



Department: Patient Accounts

Date: 10/2020

Policy ID #: PA-0012

## PATIENT FINANCIAL ASSISTANCE/CHARITY PROGRAM

### ***PURPOSE***

The purpose of this Policy is to further the charitable mission of Columbus Community Hospital (CCH) by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with the requirements of the Internal Revenue Code and implementing regulations under §501(r). CCH's Financial Assistance Policy reflects the mission, vision and values of CCH. It is intended to assist low income, uninsured and underinsured individuals whose financial status, under the hospital's qualification criteria, makes it impractical or impossible to pay for medically necessary and emergency care. This Policy provides a fair and comprehensive system of distributing free or discounted medical care to poor and financially disadvantaged patients within the available resources of CCH.

This Policy addresses:

- Eligibility criteria for financial assistance;
- The extent to which financial assistance includes free and discounted care;
- The basis for calculating amounts charged to eligible patients;
- The method for applying for assistance;
- Actions that may be taken by CCH in the event of nonpayment; and
- Measures to widely publicize the Policy.

In applying this Policy, the CCH recognizes the individual's right to obtain quality health care regardless of age, sex, race, disability, national origin, marital status, sexual orientation, personal beliefs or their ability to pay.

CCH has a fiduciary responsibility to seek payment for services from those who can pay. Financial assistance is not considered to be a substitute for personal responsibility, and all financial assistance is subject to approval by CCH's management. Patients are expected to contribute to their cost of their care based on their individual ability to pay.

### ***DEFINITIONS***

**Amounts Generally Billed** or **AGB** – means Gross Charges multiplied by the AGB Percentage.

**AGB Percentage** – CCH utilizes the look-back method to establish its AGB and AGB Percentage. The AGB is CCH's Gross Charges multiplied by the AGB Percentage. Patients may obtain CCH's most current AGB Percentage and a description of the calculation in writing free of charge by visiting CCH's Patient Accounts Department located in the hospital adjacent to the Main Registration Area, or by calling 402-562-3159 or by visiting hospital website at columbushosp.org. CCH calculates its AGB percentage on an annual basis. The AGB Percentage will be implemented within 120 days of each 12 month period used by CCH to calculate the AGB Percentage.

**Application Period** – The period during which CCH must accept and process an application for assistance under this Policy in order to have made “reasonable efforts” to determine whether the patient is an individual who is eligible for assistance under this Policy. The Application Period begins on the date the care is provided to the individual and ends on the later of (i) the 240<sup>th</sup> day after CCH provides

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the individual with the first post-discharge bill for care or (ii) not less than 30 days after the date CCH provides the patient the requisite final notice to commence extraordinary collection actions ("ECAs").

**Extraordinary Collection Action (ECA)** – Actions taken by CCH against a patient or any other individual who has accepted or is required to accept responsibility for the patient’s bills that involve (i) a legal or judicial process; (ii) selling an individual’s debt to a third party; or (iii) reporting adverse information about the individual to a credit bureau.

**Financially Indigent** – Means those patients who are Uninsured or Underinsured and have Household Incomes equal to or less than 200% of the Federal poverty guidelines.

**Gross Charges (or the Charge Master Rate)** – CCH’s full, established price for medical care that it consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions.

**Household Income** – Means the total income of all members living in the individual’s household over the twelve (12) months prior to application for assistance under this Policy.

- Includes earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veteran’s payments, survivor benefits, pension or retirement income, interest, dividends, rent, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Non-cash benefits (such as food stamps and housing subsidies) do not count.

**Medically Indigent** – Means persons whom CCH has determined are unable to pay some or all of their medical bills because their CCH accounts exceed thirty (30%) of their Household Income (for example, due to catastrophic costs or conditions) even though they have income that otherwise exceeds the Federal Poverty Guidelines adopted by CCH for free or discounted care under this Policy.

**Uninsured** – A patient has no insurance or coverage under governmental programs, and is not eligible for any other third party payment such as worker’s compensation or claims against others involving accidents.

**Underinsured** – A patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

## ***POLICY***

1. This Policy applies to all medically necessary CCH services, regardless of location. Any services deemed non-medically necessary or cosmetic in nature are not eligible for financial assistance. Financial assistance may apply to balances due from insured patients for deductibles, co-payments, co-insurance or other types of patient payment responsibility.

2. Care provided by CCH and CCH-employed physicians and practitioners 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. Patients may obtain a current list of providers who are and are not subject to this Policy at no charge by visiting Patient Accounts Department in the hospital, calling (402) 562-3159, or on the website at [www.columbushosp.org](http://www.columbushosp.org); click on For Patient & Visitor, Patient Financial Information, Financial Assistance/Charity Program. You can also click on the direct link; [https://www.columbushosp.org/for\\_patients\\_visitors/patient\\_financial\\_information/discount\\_charity\\_care\\_programs.aspx](https://www.columbushosp.org/for_patients_visitors/patient_financial_information/discount_charity_care_programs.aspx)
3. Financial assistance under this Policy is a resource of last resort. Financial assistance is provided to patients with demonstrated inability to pay in contrast to bad debt, which results from unwillingness to pay. Under no circumstance will the patient/guarantor be required to apply for financial assistance against their right of self-determination.
4. Patients who fail to take reasonable steps in making application for Medicare Part A, Medicaid and other governmental medical assistance programs in which they may be entitled to participate in a timely manner as requested by CCH will be considered ineligible for assistance under this Policy for a failure to comply with the terms and conditions of this Policy.
5. Financial assistance, which may include 100% discounted or partially discounted care as set forth herein, may be extended to Financial Indigent or Medically Indigent. With the exception of patients applying for assistance as Medically Indigent, discounts are based upon the Federal Poverty Levels issued by the Federal Government. Discounts are automatically indexed to the Federal Poverty Levels and our sliding fee schedule without prior approval by the Board of Trustees.

**Sliding Fee Scale**

<b>FPL</b>	100%	138%	150%	175%	200%
<b>Discount</b>	100%	100%	90%	80%	70%

Discounts are applied to Gross Charges. If a patient qualifies as Financially Indigent, and if after financial assistance has been applied to the patient's account there is a remaining balance of greater than \$1,200, the patient will receive an additional discount such that the patient's maximum financial obligation is not greater than \$1,200. If a patient qualifies as Medically Indigent, the patient will be responsible for 30% of the greater of their Household Income or Net Worth toward their outstanding CCH account. Based on CCH Financial/Charity discounts, the patient's bill is less than the AGB.

6. Under no circumstance shall a patient who qualifies for financial assistance for emergency or medically necessary care be required to pay more than AGB. Likewise, no patient who is eligible for financial assistance under this Policy will be personally responsible for Gross Charges for any care provided to the patient. A patient who qualifies for financial assistance for emergency or medically necessary care under this Policy shall receive, at a minimum, a discount necessary to reach AGB. In the event the discount provided under this Policy to individuals who qualify for financial assistance results in personal responsibility of greater than AGB, the discount provided for emergency or medically necessary care shall be adjusted so that the patient is not responsible for an amount that is greater than AGB.

7. **Implied or Presumptive Financial Assistance** – CCH reserves the right to provide implied or presumptive financial assistance even though a financial assistance application has not been submitted or completely filled out, in which case, the patient will be considered to qualify for a 100% discount under this Policy. Presumptive eligibility may be determined in certain situations, and based on the approval of the Director of Patient Financial Services and/or VP of Finance, on the basis of individual life circumstances that may include:
  - Transient, homeless or received care from a homeless clinic, or unidentified persons;
  - Eligibility for other state or local assistance programs that are funded (i.e., Medicaid spenddown);
  - Crime victims – billed charges after state or federal funds have been paid or are exhausted; or
  - Patient is deceased with no known estate or responsible party.
  
8. **Length of Eligibility** – Once financial assistance has been approved, the determination is effective for all qualifying outstanding patient accounts for all services covered by this Policy. CCH may extend the financial assistance determination for up to 3 months, using the patient’s last Financial Assistance Program Application, so long as household income has remained consistent and there are no changes in status. If, based on the prior determination, the patient is provided with less than free care, CCH will:
  - Notify the patient regarding the basis for the presumptive financial assistance;
  - Notify the patient how to apply for greater financial assistance;
  - Give the patient a reasonable amount of time to apply for more generous assistance before initiating ECAs; and
  - If the individual submits a completed application seeking additional financial assistance during the later of the Application Period or the response time set forth in the notice, process the application in accordance with this Policy.
  
9. **Financial Assistance Disqualification** – A patient will be deemed to be ineligible for financial assistance under this Policy (even if eligibility was initially determined) for the following reasons:
  - a. **Information Falsification.** Financial assistance will be denied to the patient if the patient or responsible party provides false information.
  - b. **Third Party Settlement.** Financial assistance will be denied if the patient received a third party financial settlement associated with the care received at CCH. The patient is expected to use the settlement amount to satisfy any patient account balance. After such amounts are applied, if a balance remains, the patient will be considered for financial assistance based upon the application submitted in accordance with this Policy.
  
10. Patients may request a copy of this Policy and/or a Financial Assistance Application from the Admissions (Registration staff) or the Business Office (Patient Accounts staff) in person, over the telephone or on-line by e-mail. Our address: Columbus Community Hospital, Patient Accounts Department, 4600 38<sup>th</sup> Street, Columbus, NE 68601. This information will be sent to them free of charge. Copies are also available from social workers and/or case managers.
  - a. Patient Accounts Department – 402-562-3159.
  - b. On-line Business Office for Patient Accounts – [patientaccounts@columbushosp.org](mailto:patientaccounts@columbushosp.org)
  - c. Main CCH Switchboard – 402-564-7118
  - d. Social Workers – 402-562-4499
  - e. Case Managers – 402-562-4626

11. Individuals who feel that they qualify for financial assistance under this Policy or who have requested financial assistance are required to submit an application on CCH's form during the Application Period. Completed applications must be returned to the Patient Accounts Department or Admissions Area (Registration) who will forward to Patient Accounts.
12. It is the applicant's responsibility to provide proof of Household Income and/or Net Worth and any other information requested on the application; provided, however, that financial assistance will not be denied for failure to provide information that is not requested on the financial assistance application.
13. Failure to provide all information requested on the CCH financial assistance application will be considered an incomplete application; provided, however, that the patient must be provided an opportunity to follow through with the incomplete application as described below.
14. Under no circumstances will CCH (or an authorized third party) take ECAs against a patient or an individual legally or otherwise responsible for payment of the patient's hospital bills for at least 120 days from the date CCH provides the patient with the first post-discharge bill for care. CCH will not take any ECA against a patient or an individual legally or otherwise responsible for payment of the patient's hospital bills until reasonable efforts have been made to determine whether the patient is an individual who is eligible for assistance under this Policy as described below. Even though not an ECA, CCH may refer a patient's account to a collection agency at any time.
15. CCH will take the following actions to make reasonable efforts to determine whether the patient is eligible for assistance under this Policy:
  - a. CCH will notify patients of financial assistance available under this Policy by:
    - i. Offering a plain language summary of this Policy and offering a financial assistance application at the earliest possible point to the patient, but not later than discharge;
    - ii. Including on all billing statements a conspicuous written notice regarding the availability of assistance, including the contact information identifying where the patient may obtain further information and financial assistance-related documents and the website where such documents may be found;
    - iii. At least 30 days prior, but no earlier than 90 days after the first post-discharge billing to initiating an ECA, providing the individual with at least one written notice informing the individual (i) of the availability of financial assistance, including the provision of a plain language summary of the Policy, (ii) of the ECAs that may be taken by CCH (or an authorized third party) if the individual does not submit an application or pay the amount due by a stated date that is not earlier than thirty (30) days of the date of the notice; and
    - iv. At least thirty (30) days prior to initiating an ECA against the patient make a reasonable effort to orally notify the individual about the availability of financial assistance and how the individual may obtain assistance with the application process.
  - b. If an individual submits an incomplete application during the Application Period, CCH will;
    - i. Suspend any ECA; and

- ii. Provide written notice to the individual that describes the additional information or documentation required in the application to complete the application. The written notice shall include the contact information (telephone number, and physical location of the office) of the CCH department that can provide a financial assistance application and assistance with the application process. The notice shall provide the patient with at least 30 days to provide the required information.

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, CCH must suspend ECAs and make a determination on the application.

- c. If an individual submits a completed application during the Application Period, CCH will:
  - i. Suspend any ECAs;
  - ii. Make and document whether the individual qualifies for assistance under the Policy; iii. Notify the individual in writing of the determination and the basis for the determination; and
  - iv. If the individual qualifies for assistance under the Policy:
    - 1. provide the individual with a billing statement that indicates the amount the individual owes as adjusted under the Policy, how CCH determined the amount the individual owes, and either the AGB for the care provided or instructions on how the patient can obtain information regarding the ABG for the care provided;
    - 2. provide the patient with a refund for any amount the patient has paid in excess of the amount owed to CCH (unless such amount is less than \$5); and
    - 3. Take reasonable measures to reverse any ECAs taken against the patient, even if the patient qualifies for less than 100% assistance.

16. CCH shall exercise its best judgment in determining the ability of patients and/or legally responsible individuals to make payments for services, taking into consideration the rights and human dignity of the individual.

- a. The determination of eligibility for financial assistance shall be made by the following individuals.
  - i. All write-off amounts of less than \$5,000 are approved by the Director of Patient Financial Services.
  - ii. All write-off amounts of \$5,000 and greater are approved by the Director of Patient Financial Services and the Vice-President of Finance.

17. If it is determined that the individual is not eligible for financial assistance, or if a completed application is not received with the required time period, the hospital will send a letter notifying the individual that they will have 30 days from the date of the letter to contact the Patient Account Department to arrange acceptable payment arrangements. If no contact is made within the required period, CCH will turn the accounts over to the Collection Agency for follow-up and collections which could involve ECA.

18. CCH is committed to work with other agencies who work to improve the health of the community we serve such as, but not limited to; Good Neighbor Community Health Center, Medicaid services, Catholic Charities, and/or Columbus Rescue Mission.

**19. Recordkeeping and Special Accounting:**

- a. All financial documentation pertaining to the application and determination will be kept confidential.
- b. Applications will be processed in a timely manner after receipt of application.
- c. A monthly patient assistance spreadsheet will be kept current.
- d. Monthly totals will be documented and balanced in a fiscal year patient assistance spreadsheet.
- e. This information will be shared with Administration on a monthly basis, or as requested.
- f. All financial assistance applications are scanned into MPF under Document Type of Charity Applications.

20. Emergency medical treatment will be provided without regard to ability to pay and regardless whether the patient qualifies for financial assistance under this Policy. CCH will not take any action that may interfere with the provision of emergency medical treatment. Emergency Medical Treatment will be provided in accordance with EMTALA (Emergency Medical Treatment and Active Labor Act) and CCH policies.

**21. Widely Publicizing this Policy and making widely available to Patients** – Notification of financial assistance available from CCH will be disseminated by various means, which may include, but are not limited to the following.

- a. This Policy, a financial assistance application, a plain language summary of the Policy, will be made available on CCH's website in pdf form in English and in any other language spoken by the lesser of 1,000 individuals or 5 percent of the community served by CCH.
- b. This Policy, a financial assistance application and a plain language summary shall be available upon request, without charge at the Admissions (Registration Areas), Business Office (Patient Accounts Department), Emergency Room, Social Workers, Case Managers and by telephone or mail.
- c. A plain language summary of this Policy will be offered to all patients at earliest possible point, which shall be not later than discharge.
- d. All hospital billing statements include a conspicuous notice regarding the availability of financial assistance, how to request information about financial assistance, including a phone number and e-mail address and who to contact and the website where such documents may be found.
- e. During hospital orientation of all new employees, employees tour the Patient Accounts Department and are informed of the financial assistance program. These employees who interact with patients are instructed to direct questions regarding the Policy and the financial assistance program to the proper provider representatives.
- f. A notice of the availability of financial assistance together with appropriate contact information to apply for financial assistance shall be conspicuously displayed in all CCH admission areas, CCH's emergency area waiting room and in the CCH lobby in a manner that is reasonably calculated to attract visitor's attention.
- g. CCH will publish the availability of financial assistance together with appropriate contact information to apply for financial assistance through its newsletter on an annual basis and through other outlets that are determined by administration on a periodic basis to reach populations that are most likely to require financial assistance.

Dept. Supervisor Approval	Date	Dept. Director & VP Approval	Date	Com/Brd Approval	Date
Bernie Hergott	2/2016	Chad Van Cleave	2/2016	Board	2/2016
		Michael T. Hansen	2/2016		
Origination Date (If Known)	5/1999	Review Date (Without Change)	4/2011	Last Revision	10/2020
Notification of Change Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to whom? <input type="checkbox"/> Department Directors <input type="checkbox"/> Nursing Department Directors <input type="checkbox"/> All Employees					

Patient Accounts Manual