

Adopted June 1, 2017

**COMMUNITY MEDICAL CENTER, INC.
FINANCIAL ASSISTANCE POLICY**

PURPOSE

The purpose of this policy is to further the charitable mission of Community Medical Center, Inc. (the "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.

I. ELIGIBILITY CRITERIA

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

A. Financially Indigent

To qualify as Financially Indigent, the patient must be Uninsured or Underinsured and have a Household Income of equal to or less than 300% of Federal Poverty Level. The following definitions apply to such eligibility criteria:

"Uninsured": A patient who (i) has no health insurance or coverage under governmental health care programs, and (ii) is not eligible for any other third party payment such as worker's compensation or claims against others involving accidents.

"Underinsured": A patient who (i) has limited health insurance coverage that does not provide coverage for hospital services or other medically necessary services provided by the Hospital, (ii) has exceeded the maximum liability under his/her insurance coverage, or (iii) has a copay or deductible assessed under the patient's insurance contract.

"Household Size": A household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not.

"Household Income": The total income of all persons living in the patient's household over the twelve (12) months prior to application for assistance under this policy. Income is defined as total annual cash receipts before taxes from all sources. These include: wages and salaries before any deductions, gross receipts from farm income (Schedule F), self-employment business income, rental property income, worker's compensation, veteran's payments, public assistance, alimony, child support, military allotments or other regular support from an absent family member or someone not living in the household, private pensions, government pensions, regular insurance or annuity payments, college payments, college or university scholarships, grants,

fellowships, dividends, interest income, royalty income, gambling/lottery winnings.

B. Failure to Apply for Medicaid

Patients who may be eligible for Medicaid and fail to apply for Medicaid within thirty (30) days of the Hospital's request are not considered eligible for financial assistance under this policy.

C. Failure to Apply for Richardson County General Assistance

Patients who may be eligible for Richardson County General Assistance and fail to apply or provide the necessary information within thirty (30) days of the services are not considered eligible for financial assistance under this policy.

D. Categories of Care Eligible for Financial Assistance

Provided that the patient qualifies as Financially Indigent, the following classes of care are eligible for financial assistance under this policy:

- Emergency medical care
- Medically necessary care, defined by Nebraska Medicaid.

Regardless of a patient's status as Financially Indigent, cosmetic procedures and fertility procedures are not eligible for financial assistance under this policy.

II. COVERED PROVIDERS

Care provided by the Hospital and Hospital-employed physicians and practitioners are covered by this policy. ("Covered Providers")

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

Patients may obtain a current list of providers who are and are not subject to this policy at no charge by visiting the hospital admissions desk or patient accounts department, calling the hospital patients accounts representative at (402)-245-6542 or visiting www.cmcfc.org/patients-visitors/financial-assistance/.

III. LIMITATION ON CHARGES & CALCULATION OF AMOUNT OWED

Patients who are deemed to be eligible for financial assistance under this policy will not be charged for care covered by this policy more than Amounts Generally Billed by the Hospital to individuals who have health insurance covering such care. Discounts granted to eligible patients under this policy will be taken from gross charges.

A. Calculation of Amounts Generally Billed

The "Amount Generally Billed" or "AGB" is the amount the Hospital generally bills to insured patients. The Hospital determines its AGB utilizing the method detailed below.

The Hospital utilizes the look-back method to establish its AGB and AGB Percentage. The AGB is the Hospital's gross charges multiplied by the AGB Percentage. Patients may obtain the Hospital's most current AGB Percentage and a description of the calculation in writing free of charge by visiting the Hospital's patient accounts representative office, emergency room front desk or the admissions desk, or by calling (402)-245-6542 or by visiting www.cmfc.org/patients-visitors/financial-assistance/.

The Hospital calculates its AGB Percentage on an annual basis. For purposes of this policy, each new AGB Percentage will be implemented within 120 days of the 12-month period used by the Hospital to calculate the AGB Percentage.

B. Amount of Financial Assistance/Discount

Patients who qualify for financial assistance as **Financially Indigent** are eligible for financial assistance based upon the following sliding fee scale:

FPL	276% to 300%	251% to 275%	201% to 250%	0% to 200%
Discount	30%	50%	75%	100%

If financial assistance provided to the patient results in a charge of greater than AGB, the patient shall be provided additional financial assistance such that the patient is not personally responsible for more than AGB. In determining whether an eligible patient has been charged more than AGB, the Hospital considers only those amounts that are the personal obligation of the patient. Amounts received from third party payors are not considered charged or collected from the patient.

IV. APPLICATION PROCESS & DETERMINATION

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on the Hospital's financial assistance application form during the Application Period. Completed applications must be returned to the patient account representative's office at Community Medical Center, 3307 Barada Street, Falls City, NE 68355.

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 post-discharge (whether inpatient or outpatient) billing statement is provided to the patient OR (ii) not less than 30 days

after the date the Hospital provides the patient the requisite 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)-245-6542, (ii) by download from www.cmcfc.org/patients-visitors/financial-assistance/, or (iii) in person at the emergency room, the admission desk or the patient account representative's office at Community Medical Center, 3307 Barada Street, Falls City, Nebraska.

A. Completed Applications

Upon receipt, the Hospital will suspend any ECAs taken against the patient and process, review and make a determination on completed financial assistance applications submitted during the Application Period as set forth below. The Hospital 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):

<u>Potential Write-off Amount</u>	<u>Approval Authority</u>
\$0.00 - \$10,000	Patient Account Representative, BO Supervisor and CFO
\$10,000 & Above	Patient Account Representative, BO Supervisor and CFO

Unless otherwise delayed as set forth herein, such determination shall be made within 45 days of submission of a timely completed application. Patients will be notified of the Hospital's determination as set forth in the Hospital's Billing and Collection Policy.

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

The Hospital 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. The Hospital may take into account in its determination (and in determining whether the patient's application is complete) information provided by the patient other than in the application.

For questions and/or assistance with filling out a financial assistance application, the patient may contact the patient accounts representative at Community Medical Center, 3307 Barada Street, Falls City, Nebraska, or by calling (402)-245-6542 or emailing swarner@cmcfc.org.

If a patient submits a completed financial assistance application during the Application Period and the Hospital determines that the patient may be eligible for participation in Medicaid or Richardson County General Assistance, the Hospital will notify the patient in writing of such potential eligibility and request that the patient take steps necessary to enroll in such program or apply for such assistance. In such circumstances the Hospital will delay the processing of the patient's financial assistance application until the patient's application for Medicaid or County

assistance is completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit an application within thirty (30) days of the Hospital's request, the Hospital will process the completed financial assistance application and financial assistance will be denied due to the failure to meet the eligibility criteria set forth herein.

B. Incomplete Applications

Incomplete applications will not be processed by the Hospital. If a patient submits an incomplete application, the Hospital 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 (telephone number, and physical location of the office) of patient account representative. The notice will provide the patient with at least 15 business days to provide the required information; provided, however, that if the patient submits a completed application prior to the end of the Application Period, the Hospital will accept and process the application as complete.

C. Presumptive Eligibility

The Hospital reserves the right to provide financial assistance even though an application has not been submitted, in which case the patient will be provided the maximum possible level of financial assistance.

V. COLLECTION ACTIONS

For further information on the actions the Hospital may take in the event of non-payment, please see the Hospital's Billing and Collection Policy. Patients may obtain the Billing and Collection Policy free of charge (i) by contacting patient accounts representative at (402)-245-6542, (ii) by request in person at patient accounts representative's office, the emergency room front desk or the admissions desk, or (iii) by download at www.cmcfc.org/patients-visitors/financial-assistance/.

VI. EMERGENCY MEDICAL CARE

Emergency medical treatment will be provided without regard to ability to pay and regardless whether the patient qualifies for financial assistance under the financial assistance policy. The Hospital will not take any action that may interfere with the provision of emergency medical treatment, for example, by demanding payment prior to receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care in the emergency department. Emergency medical treatment will be provided in accordance with Hospital policies governing and implementing the Emergency Medical Treatment and Active Labor Act.