

Glenbeigh

FINANCIAL ASSISTANCE POLICY

Since 1981, Glenbeigh has served patients and their families by supplementing their personal resources in order that suffering alcoholics, addicts and their family members may obtain treatment and other related services at Glenbeigh. Providing financial assistance is fundamentally important to the non-profit mission, vision and values of Glenbeigh. Because there is a wide disparity in available resources to pay for the treatment of addiction, Glenbeigh provides financial assistance to maximize access to treatment while balancing the need to sustain Glenbeigh and its mission for future generations. In addition, accepting personal responsibility to overcome addiction and find recovery is fundamental to successful treatment at Glenbeigh, as is the belief that addiction is a family disease. Accordingly, to the extent possible, payment for services is primarily a responsibility of individual patients and their families, if they are willing and able to assist.

Glenbeigh will continue to promote access to treatment and funding of treatment for this disease. In keeping with our goal of sustaining Glenbeigh for future generations, financial assistance is budgeted annually.

1. **Guidelines.** Glenbeigh will provide annually a significant sum for financial assistance. The annual amount is calculated on a percentage of adjusted patient service revenue (total patient service revenue less contractual adjustments).
2. **Financial assistance resources are limited.** The available resources will be used primarily for those who meet clinical standards for admission and who are most in need of residential care, and secondarily for outpatient services and other areas of the continuum of care. Priority will be given to Ashtabula County, Ohio residents and Glenbeigh patients that have exhausted insurance benefits but remain in need of continued care. Before determination of eligibility for financial assistance, prospective patients must meet Glenbeigh's applicable clinical standards for admission. Financial assistance admission is also subject to bed availability as determined by Glenbeigh management.
3. **Determination of Eligibility.** In order to promote the health and well-being of the patients and communities we serve, uninsured, underinsured and individuals with limited financial resources will be eligible for discounted treatment services on a program by program basis, based on Glenbeigh's established means criteria, which will be used at all facilities with that particular program. To be considered for financial assistance, the patient and all other persons willing and able to participate in paying for a person's services must cooperate with Glenbeigh to provide the information and documentation necessary in order to determine eligibility for financial assistance. Glenbeigh has adopted an application that is required to be completed by an applying patient or their legal representative. The final conclusion is made by Glenbeigh management based upon the information provided.

4. **Emergency/Medically Necessary Care**

The Financial Assistance Program includes either a percentage discount off gross charges based on a sliding scale or in the case of emergency or medically necessary care, no more than XX% of gross charges. Emergency or medically care is defined as "Medically Managed Intensive Inpatient Services" for adults, in which this level of care offers 24-hour nursing care and daily physician care for severe, unstable conditions related to drug and alcohol addiction. Counseling is available to engage patients in treatment. This percentage is calculated annually based on the look back method utilizing past claims for Medicare and Private insurance payments made to Glenbeigh.

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5. **Non-Discrimination.** The determination of eligibility for financial assistance will be based on the patient's and participating family member's or other responsible payer's ability to pay. Financial assistance determinations will not be based on the patient's age, sex, race, creed, disability, sexual orientation or national origin.
6. **Communication of Financial assistance.** You may obtain a copy of our Financial Assistance application form: (1) On the Glenbeigh website at www.Glenbeigh.com/financial-arrangements, and (2) By calling the Glenbeigh Business Office at 1-800-234-1001. We will mail you a copy of our Financial Assistance Policy free of charge. You may also obtain an application at any of the Glenbeigh Outpatient Centers. At the Rock Creek facility applications are available in the Business Office and Admissions Department.
7. If you need any help with the completion of the application, please feel free to contact anyone in the Business Office at the above number. Glenbeigh will also provide notices regarding the availability of financial assistance to patients or guarantors when the patient responsibility portion of services rendered are billed to the patients or guarantors. The amount of financial assistance awarded annually will be reported in the community benefit disclosures, and the accounting for financial assistance shall comply with all accounting standards for financial assistance issued by the American Institute for Certified Public Accountants. In addition, this policy will be made available to the public.
8. **Confidentiality.** Consistent with Glenbeigh's overall policies on confidentiality with respect to our patients, the need for financial assistance may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity will be maintained for all who seek financial assistance. No information obtained in the financial assistance application process may be released unless the person providing the information gives expressed written permission.
9. **Responsible Staff.** Glenbeigh employees in the admissions and patient accounting areas will be fully versed in this financial assistance policy, have access to the application forms, and be able to answer questions regarding financial assistance. Glenbeigh staff with significant public and patient contact will be trained to understand the basic information related to the financial assistance policy and procedures. All Glenbeigh staff with public and patient contact will provide patients with printed material explaining the patient aid program.
10. **Uniformity.** All Glenbeigh programs will use the same financial assistance application process and criteria for eligibility on a program by program basis.
11. **Billing/Collection Activity.** Once an individual's responsibility for payment is determined, Glenbeigh will send 4 monthly notices outlining the amount due over the next 150 days before any extraordinary collection activities will be undertaken. Consistent with Glenbeigh's values and our mission, patient billing accounts will not be sent to collection agencies without giving the patient or other responsible payer the opportunity and adequate time to develop an alternative payment arrangement. If a financial assistance determination allows for a percentage reduction but leaves the patient with a self-pay balance, payment terms will be on an interest-free basis. In addition, Glenbeigh will not garnish wages or use liens on primary residences as a means of collecting unpaid bills.

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12. **Definitions.** For policy implementation purposes, key terms are defined as follows:

- **Application.** A complete application is required prior to the determination of eligibility for financial assistance. An application is effective for ninety days from the initial service date.
- Glenbeigh will review all completed application and notify individuals of eligibility within 14 days of receipt of completed application. During the application and review process, all collection activity will be put on hold until determination of eligibility is complete.
- Eligibility for financial assistance must be determined separately for each admission, unless the patient is readmitted within forty-five days of discharge for the same underlying condition. The patient or a legal representative is required to sign the application. An unsigned application can be deemed acceptable if the patient is physically unable to sign the application or does not live in the vicinity of the hospital and is unable to return a signed application by mail. In these situations, a Glenbeigh representative should complete all questions on the application, sign it and must document why the patient is unable to sign the application.
- **Bad debts.** Bad debts are amounts due from a patient or patient's responsible party resulting from treatment for services provided to a patient and for whom the patient and/or patient's responsible party, having the requisite financial resources to pay for the treatment services, has demonstrated an unwillingness to pay a bill.
- **Contractual adjustments.** Contractual adjustments are the differences between the charge for services provided at the established rates and the amounts that will be collected for the services provided from an insurance company under the unique terms of the contract with the insurance company. The amounts that will be collected can differ for each third-party payor and are defined in the contract between Glenbeigh and the third-party payor.
- **Family.** A family shall include the patient, the patient's spouse (regardless of whether they live in the home), and all of the patient's children, natural or adoptive, under the age of eighteen who live in the home. If the income of a spouse or parent who does not live in the home cannot be obtained, or the absent spouse or parent does not contribute income to the family, determination of eligibility shall proceed with the available income information.
- **Financial assistance.** Financial assistance is that portion of a patient's bill for which the patient and/or patient's responsible party is legally required to pay to Glenbeigh and is forgiven by Glenbeigh based upon the patient and/or patient's responsible party providing documented evidence of a lack of ability to pay for the services provided. Financial assistance may provide for all or a portion of the patient's bill incurred for residential and/or outpatient treatment programs provided by Glenbeigh for which a third-party payor is not responsible and for which a patient (and/or the patient's responsible party is legally required to pay) has an inability to pay. Amounts considered as financial assistance do not include contractual adjustments or bad debts. Financial assistance may also be approved for unpaid coinsurance, deductibles and non-covered services if the patient meets the Glenbeigh financial assistance eligibility criteria. Financial assistance may be provided from funds that have been received by Glenbeigh from third parties and specifically designated for "financial assistance" or be provided from the operating cash flow of Glenbeigh.

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- **Means Testing.** The determination of a patient's eligibility for financial assistance is made based upon a combination of four factors. A point value is assigned to each factor based upon the information provided. The amount of the financial assistance is based upon the sum of the point values for all four factors. The four factors are family income, equity in primary residence, other net assets and the number of dependents.
 - **Income.** Income shall be defined as total salaries, wages and cash receipts before taxes; receipts that reflect reasonable deductions for business expenses shall be counted for both farm and non-farm self-employment. Income can be calculated by either:
 - Multiplying by four the family's income for the three months preceding the date hospital services were provided; or
 - Using the family's income for the twelve months preceding the date hospital services were provided.
 - **Equity in primary residence.** Equity in primary residence shall be defined as the current market value of the primary residence less the sum of amounts due on all loans for which the primary residence is the collateral for the loan. The loans could include first mortgages and second mortgages (including, home equity loans and lines of credit).
 - **Other net assets.** Other net assets shall be defined as the current account or market value of all other assets less outstanding loan amounts. The other assets include; however, are not limited to:
 - **Cash and cash equivalents.** Such as checking account(s), savings account(s), money market account(s), certificate of deposit account(s) and non-retirement investment account(s) – including stocks, bonds and mutual funds.
 - **Amounts due from others.** Such as income tax refunds, amounts loaned to others with the expectation of repayment and amounts due from others as a result of the sale of assets.
 - **Business and farm assets.** Such as the current value of investment property including farm land, rental property, and ownership interests in businesses.
 - **Collections.** Such as the current value of art, coin, stamps and antiques.

The other net assets are the sum of the above less outstanding loans for the acquisition of the above assets and outstanding unsecured loans (such as credit card debts).

- **Dependents.** The number of dependents within the patient's household includes the patient, spouse (or significant other), and dependent children.

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Based on the sum of the points assigned to the patient specific information for each of the four factors, the patient financial assistance classification is determined.

Because of the disruptive impact on family income that can result from the behavior of alcoholics and addicts, Glenbeigh management will review all applications for financial assistance. Glenbeigh management can override financial assistance conclusions resulting from the above four factors for those patients with a history of significantly higher earnings or with the significantly higher earnings potential.

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Does Glenbeigh offer financial assistance for patients meeting the applicable clinical standards for treatment and who do not have insurance coverage for the services needed?

Yes, Glenbeigh does offer financial assistance discounts from the established rates for patients who do not have insurance coverage for the services needed. Glenbeigh also offers financial assistance to patients with unpaid coinsurance, deductibles and non-covered services if the patient meets the Glenbeigh financial assistance eligibility criteria. The financial assistance is available based upon a financial assistance sliding fee scale. The financial assistance discounts are granted as percentage of the established rates for the primary services or the unpaid balances of coinsurance, deductibles and non-covered services based upon a combination of the patient’s household income and household assets.

What is a financial assistance sliding fee scale?

At Glenbeigh the financial assistance sliding fee scale allows patients with low-income and/or with minimal net assets to access health care at discounted rates or possibly free of charge. The financial assistance discount will vary because of the wide disparity in available resources to pay for the treatment.

The Glenbeigh financial assistance sliding fee scale has four possible results, depending on the results of the four factors in the means testing formula. A patient is assigned to a financial assistance tier based on the sum of the points assigned for each of the four factors.

The income, equity in primary residence and other net asset factors at Glenbeigh are based on the federal poverty guidelines and are updated as the federal poverty guidelines change.

What are the current poverty guidelines?

The 2021 HHS Poverty Guidelines for the 48 Contiguous States and the District of Columbia found on the Federal Register/Vol. 86, No. 19/ Monday, February 1, 2021/Notices. The guidelines state that an individual with annual income less than \$12,880. is below the poverty guideline. We use 200% of the poverty guideline.

What points are assigned based upon the family income?

| Points Assigned | Family Income Floor | Family Income Ceiling |
|-----------------|---------------------|-----------------------|
| 0 | \$0 | \$25,760 |
| 1 | \$25,761 | \$34,480 |
| 2 | \$34,481 | \$43,920 |
| 3 | \$43,921 | \$53,000 |
| 4 | \$53,001 | \$62,080 |
| 5 | \$62,081 | \$71,160 |

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| points Assigned | Primary Residence Equity Floor | Primary Residence Equity Ceiling |
|-----------------|--------------------------------|----------------------------------|
| 0 | \$0 | \$43,920 |
| 1 | \$43,921 | \$53,000 |
| 2 | \$53,001 | \$62,340 |
| 3 | \$62,340 | \$75,300 |
| 4 | \$75,301 | \$88,260 |
| 5 | \$88,261 | |

| Points Assigned | Other Net Assets Floor | Other Net Assets Ceiling |
|-----------------|------------------------|--------------------------|
| 0 | \$0 | \$10,827 |
| 1 | \$10,827 | \$14,847 |
| 2 | \$18,867 | \$22,887 |
| 3 | \$22,887 | \$26,907 |
| 4 | \$26,907 | \$30,927 |
| 5 | \$30,927 | |

| Points Assigned | Dependents Floor |
|-----------------|------------------|
| 1 | 3 |
| 2 | 2 |
| 3 | 1 |
| 4 | 0 |

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Eligibility for the program is based on a point scale and the following indicates the percentage discount based on the points assigned from the Financial Assistance Application responses.

0 to 6 = 100%

7 to 12 = 75%

13 to 18 = 50%

19 + = 25%

The Hill-Burton Act provided for free or reduced fee medical care for eligible individuals at health care providers receiving a variety of different federal government subsidies. Glenbeigh has not received any of the qualifying government subsidies and is not required to provide free or discounted medical services as a consequence of the Hill-Burton Act.

The State of Ohio has a program referred to as the Hospital Care Assurance Program (“HCAP”) to provide free care for eligible residents. The program covers services at acute care hospitals and not at specialty hospitals like Glenbeigh; therefore, Glenbeigh does not participate in the Ohio HCAP.

Glenbeigh is a health care provider that has been granted an exemption from federal income taxes under section 501(c) (3) of the Internal Revenue Code. The Internal Revenue Code does not require that a health care provider provide specific amounts or percentages of free or reduced fee medical care. However, the Internal Revenue Code does expect Glenbeigh to provide a public benefit. Glenbeigh is committed to providing that public benefit with reduced fee medical services to patients who are not able to access the treatment they need within the Northeast Ohio public health community.

How does Glenbeigh determine eligibility for reduced fee medical care?

Prior to determining financial assistance eligibility for reduced fee medical care, Glenbeigh assesses the medical appropriateness of treatment at Glenbeigh for the prospective patient. Once Glenbeigh personnel determine that a prospective patient can be appropriately treated at Glenbeigh, the admissions department personnel determine the party financially responsible for the patient’s medical care at Glenbeigh.

For most patients admitted to Glenbeigh, there is a third party payor that is responsible for at least some of the services provided. However, in an attempt to make inpatient services available to individuals who do not have insurance, Glenbeigh reduces its fees for all uninsured patients. These rates are a significant discount from the established charge rate and are comparable to the average rate paid by most insurance companies that have signed contracts with Glenbeigh

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What kind of documentation is required as a part of the determination of a patient's eligibility for free or reduced fee medical care?

Glenbeigh requires the financial assistance application to be completed to assist us in the determination of your eligibility for reduced fee medical care.

Additional supporting documents may also be required. Documents such as the tax return for the prior year, the paycheck stubs for the past three months and a letter from your employer confirming your employment status are examples of documents that may be required to determine if you are eligible for free or reduced fee medical care.

The failure to provide all requested documents can result in the rejection of your request for reduced medical care.

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Date of Application: ____ / ____ / ____

Record Number: _____ Date of Birth _____

Patient Social Security Number: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date(s) of Hospital Service: From _____ To _____

| | | |
|---|--|---------|
| 1. Were you an Ohio resident at the time of your hospital service? | Yes ____ | No ____ |
| 2. Were you an active Medicaid recipient at the time of your hospital service? | Yes ____ If yes, enter Medicaid billing number: <hr style="border: 1px solid black;"/> and attach a copy of the Medicaid card. | No ____ |
| 3. Were you an active recipient of Disability Assistance at the time of your hospital service? | Yes ____ If yes, enter DA billing number: <hr style="border: 1px solid black;"/> and attach a copy of the DA card. | No ____ |
| 4. Did you have health insurance (other than Medicaid) at the time of your hospital service? | Yes ____ If yes, enter please provide: Name of Insurance Co.: <hr style="border: 1px solid black;"/> Policy #: _____ Group #: _____ and attach a copy of the insurance card. If different from card used for recent stay at our facility. | No ____ |

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Please list all "family" members (including your self). For purposes of the Glenbeigh financial assistance application, family is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive) who live in the patient's home. Income includes gross (pretax) wages, rental income, unemployment compensation, social security benefits, public assistance, etc.

| Name | Age | Relationship to Patient | Income for 3 months prior to hospital service* | Income for 12 months prior to hospital service* |
|--------------------------------|-----|----------------------------|--|---|
| (Patient) | | self | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total persons in family | | Total family income | | |

*Income verification, if required Glenbeigh, may include pay stubs, w-2s, tax returns or other documents containing income information for the appropriate time period (3 or 12 months prior to hospital service).

EQUITY IN PRIMARY RESIDENCE

| | |
|---|----|
| <p style="text-align: center;">Enter the current equity in your primary residence. Equity means current value minus debt. Include the value of a farm that you live on and operate, if applicable. If you do not own your primary residence, enter 0.</p> | \$ |
|---|----|

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OTHER NET ASSETS

Enter the total amounts requested for each line for all members of the household identified on the preceding page: (if the answer is zero or you and the members of your household do not own any assets of the type requested, enter 0.)

| Item | Amount |
|---|--------|
| Cash on hand | \$ |
| Current balance of checking accounts and savings accounts. | \$ |
| Current net worth of investments. Net worth means current value minus debt. Investments include real estate (other than the home you live in), trust funds, money market funds, mutual funds, certificates of deposit, stocks, bonds, other securities, Education IRAs, installment and land sale contracts (including mortgages held), commodities, etc. Investment value includes the market value of these investments. Do not include the value of life insurance and retirement plans (pension funds, annuities, non-Education IRAs, Keogh plans, etc.) or the value of prepaid tuition plans. Investment debt means only those debts that are related to the investments. | \$ |
| Current net worth of business. Net worth means current value minus debt. Business value includes the market value of land, buildings machinery, equipment, and inventory. Business debt means only those debts for which the business was used as collateral. | \$ |
| Current net worth of investment property or farm. Net worth means current value minus debt. Don't include a farm that you live on and operate. | \$ |
| Subtotal (sum of the above) | |
| | |
| Total of all credit card debt, student loan balances and all other unsecured debts. | \$ |
| | |
| Other net assets (subtotal less total debts) | \$ |

By my signature below, I certify that everything I have stated on this application and on any attachments is true and correct. I give Glenbeigh permission to verify information about my income by contacting my employer and by obtaining a credit report. I understand the above information must be provided to qualify for financial assistance discount.

Patient Name

Patient Signature

Date

| | | |
|----------------------|------------------------------|---------------------------|
| For Office Use Only: | | |
| Annual Income _____ | Equity in Residence _____ | |
| Net Assets _____ | # of Household Members _____ | Sliding Scale Level _____ |