



**TRIHEALTH, INC.
CORPORATE POLICY**

TITLE: Hospital and Physician Office Financial Assistance (Free Care, Charity Care, Financial Hardship Assistance & Self Pay Discount)	
SECTION: 07	POLICY NUMBER: 06.00
ORIGINAL EFFECTIVE DATE: 12/2010	REVIEWED/REVISED DATE(S): 06/2012, 02/2014, 08/2014, 03/2017, 06/2018, 09/2020, 07/2025, 01/2026, 04/2026
CURRENT EFFECTIVE DATE: 7/1/2026	
<u>AFFECTED AREAS</u> All TriHealth Entities: Shall mean every TriHealth entity and facility, including the Good Samaritan Hospital of Cincinnati, OH , Bethesda Hospital Inc. and Bethesda Inc., and McCullough-Hyde Memorial Hospitals, and TriHealth Clinton Regional Hospital, TriHealth Surgery Center Anderson, and TriHealth Physician Partners (TPP) entities or facilities unless an entity or facility is specifically excluded. This policy would specifically exclude Hospice of Cincinnati/HOC Navigators. This policy acknowledges that other relevant and applicable policies and procedures exist that have been drafted, approved, and adopted by entities (and departments) within TriHealth and are specific to those departments or entities. Interpretation of these other policies must comply with the principles adopted by Corporate Policy #12_01.00, "Corporate Policies, Development & Implementation".	
POLICY OWNER: SVP & CFO FINANCE	
DIRECT INQUIRIES TO: MANAGER, REVENUE CYCLE, FINANCIAL COUNSELING	
APPROVED BY: CORPORATE POLICY & PROCEDURE COMMITTEE PRESIDENT & CEO BOARD OF TRUSTEES	

PURPOSE

The guiding principles behind this Financial Assistance Policy (the "Policy") are: (i) to continue TriHealth's tradition of responding to community need with its free and reduced cost of care to eligible patients, which was started by Good Samaritan Hospital, founded by the Sisters of Charity and by Bethesda Hospital, founded by the German Methodist Deaconesses; (ii) to treat all patients equally with dignity and respect through transparency and education of financial assistance resources; and (iii) to ensure appropriate financial screening procedures are systematically and uniformly followed to

ensure that reasonable efforts are made to determine whether the individual(s) responsible for payment of all or a portion of a patient account is eligible for assistance under TriHealth's Financial Assistance Policy.

BACKGROUND

ρ TJC Std:

☐ Licensure

☐ Other: Departmental Standard

ρ Regulatory Agencies: Ohio Department of Medicaid (ODM); Internal Revenue Service, IRC §501(r); 26 CFR Parts 1, 53, and 602, Section 501(r)

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POLICY

TriHealth is committed to providing Financial Assistance to persons who have healthcare needs and are Uninsured, Underinsured, ineligible for a government program, or otherwise unable to pay for Medically Necessary care based on their individual financial situation and eligibility criteria.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with TriHealth's procedures for obtaining Financial Assistance or other forms of payment and to contribute to the cost of their care based on their individual ability to do so. This includes applying for Medicare, Medicaid, Managed Medicare/Medicaid, and/or products on the Health Insurance Marketplace (Exchange) if applicable. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow TriHealth to provide the appropriate level of assistance to the greatest number of persons in need, the following guidelines are established for the provision of patient Financial Assistance.

EMERGENCY MEDICAL CARE:

TriHealth provides emergency medical care without discrimination regardless of one's eligibility for Financial Assistance under this Policy. TriHealth will not discourage patients from seeking emergency care through actions, such as requesting that patients pay before receiving emergency medical attention. Emergency medical services, pursuant to EMTALA, are provided to all TriHealth patients in a non-discriminatory fashion.

DEFINITIONS

For the purpose of this Policy, the terms below are defined as follows:

“AGB” Amounts Generally Billed for emergency or other Medically Necessary care to individuals who have insurance coverage

“Application Period” means the period during which TriHealth must accept and process an application for Financial Assistance under the Financial Assistance Policy. The Application Period begins on the date the care is provided and ends on the 240th day after TriHealth provides the first post-discharge billing statement. Thereafter, TriHealth, in its sole discretion, may choose not to accept applications under the Financial Assistance Policy.

“ECA” is Extraordinary Collection Actions

“EMTALA” is the Emergency Medical Treatment and Active Labor Act

“Family Size” includes the Patient, the parent(s) (if patient is under 18), Patient’s spouse (regardless of whether they live in the home), and all of the Patient’s children under 18 (natural or formal adoption) who live in the Patient’s home.

“Family Income” means income from all members of the patient’s family who are 18 years of age or older. For purposes of this definition, income, as determined on an annual, pre-tax basis and exclusive of capital gains and losses.

“Federal Poverty Level” (FPL) is a measure of income issued by the Department of Health and Human Services (HHS).

“Financial Assistance” includes free or discounted health services provided to persons who meet the organization’s criteria and are unable to pay for all or a portion of the Medically Necessary services.

“Financial Hardship” Patients who have a catastrophic episode, terminal illness or collective TriHealth bills that exceed 25% of their total Family Income.

“Financial Need” means a Family Income that is demonstrated to not exceed three hundred percent (400%) of the Federal Poverty Guidelines as established for the corresponding Family Size.

“Guarantor” means the person responsible to pay the patient’s portion of the bill.

“Medically Necessary” means hospital services or care rendered, both inpatient and outpatient, to a patient in order to prevent, diagnose, evaluate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability and without which the person can be expected to suffer prolonged, increased or new morbidity; impairment of function; dysfunction of a body organ or part; or significant pain and discomfort.

“Physician” means a physician employed by TriHealth Physician Partners (TPP).

“**TPP**” means TriHealth Physician Partners and any other TriHealth physician office

“**Uninsured**” means the patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

“**Underinsured**” means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

PROCEDURE

I. Eligible Services

Services eligible under this Policy (“Eligible Services”) include all emergency and other Medically Necessary services including the below.

- Acute TriHealth hospital services, whether emergent, inpatient or outpatient
- Services delivered by TriHealth Physicians in a TriHealth facility (professional bill)
- Physician Office Visits with a TriHealth Physician or other employed provider

TriHealth maintains a list of all providers who provide care in a TriHealth entity and whether this Policy applies to those providers. The list is available online at <https://www.trihealth.com/patients-and-visitors/billing-and-insurance/financial-assistance> and may be obtained in print for free at Bethesda North Hospital 10500 Montgomery Rd, Cincinnati, OH 45242; Good Samaritan Hospital 375 Dixmyth Ave, Cincinnati, OH 45220; or by calling Financial Counseling at (513) 865-5148.

Services excluded under this Policy include the following:

- Services that are not Medically Necessary
- Services not billed by TriHealth, including physician services, home health services, ambulance services, etc.
- Elective cosmetic surgery, elective sterilization and reverse sterilization procedures, fertility diagnosis and treatment and associated screening tests
- Services not covered by Medicaid
- Retail pharmacy
- Patient convenience items

If a provider is not subject to this Policy, then that provider may bill patients separately for any professional services that the Provider renders to the patient while at a TriHealth entity. That provider may apply his or her own applicable Financial Assistance Policy and guidelines, if any.

II. Financial Assistance Programs for Eligible Patients Based on Financial Need

Any patient receiving an Eligible Service may be eligible for one of the below Financial Assistance programs if the patient meets any of the following criteria:

A. Eligibility for Free Care via Ohio Hospital Care Assurance Program (HCAP):

Eligibility for HCAP will be considered for hospital services only and for residents of the state of Ohio. Ohio residents who apply for Financial Assistance and meet the eligibility requirements as stipulated by the Hospital Care Assurance Program (HCAP), as administrated through the Ohio Department of Medicaid, will be deemed eligible for HCAP. Free care is based on the Federal Income Poverty Guidelines, as annually published by the Department of Health and Human Services (HHS) in the Federal Register. See <https://www.trihealth.com/patients-and-visitors/billing-and-insurance/financial-assistance>.

B. Eligibility for Financial Assistance Based on Financial Need: Eligibility for Financial Assistance, funded by TriHealth, will be considered for those individuals who are Uninsured, Underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of Financial Need in accordance with this Policy. The granting of Financial Assistance shall be based on an individualized financial assessment, and shall not take into account age, gender, race, sexual orientation, religious affiliation or any other protected classification.

1. **Underinsured/Uninsured Discount:** An Underinsured/Uninsured patient may receive a discount between eighty to one hundred percent (80%-100%) of the patient balance based on Family Income and Financial Need as determined by Federal Poverty Levels for Eligible Services. See <https://www.trihealth.com/patients-and-visitors/billing-and-insurance/financial-assistance>. The amount of the discount provided above shall in all cases be great enough so that the patient is not personally responsible for paying more than the Amounts Generally Billed (AGB).
2. **Presumptive Eligibility:** In the event that TriHealth lacks evidence to support a patient's eligibility for Financial Assistance, TriHealth may use outside agencies and/or data sources in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential discount amounts. Uninsured or Underinsured patients, who meet any of the following criteria, may be granted eligibility presumptively:
 1. Patients who have a "homeless" or "transient" status
 2. Account is identified in official bankruptcy notice
 3. Patient is deceased with no estate assets
 4. Participation in Women, Infants and Children programs (WIC)
 5. Food stamp eligibility
 6. Subsidized school lunch program eligibility
 7. Low income/subsidized housing is provided as a valid address

C. Financial Hardship Assistance: Patients who are determined to be above 200% of the Federal Poverty Guidelines may still be eligible for Financial Hardship Assistance. Patients who have a catastrophic episode, terminal illness or collective TriHealth bills

that exceed 25% of their total Family Income, will be reviewed on a case-by-case basis for a Hardship discount after all third party payments have been processed.

III. Self-Pay Discount – Not Based on Financial Need

The following discount is not based on Financial Need or satisfying eligibility criteria under this Policy. This discount is included in this Policy, rather, as an administrative convenience and benefit to TriHealth's patients.

A patient who is Uninsured and has not applied for Financial Assistance or is presumed to be ineligible for Financial Assistance will receive an initial discount off charges for Eligible Services according to the below service type. Should this patient apply for Financial Assistance and be deemed eligible for greater discounts or other programs, the initial discount (per table below) would be reversed, and the greater discount would be given, based upon such eligibility.

<u>Service Type</u>	<u>Discount</u>
Hospital Services	45%
Primary Care Provider	25%
Specialty Provider	35%

IV. Determination of Financial Need

A. Financial Assistance Guidelines. Eligible Services will be made available to a 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.

1. Patients whose Family Income is equal to or less than 200% of the FPL as determined by the financial assessment will receive a 100% discount for Eligible Services provided by TriHealth.
2. Patients whose Family Income exceeds 201% but is equal to or less than 400% of the FPL as determined by a financial assessment will receive an 80% discount for Eligible Services provided by TriHealth.

To receive either discount above for Eligible Services provided in a TriHealth hospital, an individual is required to complete a Financial Assistance application. See <https://www.trihealth.com/patients-and-visitors/billing-and-insurance/financial-assistance>

B. Procedure.

To be considered for TriHealth's Financial Assistance program, the following steps occur:

1. The patient or family member must complete the TriHealth Financial Assistance application See <https://www.trihealth.com/patients-and-visitors/billing-and-insurance/financial-assistance>, which includes reporting gross Family Income for a minimum of 3 months (up to 12 months) prior to the date of service. Proof of income is required, except for certain situations as determined by TriHealth management.
2. TriHealth may use third party and/or external, publicly available data sources that provide information on a patient's or a patient's Guarantor's ability to pay (including, but not limited to, credit scoring).
3. TriHealth may explore alternative sources of payment and coverage from public and private payment programs and assist patients to apply for such programs. If other sources are deemed available, the patient/family member must cooperate in the application of these other sources to be considered for the TriHealth's Financial Assistance program.
4. TriHealth may review the patient's outstanding account balances for prior services rendered and the patient's payment history.
5. TriHealth, upon audit of data received on a patient's ability to pay (such as credit scoring), may request proof of such financial information such as pay stubs, Social Security statements, bank statements or other applicable financial documents.

C. Initial Determination and Re-evaluation

An evaluation of Financial Need will be used to determine a patient's eligibility to receive Financial Assistance for Eligible Services.

1. Inpatients will be required to complete an application for each admission unless the patient is readmitted within 45 days of discharge for the same underlying condition.
2. Approved outpatient applications are effective up to 90 days from initial date of services.

3. An inpatient application can be used to cover outpatient services for the patient in the 90-day period immediately following the first day of the inpatient stay.
4. Patients who have Medicare or Managed Medicare (HMO) and are approved for financial assistance may use one Financial Assistance application for the full calendar year.
5. Non-Medicare/Managed Medicare patients will need to re-apply for assistance after the last day of the 3rd calendar month following the effective date of approved date of service

D. Timeliness. TriHealth's values of human dignity and stewardship shall be reflected in the application process, the Financial Need determination and granting of Financial Assistance. Requests for Financial Assistance shall be processed promptly, and TriHealth shall notify the patient or applicant within forty-five (45) days of receipt of a completed application including all necessary documentation.

1. Incomplete Financial Assistance applications: If a patient submits an incomplete application that is missing required information or does not provide the required supporting financial documents, TriHealth will send a written letter notifying the patient of the incomplete application. The patient will have 30 days to submit the additional documentation to TriHealth. If the application is incomplete after 30 days, TriHealth will notify the patient of the denied application status in a written letter.

E. Refunds. For patients who are approved for Financial Assistance under this Policy, TriHealth will refund any payments made by the patient on eligible accounts, that exceed the patient's final self-pay balance, unless the amount is less than \$5.00.

IV. Publication of the Policy to Patients and the Public

TriHealth will widely publicize this Policy to assist its patients and the community in receiving access to Financial Assistance. This Policy, the Financial Assistance application and a Plain Language Summary of this Policy shall be made publicly available as follows:

- information will be provided by registration personnel;
- information will be included with patient statements;
- information will be posted on signage and be available within the hospitals (including emergency areas, admission and registration departments and business offices);
- information will be posted on TriHealth's website; and
- information will be available and/or posted at other public locations in TriHealth hospitals as TriHealth may elect

TriHealth shall inform the community served by its hospitals through methods reasonably calculated to reach those community members most likely to require Financial Assistance, such as providing copies to local food banks.

Such information shall be provided in the languages considered by TriHealth to be commonly spoken by the population it serves as described in Title VI of the Civil Rights Act. If translation or other assistance is needed to facilitate completion of TriHealth's Financial Assistance application, translation and other reasonable requests for assistance will be provided.

Referral of patients for a determination of Financial Assistance may be made by any member of the TriHealth staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors or by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

V. Relationship to Collection Policies

Consistent with its Hospital and Physician Office Billing and Collections Policy, TriHealth will not pursue Extraordinary Collection Actions (ECAs) against a patient or Guarantor before TriHealth has made all reasonable efforts to determine whether the patient is eligible for Financial Assistance under this Policy.

The collection actions TriHealth may take if a Financial Assistance application and/or payment are not received are described in TriHealth's Hospital and Physician Office Billing and Collections Policy.

For more information on the steps TriHealth will take to inform Uninsured patients of our Financial Assistance Policy and the collection activities we may pursue, please see TriHealth's Hospital and Physician Office Billing and Collections Policy.

You can request a free copy of this Financial Assistance Policy and the Hospital and Physician Office Billing and Collections Policy at TriHealth's facilities, by mail at HCAP/Financial Assistance, PO Box 639461, Cincinnati, OH 45263-9461, by calling (513)865-5148 or online here: <https://www.trihealth.com/patients-and-visitors/billing-and-insurance/financial-assistance>.

VI. Determining the Amounts Charged to Patients:

TriHealth may potentially bill a patient for gross charges prior to knowing that the patient qualifies for Financial Assistance. TriHealth, however, will not use gross charges when billing individuals who TriHealth knows qualify for Financial Assistance.

Once eligibility for Financial Assistance has been established, TriHealth will not charge patients who are eligible for Financial Assistance more than the Amounts Generally Billed (AGB) to insured patients for emergency or Medically Necessary care.

VII. AGB Calculation Method

To calculate the Amounts Generally Billed (AGB), TriHealth uses the “look-back” method described in Treasury Regulation 1.501(r)-5(b)(3).

In this method, TriHealth uses data based on claims sent to Medicare fee-for-service and all private health insurers for emergency and Medically Necessary care over the past 12-month period to determine the percentage of gross charges that is typically allowed by these insurers.

The AGB percentage is then multiplied by gross charges for emergency and Medically Necessary care to determine the AGB. TriHealth recalculates the percentage each year.

No patient eligible for Financial Assistance will be charged more than the AGB for Eligible Services, after the determination of eligibility has been made.

VIII. Other Provisions

A. Staff Training. TriHealth will train its staff in the Admitting/Registration, Financial Counseling, Customer Service departments and physician offices with regard to the availability of Financial Assistance under this Policy.

B. No Expectation of Referrals. Discounts offered under this Policy will not in any way be tied to future access to or provision of health care services covered by a federal or commercial program or payer. Similarly, no discount will be offered in response to current, past or future health services as a reward for accessing these services.

C. Management Annual Report and Budgeting. TriHealth will periodically evaluate its Financial Assistance program under this Policy and will prepare annual reports as appropriate. The costs of Financial Assistance will be reported annually in TriHealth’s community benefit report, in audited financial statements, and elsewhere as appropriate.

D. Regulatory Requirements. In implementing this Policy, TriHealth management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

OTHER AREAS/POLICIES OR PROCEDURES

- Hospital and Physician Office Billing and Collections Policy (#07_06.00)