Financial Assistance Policy

APPLICABILITY:

This policy applies to the following hospitals and medical groups:

Butler Memorial Hospital
Clarion Hospital
Frick Hospital
Latrobe Hospital
Westmoreland Hospital

Butler Medical Providers
Excela Health Medical Group

SCOPE:

As part of our commitment to the health care needs of our community, WVU Medicine and its related organizations have instituted this program designed to provide financial assistance to our patients who may not otherwise be able to pay for part or all of their care ("Financial Assistance Program"). WVU Medicine will treat all patients equitably, with dignity, respect, and compassion, and will not discriminate based on sex, age, color, race, religious creed, ancestry, national origin, disability, veteran status or lifestyle.

POLICY:

WVU Medicine will extend financial assistance to patients who do not have the ability to meet their patient financial responsibility for medically necessary healthcare. The process for determining financial assistance eligibility will be consistent for all patients. Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with WVU Medicine's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay.

PURPOSE:

This policy establishes the process and requirements for applying for Charity Care and the procedure used to calculate the Courtesy Discount. WVU Medicine will offer financial aid to patients that may consist of: Charity Care, Presumptive Eligibility for Charity Care, Courtesy Discount and/or extended-payment arrangements. WVU Medicine will ensure that all patients who are eligible for financial assistance will not be billed more than the Amount Generally Billed (AGB) to patients who have insurance.

DEFINITIONS:

1. Charity Care – Healthcare services that have been or will be provided free or at a discount to individuals who meet the established criteria.

2. Family – A group of two or more people who reside together and who are related by birth, marriage, or adoption.

3. Family Income – Includes earnings, unemployment, worker's compensation, Social Security benefits, child support, etc.

4. Assets – Includes any checking and savings accounts, certificates of deposit, and any other non-retirement liquid assets.

5. Uninsured – The patient has no level of insurance or third-party assistance to assist with meeting their payment obligations.

6. Underinsured – The patient has some level of insurance but still has out-of-pocket expenses that exceed their financial abilities.

7. Medically Necessary – As defined by Medicare - Services or items that are reasonable and necessary for the diagnosis or treatment of illness or injury.

8. Courtesy Discount – Also referred to as the Uninsured Discount; the adjustment given to the uninsured patient to decrease the patient's payment obligation from the charge amount.

9. Charity Care Discount – The adjustment to the patient's payment obligation granted based on the patient's income and financial need. The patient may be eligible for a 100% or 75% Charity Care Discount.

10. Presumptive Eligibility – A determination that a patient is presumed eligible for Charity Care when adequate information is provided by the patient or through other sources which allows WVU Medicine to determine that the patient qualifies for Charity Care.

11. Collection Agency Referral – WVU Medicine may use the services of an external collection agency for the collection of patient debt for nonpayment. This will typically occur 120 days after the initial billing.

12. Amount Generally Billed (AGB) – The amount billed to other individuals who have insurance covering their service, determined for each WVU Medicine facility in accordance with the look-back method under IRS Section 501(r) (26 CFR § 1.501(r)-5(b)). AGB is expressed as one or more AGB percentage(s) applied to gross charges; the current percentage(s) are disclosed as provided in the "Disclosure of AGB Percentages" section below.

13. Extraordinary Collection Actions (EAC) — An aggressive legal or financial step taken by a hospital or facility to recover unpaid medical bills before making reasonable efforts to determine if a patient qualifies for financial assistance.

ESSENTIAL INFORMATION:

A. All patients selecting WVU Medicine as their health care provider may be eligible to receive financial assistance under this policy regardless of whether they are uninsured, underinsured, or insured. Coordination with other available coverage is addressed below. A list of providers, other than the hospital facility itself, that deliver emergency or other medically necessary care in the facility —

specifying which providers are covered by this FAP and which are not — is maintained in Appendix C and is updated at least quarterly. WVU Medicine will bill all insurance coverage on behalf of the patient to obtain benefit payments. The patient has an obligation to provide all the required insurance information and assignment of benefits and other requested documentation. This policy does not relieve the patient from their obligation.

B. Payment in advance may be required for services that are generally considered non-covered (including, but not limited to cosmetic surgery, reversals for sterilizations, dental procedures.) These non-covered services are excluded from the Financial Assistance Program.

C. WVU Medicine will provide financial counseling services to all patients who owe any type of self-pay balance. The hospital representative and/or third-party resource will assist the patient in applying for Medical Assistance. The financial assistance described in this policy will only be considered if other payment is not available.

D. The method(s) for applying or inquiring about our Financial Assistance Policy for WVU Medicine:

a. To request an application:

i. For Butler Memorial Hospital, Clarion Hospital, or Butler Medical Providers, email pbindependence@ensemblehp.com

ii. For Excela facilities, email excelahealth@optum360.com

b. Visit our website at wvumedicine.org or

c. The application is listed on the reverse side of your patient statement or

d. Contact our office:

- For Butler Memorial Hospital, Clarion Hospital, or Butler Medical Providers, call 877-247-9925 Monday through Friday, 8:00am to 4:00pm
- For Excela facilities, call 866-322-0961, option 4 to speak with a Financial Assistance specialist

E. Any uninsured patient seeking financial assistance must comply with all medical assistance application requirements, including providing all requested documentation within (30) days of receipt of the application. To apply for Pennsylvania Medical Assistance, visit www.compass.state.pa.us. WVU Medicine will treat such information confidentially and will only use the information for the purposes of determining the patient's eligibility for financial assistance.

F. The Chief Financial Officer will provide the Board of Trustees with information or changes to the Financial Assistance Program on an annual basis. The Board of Trustees may request information about the Program at any time.

DISCOUNTS OFFERED:

a. Charity Care Discount will be determined based on income, assets and size of the family. WVU Medicine will follow the Federal Poverty Guidelines when determining the patient eligibility. Patients will receive charity care in a range of 100% with income less than 250% of the Federal Poverty Guidelines, or 75% with income greater than 250% but less than 350% of the Federal Poverty Guidelines (see Appendix A for grid). To be considered for a Charity Care Discount, the patient or their representative must complete the Financial Assistance Application. Following a determination of

financial assistance eligibility, a patient will not be charged more than the AGB for emergency or other medically necessary care.

b. The Courtesy Discount will be offered to patients with no insurance coverage, who do not qualify or choose not to apply for a Charity Care Discount. Patients who are responsible for the entire balance will have their charges reduced. The percentage will be calculated at least annually, and WVU Medicine will begin applying each newly calculated AGB percentage no later than the 120th day after the end of the 12-month period used in the calculation based on the Amounts Generally Billed (AGB) to patients who have insurance coverage. The calculation will be based on the look back method where paid claims from the previous 12-month period will be examined to determine the AGB percentage(s) and can be different for each facility. Each AGB percentage is calculated by dividing the sum of the amounts allowed on all claims for emergency and other medically necessary care during the prior 12-month period by the sum of the associated gross charges for those claims. The claims included are those allowed by Pennsylvania and Medicare fee-for-service and all private health insurers that pay claims to the facility and Pennsylvania Medical Assistance/ other state Medicaid plans, in combination with the foregoing. This discount is based on the Internal Revenue Service (IRS) Section 501(r) Final Regulations under the guidelines and methodologies for Limitation of Charges.

Disclosure of AGB Percentages.

WVU Medicine states the current AGB percentage(s) for each applicable facility, together with a description of how the percentage(s) were calculated, in this FAP and/or on the Financial Assistance webpage at wvumedicine.org. In addition, any member of the public may readily obtain the current AGB percentage(s) and a description of the calculation methodology, in writing and free of charge, by (i) contacting Patient Financial Services using the information provided in the “Essential Information” section of this policy, (ii) visiting any patient registration area, or (iii) sending a written request. WVU Medicine will provide the requested information promptly and at no charge. The AGB percentage(s) applicable to each WVU Medicine facility for the current period are set forth in Appendix D.

If a FAP-eligible individual has paid more than the amount he or she is determined to owe as a FAP-eligible individual (i.e., more than AGB), WVU Medicine will refund the excess, unless that excess is less than $5 (or such other amount set by IRS guidance).

c. Presumptive Eligibility for Charity Care will be considered in instances when a patient may appear eligible for Charity Care Discounts. In the event there is no specific evidence to support a patient’s eligibility for charity care, WVU Medicine may base their determination on the below criteria.

a. Homeless or received care from a homeless clinic

b. Food Stamp eligibility

c. Patient is deceased with no known estate

d. Family or friends of a patient that can provide information establishing the patient’s inability to pay if the patient is unable to complete the charity care application

e. Patients who qualify for Section 8 housing

f. Patients returned as uncollectable from bad debt collection that have a presumptive charity score matching the established score criteria. A presumptive charity score may be used as an indicator to pursue and encourage the completion of a full application for financial assistance.

Upon completion of the presumptive Charity Care process, approvals will be on a case by case basis. Presumptive Charity Care application approvals will be determined by a Patient Financial Representative, Business Office Manager, or at the discretion of the Director, Revenue Cycle.

PROCEDURES:

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need determined by this Policy and include the following:

1. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation to make a determination of financial need and eligibility for alternative sources of coverage from public assistance programs.

2. The following documents are required to verify income and assets:

   a. Most recently filed 1040 Tax return

   b. Social Security Benefits for the current year

   c. Unemployment Benefits

   d. Child Support Payments

   e. Paystub(s) last 30 days

   f. Pension (copy of bank statement if directly deposited)

   g. Disability/Workers compensation

   h. Alimony

   i. Rental income

   j. Proof of any other sources of income

   k. Most recent checking and/or savings account statement

   l. Proof of any Certificate of Deposits (CD)

   m. Medical Assistance determination letter

   n. Number of dependents claimed for tax purposes

3. If it is determined by a Financial Clearance Representative that an applicant may be eligible, alternative sources of payment and coverage from public and private payment programs will be explored and assistance provided to patients to apply for such programs.

4. A Financial Clearance Representative will review the patient's outstanding accounts for prior services. Once the application has been approved it will be in effect for six months before and twelve months after the approval date, absent a significant change in the patient's financial circumstances.

COMMUNICATION:

1. Notification of the Financial Assistance Program is available from WVU Medicine as follows:

   a. A contact telephone number will be provided to all patients at the time of registration.

b. Posting on all patient bills

c. Posting in all Patient Registration Areas and Physician Offices

d. Posting on the WVU Medicine website

e. Posting in the Emergency Room areas

f. Posting in all outreach locations

g. Posting in the hospital's patient handbook

h. WVU Medicine maintains a plain language summary of this Financial Assistance Policy, and offers a paper copy of the plain language summary to patients as part of the intake or discharge process.

i. The Financial Assistance Policy, the FAP application form, and the plain language summary are conspicuously posted on the WVU Medicine website and may be downloaded, viewed, and printed free of charge, without creating an account or providing any personally identifying information, and paper copies are available on request without charge, both by mail and in public locations in the facility (including the emergency room and admissions/registration areas).

j. WVU Medicine translates this Financial Assistance Policy, the FAP application form, and the plain language summary into the primary language of each limited-English-proficiency (LEP) language group that constitutes the lesser of 1,000 individuals or 5 percent of the community served by the facility.

2. Patients who have applied for Financial Assistance will be notified by telephone or in writing within (30) days of their application as to whether they have been approved or denied.

3. WVU Medicine maintains a separate Collections of Patient Balances policy. A copy of that policy may be obtained by contacting our office at 724-284-4460, Monday to Friday, 8:00 am to 4:00 pm.

COLLECTION AGENCY REFERRAL:

WVU Medicine may use the services of an external collection agency for the collection of patient debt. This will typically occur (120) days after the initial billing. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, WVU Medicine will not send unpaid bills to outside collection agencies. WVU Medicine will not refer to a collection agency or take additional collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this policy. Consistent with the separate Collections of Patient Balances policy and 26 CFR § 1.501(r)-6, WVU Medicine will not initiate extraordinary collection actions (ECAs) before making reasonable efforts to determine FAP-eligibility. WVU Medicine will accept and process FAP applications for at least 240 days after the first post-discharge billing statement, and will provide written notice at least 30 days before initiating any ECA that identifies the ECAs WVU Medicine intends to take and the deadline after which those actions may begin, accompanied by a plain language summary of this FAP.

REGULATORY REQUIREMENTS:

In implementing this policy, WVU Medicine 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. WVU Medicine also maintains a separate written Emergency Medical Care Policy, consistent with 26 CFR § 1.501(r)-4(c), requiring the provision of care for emergency medical conditions to individuals regardless of their eligibility under this Financial Assistance Policy and prohibiting actions that discourage individuals from seeking emergency medical care.

Attachments:

Appendix A – Charity Care Guidelines

Appendix B – Covered Facilities

Appendix C – Provider List (providers delivering emergency/medically necessary care in the facility, indicating FAP-covered vs. not covered; updated at least quarterly)

Appendix D – Current AGB Percentages by Facility and Description of Calculation

Approval Signatures

Thomas Albanesi, Chief Financial Officer — 09/2026

Karen Cambell, Executive Director, Revenue Cycle — 09/2026

APPENDIX A – CHARITY CARE GUIDELINES

WVU Medicine — Charity Care Guidelines

Dependents	100% Charity — Income < 250% FPG	75% Charity — Income < 350% FPG
1	$39,900	$55,860
2	$54,100	$75,740
3	$68,300	$95,620
4	$82,500	$115,500
5	$96,700	$135,380
6	$110,900	$155,260
7	$125,100	$175,140
8	$139,300	$195,020

For families/households with more than 8 people, add $5,680 for each additional person.

2026 Published Federal Poverty Guidelines

Persons in Family	Poverty Guideline
1	$15,960
2	$21,640
3	$27,320
4	$33,000
5	$38,680
6	$44,360
7	$50,040
8	$55,720

APPENDIX B – COVERED FACILITIES

Financial assistance is applicable to services that are billed under the tax ID numbers associated with the facilities included in Financial Assistance Policy.

APPENDIX C – PROVIDER LIST

The following table lists providers that deliver emergency or other medically necessary care in the WVU Medicine facilities, and specifies which providers are covered by this Financial Assistance Policy, and which are not. This list is reviewed and updated at least quarterly.

Covered Providers	Non-Covered Providers
Butler Memorial Hospital	Anesthesiology
Butler Medical Providers	Emergency Medical Professionals
Clarion Hospital	FasterCare
Excela Health Medical Group	Radiology -Professional
Frick Hospital	
Latrobe Hospital	
Westmoreland Hospital	

APPENDIX D – CURRENT AGB PERCENTAGES BY FACILITY

Each percentage was calculated by dividing the sum of the amounts allowed on all claims for emergency and other medically necessary care during the specified 12-month period by the sum of the associated gross charges for those claims, using claims allowed by Medicare fee-for-service and all private health insurers. These percentages and this description are available in writing, free of charge, on request.

For the period beginning April 1, 2026, the Amount Generally Billed (AGB) percentages for the period ending 12/31/2025, determined under the look-back method (26 CFR § 1.501(r)-5(b)(3)), are:

Facility	AGB	Courtesy Discount
Butler Memorial Hospital		
Inpatient	46%	54%
Outpatient	32%	68%
Clarion Hospital		
Inpatient	53%	47%
Outpatient	44%	56%

For the period beginning August 1, 2026, the Amount Generally Billed (AGB) percentages for the period ending 06/30/2026, determined under the look-back method (26 CFR § 1.501(r)-5(b)(3)), are:

Facility	AGB	Courtesy Discount
Frick Hospital		
Inpatient	36%	64%
Outpatient	27%	73%
Latrobe Hospital		
Inpatient	40%	60%
Outpatient	28%	72%
Westmoreland Hospital		
Inpatient	36%	64%
Outpatient	31%	69%

For the period beginning September 1, 2026, the Amount Generally Billed (AGB) percentages for the period ending 06/30/2026, determined under the look-back method (26 CFR § 1.501(r)-5(b)(3)), are:

Facility	AGB	Courtesy Discount
Butler Medical Providers		
Outpatient	52%	48%
Excela Health Medical Group		
Outpatient	52%	48%