

 <b>UNIONTOWN HOSPITAL</b>	Department::		Policy Title:	
	Original Date:		Policy Number:	Page:
	Reviewed Dates:		Revised Dates:	
	Approved Signature/Title: _____ Date: 5/24/2021	Approved Signature/Title: _____ Date: 5/20/21	Approved Signature/Title: _____ Date: _____	
Approved Signature/Title: _____ Date: _____	Approved Signature/Title: _____ Date: _____	Approved Signature/Title: _____ Date: _____		

## Financial Assistance Policy

West Virginia University Health System (WVUHS) is committed to providing medically necessary, high quality healthcare services regardless of our patients' ability to pay. WVUHS acknowledges that there are patients who do not possess the ability to pay for medically necessary healthcare services. This Financial Assistance Policy outlines the Policy and Procedures around obtaining financial assistance for these bills. In order to maintain consistency throughout the WVUHS enterprise, the policy set forth below will be adopted by each facility entity with facility-specific items inserted.

### FACILITY POLICY

WVUHS and Uniontown Hospital are committed to providing medically necessary, high quality healthcare services regardless of our patients' ability to pay. WVUHS and Uniontown Hospital acknowledge that there are patients who do not possess the ability to pay for medically necessary healthcare services. This Financial Assistance Policy outlines the Policy and Procedures around obtaining financial assistance for these bills.

Eligibility determination is made based on completion of the following requirements. WVUHS and Uniontown Hospital reserve the right to extend financial assistance in exceptional circumstances outside of the guidelines listed below. WVUHS and Uniontown Hospital also reserve the right to amend or reverse the guidelines at any time. A list of providers not covered under this policy can be found in Attachment V to this policy.

A separate Billing and Collection Policy (II.013S) outlines the process West Virginia University Health System facilities, including its sites, will go through to collect outstanding bills. A copy of the Billing and Collection Policy can be obtained at [www.wvumedicine.org](http://www.wvumedicine.org) or by calling patient financial services at 855-778-2922.

## POLICY

### A. Eligibility Criteria

- a. Income Threshold: Full financial assistance will be provided to those patients where the adjusted gross household income from the patient's federal tax return or income documentation is at or below 200% of the federal poverty guidelines as published annually by the Community Services Administration in the Federal Register (Attachment II) and where there are not substantial assets.
- b. Bankruptcy Cases: Bankrupt patients may be considered for financial assistance upon receipt of bankruptcy notice. A Proof of Claim must be filed, except when the bankruptcy notice indicates that there are no assets from which any dividend can be paid.
- c. Long Term & Catastrophic Illness: Patients not otherwise eligible, but who are financially needy as a result of long-term catastrophic illness, may be considered for financial assistance. Long-term catastrophic illness is any illness or injury that will likely require continuous or frequent treatment for more than one year, with the patient being liable for initial care up to two times their annual adjusted gross income.

### B. Program Requirements

- a. Medicaid (Medical Assistance) Application Requirement: Financial assistance will be denied to patients who refuse to take reasonable actions necessary to obtain medical assistance available through outside health and welfare agencies, when referred by the Financial Counselors or third party vendor. This may include working with an outside agency contracted by WVUHS and its sites to assist patients with government programs. Documentation in the form of a denial letter from the Medicaid program in the state of residence, or chart notes/denial letter from the outside contracted agency indicating the reason for the Medicaid denial is required. This documentation must be dated within the last 90 days and sent with the Financial Assistance Application.
- b. Current Patient Requirement: Applications will only be processed for a patient with a current balance (within 240 days from first billing statement), a scheduled appointment or a patient in need of financial clearance prior to obtaining an appointment.

### C. Assistance Levels

- a. Medically Necessary Care: This policy provides assistance for services that are deemed "Medically Necessary". A specific list of items excluded from coverage under this policy is available in Attachment III. For this policy, "*Medically*

*Necessary*" or "*Medical Necessity*" means health care services that a physician, exercising prudent clinical judgment, would provide to a patient. The service must be:

- i. For the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms;
  - ii. In accordance with the generally accepted standards of medical practice;
  - iii. Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease;
  - iv. Not primarily for the convenience of the patient, health care provider, or other physicians or health care providers; and
  - v. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.
- b. WVUHS and all sites offers free *Medically Necessary* care to individuals meeting the above financial assistance eligibility criteria.
- c. Amounts Generally Billed (AGB): Individuals meeting the Financial Assistance Policy eligibility requirements, that have not completed the process for financial assistance, as defined in this policy, and do not have third party coverage (governmental or commercial) will be eligible for discounted Medically Necessary care. The individual's financial responsibility, after discounts, will not exceed amounts generally billed to patients with commercial and Medicare coverage. The discount amount and detail of how this discount was calculated can be found in Attachment IV to this policy. This discount does not apply when other discounts for elective or cosmetic treatment have already been applied. This discount may be extended to insured patients whose out of pocket expenses exceed the AGB discount.

D. Distribution of Financial Assistance Policy - Information regarding financial assistance will be available:

- on our website: [www.wvumedicine.org](http://www.wvumedicine.org)
- by calling our Financial Counselors at the specific site where the patient received services (Attachment VI)
- by calling Patient Financial Services at 855-778-2922
- at patient access points and upon admission and/or discharge from the facility in plain language publications
- through postings in public areas of the facility (including admission areas, waiting rooms, and emergency room)
- on billing statements and/or appointment letters
- through in person and telephone conversations regarding bill payment
- other means that make the policy available to our patients and our community at large

## PROCEDURE

### A. Requesting an Application

- a. Existing patients with a current balance, scheduled appointments, or patients in need of financial clearance prior to attaining an appointment, can obtain a Financial Assistance Application from the following sources:
  - i. Our WVU Medicine website: [www.wvumedicine.org](http://www.wvumedicine.org)
  - ii. By calling the Financial Counselors office at the specific site (Attachment VI)
  - iii. By calling the Patient Financial Services department at 855-778-2922
  - iv. By logging into your MyWVUChart account at <https://mywvuchart.com/MyChart/FinancialAssistance/>

### B. Inpatient Application

- a. Private-pay patients and any patient with a liability after third party coverage who indicate an inability to pay are required to complete a Financial Assistance Application Form (Attachment I). This may include working with a WVUHS and/or Uniontown Hospital Financial Counselor or an outside agency contracted by WVUHS and/or Uniontown Hospital to assist patients with government assistance. If there is no third-party coverage available and the patient is unable to complete the Financial Assistance Application Form or provide the required verification prior to discharge, the patient should return the application within 30 days. However, Financial Assistance Application Forms may be accepted up to 240 days from the first post discharge billing statement.
- b. Completed Financial Assistance Application Forms are submitted to the Patient Financial Services/Patient Access Department for review and evaluation. The return address is listed on the Financial Assistance Application (Attachment I).

### C. Outpatient Application

- a. The clinic interviewer refers patients who indicate an inability to pay to a Financial Counselor for third party coverage review. If there is no third-party coverage available, the Financial Counselor or an outside agency contracted by WVUHS and/or Uniontown Hospital will assist patients in applying for government assistance. If government assistance has been denied, the patient is given a Financial Assistance Application Form to complete. Application should be returned within 30 days. However, Financial Assistance Application Forms may be accepted up to 240 days from the first post discharge billing statement.
- b. Completed Financial Assistance Application Forms are returned to the Patient Financial Services/Patient Access Department for review and evaluation. The return address is listed on the Financial Assistance Application (Attachment I).



D. Application Procedure During the Billing Process

- a. While every effort is made to identify those patients eligible for financial assistance upon admission and upon outpatient registration, it is ultimately the patient's responsibility to make arrangement for their bill. Patients who call or write to the Patient Financial Services Department indicating an inability to pay are sent a Financial Assistance Application Form to complete and return to the Patient Financial Services/Patient Access Department within 30 days. However, Financial Assistance Application Forms may be accepted up to 240 days from the first billing statement.
- b. Patients will be screened electronically for possible financial assistance eligibility prior to accounts being placed in the primary bad debt cycle. If the screening indicates probable financial assistance eligibility based on set criteria, application requirements may be waived. A full application must be submitted in order to determine eligibility for financial clearance purposes on future encounters.

E. Incomplete Applications

- a. If an incomplete application is received, the patient will be notified in writing of the missing information and/or documentation that is needed. The patient will also be notified that the collection actions will continue if the information is not received within 30 days, or the end of the application period (240 days from the first post discharge billing statement), whichever is later.

F. Application Evaluation Procedure

- a. Financial assistance requests must have a Financial Assistance Application (Attachment I) completed and submitted to the Patient Financial Services/Patient Access Department for evaluation. All required verification/documentation must accompany the Application. Failure to comply may result in a denial of financial assistance.
- b. Financial Assistance Applications will be reviewed and evaluated by the following personnel: Leadership and staff of Patient Financial Services/Patient Access Departments.
- c. Household Adjusted Gross Income from the applicant's Federal tax return or income documentation will be used to determine whether the applicant meets the current income guidelines (income from the patient's federal tax return or income documentation is at or below 200% of the federal poverty guidelines as published annually by the Community Services Administration in the Federal Register) (Attachment II). These criteria have been modified to more closely duplicate the requirements used in programs available through government programs. If the patient has not filed a Federal tax return, or their income situation has changed, gross income documented on pay stubs or income letters from the most recent 30 day period will be

used.

- d. For the purpose of reviewing a Financial Assistance Application, the following will apply:
  - i. Member(s) of the Household: Will include all persons currently claimed on Federal Tax Return. In the event no tax return is filed, WVUHS and/or Uniontown Hospital has the right to verify filing with the IRS.
  - ii. Monthly Income: Monthly income will include all wages, self-employment, Social Security, pension, dividends, interest, rental income, unemployment, alimony and/or workers' compensation income.
  - iii. Medical Expenses: The applicant may provide detail of medical expenses to non- WVUHS hospitals and medical providers and/or pharmacy expenses. This information may be used to help offset monthly income.
  - iv. Employment of Household Members: Will include all forms of employment, including self-employment, for every household member.
  - v. Cash Assets: All cash assets including bank accounts, stocks, bonds and CDs.
  - vi. Insurance: Documentation of all medical insurance coverage.
  - vii. Applicants for financial assistance will be notified in writing of the approval or denial. An applicant may appeal a denial and request a re-evaluation which will be processed as outlined in the appeal procedure. Upon denial of financial assistance, the patient will be responsible for immediate arrangements for the balance due, to prevent collection activity, including but not limited to internal dunning procedures, reporting of a delinquency on a credit record and legal action (a complete list of "Extraordinary Collection Actions" are detailed in the WVUHS Billing and Collection Policy.
  - viii. If an applicant is found to have withheld information requested on the Financial Assistance Application Form or given false information, an approved or pending financial assistance adjustment may be reversed or denied.
  - ix. If a financial assistance adjustment is reversed on a patient account, the balance will be due immediately.
  - x. WVUHS and affiliates may grant approval or denial based upon each entity's approval decision.

G. Financial Assistance Account Adjustments – Approved Applications

- a. If a patient has made payments on an account and are subsequently approved for financial assistance, any payments made for the account balance that initiated the application will be refunded to the patient. Balances paid for prior dates of service will not be refunded.
- b. If a patient is approved for financial assistance after WVUHS and/or Uniontown

Hospital engages in Extraordinary Collection Actions (ECAs), the hospital will take reasonable measures to reverse such actions (e.g. wage garnishments, judgments, liens).

c. Retrospective Adjustments:

- i. Patients who were not eligible for Medicaid at the time of service, but become eligible for Medicaid within 2 years of the date of service will be eligible to have balances adjusted for financial assistance as a courtesy.
  - ii. Although the patient may not have applied for or been granted financial assistance for prior dates of service, once financial assistance is approved for a current date of service, prior unpaid balances will be adjusted for financial assistance for balances owed within the last two years from the approval date. Patients who are on an active payment plan and apply and meet financial assistance eligibility guidelines will have remaining payment plan balance adjusted as financial assistance. This is done as a courtesy for patients currently meeting financial assistance guidelines.
- d. Subrogation: Patients will be required to assign or pay, to the Hospital, all insurance payments or liability settlements received for medical expenses. Payments received on an account with a financial assistance adjustment will be applied to the account and the adjustment reversed up to the amount of the financial assistance adjustment.
- e. Credit reports or personal property tax records may be used to confirm information provided on the application and may be part of the basis for our decision.

H. International Patient

- a. An international patient is defined as a non-U.S. citizen who is not eligible to participate in Medicaid or Medicare.
- b. International patients will be considered for financial assistance when the following criteria are met:
  - i. All eligibility criteria under Section A. above have been met.
  - ii. Applicant is a legal resident of the United States and proof of permanent residency (green card) or student visa is provided as part of the application.
  - iii. The patient is covered by a primary insurance that will pay as primary ahead of a financial assistance adjustment.
- c. International patients without insurance and/or who do not have proof of legal residency (green card or student visa) are considered to have self-pay accounts and are processed according to self-pay account processing. These individuals will not be eligible for financial assistance
- d. In order to determine if an international patient is a candidate for treatment under these guidelines the Financial Counselor will forward all relevant and required information provided to the Enterprise Manager, Financial Counseling to determine eligibility.
- e. Once determination is made that the international patient is ineligible for financial

assistance the Financial Counselor will work with the patient and/or their liaison to ensure they are given a full understanding of their financial liability for the requested service. Financial counseling will be completed upon request at the earliest opportunity prior to service to assist in the identification of alternative funding sources for financial resolution.

#### 1. Appeal Procedure

- a. If a Financial Assistant application is denied, the applicant may appeal the denial and request a re- evaluation. The appeal must be submitted in writing within 30 days of the denial date.
- b. Upon receipt of a written appeal to a financial assistance denial, the applicant's Financial Assistance Application will be re-evaluated by one of the personnel authorized to review and approve/deny a Financial Assistance Application who was not involved in the initial evaluation. A written response of approval or denial will be issued within 20 days of receipt of the appeal.
- c. If the application for financial assistance is denied on an appeal and the applicant still disputes the decision, the applicant must submit a second appeal within 30 days of the date of the second denial. This will be the final appeal accepted from the applicant.
- d. The final appeal will be evaluated by the Enterprise Manager, Financial Counseling. The evaluation will be completed within 20 days of receipt of the appeal and a detailed, written response will be sent to the applicant outlining the reason(s) for the approval/denial.

Attachments to this policy:

Attachment I – Financial Assistance Application Form

Attachment II – Federal Poverty Limit Levels and Financial Assistance Thresholds

Attachment III – Excluded Procedures and Services List

Attachment IV – Calculation of Amounts Generally Billed

Attachment V – Providers Not Covered under Uniontown Hospital Financial Assistance Program

Attachment VI – Facility Contact List

Author: Assistant Vice President of Hospital Revenue Cycle



**FINANCIAL ASSISTANCE APPLICATION CHECKLIST**

Due Date: \_\_\_\_\_ MRN: \_\_\_\_\_

\*Please provide copies of documents, as originals cannot be returned.\*

**ALL APPLICANTS MUST APPLY FOR MEDICAID REGARDLESS OF PRIMARY INSURANCE**

- \_\_\_\_\_ Provide a copy of your Medicaid decision letter (all pages) with your application or documentation from contractor that assists patient with government assistance. The letter/documentation must be dated within the last 90 days and must state reason for denial.
- \_\_\_\_\_ Provide a copy of your most recent 1040 Income Tax Return Form
- \_\_\_\_\_ If you do not file tax returns, complete the attached 4506 – T Form
- \_\_\_\_\_ Copies of pay stubs for the last 30 days
- \_\_\_\_\_ Current Social Security Award Letter
- \_\_\_\_\_ Pension benefits letter, Dividend / Interest Statement
- \_\_\_\_\_ Unemployment Benefit Letter
- \_\_\_\_\_ Workers Compensation Benefit Letter
- \_\_\_\_\_ If you have no income please have the attached letter of support filled out by the person or persons assisting you.
- \_\_\_\_\_ Copies of any outstanding medical bills (non WVU Medicine providers)
- \_\_\_\_\_ Prescription Drug List with prices from the pharmacy (Pharmacy Receipt Print-Out required)
- \_\_\_\_\_ Current Bank Statement for all Checking and/or Savings Accounts
- \_\_\_\_\_ Current Investor Statement for all CD's / Stocks / Bonds
- \_\_\_\_\_ Alimony documentation

***Please legibly complete the entire application. Attach the requested documentation and return it to your financial counselor at the address listed on the application.***

***\*\*If you do not submit a complete Financial Assistance Application or do not include requested information by the due date, it could potentially delay the process or provide cause for denial.***

***\*\****

## Financial Assistance Application Form

As part of our commitment to improve the health of West Virginians and the community that we serve, WVU Medicine elects to provide financial assistance to individuals who are unable to pay for healthcare services. Individuals meeting the eligibility requirements outlined in our financial assistance policy will be granted full charity care for medically necessary services performed by WVU Medicine providers.

**Application Requirements** – The following is a list of application requirements outlined in our Financial Assistance Policy. Please indicate your eligibility for each requirement below. If you do not meet these requirements, your application will be denied. If you have exceptional circumstances and would like to speak with a representative, please contact us at 855-778-2922.

- 1) *Medicaid (Medical Assistance) Application Requirement* – Documentation of a denied Medicaid (Medical Assistance) application dated within in the last 90 days is required for application.

Have you applied for Medicaid coverage? ☐ Yes ☐ No

If yes, what is the status? ☐ Approved ☐ Pending ☐ Denied

- 2) *Current Patient Requirement*: Applications will only be processed for patients with current balances (within 240 days from first billing statement), a scheduled appointment or a patient in need of financial clearance prior to obtaining an appointment.

- 3) *International Patients*: Only permanent residents or patients with primary insurance are eligible for financial assistance.

Are you a U. S Citizen? ☐ Yes ☐ No

If No, do you have a permanent resident card (green card)? ☐ Yes ☐ No

Do you have primary insurance? ☐ Yes ☐ No

Please provide the information requested and mail to the following address:

WVU Medicine Uniontown Hospital  
Patient Access  
500 W. Berkeley Street  
Uniontown, PA 15401

# Financial Assistance Application Form

## SECTION ONE: PATIENT INFORMATION Please complete all information noted in this section

Medical Record Number: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
 LAST FIRST MIDDLE INITIAL

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State of Residence: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Marital Status: ☐ Single ☐ Married ☐ Divorced

Are you a US Citizen: ☐ Yes ☐ No If no, are you a legal resident of the United States: ☐ Yes ☐ No

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Secondary/Spouse Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you have health insurance (other than Medicaid) at the time of your service? ☐ Yes ☐ No If yes, please provide your insurance info and a copy of your insurance card

Name of Insurance: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Have you applied for Medicaid coverage? ☐ Yes ☐ No If Yes, what is the status? ☐ Approved ☐ Pending ☐ Denied

## SECTION TWO: FAMILY INCOME Please provide income for yourself, your spouse and all other household members

Monthly Income Source	Total Family Income for 1 month prior to date of service	Type of Income verification attached Proof of income is required to process your application
Wages/Self Employment	\$	Copy of most recent federal tax return (or form 4506t), pay stubs for the last 30 days
Social Security	\$	Social Security award letter
Pension, Dividends, Interest, Rental Income	\$	Pension benefits letter, Dividend/Interest Statement
Unemployment, Workers' Compensation	\$	Unemployment benefit letter, Workers' Compensation benefit letter

If you reported \$0 income, please provide a brief explanation of how you (or the patient) are meeting basic living needs. Please also provide a letter of support from any individual assisting you: \_\_\_\_\_

## SECTION THREE: MEDICAL EXPENSES Medical expenses will be considered as an offset to income

Medical Bill Type	Monthly Amount Paid	Verification Required
Hospital and Physician Bills (Non-WVU Healthcare providers)	\$	Copies of bills
Prescription Drugs	\$	Pharmacy receipt print out (Annual or Year to Date)
Other Medical Expenses	\$	Copies of bills



# Financial Assistance Application Form

**SECTION FOUR: FAMILY INFORMATION** Please provide the below information for yourself and all other household members listed on your tax return

Name	Social Security #	Relationship	Date of Birth	Applicant	Employed?
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No

**SECTION FIVE: ASSETS** please list all assets and their current value

Do You Have?	Circle Choice	Description	Total Current Value	Type of Verification Required
Checking Accounts (total balances)	Yes / No			Most current bank statement(s)
Savings Accounts (total balances)	Yes / No			Most current bank statement(s)
CD's/Stocks/Bonds	Yes / No			Most current investor statement(s)

By my signing below, I certify that everything I have stated on this application and on any attachments is true.

Responsible Party Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Return To:  
WVU Medicine Uniontown Hospital  
Patient Access  
500 W. Berkeley Street  
Uniontown, PA 15401  
855-778-2922

Office Use Only

☐ Approved

Due Date \_\_\_\_\_

☐ Denied

Case Number \_\_\_\_\_



**WEST VIRGINIA UNIVERSITY HEALTH SYSTEM**

**FINANCIAL ASSISTANCE POLICY - EXHIBIT II**

**Federal Poverty Limit Levels and Financial Assistance Thresholds Effective 1/1/2021**

**2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES  
AND THE DISTRICT OF COLUMBIA**

**HHS POVERTY GUIDELINES FOR 2021**

The 2021 poverty guidelines are in effect as of January 13, 2021

The Federal Register notice for the 2021 Poverty Guidelines will be published on February 1, 2021.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,540 for each additional person.	
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

For families/households with more than 8 persons, add \$4,540 for each additional person to the Poverty Guideline listed above.

Federal Poverty Guidelines can be found for each year on the US Department of Health and Human Services website: <http://aspe.hhs.gov/POVERTY/figures-fed-reg.cfm>



**WEST VIRGINIA UNIVERSITY HEALTH SYSTEM**

**FINANCIAL ASSISTANCE POLICY - ATTACHMENT III**

**Excluded Procedures and Services List**

**Clinical Services**

- DNA Testing
- Out of Network Services
- VA Eligible Patients That refuse VA Center Treatment
- Services not typically covered under medical coverage
  - Vision
  - Dental
- Applied Behavior Analysis (ABA)

**Elective Procedures**

- Bariatric
- Cosmetics
  - Elective or denied by insurance
- Varicose Vein Procedures
- Fertility Treatments/Services/Counseling
- Sterilization
- Cochlear Implants
- Lasik Eye Procedures
- Other elective procedures not typically covered by insurance

**Injections**

- Cosmetic
- Orthopedics
  - Steroid
- Pain Clinic
  - Steroid
  - Nerve Block
  - Facet joint Block
  - Sacroiliac joint Block

**Preventative Services**

- Allergy Services
- Diabetic Education

**Therapy**

- Cardiac Rehab III
- Occupational
- Speech

**Other Services**

- Nursing Home/Long Term Care (LTC)
- Residential treatment for substance abuse and psychiatric disorders





**WEST VIRGINIA UNIVERSITY HEALTH SYSTEM**

**FINANCIAL ASSISTANCE POLICY - EXHIBIT IV**

**Calculation of Amounts Generally Billed (AGB)**

**Uniontown Hospital**

To calculate *Amounts Generally Billed (AGB)*, we have chosen to use a “look-back” method based on actual past claims paid to Uniontown Hospital by Medicare fee-for-service together with all private health insurers. This calculation is based on all Medicare and private health insurance volume for inpatient and outpatient acute services in calendar year 2019.

<b>Payer Group</b>	<b>Total Inpatient and Outpatient Charges for 2019</b>	<b>Total Inpatient and Outpatient Discounts for 2019</b>	<b>Discount Rate for 2019 Inpatient and Outpatient Services for 2019</b>
Medicare	\$134,641,667	\$79,720,096	59%
All Private Health Insurers	\$58,102,009	\$22,633,957	39%
<b>Combined Medicare and Insurance Reimbursement</b>	<b>\$192,743,676</b>	<b>\$102,354,053</b>	<b>53%</b>

Based on the data listed above, Uniontown Hospital allowed a 59% discount for Medicare volume, and a 39% discount for Private Health Insurance in 2019. The blended discount rate for this volume is equivalent to 53%. The policy allows for a discount that is the **greatest of 50% or the AGB Calculation**. Therefore, the discount effective July 1, 2020 will be **53%** and will be recalculated annually (Next Update July 1 2021).



**WEST VIRGINIA UNIVERSITY HEALTH SYSTEM**

**FINANCIAL ASSISTANCE POLICY - ATTACHMENT VI**

**Facility Contact List**

Financial Counselors at our system facilities can provide information about financial assistance at the following phone numbers (last updated 1/19/2021).

Facility	Campuses/Location	Financial Counseling Phone Number
Berkeley Medical Center	Martinsburg, WV	304-596-6836
Braxton County Memorial Hospital	Gassaway, WV	304-750-2307
Camden Clark Medical Center	Parkersburg, WV	304-424-2888
Jackson General Hospital	Ripley, WV	304-373-1511
Jefferson Medical Center	Ranson, WV	304-724-3551
Potomac Valley Hospital	Keyser, WV	304-597-3527
Reynolds Memorial Hospital	Glen Dale, WV	304-843-3361
St. Joseph's Hospital	Buckhannon, WV	304-460-7931
Summersville Regional Medical Center	Summersville, WV	304-872-8418
Uniontown Hospital	Uniontown, PA	724-430-5766
United Hospital Center	Bridgeport, WV	681-342-1749
Wetzel County Hospital	New Martinsville, WV	304-455-8012
WVU Hospitals, Inc.	J. W. Ruby Memorial Hospital (Morgantown, WV) WVU Medicine Children's Hospital (Morgantown, WV) Chestnut Ridge Center (Morgantown, WV) Fairmont Medical Center (Fairmont, WV)	304-598-6260