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|  | Department: Revenue Cycle | Original Effective Date: 01/09 |
| | Author: Revenue Cycle Director | |
| | Title/Subject: Financial Assistance Policy | Reviewed: Revised: 05/14, 1/15, 12/15, 2/16, 3/16, 2/17, 1/18, 5/18, 2/21 |
| | | |

PURPOSE:

Pursuant to IRS Section 501(r), Touchette Regional Hospital (TRH) is required to establish a written Financial Assistance Policy. It is the policy of TRH to offer patients that are established residents of the state of Illinois or have an order from an on-staff physician who is contracted with TRH seeking treatment or testing in accordance with current Federal, State of Illinois Health, and Financial Services laws and regulations guided by Illinois Hospital Association recommendations and best practices. TRH does not base a patient’s ability to pay on the quality of the services that a patient receives. We do not discriminate based on race, age, gender, handicap, sexual orientation, or any other protected status.

The purpose of this policy is to inform patients under what circumstances TRH provides Financial Assistance and the process required to apply for such assistance.

SCOPE:

This policy applies to all emergent and medically necessary services provided by TRH and Archview Specialty Clinic employed physicians. A document defining emergent and medically necessary services can be found attached to this policy (see Exhibit F).

Non-employed third-party providers who deliver emergency or other medically necessary care in a TRH facility are not covered under this policy. A complete listing of covered and non-covered physicians is attached to this policy (see Exhibit C) and can also be found on TRH’s website: <http://www.touchette.org/patient-financial-assistance>.

POLICY:

In support of its mission, TRH provides, without discrimination, emergency and other medically necessary care to all patients, regardless of a patient's ability to pay.

PROCEDURE:

1. Eligibility for Financial Assistance

- a. Financial assistance is provided to patients who meet eligibility guidelines after Medicaid, Medicare, the Insurance Exchange, and/or all other support networks have been exhausted. "Other support networks" includes, but is not limited to, any third-party liability, worker's compensation, accidental injury, hospital indemnity or sharing group coverage for which the patient may be eligible.
- b. Patients who have insurance but are left with a balance greater than \$200 after insurance has paid (per the patient's Explanation of Benefits) may apply for Financial Assistance to help in covering the deductibles and/or copays. A completed application must be received within 90 days from patient's insurance payment. No patient will be charged more than the amounts generally billed.
- c. As stated under Section II, eligible services for coverage under TRH's financial assistance policy include all emergent and medically necessary services provided by TRH and Archview Specialty Clinic employed physicians.
- d. Medically necessary services considered eligible under TRH's financial assistance policy can be defined as: "hospital services or care rendered, both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity."
- e. Patients who do not have medical coverage but request non-emergent hospital services at TRH will be reviewed for eligibility under TRH's Financial Assistance Policy either prior to the service being received or at the time of service.
Determination will be based upon the following criteria:
 - i. The patient is an established resident of the state of Illinois or has an order from an on-staff physician who is contracted with TRH
 - ii. The patient falls under programs determined to be Presumptive Charity
 - iii. The patient has completed an application and qualifies based on family poverty levels for the patient's household
- f. Accounts considered eligible for a financial assistance determination are those accounts for which a first billing statement was issued 60 days prior to the application (completed, signed, and dated) submission date, and 30 days after the submission date. A new application and documentation must be submitted after 365 days if a patient wishes future accounts to be considered for financial assistance.
- g. TRH bases eligibility for financial assistance on household income and household size. Income guidelines will be revised annually in conjunction with the Federal

Poverty Level Guideline updates published by the Center for Medicare and Medicaid Services.

- h. Uninsured patients need to reasonably cooperate and provide full information to TRH. In addition, patients must be willing to apply for Medicaid and other governmental programs.

2. Financial Assistance Application Process

- a. An application can be obtained by the following methods (see Exhibit A)
 - i. In person by the Patient Access Staff in the Outpatient Registration area, Emergency Department, or Physical Therapy at the Archview Medical Center.
 - ii. Visiting TRH's website at <https://touchette.org/patients-and-visitors/financial-assistance>.
 - iii. Calling the TRH Patient Financial Services department at 618-482-7128 or the phone number listed on the patient's billing statement and requesting an application be mailed, faxed, or electronically submitted to the patient.
 - iv. Calling the TRH Financial Assistance representative at 618-332-5389 and requesting an application be mailed, faxed, or electronically submitted to the patient.
 - v. Stopping at the Financial Assistance office located just off the Main Lobby at 5900 Bond Ave, Centreville, IL 62207.
 - vi. Additional assistance and information can be requested by calling the Patient Financial Assistance representative at 618-332-5389 or by emailing financial_assistance@touchette.org.

- b. A patient is required to submit the completed application materials, signed and dated along with one form of income verification. Acceptable verification of income includes the following for all adult members of the household:
 - i. Most recent payroll stubs
 - ii. Most recently filed federal income tax return (pages 1-2 of federal 1040 form and any other applicable schedules or forms)
 - iii. Statements demonstrating Social Security, pension, unemployment, disability, worker's compensation and/or spousal/child support benefits
 - iv. An income or profit/loss statement for self-employed applicants
 - v. In the absence of income, a completed, signed and dated Declaration of No Income statement will be accepted.
 - vi. Other documentation as deemed necessary based on applicant's extraordinary living/employment circumstances (see Exhibit E)
- c. If a patient does not submit the required income verification documents along with the application, a letter requesting income documentation will be issued to

the patient within 30 days of TRH having received the completed, signed, and dated application.

- i. A patient will have 30 days from the date of the request letter to submit the requested documentation.
- ii. If the requested information has not been received within 30 days or the patient has made no effort to contact TRH regarding the requested information, the application will be denied due to lack of information provided by the applicant.
- d. The patient may re-apply for financial assistance after such a determination, but a new application remains subject to eligibility guidelines under TRH’s financial assistance policy.
- e. An applicant who submits only some or part of the documentation requested by letter may receive a second letter from TRH. Such a letter is considered to be a “final” request for documentation and will detail a time frame in which the applicant is expected to submit the remaining information. If the documents are not submitted within the timeframe outlined in the “final” request letter, the application process will continue through steps 3b and 3c as described above.
- f. Once all required documentation has been received by TRH’s Financial Assistance department, a financial assistance determination will be made within 30 days. A letter of notification will be submitted to the patient detailing the determination of financial assistance with the following information:
 - i. The guarantor’s name
 - ii. All accounts considered under the determination
 - iii. The percentage of financial assistance granted
 - iv. The remaining patient balance after financial assistance is applied
 - v. The date range for which the determination is applicable
 - vi. A contact number to make payment arrangements for any remaining patient responsibility.
- g. Income guidelines for financial assistance eligibility at Touchette Regional Hospital are as follows:

2021 Federal Poverty Levels for Financial Assistance Policy – Touchette Regional Hospital

| | | | 200% | 300% | 450% | 600% |
|-------------|--------------------|-----------|-----------|------------|------------|------------|
| Family Size | Poverty Guidelines | | 100% | 70% | 55% | 38% |
| 1 | \$ - | \$ 12,800 | \$ 25,600 | \$ 38,400 | \$ 57,600 | \$ 76,800 |
| 2 | \$ 12,801 | \$ 17,420 | \$ 34,840 | \$ 52,260 | \$ 78,390 | \$ 104,520 |
| 3 | \$ 17,421 | \$ 21,960 | \$ 43,920 | \$ 65,880 | \$ 98,820 | \$ 131,760 |
| 4 | \$ 21,961 | \$ 26,500 | \$ 53,000 | \$ 79,500 | \$ 119,250 | \$ 159,000 |
| 5 | \$ 26,501 | \$ 31,040 | \$ 62,080 | \$ 93,120 | \$ 139,680 | \$ 186,240 |
| 6 | \$ 31,041 | \$ 35,580 | \$ 71,160 | \$ 106,740 | \$ 160,110 | \$ 213,480 |
| 7 | \$ 35,581 | \$ 40,120 | \$ 80,240 | \$ 120,360 | \$ 180,540 | \$ 240,720 |
| 8 | \$ 40,121 | \$ 44,660 | \$ 89,320 | \$ 133,980 | \$ 200,970 | \$ 267,960 |

3. Presumptive Charity

- a. Presumptive Charity is a form of Financial Assistance that TRH may grant based on information received from other sources. Presumptive Charity may be based on the following:

| |
|---|
| Homelessness |
| Incarceration in a penal institution |
| Deceased with no estate |
| Mental incapacitation with no one to act on patient's behalf |
| Medicaid eligibility, but not on date of service or for non-covered service |
| Illinois Free Lunch & Breakfast Program |
| Women, Infants and Children Program (WIC) |
| Supplemental Nutrition Assistance Program (SNAP)/food stamps/ LINK |
| Enrolled in Temporary Assistance for Needy Families (TANF) |
| Enrolled in Illinois Housing Development Authority Rental Housing Support |
| Low Income Home Energy Program (LIHEAP) |
| Has filed bankruptcy within the past 6 months |

- b. Presumptive Charity is granted post-service only for those services not covered by another funding source and for which the patient has not submitted a financial assistance application.
- c. Presumptive Charity is granted only after all other means for payment have been exhausted and the services in question are ready to be placed in collections.

4. NOTICES REGARDING FINANCIAL ASSISTANCE

- a. This Financial Assistance Policy (FAP), a Plain Language Summary of the FAP (See Exhibit B), and the Financial Assistance application form will be available for patients upon request in person, electronically, by mail, by fax and on the TRH website.
- b. Notices regarding financial assistance will be displayed in public areas in each TRH facility. These notices will include a Plain Language Summary of the FAP and will also include both a phone number and website where additional information on the application process can be obtained. These notices will be available in English and Spanish or any other language spoken by at least 10% of the population served by TRH.
- c. Referral of patients for Financial Assistance may be made by other TRH employees. It is the responsibility of the patient, guarantor or patient representative to contact Patient Financial Services for additional assistance with the application process.
- d. Revenue Cycle teams are responsible for the implementation of this Policy in accordance with the detailed procedures set forth in this document.

5. DEFINITIONS

- a. Amount generally billed (AGB) is defined as the amount generally billed. TRH calculates AGB by using the “Look Back” method. This is the average amount of reimbursement for the previous fiscal year, excluding Medicaid and uninsured self-pay payers.
- b. Extraordinary Collection Activities (ECA) can be defined as the reporting of unpaid debt to credit agencies, taking legal action, and/or garnishment of wages.
- c. Federal Poverty Level (FPL) is the national standard used to determine the poverty level of households by size. These numbers are updated annually by the US Department of Health and Human Services.
- d. Financial Assistance is defined as assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for care provided by TRH.
- e. Household Income is defined as the income of all adult members in the household. For children or adult dependents, regardless of their age, if they are claimed by another adult in the household on income tax returns, the incomes of all adults and dependents are then included in this definition.
- f. Income includes wages, salaries, salary and self-employment income, unemployment compensation, worker’s compensation, payments from Social Security, public assistance, veteran’s benefits, child support, alimony, education assistance, survivor’s benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.
- g. Charity –A patient who has been screened for Financial Assistance and, based on financial information provided for the household, has been approved for a discount or full adjustment of hospital-billed charges.
- h. Charity Pending – A patient who has applied for charity but the screening process could not be completed because of missing information or documentation (such as proof of income), or where additional questions need to be answered in order to complete the application.
- i. Presumptive Charity is defined as the determination of eligibility for Financial Assistance that can be provided by third-party vendors and other publicly available information.
- j. Submission Date is defined as the date the completed, signed and dated financial assistance application is received and documented by a Financial Assistance representative.
- k. Emergent Care – Care obtained through the Emergency Department or as determined based on a physician’s examination and deemed required for patient’s immediate health need.
- l. Self-Pay: A patient who has no health insurance and/or who does not qualify for Financial Assistance based on TRH policy.
- m. Uninsured: A patient who has no health insurance coverage at all and who also does not have a pending liability case pending on the services that will be rendered.
- n. Underinsured – A patient who has health insurance coverage which leaves the patient with a balance or insurance that doesn’t cover certain procedures.

6. ATTACHMENTS

- a. Exhibit A: Financial Assistance Application
- b. Exhibit B: Plain Language Summary Notice
- c. Exhibit C: Covered and Non-covered Providers
- d. Exhibit D: Amount Generally Billed (AGB) Statement
- e. Exhibit E: Documentation for Extraordinary
- f. Exhibit F: Elective/Non-elective Procedure Definition for Financial Assistance

Approvals:

Felita K McCaskill
Felita K McCaskill (Mar 29, 2021 16:00 CDT)

Signature of Revenue Cycle Director

Mar 29, 2021

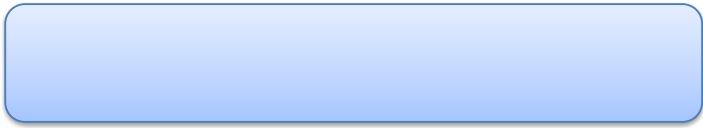
Date

Jay Willsher
Jay Willsher (Mar 19, 2021 07:29 CDT)

Signature of Administration Member

Mar 19, 2021

Date



HOSPITAL FINANCIAL ASSISTANCE APPLICATION

Demographic Section:

Last Name First Name

Social Security Number - -

(If you do not have a Social Security Number, it will not impact your ability to receive financial assistance, but will help the hospital to determine whether you qualify for any public programs)

| Address | City | State | Zip | Phone number |
|------------------------------------|----------------------|------------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address <input type="text"/> | | Date of Birth <input type="text"/> | | <input type="text"/> |

STOP! If you currently receive assistance from any of the following and can provide RECENT copies in the applicant's or patient's name, bring a copy to Touchette Regional Hospital Outpatient Registration, and you do not have to complete the remaining portion of this application. *(plan = Charity Presumptive)*

- Homeless
- Incarceration in a penal institution
- Deceased with no estate
- Temporary Assistance for Needy Families (TANF)
- WIC
- Illinois Free Lunch & Breakfast Program
- Supplemental Nutrition Assistance Program (SNAP)
- Mental incapacitation with no one to act on the patient's behalf
- Illinois Housing Dev Authority's Rental Housing Support
- Bankruptcy within the past 6 month
- Illinois Housing Dev Authority's Rental Housing Support
- Low Income Home Energy Program (LIHEAP)

Family Size/Dependents Section:

Number of people living in your household

Dependents (living in your home) If more space is needed, please write on back of this sheet

| Name | Date of Birth or Age | Relationship to you |
|------|----------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Income Section:

Employer's Name and City:

Spouse's Employer's Name and City:

If you are not employed, how are you meeting your living expenses?

Include all sources of income including, but not limited to, wages, self-employment, unemployment, disability, social security, pension, child support, pension, and/or any other income sources)

| Source of Payment | Amount | How Often (per week, every 2 weeks, every month) |
|-------------------|--------|--|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Please submit proof of income (Most Recent tax return, pay stub, vouchers, etc.)

Certification Section:

I certify that the information in this application is true and complete. I will apply for any state, federal or local assistance to help pay for these medical expenses. I understand that the information provided may be verified by my medical providers and I authorize them to contact any necessary third parties in order to verify the accuracy of the information provided in this application. I understand that if the above information is untrue, any financial assistance granted to me may be reversed and I will be responsible for the payment of these medical expenses.

Patient (or Applicant) Signature

Date

IMPORTANT:

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE:

Completing this application will help Touchette Regional Hospital determine if you can receive care or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the Touchette Regional Hospital Registration or Customer Service Department within 60 days of receiving the first billing statement.

You may also mail or fax your application and all supporting documentation:

Touchette Regional Hospital

Att: Angie Merten

5900 Bond Ave

Centreville, IL 62207

Fax: (618) 332-5242



Exhibit B

Touchette Regional Hospital (TRH) is committed to enhancing the health and well-being of the residents in the community. In keeping with our mission, (TRH) provides free or discounted emergency and other medically necessary care to patients who are either uninsured or underinsured and who qualify for assistance under its Financial Assistance Policy. Financial assistance does not apply to elective services.

Eligibility Requirements and Assistance Offered Under the Financial Assistance Policy

Patients who qualify for assistance are eligible for discounts for emergency and other medically necessary care based on multiple factors including, income, household size, and other available assets. In general:

- Patients whose **household income is at or below 200% of the Federal Poverty Level** are generally **eligible for free emergency and medically necessary care**.
- Patients whose **household income is between 201% and 300% of the Federal Poverty Level** are generally **eligible for a 70% discount** for emergency and other medically necessary care.
- Patients whose **household income is between 301% and 450% of the Federal Poverty Level** are generally **eligible for a 55% discount** for emergency and other medically necessary care.
- Patients whose **household income is between 451% and 600% of the Federal Poverty Level** are generally **eligible for a 38% discount** for emergency and other medically necessary care.

A patient who qualifies for assistance under TRH's Financial Assistance Policy will not be charged more than amounts generally billed to patients with insurance, for emergency or medically necessary care.

How to Apply for Financial Assistance

To apply for financial assistance, please submit a completed Financial Assistance Application & supporting documentation to **Financial Assistance department**, either by email to amerten@touchette.org, by mail, or in person at Touchette Regional Hospital, Financial Assistance, 5900 Bond Ave, Centreville, IL, 62207. For assistance call 618-332-5389. To be considered complete, an application must include:

- Completed Financial Assistance Application
- Approval/Denial letter from Medicaid

- Verification of current income, if applicable: examples include a most recent pay stub, pension and retirement income, Social Security income, unemployment compensation, workers' compensation, veterans' payments, etc.
- Proof of income from interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, and any other misc. income sources
Other documentation may be requested to verify information on the Financial Assistance Application.

How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application are available free of charge upon request to **Financial Assistance department**, 618-332-5389, or the Patient Financial Services Department 618-482-7128. Copies can also be found in the admitting/registration areas of the hospital or online at www.touchette.org/patients-and-visitors/financial-assistance.

Further information and complete details about the Financial Assistance Policy may be obtained by calling 618-332-5389, visiting our website at <https://touchette.org/patients-and-visitors/financial-assistance>, or in-person at the address above.



Exhibit C

Provider Listing and Participation in Touchette Regional Hospital Financial Assistance Policy

This is a list of providers who treat patients seen at Touchette Regional Hospital. If listed as Yes, their services fall under this Financial Assistance Policy. If listed as No, they do not fall under this policy; and a patient may be held responsible for a separate bill for the physician's services. The provider may, however, have a different Financial Assistance Policy. You are advised to speak directly to the physician's office to obtain information prior to the services to see what is available.

| PROVIDER | SPECIALTY | FAP |
|----------------------|-------------------------------------|------------|
| Abell, Matthew S. | Radiology | YES |
| Ahmed, Bilal A. | Radiology | YES |
| Ahmed, Nadeem | Internal Medicine/Pulmonary Disease | |
| Aker, Omer M. | Radiology | YES |
| Albarcha, Bassam | Internal Medicine/Hospitalist | YES |
| Ampadu, Charles W. | Internal Medicine | NO |
| Anderson, Wallace M. | Radiology | YES |
| Ansari, Muhammad J. | Cardiology | |
| Bashiruddin, Ifath | Nephrology | YES |
| Basler, Joseph T. | Radiology | YES |
| Basso, Douglas K. | Podiatry | |
| Bekker, Simon | Radiology | YES |
| Bernardi, Mark T. | Emergency Medicine | YES |

| | | |
|-------------------------|--------------------|-----|
| Bernstein, Brad | Anesthesiology | NO |
| Boston, Vincent L. | Emergency Medicine | YES |
| Bruton, Blake A. | Emergency Medicine | YES |
| Buiteweg, Johannes J. | Radiology | YES |
| Chowdhury, Zaki | Emergency Medicine | YES |
| Clare, Michelle B. | Emergency Medicine | YES |
| Collette, Dean R. | Radiology | YES |
| Conner, David M. | Psychiatry | NO |
| Cyriac, Deepa | Radiology | YES |
| Dalal, Rashid A. | Nephrology | |
| Dawson, Patrick A. | Anesthesiology | |
| Downs, David | Radiology | YES |
| Edson, Darren S. | Emergency Medicine | YES |
| Farn, James W. | Radiology | YES |
| Fernandez, James A. | Otolaryngology | YES |
| Frazier, Kenyatta J. | Emergency Medicine | YES |
| Gleason, Theodore | Radiology | YES |
| Glover, Carmon L. | Emergency Medicine | YES |
| Granger, Miguel H. | Family Medicine | NO |
| Gregg, Gregory A. | Radiology | YES |
| Haege, Dolph D. | Pathology | YES |
| Haithcock Sr., Robyn L. | Gastroenterology | |
| Hallett, Richard L. | Radiology | YES |
| Hanson, Thomas S. | Emergency Medicine | YES |

| | | |
|--------------------------|-------------------------------|-----|
| Harry, Franklin W. | Podiatry | YES |
| Howard, Allison T. | Pathology | YES |
| Hublall, Ronald V. | Radiology | YES |
| Hughes, Ian F. | Pathology | YES |
| Hussain, Syed K. | Internal Medicine/Hospitalist | YES |
| Hutson, Samuel | Radiology | YES |
| Ingui, Christian J. | Radiology | YES |
| Jamous, Abdul-Salam | Pulmonary Disesase | YES |
| Johnson, Alfred | Family Medicine | YES |
| Johnson, Anton | Radiology | YES |
| Johnson, Christopher V. | Psychiatry | YES |
| Joseph, Richard A. | Emergency Medicine | YES |
| Jung, Randy J. | Psychiatry | YES |
| Keys, Daniel R. | Radiology | YES |
| Khawar, Saquib | Radiology | YES |
| Kirkland Jr., Levi S. | Surgery (General) | |
| Krow-Rodney, Abena A. | Emergency Medicine | YES |
| Kuzelj, Denis | Emergency Medicine | YES |
| Leach, Rachelle M. | Emergency Medicine | YES |
| LeBeau, David P. | Emergency Medicine | YES |
| Lei, Lei | Emergency Medicine | YES |
| Loynd, Christopher J. | Adult Psych | YES |
| Loynd, Kelechi J. | Psychiatry | YES |
| Lucas-Foster, Heather L. | Family Medicine | YES |

| | | |
|------------------------|--------------------|-----|
| Ludwig, Olivia J. | Pathology | YES |
| Mackey MD, Rosewell V. | Radiology | YES |
| Magner II, John M. | Family Medicine | YES |
| Marshall Jr., Jacob C. | Emergency Medicine | YES |
| Mayer, Shawn | Radiology | YES |
| McClymont, Neil C. | Emergency Medicine | YES |
| Mecker Jr., Robert W. | Emergency Medicine | YES |
| Mikesell, Timothy A. | Radiology | YES |
| Miller, Andrew M. | Anesthesiology | |
| Morton, Clarke J. | Emergency Medicine | YES |
| Moslener, Matthew D. | Emergency Medicine | YES |
| Muddasani, Narsimha R. | Psychiatry | YES |
| Murphy, Christopher S. | Pathology | YES |
| Nash, Anne N. | Family Medicine | YES |
| Nicol, Richard E. | Emergency Medicine | YES |
| Ogundimu, Oluseyi F. | Anesthesiology | YES |
| Ojile, Joseph M. | Sleep Medicine | |
| Olson, Stephen M. | Pathology | YES |
| Palter, Joseph S. | Emergency Medicine | YES |
| Patil, Jagannath J. | Psychiatry | |
| Pitts, Vanessa L. | Emergency Medicine | YES |
| Place, Howard M. | Surgery (General) | YES |
| Prophete, Robert Y. | Urology | YES |
| Rayford, Cleveland E. | Internal Medicine | NO |

| | | |
|--------------------------------|------------------------------------|-----|
| Ross, Theodore | Internal Medicine | NO |
| Roubein, Daniel | Radiology | YES |
| Safi, Malaz | Ophthalmology | YES |
| Saini, Naveen C. | Radiology | YES |
| Saltzman, Melvin B. | Gastroenterology | |
| Schwarze, Daniel J. | Orthopaedic Surgery | YES |
| Scott, Long D. | Radiology | YES |
| Sharma, Bhawna | Psychiatry | |
| Skulski, Michael S. | Radiology | YES |
| Smith, Christopher L. | Emergency Medicine | YES |
| Smittkamp, Charles A. | Radiology | YES |
| Spivey, Valerie N. | Dentist (Pediatric) | |
| Stanton Jr., Daniel L. | Radiology | YES |
| Streit, Adam R. | Surgery (General) | |
| Tennenhouse, Joel E. | Radiology | YES |
| Thomas, Leyland A. | Gastroenterology/Internal Medicine | NO |
| Thouvenot, Daniel J. | Podiatry | YES |
| Thouvenot, Mia C. | Podiatry | YES |
| Umoru, Benedicta O. | Internal Medicine | NO |
| Usman, Ahsan | Nephrology | |
| Uzochukwu, Nzeadibenma O. | Radiology | YES |
| Vakassi, Mohammad M. | Cardiology | |
| van Amerongen, Alexander W. | Pathology | YES |

| | | |
|---------------------|-----------|-----|
| Varney, Brittany D. | Radiology | YES |
| Volarich, Sue J. | Radiology | YES |
| Wade, Terence E. | Radiology | YES |
| Wigboldy, Jay | Radiology | YES |
| Zata, Vincent | Radiology | YES |



Exhibit D

Amounts Generally Billed Calculation

Touchette Regional Hospital (TRH) provides financial assistance to medical indigent patients meeting the eligibility criteria outlined in the Financial Assistance Policy for Medically Indigent Patients. After the patient's account(s) is reduced by the financial assistance adjustment based on policy, the patient is responsible for the remainder of his or her outstanding patient account which shall be no more than amounts generally billed (AGB) to individuals who have Medicare fee for service and private health insurers for emergency and other medically necessary care. The Look Back Method is used to determine AGB. Patients or members of the public may obtain this summary document at no charge by contacting the hospital billing office.

Amounts Generally Billed is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.

$AGB \% = \text{Sum of Claims Allowed Amount } \$ / \text{Sum of Gross Charges } \$ \text{ for those claims}$

Allowed Amount = Total charges less Contractual Adjustments

If no contractual adjustment is posted then total charges equals the allowed amount.

Denial adjustments are excluded from the calculation as denials do not impact allowed amount.

On an annual basis the AGB is calculated for TRH.

- Look Back Method is used. A twelve (12) month period is used.
- Includes Medicare Fee for Service and Commercial payers
- Excludes Payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, motor vehicle and liability, and worker's compensation.

Hospital: Touchette Regional Hospital Amounts Generally Billed: 38 %

Effective: January 20, 2021



Exhibit D

Touchette Regional Hospital recognizes that there are extraordinary circumstances where financial records may not indicate eligibility for financial assistance that contributes to an individual's ability to pay for services.

This is a list of Extraordinary Circumstances:

- Recently deceased family bread-winner
- Documented accident, or injury impacting an individual's ability to work
- Recent job loss related to pandemic, or other environmental issue
- Loss of home to fire, or other significant event impacting financial stability
- Others as determined by TRH Financial Assistance department



Exhibit F

Medically Necessary Services: Services that are 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 to aggravate a disability, or result in illness or infirmity. Medically Necessary Services include inpatient and outpatient services as authorized under Title XIX of the Social Security Act.

Emergent Services: Medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e) (1) (B) of the Social Security Act, 42 U.S.C. § 1295dd(e)(1)(B). A medical screening examination and treatment for emergency medical conditions or any other such service rendered to the extent required pursuant to **EMTALA** (42 USC 1395(dd) qualifies as Emergency Care.

Emergent services also include:

- Services determined to be an emergency by a licensed medical professional;
- Inpatient medical care which is associated with the outpatient emergency care; and,
- Inpatient transfers from another acute care hospital to a Partners (PHS) hospital for

the provision of inpatient care that is not otherwise available.

Urgent Services: Medically necessary services provided after sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health.

Elective Services: Medically necessary services that do not meet the definition of Emergent or Urgent Services. The patient typically, but not exclusively, schedules these services in advance.

Other Services: Services where medical necessity has not been demonstrated to the reviewing clinician or where the patient's qualifications for the service may not meet the general insurance plan definitions for meeting key medical necessity criteria for the

service. Services also include services where many insurance plans do not consider them to be Medically Necessary including, but not limited to: Cosmetic Surgery, In-Vitro Fertilization (IVF) or other Advanced Reproductive Therapy (ART), Gastric Bypass Services absent of a payer's determination of medical necessity, and Patient Convenience Items such as charges related to overnight services above and beyond those needed for medical care or patient overnight services (inpatient or partial hospitalization) where there isn't a clearly demonstrated medical necessity.