

HOPE Program Financial Assistance

Community Medical Center, Inc. (“Hospital”) is committed to provide quality medical services to all patients regardless of their ability to pay. The Governing Board recognizes there is a need for financial assistance for some patients. The Helpful Options for Patient Expense (HOPE) Program has been established to provide financial relief or free service as charity care, according to income guidelines for patients residing in Richardson County, Nebraska and for patients with **established long term primary care with a doctor in Falls City**. The HOPE Program serves as the Hospital’s financial assistance, billing & collections, and emergency medical care policies.

Community Medical Center Inc.’s HOPE Program is designed to offer reductions of 25% to 100% up to \$10,000 per household, per calendar year, of total charges for services provided to patients who fall below established income guidelines. It will be the responsibility of employees to be aware of the program and encourage anyone with questions to contact one of the Patient Financial Counselors in the Business Office.

- a. The applicant is responsible for completing the HOPE Program application by providing a response to all questions listed. An additional financial worksheet may be included in the application at the request of the Business Office. The HOPE Program application is available at the Business Office during its regular business hours for any patient or individual that requests an application. The determination of eligibility for financial assistance will be made without regard to age, sex, nation origin, color, religion or handicap.
- b. Determination will be made by the PAR/PFC, Business Office Manager and/or Chief Financial Officer. All special circumstance applications will be reviewed and approved by the Business Office Manager and/or Chief Financial Officer.
- c. The PAR/PFC will calculate percentage of assistance to be approved according to information provided by the patient/guarantor. A final determination will be made within three (3) weeks from the date of receipt of all information required. Accounts will then be adjusted accordingly and notice given to the applicant.

Community Medical Center, Inc. Charity Care Program Helpful Options for Patient Expense (HOPE)

Community Medical Center, Inc. is committed to providing quality medical services to all patients regardless of their ability to pay.

During 1977, Community Medical Center, Inc. (formerly known as Community Hospital, Inc.) participated in the federal Hill-Burton program and borrowed funds to finance a building project. In consideration for this loan, the Hospital agreed to provide a stipulated amount of free service as charity care during the following twenty years. The Hospital completed the Hill-Burton obligations on April 24, 1997.

The Governing Board of Community Medical Center, Inc. recognized that; although the Hill-Burton commitment was finished, the need for financial assistance was still a reality for some of the patients we serve. The HOPE Program was established to replace the assistance previously provided through the Hill-Burton program.

The following definitions and standards are the basic principles of the HOPE Program:

- Annual HOPE Program maximum

The Governing Board realized that financially there would be no limitations as to how much free service could be provided by the Hospital. They decided beginning August 1, 1997 that 1% of gross patient revenues from the previous fiscal year would be made available as charity care and then revised annually. The Board also reserves the right to increase this amount at any time during a fiscal year if demand indicates such action is warranted.

- Qualifying services covered by HOPE

The Hospital provides a broad range of services that include both professional and technical components of medical care. These services change over time to adapt to the current needs of the community. To maintain the flexibility of the HOPE Program, any and all charges for services provided by the Hospital will be made available for charity care consideration.

- Income guidelines

The HOPE Program is basically founded upon the premise of determining the applicant's financial ability to pay for services provided by the Hospital. The Governing Board has decided to use the Federal Poverty Guidelines established annually by the Department of Health and Human Services. The administrative team of the Hospital will implement the new poverty guidelines after being published in the Federal Register. All qualifying services will receive 100% HOPE benefit if the determination of the applicants' income is below poverty guidelines.

- Sliding scale applicable to income guidelines

The Federal Poverty Guidelines are based on family size when establishing the appropriate income levels for every applicant. The Governing Board recognizes there are situations when some applicants may be excluded from the HOPE Program benefits because their income levels may barely exceed the guidelines. To address these situations; they have charged the Hospital administration to

develop and maintain a sliding scale of 25%, 50% and 75% HOPE benefits for income levels up to twice the poverty income guidelines. These income standards are to be updated annually when the base poverty guidelines change.

The Hospital will not charge patients who are eligible for financial assistance an amount that is equivalent to gross charges on any eligible care provided by the Hospital. The Hospital provides certain discounts to insured patients based on contracts negotiated with health insurance companies and their agents. On an annual basis, the Hospital will determine the average of the three best (most favorable to patients) commercial insurance discount percentages provided to commercially insured patients (the “Average Discount”). The maximum charge for any patient who is determined to be eligible for financial assistance under the HOPE Program shall be reduced by a minimum of the Average Discount and the Average Discount shall be applied to gross charges. If the minimum discount provided by the sliding fee scale utilized by the Hospital under the HOPE Program is less than the Average Discount in any particular year, the minimum discount in the sliding fee scale shall be adjusted to the Average Discount.

- Qualifying income levels for HOPE benefits

The applicant’s average family income for the past two years must be at or below the current sliding scale income guidelines to be eligible for HOPE Program benefits. Family income includes all income of persons living together and related by birth, marriage or adoption. The applicant will need to provide federal income tax returns, current pay information, etc., to verify the income reported on the application.

- Definition of income

All sources of monthly cash flow will be considered as income for the purpose of determining HOPE benefits. Examples of income to include on the application would be, but not limited to:

Wages & salaries	Self employment income	Rental income
Dividend income	Interest income	Royalties
Sale of property	Trust income	Gifts
Social Security benefits	Retirement benefits	Strike benefits
Disability benefits	Alimony	Child Support
Insurance annuities	Unemployment comp	Government assist

- Collection Actions

Failure to make and honor satisfactory arrangements for payment to the Hospital may result in referral to a collection agency, reporting to the credit agencies, and legal action. The Hospital will not take an extraordinary collections action (legal action, reporting to credit agency) until reasonable efforts have been taken to determine if a person is eligible for financial assistance. If a person applies for financial assistance under the HOPE Program, all collection efforts will stop

until the determination of eligibility for financial assistance is made. In the event a patient applies for financial assistance in a timely manner related to the date when the care was provided and is deemed to qualify for financial assistance, the Hospital will take steps to reverse collection actions, reports, and other actions that have been taken to obtain payment.

- Determination of qualified HOPE benefit amount

It is the expectation and requirement that each applicant apply for Medicaid benefits that could possibly be available. Richardson County General Medical Assistance has a program benefit (emergent care, last resort, special circumstances) which the applicant may be eligible for. If the applicant does not qualify for either program benefits, the Hospital will require a copy of the determination letter(s) to verify and identify the reason for the rejection.

Upon receipt by the Hospital of the rejection of Medicaid and if applicable, Richardson County General Medical Assistance, and after it has been determined the applicant has met the criteria for the benefits of the HOPE Program; all unpaid accounts for services previously provided by the Community Medical Center Inc. and are the financial responsibility of the applicant will be allowed. The accounts receivable balances will be adjusted appropriately and the charity care provided will be recognized at that time.

- Emergency Care

Emergency medical treatment will be provided without regard to ability to pay and regardless of whether the patient qualifies for financial assistance under the HOPE Program. Emergency medical treatment will be provided in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (“EMTALA”) and the requirements of Section 501(r) of the Internal Revenue Code. The Hospital is committed to carrying out its obligations under EMTALA and has adopted separate policies to assure compliance with EMTALA. The HOPE Program is subject to full compliance with those policies. There will be no discrimination against patients based on ability to pay in the provision of emergency medical treatment.

- Publication of Policy

The policy will be made widely available to the public and patients, including through the following methods:

- The Policy will be posted on the Hospital’s website.
- The Policy will be included in the envelope with all billing invoices.
- A summary of this Policy will be posted in the Hospital’s emergency area waiting room. The Hospital lobby, and the Hospital’s admissions office.
- The Policy will be provided to patients upon admission and discharge.
- The Policy will be provided to patients upon request.

The Governing Board reserves the right to allow administration to request additional

financial information or clarification of information from the applicant. The application for HOPE benefits will be denied if the applicant does not provide or assist in obtaining a resolution to the questionable issue.

It is the Governing Board's intention to identify and provide HOPE benefits to those in need. Administration will be responsible to develop and implement:

- A method of communicating the availability of the HOPE Program to the general public for financial assistance.
- The structure and organization of the program to evaluate all applicants in a timely manner.
- A reporting mechanism to inform the Governing Board of program activity.
- Annual reporting of HOPE program utilization on the Community Benefit Report submitted with the IRS Form 990.