 <p>Approved By: Board of Directors</p>	<p>Policy: Financial Assistance Policy</p>	<p>Number: SYS-RCM-100</p> <p>Manual: System Revenue Integrity Policy</p>
	<p>Entity/Hospital: OCOM Hospital</p>	<p>Reviewed/Revised: June 11, 2019, June 25, 2020, Jan 4, 2021, April 2021, July 2021, Jan 2022, April 2022, April 2023, July 2023</p>

1.0 PURPOSE

Oklahoma Center for Orthopaedic & Multi-Specialty Surgery, LLC (“OCOM”) provides care for patients unable to pay and offers financial assistance discounts (which may include uninsured discounts) to those who qualify. The Financial Assistance Policy applies to all health care services that are both Medically Necessary and Generally Available provided by OCOM. Medically Necessary emergency care will not be delayed or withheld based on the patient’s ability to pay. OCOM believes that health care services should be accessible to all regardless of race, color, religion, national origin, disability, age, sex, sexual orientation, gender identity, or protected veteran status in its consideration of a patient’s qualification for financial assistance.

2.0 SCOPE

This policy shall apply to all OCOM caregivers and all organizations and personnel (e.g. employees, independent contractors, vendors, volunteers, etc.) of OCOM.


3.0 POLICY

As part of its mission and commitment to community, OCOM provides financial assistance to patients of OCOM who qualify for financial assistance pursuant to this policy. This policy also serves to meet the requirements set forth in state and federal laws, including Internal Revenue Code Section 501(r). This policy will supersede all other Financial Assistance Policies.

4.0 ELIGIBILITY CRITERIA

4.1 All patients will be eligible to apply for financial assistance during the Application Period. Financial assistance is only available for health care services that are both Medically Necessary and Generally Available, except as may be determined by the sole discretion of the OCOM administration on a case by case basis. This policy covers hospital services billed through OCOM at its hospitals and ancillary locations, but does not cover the services of non-employed providers. A complete list of non-employed providers can be found in Appendix “A” of this policy. The list attached at Appendix “A” is updated annually.

4.2 OCOM hospitals use a financial assistance eligibility guideline that is based on the Amount Generally Billed (“AGB”) and the published Federal Poverty Guidelines for the current calendar year. The financial assistance eligibility guideline will be maintained at OCOM Business Office, 401 S.W. 80th St., Suite 100, Oklahoma City, OK 73139. The financial assistance guidelines will be updated annually in accordance with the Federal Poverty Guidelines as published in the Federal Register by the U.S. Department of Health and Human Services. OCOM will take into account each patient’s income level, family size, and amount of hospital charges when determining eligibility for financial assistance. Partial and/or full financial assistance will be granted based on the individual’s ability to pay.

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5.0 MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE PROCESS

Copies of the Financial Assistance Policy, the Plain Language Summary, and the Financial Assistance Application will be widely publicized in the following manner:

- 5.1 **Online** at the OCOM website, www.ocomhospital.com.
- 5.2 **By telephone** at the OCOM Business Office at 405-602-6595.
- 5.3 **By mail** at the OCOM Business Office, P.O. Box 890609 Oklahoma City, OK 73189.
- 5.4 **By posted signs and paper copies or brochures** in the admitting areas and business offices of all OCOM locations, in languages that are appropriate for the hospital's service area.
- 5.5 **In person**, as part of the intake or discharge process, through Financial Counselor visits, as necessary, and discussions by designated staff, when appropriate.
- 5.6 **In billing statements**, a phone number for inquiries about financial assistance will be included in patient billing statements.

6.0 METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE

- 6.1 A determination of whether a patient qualifies for financial assistance may be initiated by the patient, an OCOM representative, an external agency, a physician, or an interested party on behalf of the patient. A patient will be considered a financial assistance patient at the time sufficient information has been obtained to verify the patient's inability to pay for needed medical services.
- 6.2 Patients without insurance must fully cooperate and comply with eligibility requirements for any Federal and/or State program for which they may be qualified.
- 6.3 Outstanding balances that are owed by a patient as a result of a deductible, coinsurance or where the insurance benefits have been exhausted may qualify for financial assistance support if the patient meets the eligibility requirements. Patients with insurance must cooperate with any insurance claim submission and exhaust their insurance or potential insurance coverage before becoming eligible for financial assistance.
- 6.4 In order to be evaluated for financial assistance, it is the responsibility of the patient to complete an OCOM Financial Assistance Application and provide supporting documents. The completed application must be submitted to the OCOM Business Office, in person, 401 S.W. 80th St., Suite 100, Oklahoma City, OK 73139 or mailing address: P.O. Box 890609 Oklahoma City, OK 73189.


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The patient may be asked to provide one or more of the following documents upon request:

- 6.4.1 Federal/State Tax Return from the most recent calendar year, which includes Adjusted Gross Income
- 6.4.2 Social Security Award Letter or copy of Social Security check
- 6.4.3 Veterans Administration letter or copy of VA check if applicable.
- 6.4.4 Physician Disability Statement listing term of disability and documentation or proof of three or more months with no income for the period of disability if applicable.
- 6.4.5 Bankruptcy documentation, if applicable, with listed creditors showing OCOM Hospital entities.

Failure to provide these documents may result in a denial of financial assistance. Patient assistance will not be denied under this policy for the failure to provide information that was not required to be submitted in either this policy or the Financial Assistance Application.

- 6.5 All patients must be individually approved for financial assistance even if another family member was previously approved.
- 6.6 In the event a completed Financial Assistance Application is received during the Application Period, OCOM will suspend Extraordinary Collection Actions (ECAs) while it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. In the event an incomplete Financial Assistance Application is received during the Application Period, ECAs will be suspended for no more than thirty (30) days while OCOM provides written notice to the patient that ECAs may be initiated or resume if the Financial Assistance Application is not completed. Collection activity will resume in the following situations: (i) a partial adjustment occurs, (ii) the patient fails to cooperate with the financial assistance process, or (iii) the patient is not eligible for financial assistance.
 - 6.6.1 All patients can access OCOM’s Billing and Collection Policy at the following link: <https://ocomhospital.com/billing-and-collections-policy-2/>
- 6.7 OCOM retains the right to require any patient to reapply if new information pertaining to any change in their income level becomes available that may change the patient’s eligibility for financial assistance.
- 6.8 OCOM staff will uphold the confidentiality and individual dignity of each patient. All application information and supporting documentation will be maintained in accordance with the Health Information Portability and Accountability Act and the USPI Records Retention Policy.

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7.0 BASIS FOR CALCULATING FINANCIAL ASSISTANCE

7.1 If meeting requirements of this Policy, patients with income from all sources up to 150% of current Federal Poverty Guidelines will qualify for 100% discount of their hospital service. Patients not eligible for 100% will have the appropriate reduction applied according to the Financial Assistance Policy guidelines. Patients with income from all sources greater than 150% of current Federal Poverty Guidelines and up to 300% of Federal Poverty Guidelines may qualify for discounts of 73% to 97% of their gross yearly income whichever is less.

For example: A family of 4 with a Federal Poverty guideline of 126.13% would qualify for 100% financial assistance.

Select year: 2022 2021 2020 2019


Family size in persons:

After selecting a year and family size, simply enter a value in any one of the five boxes below and hit <Enter>. All other calculated and displayed automatically. Monetary values are rounded to the nearest dollar.

\$ annually
 \$ monthly → percent of FPL
 \$ biweekly
 \$ weekly

Family Size	2022 Annual FPL	2022 Monthly FPL							
		50%	100%	156%	191%	200%	250%	306%	400%
1	13,590	566	1,133	1,767	2,163	2,265	2,831	3,465	4,530
2	18,310	763	1,526	2,380	2,914	3,052	3,815	4,669	6,103
3	23,030	960	1,919	2,994	3,666	3,838	4,798	5,873	7,677
4	27,750	1,156	2,313	3,608	4,417	4,625	5,781	7,076	9,250
5	32,470	1,353	2,706	4,221	5,168	5,412	6,765	8,280	10,823
6	37,190	1,550	3,099	4,835	5,919	6,198	7,748	9,483	12,397
7	41,910	1,746	3,493	5,448	6,671	6,985	8,731	10,687	13,970
8	46,630	1,943	3,886	6,062	7,422	7,772	9,715	11,891	15,543
+add'l	4,720	196.67	393.33	613.60	751.27	786.67	983.33	1,203.60	1,573.33

7.2 The amounts for Medically Necessary and Generally Available medical services to patients eligible for financial assistance will not be more than the amounts generally billed (AGB) for emergency or other medically necessary care. In addition, amounts charged for Medically Necessary and Generally Available medical services to uninsured patients eligible for financial assistance will not be more than the AGB. OCOM determines AGB based on all claims paid in full to OCOM by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims (Look-back

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Method). The current AGB percentage can be found at www.ocomhospital.com/finance-options/ in the file on the right side of the screen titled OCOM AGB. In the event a patient has paid more than the AGB for a Medically Necessary and Generally Available medical service, OCOM will refund the patient the amount over the AGB calculated amount.

8.0 OVERSIGHT

The OCOM Board of Directors, or its designee, is responsible for the oversight of this policy. Any material changes to the standards set forth in the Policy must be approved by the Board prior to implementation by OCOM.

9.0 DEFINITIONS

- 9.1** “Amounts Generally Billed (AGB)” means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. AGB percentage means a percentage of gross charges that a hospital uses to determine the AGB for any emergency or other medically necessary care it provides to an FAP eligible individual.
- 9.2** “Application Period” means the time period in which an individual may apply for financial assistance. The Application Period ends on the 240th day after OCOM mails or electronically provides the individual with the first billing statement for the care, but may be extended by OCOM upon extraordinary circumstances.
- 9.3** “Extraordinary Collections Actions (ECAs)” are defined in the OCOM Billing and Collection Policy, SYS-RCM-116.
- 9.4** “Federal Poverty Guidelines” are determined by the Department of Health and Human Services and published in the Federal Register.
- 9.5** “Generally Available” means services for basic diagnostic or therapeutic care generally performed by local providers. Highly specialized, elective, or extraordinary services (such as transplants) are not typically covered, and cosmetic services or other services not generally covered by most insurance policies.
- 9.6** “Look-Back Method” means the methodology specified by IRS Codes Section 501(r) and selected by OCOM to determine AGB which uses past payments from Medicare or a combination of Medicare and commercial insurer payments.
- 9.7** “Medically Necessary Care” means services for urgent and emergent conditions, for serious illness, or for attempting to rule out serious illness.
- 9.8** “Underinsured” means Insured patients whose out-of-pocket medical costs would pose a financial burden to the patient due to high deductibles, high out-of-pocket maximum requirements, limited benefit plans or non-contracted insurance plans.

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Appendix A – Provider List

Adham, Mehdi MD	Griffin (Hall), Jennifer DDS	McGhee, Miranda MD	Templeton, Christopher DDS
Allen, Henry DO	Griggs, Thomas MD	McGivern, Kyle DO	Thacker, Dwight CRNA
Allen, Terry MD	Guffey, Matthew DDS	Melendez-Miranda, David MD	Thomas, Joel MD
Allen, Arielle DO	Hancock, Samuel (Brandon) MD	Miller, Jeffrey MD	Thompson, Travis CRNA
Allen, James DO	Harmon, Kelsey PA-C	Motley, Cody MD	Traczyk II, Richard DPM
Avant, Kristopher DO	Hassell, Scott PA-C	Nelson, Christopher MD	Vaughan, Wesley MD
Bachman, Greg MD	Hassoun, Basel MD	Nguyen, Dan MD	Vavricka, Beverly MD
Bankhead, Roy MD	Haworth, Kelli PA-C	Nguyen, Jason MD	Vavricka, Timothy MD
Bayless, James "Doug" MD	Henderson, Todd CRNA	Northern, Sarah DO	Verity, Mark MD
Beall, Douglas MD	Herlihy, Richard MD	Pack, Jason MD	Vincent, Ryan MD
Blick, Brian MD	Hermreck, Jason PA-C	Padilla, Michael MD	Wayman, Misty MD
Boeckman, Matthew MD	Hollingsworth, Kyle PA-C	Peck, Bryan MD	Webb (Sears), Katie PA-C
Borror, Keri PA-C	Holzer, Michael MD	Perkins, John Paul MD	Webster, Michelle DO
Bowen, Ashley MD	Huntsman-Nabors, Cindy CRNA	Phillips, Terrell DO	West, Derek DO
Brackett, Ryan DDS	Jansen, Joshua MD	Phillips, Tyler MD	Whitley, Mark MD
Bradford, Jennifer MD	Jennings, Paul MD	Plants, Nicholas DPM	Whitmill, Daniel CRNA
Bryan, Aaron CRNA	Jennings, Nick CRNA	Pollard, Emily Morgan MD	Wilks, Karen MD
Campbell, Marilyn CRNA	Jones, Alaina DPM	Prater, Scott MD	Williams, Kristen MD
Carroll, Nicole PA-C	Jones, Daniel MD	Reddick, Bradley DO	Wilson, Bradley MD
Carson, Matthew DPM	Jones, Kyle CRNA	Ring, Gary MD	Woods, Kay Lynn CRNA
Carter, Kevin DO	Jun, Hyung DDS	Roesler, Paul CRNA	Wootton, Cole MD
Chansolme, David MD	Ketterman, James CRNA	Royston-Locke, Jayme PA-C	
Daniel, Ian MD	Knight, Chad DPM	Saha, Amitabh MD	
Davis, Joel MD	Knowlton, Natasha DO	Sands, Steven DO	
DeWindt, Douglas PA-C	Kurella, Ravinder MD	Scott, Andrea DO	
Diesselhorst, Matthew MD	Lashbrook, Daphne MD	Seat, Christopher DPM	
Diffendaffer, Derek MD	Lazenby, John PA-C	Sheppard, Adam CRNA	
Doan, John MD	Le, Alain MD	Shock, Larry CRNA	
Draper, Dixie CRNA	Levings, Brian DO	Siebenman, Brooke PA-C	
Elenburg, Darren DPM	Lewis, Kayci DO	Smith, Lance MD	
Elfrink, Nathan MD	Liggitt, Patrick (Todd) CRNA	Sparkman, Darin MD	
Flynn, James DPM	Llewelyn, Aaron MD	Spatz, Tony MD	
Freeman, Kori PA-C	Lopez, Martin MD	Stafford, Amy MD	
Goerke, Kale DO	May, Jason MD	Straehla, Leila DPM	
Greenway, Roy MD	McAdams, Devin MD	Stretesky, Samantha PA-C	