

**POLICY:** Financial Assistance is available to all patients of Nemaha Valley Community Hospital who are uninsured or underinsured and do not have adequate financial resources to pay for medically necessary healthcare services. This policy extends to patients at Seneca Family Practice. All providers under Nemaha Valley Community Hospital and Seneca Family Practice are covered. Information gathered to determine whether or not a person qualifies for Financial Assistance is kept confidential and is limited to only those directly involved with the determination process and is considered “protected health information” under HIPAA. Financial Assistance provided is not a substitute for personal responsibility and all patients are expected to contribute to the cost of their care based on their individual ability to pay.

## **PROCEDURE:**

### *Eligibility Requirements*

Financial Assistance may include discounted care to individuals who meet eligibility criteria upon completion of an application form. The application form will describe the required information or documentation the individual is to submit as part of the application. Financial Assistance takes into consideration the following: Federal Poverty Guidelines, household income, assets, family size, medical needs, and costs. Patients who have health insurance may qualify for assistance on their remaining balance after insurance pays.

The determination of eligibility will occur as soon as circumstances permit. A patient’s/guarantor’s net worth, gross income, expenses, financial obligations, household size, and employment status are all taken into consideration in determining what the patient is able to pay on the account (s). Extenuating circumstances such as catastrophic illness will be considered as well. Federal Poverty Income Guidelines will be utilized to determine eligibility for charity care.

Patients who are eligible for Financial Assistance must meet the following criteria:

1. Patients who receive non-elective emergency and other medically necessary services. The following services are excluded from financial assistance: childhood vaccines, adult vaccines, well patient exams, weight loss related exams, cosmetic procedures, drugs covered under a drug rebate program, drugs provided for non-emergent services, durable medical equipment, home visits, contraceptive drugs and devices, screening services, form completion services, medical testimony fees, DOT exams, pre-employment exams, fertility testing, and other services not considered conditionally approved, unless services are required to treat or diagnose a condition that poses life or limb threatening consequences to the patient.
2. Services were not the result of illegal activity.
3. Patient has not chosen to receive non-covered services out of network when the service would have been covered in network.
4. Services have not had a previous charity care discount applied.

Applications for Financial Assistance are available in the Business Office, Social Services Department, ER, or from our website at [www.nemvch.com](http://www.nemvch.com). Patients are asked to comply with providing supporting documentation to assist in the determination process. Failure to provide all requested information may result in delay of determination. Assistance with completing an application is available by contacting 785-336-6181.

Nemaha Valley Community Hospital will make reasonable efforts to determine FAP eligibility. Incomplete applications may delay determination of FAP eligibility.

### *Type of Assistance Offered*

Financial assistance ranges from 20% to 90% and is generally available to patients up to 200% of Federal Poverty Income Guidelines (FPG) regardless of the patient’s health insurance status. Patients who have health insurance may qualify for assistance on their remaining balance (coinsurance/deductibles) after insurance pays.

- FPG Rate less than or equal to 1.0x FPG qualifies for 90% assistance
- Greater than 1.0x but less than 1.3x qualifies for a 70% assistance
- Greater than 1.3x but less than 1.7x qualifies for a 45% assistance

Greater than 1.7x but less than 2.0x qualifies for a 20% assistance  
Greater than 2.0x exceeds the income level to qualify for assistance

#### *Basis for Calculating Charges*

Nemaha Valley Community Hospital will use gross charges in a billing statement as the starting point to which it applies discounts and deductions, so long as the amount the eligible individual is expected to pay is less than the gross charges for such care. The amounts generally billed to individuals for the care received will be set at the amount that Medicare together with what the Medicare beneficiary would be expected to pay. An individual eligible for assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care. All resources must be applied first, including applicable health insurance coverage, payment from third party payers and payments from Medicaid, Medicaid HMO plans, or other governmental sponsored programs. Financial Assistance is not a substitute for personal responsibility.

#### *Non-discrimination in Provision of Services from Emergency Medical Conditions based on Ability to Pay*

Nemaha Valley Community Hospital will provide, without discrimination, care for emergency medical conditions to individuals, regardless of their ability to pay. The rules of EMTALA will be followed. Nemaha Valley Community Hospital may discuss payment arrangements after the patient status has been deemed non-emergent or has been stabilized.

#### *Collections for Nonpayment*

Nemaha Valley Community Hospital will make reasonable efforts to determine whether an individual is eligible for financial assistance prior to engaging in extraordinary collection actions against the individual. Collection activity is not an extraordinary collection action. Extraordinary collection actions may include legal actions and credit reporting. Reasonable efforts will be made to determine eligibility for assistance before extraordinary collection actions may be taken. Financial Assistance is limited to individuals only, and not applicable to trusts, estates, partnerships, associations, corporations, LLC's, or government agencies.

The application period begins on the date care is provided and ends on the 240<sup>th</sup> day after the facility mails the first post-discharge billing statement to the individual. At the end of the 120<sup>th</sup> day after the facility mails the first post-discharge billing statement to the individual, the facility may engage in extraordinary collection actions if all the notification requirements have been met and the individual has failed to submit a Financial Assistance Policy application.

Nemaha Valley Community Hospital adheres to the laws of the Fair Debt Collection Practices Act and the Association of Credit and Collection Professional's Code of Ethics and Professional Responsibility. All patients are treated with dignity and respect. Internal and external collection practices take into account the extent to which the patient qualifies for financial assistance.

The Hospital may collect any portion of the bill that is not covered by third party payers, or financial assistance. Non-emergent services, or services to patients who do not meet the qualifications for financial assistance may be required to pay a down payment of 20% of the estimated cost of the procedure. Limitations on amount generally billed do not apply to government agencies, nonprofits, businesses that assume an individual's debt, or other individuals who assume an individual's debt.

For amounts owed after the financial assistance discounts, payment methods available include: cash, check or money order, VISA, Discover, Mastercard. Non-payment on balance due may result in accounts going to an outside collection agency, including, but not limited to, any extraordinary collection activity (ECA).

#### *Publication*

Patients are notified of our Financial Assistance Program in a number of ways:

\*Financial Counselors and Social Workers available during a patient stay

- \*Written communications with billing statements
- \*Verbal communications in oral communications regarding amounts due
- \*Website

Attachment A to this policy is the Summary of NVCH's Financial Assistance Program for publication on the NVCH website and elsewhere as appropriate.

Attachment A

**FINANCIAL ASSISTANCE POLICY SUMMARY:**

Nemaha Valley Community Hospital provides Financial Assistance to all residents of the community who are uninsured or underinsured and do not have adequate financial resources to pay for necessary healthcare services provided. Financial Assistance is available to all patients up to 200% Federal Poverty Guidelines. An application may be obtained from our website at [www.nemvch.com](http://www.nemvch.com), or at 1600 Community Drive, Seneca, Kansas, or by contacting 785-336-6181 for assistance or to have a form mailed. Applicants eligible for Financial Assistance will not be charged more for emergency services or other medically necessary care than amounts generally billed.