will notify the individual about how to complete the financial assistance application and giving the individual a reasonable opportunity (within the application period under IRC 501(r) regulations) to do so;

7. Oral notification of the SWG Financial Assistance program will be attempted at least thirty days prior to the initiation of extraordinary collection actions.

APPENDIX D

PRESUMPTIVE ELIGIBILITY

1. When a patient does not provide a Financial Assistance Application or supporting documentation, SWG may utilize other sources of information to make an individual assessment of financial need.
2. SWG may utilize a third-party to conduct an electronic review of patient information to assess financial need. Relief granted using this method will be identified as presumptive financial assistance. The patient will be notified in writing if the discount is less than 100% and will have an opportunity to submit a financial assistance application if the patient believes that he or she may qualify for more assistance.
3. The review utilizes a healthcare industry- recognized predictive model that is based on public record data. The model's rule based electronic technology is calibrated to the historical approvals for financial assistance under the general application process and is designed to statistically match the hospital's policy.
4. The model considers multiple decision criteria designed to assess each patient to the same standards as defined in this policy. This ensures that SWG grants assistance only to patients with characteristics similar to the patients who have qualified based on criteria defined in this policy. This predictive model calculates a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.
5. The electronic technology will be deployed prior to secondary collection agency assignment after all other eligibility and payment sources have been exhausted. This allows SWG to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. When this electronic enrollment is used as basis presumptive eligibility the most generous discount will be granted for eligible services for retrospective dates of service. SWG will refund any patient payments of $5.00 or more. This decision will not constitute a state of ongoing assistance such as is available through the traditional application process. For such accounts refunds will only be granted if the patient subsequently completes the application process.
6. If a patient does not qualify based on information returned from the presumptive screening model the patient may still provide requisite information and be considered under the traditional assistance application process.
7. Patient accounts granted presumptive eligibility will be classified as such under the financial assistance policy. These accounts will not be sent to collection, will not be subject to further collection actions, will not be notified of their qualification and will not be included in the hospital's bad debt expenses.

8. SWG utilizes this predictive model to reduce bad debt cost associated with patients who are non-compliant with the application process but meet the criteria of this policy. The use of this rule-based model allows SWG to efficiently grant assistance to those patients in need of it.