

<p>POLICY NAME: Financial Assistance</p>	<p>PAGE: 1 OF: 6</p>
<p>DEPARTMENT: Business Office</p>	<p>POLICY # 120PP1003</p>

Purpose and/or Policy Statement:

The purpose of this policy is to further the charitable mission of Nemaha County Hospital by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with requirements of the Internal Revenue Code and implementing regulations.

Procedure:

Eligibility Criteria: The following classes of individuals and categories of care are eligible for financial assistance under this policy.

Financial or Medical Disadvantage

- To qualify with a financial disadvantage, the patient must be Uninsured or Underinsured and have a Household Income of equal to or less than 150% of Federal Poverty Level; provided, however, that patients who satisfy the minimum Household Income criteria but have a Net Worth in excess of 20 percent of total outstanding medical bills do not qualify with a financial disadvantage.
- To qualify with a medical disadvantage, the patient must have medical bills in excess of 20 percent (20%) of the greater of the patient's Household Income or Net Worth.
- "Household income" is defined as the gross income of all members included in the patient's household over the twelve (12) months prior to application for assistance under this policy. Proof of income that is less than 12 months can be annualized if it is reasonable to do so. Variance in income during the most recent 12 month period prior to the application will be considered.
- "Net worth" is defined as the value (assets – liabilities) of all members included in the patient's household over the twelve (12) months prior to application for assistance under this policy. In addition to the information required on the application.

Covered Providers

Care provided at NCH by NCH employees and NCH-contracted staff is covered by this policy.

Care provided by independent community physicians and other independent service providers is not subject to this policy. Patients should contact these other providers to determine whether care is eligible for financial assistance.

Limitation on Charges and Calculation of Amount Owed

Patients who are deemed to be eligible for financial assistance under this policy will not be charged

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for care covered by this policy more than amounts generally billed by NCH to individuals who have health insurance covering such care. Discounts granted to eligible patients under this policy will be taken from gross charges.

Calculation of Amounts Generally Billed

- The “Amount Generally Billed” or “AGB” is the amount NCH generally bills to insured patients. NCH utilizes the prospective method to establish AGB. Accordingly, the AGB equals the amount Medicare would allow for the care provided if the patient was a Medicare fee-for-service beneficiary, including all co-pays and deductibles.

Amount of Financial Assistance/Discount

- Patients who qualify for financial assistance are eligible for 100% financial assistance on their balances. However, the established copay amounts related to applicable services provided in NCH shall not be subject to 100% financial assistance, provided that the copay charged and collected does not exceed the AGB.

Application Process & Determination

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on the NCH’s financial assistance application form during the Application Period. Completed applications must be returned to Nemaha County Hospital, 2022 13th St., Auburn, NE, 68305.

For purposes of this policy, the “Application Period” begins on the date care is provided to the patient and ends on the later of (i) the 240th day after the date the first (whether inpatient or outpatient) billing statement is provided to the patient OR (ii) not less than 30 days after the date NCH provides the patient their final notice to commence extraordinary collection actions, “ECAs.”

Patients may obtain a copy of this policy, a plain language summary of this policy, and a financial assistance application free of charge (i) by mail by calling 402-274-4366, (ii) by download from NCH website, www.nchnet.org, or (iii) in person at Nemaha County Hospital.

Completed Applications

Upon receipt, NCH will suspend any ECA’s against the patient and process, review and make determination on completed financial assistance applications submitted during the Application Period as set forth below. NCH may, in its own discretion, accept complete financial assistance applications submitted after the Application Period.

Determination of eligibility for financial assistance shall be made by the following individual(s): Patient Accounts Representative, CFO and NCH staff as defined in the scope of job responsibilities.

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Unless otherwise delayed as set forth herein, such determination shall be made within 14 days of submission of a timely completed application. Patients will be notified of the determination as set forth herein.

To be considered “complete” a financial assistance application must provide all information requested on the form and in the instructions within the form.

NCH will not consider an application incomplete or deny financial assistance based upon the failure to provide any information that was not requested in the application or accompanying instructions.

For questions and/or assistance with filling out a financial assistance application, the patient may contact patient financial services by calling 402-274-4366, or in person to the Patient Accounts Representative.

If a patient submits a completed financial assistance application during the Application Period and NCH determines that the patient may be eligible for participation in Medicaid, NCH will notify the patient in writing of such potential eligibility and request that the patient take steps necessary to enroll in such program. In such circumstances, NCH will delay the processing of the patient’s financial assistance application until completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit a Medicaid application within thirty days of NCH’s request, NCH will process the completed financial assistance application and financial assistance will be denied due to the failure to timely apply for Medicaid coverage.

Incomplete Applications

Incomplete applications will not be processed by NCH. If a patient submits an incomplete application, NCH will suspend ECAs and provide the patient with written notice setting forth the additional information or documentation required to complete the application. The written notice will include the contact information (402-274-4366, NCH, 2022 13th St., Auburn, NE 68305) of patient financial assistance. The notice will provide the patient with at least 14 days to provide the required information; provided, however, that if the patient submits a completed application prior to the end of the Application Period, NCH will accept and process the application as complete.

Presumptive Eligibility

Patients having out-of-state Medicaid eligibility with states that NCH is not contracted with will be considered eligible and consideration will be given to becoming a provider for the out-of-state program.

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Consideration to provide discounted rates in special circumstances not specifically covered by this policy will be given in cases of personal catastrophe or unavoidable crisis. All instances will be discussed with and approved by CEO.

Collection Actions

Patients will be provided a plain language summary of the financial assistance policy upon admission to NCH. Furthermore, all billing statements will include a conspicuous including the contact information identifying where the patient may obtain further information on financial assistance-related documents and the website where such documents may be found.

NCH or its authorized representatives may refer a patient's bill to a third party collection agency or take any or all of the following extraordinary collection actions ("ECAs") in the event of non-payment of outstanding bills.

- Reporting to credit bureaus
- Legal suit
- Selling the account to a third party
- Garnishment of Wages

NCH may refer a patient's bill to a collection agency whenever deemed necessary by the hospital. NCH will not take ECAs against a patient or any other individual who has accepted or is required to accept financial responsibility for a patient until NCH has made "reasonable efforts" to determine whether the patient is eligible for financial assistance under this policy. The Business Office is responsible to determine whether NCH has engaged in reasonable efforts to determine whether a patient is eligible for financial assistance.

No Application Submitted

If a patient has not submitted a financial assistance application, NCH has taken "reasonable efforts" so long as it:

- Does not take ECAs against the patient for at least 120 days from the date NCH provides the patient with the first billing statement; and

- Provides at least a thirty (30) days' notice to the patient that:

- Notifies the patient of the availability of financial assistance;
- Identifies the specific ECA(s) NCH intends to initiate against the patient, and
- States a deadline after which ECAs may be initiated that is no earlier than 30 days after the date the notice is provided to the patient;

- Provides a plain language summary of the aforementioned notice; and

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Makes a reasonable effort to orally notify the patient about the potential availability of financial assistance at least 30 days prior to initiating ECAs against the patient describing how the individual may obtain assistance with the financial assistance application process.

If the patient has been granted financial assistance based on a presumptive eligibility determination, NCH has provided the patient with the notice required in the financial assistance policy.

Incomplete Applications

If a patient submits an incomplete financial assistance application during the Application Period, “reasonable efforts” will have been satisfied when NCH:

Provides the patient with a written notice setting forth the additional information or documentation required to complete the application. The written notice shall include the contact information (402-274-4366, NCH, 2022 13th St., Auburn, NE 68305) of the NCH department that can provide a financial assistance application and assistance with the application process. The notice shall provide the patient with at least 14 days to provide the required information; and

Suspends ECAs that have been taken against the patient, if any, for not less than the response period allotted in the notice.

If the patient fails to submit the requested information within the allotted time period, ECAs may resume; provided, however, that if the patient submits the requested information during the Application Period, NCH must suspend ECAs and make a determination on the application.

Completed Applications

If a patient submits a completed financial assistance application, “reasonable efforts” will have been made when NCH does the following:

Suspends all ECAs taken against the individual, if Makes a determination as to eligibility for financial assistance as set forth in the financial assistance policy; and

Provides the patient with a written notice either (i) setting forth the financial assistance for which the patient is eligible or (ii) denying the application. The notice must include the basis for the determination.

If NCH has requested that the patient apply for Medicaid, NCH will suspend any ECAs it has taken against the patient until the patient’s Medicaid application has been processed or the patient’s financial assistance application is denied due to the failure to timely apply for Medicaid coverage.

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If a patient is eligible for any type of financial assistance, NCH will provide the patient with a refund for any amount the patient has paid in excess of the amount owed to NCH (unless such amount is less than \$5); and take reasonable measures to reverse any ECAs taken against the patient.

FINANCIAL ASSISTANCE POVERTY GUIDELINES

Size of family unit	Poverty Guideline	100% Reduction with 150 % Extension
1	\$12,880	\$19,320
2	\$17,420	\$26,130
3	\$21,960	\$32,940
4	\$26,500	\$39,750
5	\$31,040	\$46,560
6	\$35,580	\$53,370
7	\$40,120	\$60,180
8	\$44,660	\$66,990
Each additional person	\$4,540	\$6,810