

OHIO COUNTY HOSPITAL

SYSTEM POLICY AND PROCEDURE

- SUBJECT:** Financial Assistance, Billing and Collections Policy
- SCOPE:** This policy applies to Ohio County Hospital Corporation.
- AUTHORIZATION:** Ohio County Hospital Board of Directors
- EFFECTIVE:** January 1, 2016

The entity referred to as “Ohio County Hospital” in this policy will imply the entire corporation, that is all facilities and providers operating and practicing under the Ohio County Hospital Corporation.

I. Purpose

To outline a financial assistance, billing and collections policy consistent with Ohio County Hospital’s charitable purpose and mission by demonstrating Ohio County Hospital’s vision to enhance the health of the people and communities Ohio County Hospital serves.

II. Establishing and Implementing the Financial Assistance Policy

The Ohio County Hospital Board of Directors has adopted this Financial Assistance Policy (FAP), which also includes a Billing and Collections Policy. This FAP will apply to Ohio County Hospital Corporation.

This FAP shall be implemented and consistently carried out by Ohio County Hospital and will apply to all emergency and medically necessary care provided by Ohio County Hospital (*See Appendix A for definitions of “medically necessary care” and other key terms referenced in this policy.*)

This FAP will apply to and cover the emergency or other medically necessary care delivered by Ohio County Hospital, including any services provided by physicians and other health care providers who bill separately and who provide services under the Ohio County Hospital Corporation.

III. FAP Eligibility Criteria

- a. Program of Last Resort:** Prior to applying for eligibility under the FAP, patients are encouraged to contact Ohio County Hospital Financial Counseling to determine if they meet eligibility for other programs that may provide for the payment of emergency or medically necessary care. As a prerequisite to applying for assistance under the FAP, patients must utilize and exhaust all other healthcare resources available to them. The FAP is not a payer and is always the program of last resort after all other payer options and assistance programs have been exhausted, included but not limited to:
- i.** Insurance coverage (all applicable coverage must be presented to Ohio County Hospital to be filed and any payments made directly to the patient related Ohio County Hospital accounts must be remitted to Ohio County Hospital);
 - ii.** Personal health assets, including Health Spending Accounts (HSA), Health Reimbursement Accounts (HRA), Healthcare Flexible Spending Accounts (FSA), etc. (the full balance that is accessible for Ohio County Hospital related services must be remitted to Ohio County Hospital);
 - iii.** Medicaid (Ohio County Hospital requires all patients, whether insured or not, to file for Medicaid or present evidence indicating ineligibility for Medicaid prior to filing for the FAP, and will offer support of contractors and/or staff to assist with this process); and
 - iv.** Governmental assistance programs such as the Kentucky Hospital Care Program (KHCP).

Upon exhausting other available payment resources, Patient or Guarantor of payment may seek financial assistance through the FAP (*See Method for Applying for FAP*).

b. Determination of Eligibility:

- i.** Once a Patient or Guarantor has applied for assistance under the FAP, Ohio County Hospital representatives will determine whether he or she is eligible for the FAP based on the information provided in the FAP Application (*See Appendix B*) and any other documentation required to be provided as part of the FAP Application.
- ii.** Taking into consideration the information provided by the FAP Application, and accompanying documentation, and comparing such information to the Federal Poverty Guidelines, Ohio County Hospital representatives will determine the eligibility of the Patient or Guarantor under the FAP.

- iii. Ohio County Hospital will not deny assistance under the FAP based on an individual's failure to provide information or documentation that the FAP application process does not require an individual to submit.
- c. **Allowance for Assistance Outside of FAP:** Ohio County Hospital may use reasonable discretion approving assistance for persons who do **not** meet the eligibility guidelines of this policy when approval is justified by other factors that warrant consideration. Such factors may include catastrophic illness resulting in large amounts of uninsured medical bills, fulfilling requirements to receive donated high cost drugs or device wherein doing so is in the best overall interest of the hospital and patient or other extraordinary need.

IV. **Level of Discounts for Eligible Patients and Guarantors**

- a. **Discount for the Uninsured and Underinsured:** All uninsured patients receiving emergency or medically necessary care are given a discount from gross charges that limits payment responsibility to the amounts general billed (AGB) by the hospital or its providers. Insured patients receiving emergency or medically necessary care that is not covered by the patient's insurance policy may also be given a discount from gross charges that limits payment responsibility to the amounts generally billed (AGB) by the hospital or its providers.

b. **Presumptive Financial Assistance Eligibility**

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Ohio County Hospital could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- i. State-funded prescription programs;
- ii. Homeless or received care from a homeless clinic;
- iii. Participation in Women, Infants and Children programs (WIC);
- iv. Food stamp eligibility;
- v. Subsidized school lunch program eligibility;
- vi. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- vii. Low income/subsidized housing is provided as a valid address; and

viii. Patient is deceased with no known estate.

c. Eligibility Criteria and Amounts Charged to Patients

Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by Ohio County Hospital to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Ohio County Hospital will charge patients qualifying for financial assistance are as follows:

- i. Patients whose family income is at or below 100% of the FPL are eligible to receive free care;
- ii. Patients whose family income exceeds 200% but not more than 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Ohio County Hospital; however the discounted rates shall not be greater than the amounts generally billed to (received by the hospital for) commercially insured [or Medicare] patients.

d. Limitation on Charges (AGB Limitation): Under no circumstances will an individual who is determined to be eligible for full FAP assistance be charged more for emergency or other medically necessary care than the AGB billed to individuals who have insurance covering such care.

- i. **Method for Calculating AGB Percentage:** Ohio County Hospital utilizes the Look-Back Method for calculating AGB and applies a single average percentage as the AGB. Ohio County Hospital calculates the AGB by determining the weighted average percentage of charges allowed on accounts for all private insurers and Medicare fee-for-service in the twelve-month period preceding its then-current fiscal year. Ohio County Hospital shall ensure that the AGB percentage is applied for the purpose of limiting charges for FAP-eligible individuals by the 120th day after the twelve-month period used in calculating the AGB percentage.
- ii. **AGB Percentages:** AGB Percentages and a description of the calculations may be readily obtained in writing and free of charge by visiting the physical locations, or call the phone number, specified on the patient billing statements.

e. Specific Exclusions:

- i. Elective Care:** Elective Care, such as elective cosmetic surgery, in-vitro fertilization, bariatric surgery, is not eligible for a discount under the FAP.
- ii. Medicaid Patient Liability Balances:** The FAP portion of this policy does not apply to patient liability balances (e.g., co-pays, deductibles, and co-insurance) due from Medicaid beneficiaries.

V. Method for Applying for Financial Assistance

- a. Obtaining a FAP Application:** A copy of this policy, a plain language summary, and an application form will be available free of charge in the emergency room and at registration, customer service, and financial counseling locations within Ohio County Hospital. The FAP application form shall include the contact information, including telephone number and physical location, of the Financial Counseling office, which is the office that will provide to Patients or Guarantors information about the FAP and assistance with the FAP application process.
- b. Complete a FAP Application:** Patient or Guarantor must submit a completed application in writing to the appropriate hospital personnel (*See Appendix B*). The application form includes but is not limited to:
 - i.** Annual income from all sources for the previous year;
 - ii.** Expected income from all sources for the current year;
 - iii.** Family composition, i.e. number of people in home, relationship to patient, age.
- c. Attach Additional Information to the FAP Application Form:** Included with the FAP application form is a checklist identifying other information required to be submitted with the form, as applicable, in order to verify the information provided. Such additional information includes but is not limited to:
 - i.** All pages of most recent State and Federal tax return filed or due (most recent two years if self-employed), including a copy of the W-2. Tax returns are required if they are mandated by IRS or state guidelines, even if they have not been previously filed. For taxpayers who have sought extensions, W-2's, copies of extension requests, and the prior year's tax returns should be submitted;
 - ii.** A completed and signed IRS Form 4506-T;

- iii. Two most recent pay stubs for all wage-earners in the household and other proof of income from all income

VI. Billing and Collections Policy (Actions that May be Taken in the Event of Nonpayment)

a. General:

- i. No individual determined to be eligible for the FAP will be billed for more than the amount specified in the FAP, and if an overpayment is made on hospital accounts, it will be refunded.
- ii. Patients or Guarantors who have an ability to pay for medical services and who have been determined to be ineligible for the FAP or have not submitted an application for assistance under the FAP will be billed based on the following guidelines:
 - 1. Patients or Guarantors may be provided an opportunity to pay an estimated patient liability at point of service.
 - 2. Ohio County Hospital will accept and file claims for all insurances assigned to the organization with adequate proof of coverage. This assignment does not relieve the Patient or Guarantor of responsibility for payment if the third-party payer fails to pay as prescribed by regulation, statute, or patient-insurance contract. Deductibles, co-payments and non-covered services will be the responsibility of Patient or Guarantor.
 - 3. Billing Statements will be sent to Patient or Guarantor once patient liability is determined for insured or uninsured patients and necessary billing follow-up telephone calls will be made by Patient Financial Services and/or a designated external early out vendor for at least 120 days. If applicable, efforts will be made to assist uninsured patients to secure coverage through any governmental or other assistance programs.
 - 4. Patient accounts not resolved at the end of this period will be considered for referral to external collection agencies subject to the requirements and limitations listed in the sections below regarding the 120-Day Waiting Period and the 240 –Day Application Period (*See also ECAs by Third Parties*). Collection agencies will pursue patient balances while maintaining compliance with the Fair Debt Collection Practices Act and the ACA International’s Code of Ethics and Professional Responsibility.

- b. Determining Eligibility under the FAP:** Ohio County Hospital will not engage in extraordinary collection actions (ECAs) against a Patient or

Guarantor until Ohio County Hospital has first made reasonable efforts to determine whether the individual is eligible for assistance under the FAP in accordance with this section.

- i. 120-Day Waiting Period:** Ohio County Hospital will not engage in any ECAs for at least 120 days from the date on which the first post-discharge billing statement was provided to Patient or Guarantor. Any billing statement provided to Patient or Guarantor will contain information about the FAP (*See Publicizing the FAP for specific requirements*). Ohio County Hospital will also provide the following notification and communication to Patient or Guarantor at least 30 days before first initiating any ECAs (this 30-day period cannot end prior to the end of 120-day waiting period):

 - 1.** A written notice that indicates financial assistance is available for eligible individuals, identifies the ECA(s) Ohio County Hospital or other authorized party intends to take, and specifies a deadline after which such ECA(s) may be initiated if the patient does not submit a FAP application or pay the amount due by the deadline.
 - 2.** A plain language summary, as defined in **Appendix A**, will also be provided to Patient or Guarantor with the written notice.
 - 3.** Ohio County Hospital will make a reasonable effort to notify the Patient or Guarantor against whom Ohio County Hospital intends to engage in ECAs orally about the FAP and how he or she may obtain assistance through the FAP application process.
 - 4. Note:** Ohio County Hospital may provide this notice simultaneously for multiple episodes of care and notify the Patient or Guarantor about the ECA(s) Ohio County Hospital intends to initiate, but such ECA(s) shall not be initiated until 120 days after Ohio County Hospital provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

- ii. Completed Applications (240-Day Application Period):** There is a 240-day application period during which Ohio County Hospital will accept and process an application for assistance under this FAP. If Patient or Guarantor has submitted a complete FAP application within 240 days of the first post-discharge billing statement (or, if later, within a reasonable timeframe after a written

request for additional information and/or documentation in the case of an individual who initially submitted an incomplete application during the application period), then Ohio County Hospital will, in a timely manner:

1. Suspend, if applicable, any ECAs against the Patient or Guarantor that were commenced following the 120-day waiting period;
2. Make and document the FAP eligibility determination;
3. Notify the Patient or Guarantor in writing of the eligibility determination, and the basis for the determination;
4. If Ohio County Hospital determines that the Patient or Guarantor is FAP-eligible, then Ohio County Hospital will:
 - a. Provide the Patient or Guarantor with a billing statement indicating the amount owed under the FAP, the AGB for the service provided (or how patient can obtain this information) and how Ohio County Hospital determine the amount owed as a FAP-eligible individual ;
 - b. Refund payments made to Ohio County Hospital for the care at issue that was in excess of the amount he or she was determined to owe as a FAP-eligible individual, unless such excess amount is less than \$5; and
 - c. Take all reasonably available measures to reverse any ECA taken against the individual to collect the debt at issue.

iii. Incomplete Applications: If Patient or Guarantor has submitted a FAP application within 240 days of the first post-discharge billing statement, but such application is incomplete, then Ohio County Hospital shall notify the Patient or Guarantor about how to complete the FAP application and will provide a reasonable period of time to do so in accordance with the following:

1. Suspend any ECAs against the Patient or Guarantor that were commenced following the 120-day waiting period.
2. Provide written notice of incompleteness that describes the additional information and documentation that must be submitted in order to complete the FAP application and includes the contact information, including telephone number and physical location, of the Financial Counseling office, which is the office that

will provide information about the FAP and provide assistance with the FAP application process.

3. The Patient or Guarantor shall be given a reasonable timeframe to submit the additional information and/or documentation requested in the notice of incompleteness before Ohio County Hospital will initiate any ECAs (so long as the 120-day waiting period has expired) or resume any ECAs that were suspended when Ohio County Hospital received the incomplete application.
 4. The Patient or Guarantor will be considered to have submitted a complete FAP application during the application period if he or she completes the FAP application during the 240-day application period or, if later, within a reasonable timeframe after the request for additional information and/or documentation was made. Such completed applications will be processed in accordance with the immediately preceding section pertaining to completed applications.
 5. If the Patient or Guarantor fails to complete the FAP application or provide payment during the 240-day application period or, if later within a reasonable timeframe after the request for additional information and/or documentation was made, then Ohio County Hospital may initiate or resume ECAs against the Patient or Guarantor.
- c. **Waiver:** Under no circumstances will Ohio County Hospital obtain a signed waiver from a Patient or Guarantor indicating that the Patient or Guarantor does not wish to apply for assistance under the FAP or receive the information required to be provided under this FAP as a substitute for taking the actions required in this section.
- d. **Payment Considerations:**
- i. If eligible for a discount under the FAP, a Patient or Guarantor will receive the discount regardless of whether he or she pays or has paid the balance on the billing statement, provided all other healthcare resources are first exhausted.
 - ii. If necessary, payment arrangements may be made on the balance of the Patient's or Guarantor's bill by contacting Customer Service at a phone number designated by Ohio County Hospital.
 - iii. If the Patient or Guarantor fails to provide the payments for which he or she is responsible under the FAP, the remaining balance will

proceed through the normal collection process, including the process for any applicable ECAs, that is described in the policy.

e. The **Revenue Cycle Department** will have the responsibility and final authority for determining that Ohio County Hospital has complied with the guidelines within this policy (i.e., made reasonable efforts) to determine whether a Patient or Guarantor is FAP-eligible before engaging in or resuming ECAs against the Patient or Guarantor.

f. **ECAs by Third Parties:** Ohio County Hospital will not sell any debt to a third party, but may refer a debt to another party for the purpose of obtaining payment. For any outstanding patient debt that is referred to another party, Ohio County Hospital shall ensure that there is, prior to referring a debt, a legally binding written agreement between Ohio County Hospital and such other party that ensures that no ECAs are taken to obtain the Patient or Guarantor is eligible for the FAP. The agreement shall, at a minimum, provide the following:

- i. If the Patient or Guarantor submits a FAP application after the referral of the debt but before the end of the application period, the party will suspend any ECAs that have been commenced against a Patient or Guarantor.
- ii. If the Patient or Guarantor submits a FAP application after the referral of the debt but before the end of the application period and is determined to be eligible for the FAP, the party will do the following in a timely manner:
 1. Adhere to procedures specified in the agreement that ensure that the Patient or Guarantor does not pay, and has no obligation to pay, the party and Ohio County Hospital together more than he or she is required to pay as a FAP-eligible individual.
 2. If applicable and if the party (rather than Ohio County Hospital) has the authority to do so, take all reasonably available measures to reverse any ECA taken against the Patient or Guarantor.
- iii. If the party refers the debt to another party during the application period, the party will obtain a written agreement from that other party including all of the elements described in this section.

VII. Publicizing the FAP: Ohio County Hospital will widely publicize this policy by working with its Marketing Department to effectively promote awareness of this policy to its patients and within the communities it serves in accordance with these guidelines:

- a. **Publicizing Online:** A copy of this policy, a plain language summary, and a FAP application form will be available without charge on Ohio County Hospital's website without creating an account or being otherwise required to provide personally identifiable information, and will be accessible without the requirement of special computer hardware or software that is not readily available to members of the public for free. Ohio County Hospital will provide any Patient or Guarantor who asks how to access this policy, plain language summary, or FAP application form online with the direct Web site address, or URL, of the web page where these documents are located.
- b. **Publicizing within the Hospital:** A copy of this policy, a plain language summary, and an application form will be available free of charge in the emergency room and at registration, customer service, and financial counseling locations within Ohio County Hospital. Ohio County Hospital will also take steps to provide conspicuous public displays (or other measures reasonably calculated to attract patient's attention) and brochures in the emergency room and at registration locations, within conditions of admission, and will educate registration, customer service and financial counseling staff about communication of this policy with patients. Such displays, brochures and verbal communication by staff will communicate that Ohio County Hospital offers financial assistance under a FAP and will inform individuals about how to obtain more information about the FAP.
- c. **Publicizing by Mail:** A copy of this policy, a plain language summary and an application form will be available upon request and free of charge by mail.
- d. **Publicizing in the Community:** Ohio County Hospital will notify and inform members of the communities served by Ohio County Hospital in a manner reasonably calculated to reach those members who are most likely to require financial assistance, about the FAP and how copies of the FAP, a plain language summary and a FAP application form may be obtained by distributing information about the FAP to local public agencies and organizations that address the health needs for low income populations.
- e. **Publicizing to Patients:** Ohio County Hospital will notify and inform patients who receive care from the hospital facility about the FAP by:
 - i. Offering a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process;
 - ii. Including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of assistance under the FAP and includes:

1. The telephone number of the Financial Counseling office, which is the office that can provide information about the FAP and FAP application process, and
 2. The direct website address (or URL) where copies of the FAP, FAP application form, and a plain language summary of the FAP may be obtained; and
- iii. Setting up conspicuous public displays within the hospital as described above.
- f. **Translated Copies:** Ohio County Hospital will have translated versions of this policy, application form, and plain language summary available for each language group that constitutes the lesser of 1,000 individuals or 5 percent of each community served by Ohio County Hospital.
- g. **Electronic Copies:** Ohio County Hospital may provide electronically (e.g., on a screen, by email, website where documents are posted) and document or information required to be provided under this policy in the form of a paper copy to any individual who indicates he or she prefers to receive or access the document or information electronically.

VIII. The FAP and Emergency Medical Care

- a. **General:** Ohio County Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are FAP-eligible.

APPENDIX A: DEFINITIONS

Assets

Assets include, but are not limited to, liquid assets and non-retirement investments owned by every individuals included in the Patient's or Guarantor's household.

Extraordinary Collection Actions (ECAs)

Any actions taken by Ohio County Hospital against an individual related to obtaining payment of a bill for care covered under Ohio County Hospital's FAP, including:

- Selling an individual's debt to another party;
- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
- Deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the hospital facility's FAP (which is considered an ECA to obtain payment for the previously provided care, not the care being potentially deferred or denied); and
- Actions that require a legal or judicial process, including but not limited to---
 - o Placing a lien on an individual's property;
 - o Foreclosing on an individual's real property;
 - o Attaching or seizing an individual's bank account or any other personal property;
 - o Commencing a civil action against an individual;
 - o Causing an individual's arrest;
 - o Causing an individual to be subject to a writ of body of attachment; and
 - o Garnishing an individual's wages.

Any lien that Ohio County Hospital is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which the hospital provided care is not an ECA. Additionally, the filing of a claim in any bankruptcy proceeding is not an ECA.

Family Size

Family Size means the number of persons counted as members of an individual's household. In the case of determining the family of a pregnant woman, the pregnant woman is counted as herself plus the number of children she is expected to deliver. In the case of determining the family size of other individuals who have a pregnant woman in their household, the pregnant woman is counted as herself plus the number of children she is expected to deliver.

Household

For the Purpose of determining family size, an individual's "household" shall mean:

(1)Basic rule for taxpayers not claimed as a tax dependent. In the case of an individual who expects to file a tax return for the taxable year in which an initial determination of eligibility is being made, and who does not expect to be claimed as a tax dependent by another taxpayer, the household consists of the taxpayer and, subject to paragraph (5) of this section, all persons whom such individual expects to claim as a tax dependent.

(2)Basic rule for individuals claimed as a tax dependent. In the case of an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in

which an initial determination of eligibility is being made, the household is the household of the taxpayer claiming such individual as a tax dependent, except that the household must be determined in accordance with paragraph (3) of this section the case of---

- (i) Individuals other than a spouse or a biological, adopted, or step child who expect to be claimed as a tax dependent by another taxpayer;
- (ii) Individuals under the age of 19 who expect to be claimed by one parent as a tax dependent and are living with both parents but whose parents do not expect to file a joint tax return; and
- (iii.) Individuals under the age of 19 who expect to be claimed as a tax dependent by a non-custodial parent. For purposes of this section—
 - (A) A court order or binding separation, divorce, or custody agreement establishing physical custody controls; or
 - (B) If there is no such order or agreement or in the event of a shared custody agreement, the custodial parent is the parent with who the child spends the most nights.

(3) Rules for individuals who neither file a tax return nor are claimed as a tax dependent. In the case of individuals who do not expect to file a Federal tax return and do not expect to be claimed as a tax dependent for the taxable year in which an initial determination eligibility is being made, or who are described in paragraph (2)(i), (2)(ii), or (2)(iii) of this section, the household consists of the individual and, if living with the individual---

- (i) The individual's spouse;
- (ii) The individual's natural, adopted and step children under the age of 19; and
- (iii) In the case of individuals under the age of 19, the individual's natural adopted and step parents and natural, adoptive and step siblings under the age of 19.

(4) Married couples. In the case of a married couple living together, each spouse will be included in the household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse.

(5) For purposes of paragraph (1) of this section, if a taxpayer cannot reasonably establish that another individual is a tax dependent of the taxpayer for the tax year in which eligibility is sought, the inclusion of such individual in the household of the taxpayer is determined in accordance with paragraph (3) of this section.

FAP Application

The FAP Application is the FAP application form and the checklist included on the FAP application form that identifies other information and documentation required to be submitted with the form. The FAP Application is incorporated by reference into this policy as Appendix B and may be updated from time to time by Ohio County Hospital.

Federal Poverty Guidelines

Federal poverty guidelines are the Department of Health and Human Services' annual stated poverty guidelines.

Guarantor

The guarantor is that individual who either accepts or is legally obligated to take financial responsibility for the hospital bill. The guarantor may or may not be the patient.

Income

Income includes, but is not limited, salaries, business and farm income, disability and retirement pensions; Social Security; interest, dividend, and rental income; child support; unemployment and Workers' Compensation income; AFDC and other government assistance received by every individual in the Patient's or Guarantor's household.

Medically Necessary Care

To be medically necessary, a service provided by Ohio County Hospital shall be:

- Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy;
- Appropriate in terms of the service, amount, scope, and duration based on generally-accepted standards of good medical practice;
- Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons;
- Provided in the most appropriate location, with regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
- Needed, if used in reference to an emergency medical service, to exist using the prudent layperson standard;
- Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements established in 42 U.S.C. 1396d@ and 42 C.F.R. Part 441 Subpart B for individuals under twenty-one (21) years of age; and
- Provided in accordance with 42 C.F.R. 440.230.

Patient Liability

Patient liability consists of the total balance due from the Patient or Guarantor for current hospital accounts after third-party obligations have been satisfied.

Plain Language Summary

A written statement that notifies an individual that Ohio County Hospital offers financial assistance under a FAP and provides the following additional information in language that is clear, concise, and easy to understand:

- A brief description of the eligibility requirements and assistance offered under the FAP.
- A brief summary of how to apply for assistance under the FAP.
- The direct Website address (or URL) and physical locations where the individual can obtain copies of the FAP and FAP application form.
- Instructions on how the individual can obtain a free copy of the FAP and FAP application form by mail.
- The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the FAP and of either---
 - The hospital facility office or department that can provide assistance with the FAP application process; or
 - If the hospital facility does not provide assistance with the FAP application process, at least one nonprofit organization or government agency that the hospital facility has identified as an available source of assistance with FAP applications.
- A statement of the availability of translations of the FAP, FAP application form, and plan language summary of the FAP in other languages, if applicable.
- A statement that a FAP-eligible individual may not be charged more than AGB for emergency or other medically necessary care.

Post-discharge Billing Date

A billing statement for care is considered “post-discharge” if it is provided to an individual after the care (whether inpatient or outpatient) is provided and the individual has left the hospital facility.