

**Cloud County Health Center**  
**Finance**  
**Number 07-00-07**  
**Financial Assistance Policy**

**POLICY:**

Since inception Cloud County Health Center (CCHC) affirms and maintains its commitment to serve our community regardless of age, race, color, religion, sex, national origin, disability, veteran status, gender identification and whether they are uninsured or underinsured. CCHC intends for this policy to be compliant with all applicable federal, state and local laws. The Financial Assistance Policy **applies to emergency and other medically necessary care provided for in a hospital facility provided by the facility itself or services provided by the Family Care Center.** These terms are defined in the Financial Assistance Policy. Elective services are not covered by the Financial Assistance Policy.

1. The determination of financial assistance (total or partial) shall be based solely on the patient's ability to pay and not on the basis of age, race, color, religion, sex, national origin disability, veteran status or gender identification.
2. This policy applies to all emergency care and other medically necessary services provided by CCHC in a hospital setting and medically necessary services provided in the Family Care Center.
3. No discount will be offered in response to current, past or future health services as a kickback for accessing these services. The existence of this policy will not be used in any marketing effort aimed at patients or health care providers.
4. The health center will assist the patient in obtaining alternative methods of financial assistance whenever possible. This action is intended to allow CCHC to provide the maximum level of necessary financial assistance within its resources. Failure to cooperate will result in a denial of the application.
5. For all who seek financial assistance at CCHC, confidentiality of information will be maintained. CCHC respects and values the dignity of all patients and their families.

**DEFINITIONS:**

1. **Uninsured Patient** - An individual who is uninsured, having no third-party coverage by a commercial third-party insurer; an ERISA plan; a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP and TriCare), Workers' Compensation, Medical Savings Accounts, Voluntary Medical Cost-Sharing or Health Insurance Alternative, or any other coverage for all or any patient's bill, including claims against third parties covered by insurance.
2. **Uninsured Patient Financial Assistance** - A reduction in an uninsured patients billed charges for inpatient or outpatient hospital services in accordance with the uninsured Patient Financial Assistance Guidelines.
3. **Federal Health Care Program** - Any health care program operated or financed at least in part by the federal, state or local government.
4. **Patient Financial Assistance Guidelines** - The matrix for determining an uninsured patients liability for payment of billed charges.

5. **Underinsured Patients** - Patients who are insured or qualify for government or private programs that provide coverage for the services rendered but do not have resources to pay the private portion of their bill.
6. **Household** - Includes all individuals residing together, related or not.
7. **Income** - Includes all monies brought into the household and the value of any gifts and or support provided by others such as free discounted rent, utilities, car payments, food, etc. In addition CCHC reserves the right to include excess liquid assets as income.
8. **Excess Liquid Assets** - Assets will be considered liquid if they can be converted to cash within one year. These include checking accounts, savings accounts, trust funds, and other investments. Additionally, countable assets include the liquidation value of luxury items, equity in recreational vehicles, boats, a second home, rental property, etc.
9. **Community** - The area consisting of Central and North Central Kansas.
10. **Emergency Care** - Care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
11. **Medically Necessary** - Care that is determined to be medically necessary following a determination of clinical merit by a licensed physician in consultation with the admitting physician. In the event that care requested by a patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by admitting or referring physician.
12. **Patient** - Those persons who receive emergency or medically necessary care and the person(s) who is are financially responsible for the care of the patient.
13. **Amount Generally Billed or AGB** - The amount generally billed to individuals who have insurance for emergency or other medically necessary care.

#### BILLING FOR THE UNINSURED:

1. All uninsured patients will receive a discount from standard charges on their bill. This discount will be equal to 30% of billed charges. Any further adjustments will be based in accordance to the Patient Financial Assistance guidelines.
2. A company/service may be utilized to help uninsured patients with inpatient, or large outpatient bills, determine eligibility for programs that may be available to cover medical costs.
3. Uninsured Financial Assistance is applicable only to items and services defined as "medically necessary care."
4. This policy is not applicable to physicians or immediate family members of physicians.

#### BILLING FOR THE UNDERINSURED:

1. Patients with insurance, or that are covered by government or private programs may have the private pay portion of their bill adjusted based on the Patient Financial Assistance Guidelines.

#### PROCEDURES FOR ELIGIBILITY:

1. Notice of Uninsured Patient Financial Assistance Policy:

- a. At the earliest feasible time, CCHC personnel will attempt to determine whether a patient has third-party coverage for any part of their hospital bill.
- b. The request for financial assistance may originate from the patient, family member or friend of the family, as well as from any employee of CCHC or member of the medical staff.

## 2. Eligibility Determination/Application Process

a. A free copy of the Financial Assistance application and policy can be obtained by contacting the Patient Financial Services Department, located at 1100 Highland Drive Concordia, KS 66901 or by calling 785-243-1234. They can also be downloaded at [www.ccc.com](http://www.ccc.com), the time for delivery of this policy and the application for Financial Assistance will depend upon whether identification is made at the time of service, during the billing process or during collection. The applicant must complete the application for Financial Assistance and provide the required information described in paragraph 2(b) below. Following the patient's completion of the application, hospital personnel will review the application against eligibility criteria.

b. In evaluating a patient's need for financial assistance, personnel may review the patient's W-2s, pay stubs, tax returns, written verification of wages from employer and/or written verification from a public welfare agency or other governmental agency attesting to the patient's income status. Failure to comply with providing the required or requested information will result in the application being denied.

G. CCHC will provide the patient with a certification letter once their eligibility determination is completed.

d. A patient's eligibility, once determined, shall be effective for a period of six months or until their financial status changes, whichever occurs first.

### **Calculation of Charity/Financial Assistance and Applicable Guidelines:**

CCHC personnel will calculate the financial liability of a patient based upon the patient's household income according to the Patient Financial Assistance Guidelines. Patients with household income less than 150% of the Federal Poverty Guidelines may be eligible for a 100% bill reduction. Household income between 151% and 200% of the Federal Poverty Guidelines may be eligible for a 75% reduction, Household incomes exceeding 200% of the Federal Poverty Guidelines will not be eligible for a bill reduction.

b. CCHC reserves the right to grant financial assistance discounts in circumstances to patients who do not meet the guidelines stated above. It is also recognized by the parties that there is a very small percent of the uninsured patient population which have very substantial assets and could easily afford to pay for health care, but who, because of having tax exempt income or otherwise, will not have income reflected on a tax return or otherwise. To address these limited and extraordinary situations, CCHC reserves the right to exempt these individuals from financial assistance.

c. Patients or families can appeal the decision regarding eligibility for financial assistance by providing a written request of appeal to the Patient Financial Services department within 30 days of the initial decision. The reason for the appeal should be documented in the request and include any additional documentation not previously provided. All appeals will be considered by CCHC's financial assistance appeals committee. Decisions of the committee will be sent in writing to the patient or family that filed the appeal. The decision of the appeals committee will be final.

d. Collection/legal action may be used to collect amounts due if the responsible party refuses to cooperate in the financial assistance determination process and make and follow suitable payment arrangements. In addition, collection/legal action may be used to collect amounts due that remain after financial assistance determinations have been made and the responsible person fails to make and follow suitable payment arrangement. Legal action may be taken to attach wages when it is believed that there is sufficient income to pay the amount due. (The Credit Collection and Bad Debt Policy can be obtained on the website or by contacting the Patient Financial Services Department).

#### **LIMITATIONS ON CHARGES FOR PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE**

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. CCHC will calculate the AGB percentage in accordance with 501(c) Perspective Method. A free copy of the AGB calculation and percentage may be obtained by contacting the Patient Financial Services Department.


#### **INTERPRETATION**

This policy is intended to comply with 501(R), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501 (R) except when specifically indicated.

First Effective 01/27/1988

Reviewed & Revised 01/28/22

Approved:

  
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David Garnas, Administrator

  
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Phil Gilliland, Board of Trustees Chair