

FINANCIAL ASSISTANCE POLICY – PLAIN LANGUAGE SUMMARY

It is the policy of West Holt Medical Services (the “Hospital”) to provide financial assistance to qualifying patients with their outstanding bills for medically necessary and emergency care provided at the Hospital.

PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE

To receive financial assistance under the Financial Assistance Policy (the “Policy”), you must be 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 100% of the IRS Federal Poverty Level. However, those patients that meet the minimum household income criteria but have a net worth in excess of 200% of total outstanding medical bills may not qualify as financially indigent.

HOW TO APPLY

The Hospital encourages patients who may qualify to apply for financial assistance. Patients can apply for financial assistance by completing and submitting a financial assistance application to: Patient Financial Counselor, West Holt Memorial Hospital, 406 W. Neely St., Atkinson, NE 68713.

A copy of the Policy and a financial assistance application may be obtained at no charge by going to the Hospital website, www.westholtmed.org, or by visiting the Hospital Admission desk or the Patient Financial Counselor office. The Policy and a financial assistance application may also be sent to you by mail free of charge by contacting the Patient Financial Counselor at 402-925-1963.

FURTHER INFORMATION AND ASSISTANCE WITH APPLYING

If you have questions about financial assistance or need assistance with applying for financial assistance, you may contact the Patient Financial Counselor at West Holt Memorial Hospital, 406 W. Neely St., Atkinson, NE 68713, or via phone at 402-925-1963.

Translated copies of this Plain Language Summary, The Policy, and a Financial Assistance application are available in Spanish upon request by contacting the Patient Financial Counselor at West Holt Memorial Hospital, 406 W. Neely St., Atkinson, NE 68713, or via phone at 402-925-1963.

West Holt Memorial Hospital
FINANCIAL ASSISTANCE POLICY

PURPOSE

West Holt Memorial Hospital ("West Holt") is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its commitment to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and disenfranchised, West Holt strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This Financial Assistance Policy ("Policy") establishes the framework pursuant to which West Holt identifies patients that may qualify for financial assistance, provides financial assistance and accounts for financial assistance.

INTRODUCTION

1) This Policy:

- a) Includes eligibility criteria for financial assistance -- free and discounted (partial financial assistance) care;
- b) Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy;
- c) Describes the method by which patients may apply for financial assistance;
- d) Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amounts generally billed; and
- e) Describes how the hospital will widely publicize the policy within the community served by the hospital.

2) Financial assistance is not considered to be a substitute for personal responsibility, and all financial assistance is subject to situational assessment and approval by West Holt's management. Patients are expected to cooperate with all West Holt procedures for obtaining financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

3) West Holt reserves the right to exclude certain services from being covered under this Policy, and to deny financial assistance to patients who do not cooperate with the requirements listed in this Policy.

4) The principal beneficiaries of this Policy are intended to be patients who are uninsured, underinsured, ineligible for any government health care benefit program and who are unable to pay for their care.

SCOPE

This policy applies to West Holt Memorial Hospital and West Holt Medical Clinic. All West Holt Medical Services staff, management and administration shall follow the steps for financial assistance considerations as outlined herein.

STEPS

1) Policy Relating to Emergency Medical Care

Consistent with EMTALA, West Holt will provide an appropriate medical screening to any individual, regardless of ability to pay, requesting treatment for a potential emergency medical condition. If, following an appropriate medical screening, West Holt personnel determine that the individual has an emergency medical condition, West Holt will provide services, within the capability of the West Holt facility, necessary to stabilize the individual's emergency medical condition, or will affect an appropriate transfer as defined by EMTALA (See West Holt's EMTALA Procedure). The evaluation of payment alternatives will not take place until the required medical care is provided.

2) Services Eligible Under this Financial Assistance Policy

For purposes of this policy, "financial assistance" or "charity" refers to inpatient or outpatient health care services provided by West Holt without charge or at a discount to qualifying patients. The following health care services are eligible for financial assistance:

- a) Emergency medical services provided in an emergency room setting;
- b) Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- c) Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- d) Medically necessary services, evaluated on a case-by-case basis at West Holt's discretion.

The financial assistance offered under this Policy does not apply to physician or other professional fees billed separately from the hospital fees except fees billed by West Holt Medical Clinic.

3) Eligibility for Financial Assistance

a) General Eligibility – Eligibility for financial assistance will be considered for those patients who are uninsured, underinsured, and ineligible for any government health care benefit program and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. Patients are eligible to receive financial assistance for deductibles, co-insurance and co-payment responsibilities. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. When a patient's circumstances do not satisfy the particular requirements for financial assistance under this Policy, a patient may still be able to obtain financial assistance. These situations will be evaluated on a case by case basis based on the patient's specific circumstances, such as catastrophic illness or medical indigence, at the discretion of West Holt.

b) Specific Eligibility - This policy does not apply to:

- i) Nonresident/illegal alien patients who come to Atkinson in order to seek non-emergency treatment from West Holt providers
- ii) People who opt out of available insurance coverage and
- iii) People who fail to reasonably comply with insurance requirements, such as obtaining authorization or referrals

4) Presumptive Financial Assistance Eligibility

In instances when a patient may appear eligible for financial assistance, but there is no financial application form on file due to a lack of supporting documentation, financial assistance may still be granted in certain situations based on presumptive circumstances. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, West Holt could use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Presumptive eligibility may be determined in certain situations, and based on the approval of West Holt's management, on the basis of individual life circumstances that may include:

- a) State-funded prescription programs;
- b) Transient, homeless or received care from a homeless clinic, or unidentified persons;
- c) Participation in Women, Infants and Children programs (WIC);
- d) Food stamp eligibility;
- e) Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- f) Crime victims – billed charges after state or federal funds have paid or are exhausted;
- g) Low income/subsidized housing is provided as a valid address;
- h) Patient is deceased with no known estate or responsible party; and
- i) Patient's household income is at or below 100% of the IRS Federal Poverty Level;
- j) Net Worth is less than 200% of total outstanding medical bills

5) Method by Which Patients May Apply for Financial Assistance

Applying for financial assistance can be initiated by a patient requesting assistance in person, over the phone, through the mail or via the website at www.westholtmed.org. Contact information for hospital facility staff that can provide additional information regarding West Holt's financial assistance program is included in Addendum A.

All reasonable attempts are made by West Holt financial counselors to meet with uninsured patients who are admitted to the hospital in order to recommend appropriate assistance such as federal, state or local programs, or eligibility for assistance under the Policy. When applicable, the financial counselors provide assistance to the patients for qualifying for financial assistance under the Policy or to various government programs, such as Medicaid.

West Holt can also initiate a financial assistance application on behalf of the patient; however, it is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance. There is no assurance that the patient will qualify for financial assistance. Referral of patients for financial assistance may be made by any member of West Holt's staff or medical staff, including physicians, nurses, financial counselors, or social workers. A request for financial assistance may be made by the patient or a family member, close friend or associates of the patient, subject to applicable privacy laws.

Patients may apply for financial assistance at any point from pre-admission to the final payment of their bills, as West Holt recognizes that a patient's ability to pay over an extended period of time may be substantially altered due to illness or financial hardship.

6) Determination of Financial Assistance and Notification to Patients

Financial Assistance Application Process: In situations where presumptive circumstances for charity care do not apply, individuals must apply for financial assistance and cooperate with West Holt in determining whether or not the individual is eligible for assistance. This application process will involve the following:

a) The patient or the patient's guarantor is required to complete West Holt's financial assistance form and supply all personal, financial and other information requested on the application in order for West Holt to make a determination of financial need. Sources of gross income required to be included, but are not limited to: wages, salaries, farm income, self-employed income, interest/dividends, rental income, payments from Social Security, public assistance, unemployment and worker's compensation, veterans benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets and one-time insurance or compensation payments.

b) A review of the patient's available assets, and all other financial resources available to the patient; including life insurance policies, retirement funds such as pensions/annuities and IRA's/401(K)s. The primary personal residence is excluded from

this review. If other assets and resources are available to the patient, West Holt reserves the right to not grant financial assistance.

c) The use of credit reports and external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay.

d) A review of income for the patient, spouse and/or all parents of minor child.

e) If the application form is not complete when submitted, a West Holt financial counsel will call or send a letter to the patient requesting the additional information and/or try to get the information from third-party sources.

f) See Addendum B for the Patient Financial Assistance Application Instruction Letter and Form for a list of information that is required to be completed on the application form, and for a list of supporting documentation that the hospital may require an individual to submit as part of the application process.

Notification to Patients: Requests for financial assistance shall be processed promptly and West Holt shall notify the patient or applicant in writing of approval/denial within 30 business days of receipt of a completed application. If West Holt denies the request for financial assistance, the reason for denial will be provided in the letter. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information for an appeal.

Financial assistance will not be denied based on the omission of information or documentation if such information or documentation is not specifically required by the Financial Assistance Policy or application form.

7) Length of Eligibility

Once financial assistance has been approved, it is effective for all outstanding patient accounts and for all services provided within six months after approval. Financial assistance may be extended for an additional six months with affirmation of the patient income and estimated income and household size.

8) Financial Assistance Disqualification

Disqualification after financial assistance has been granted may be for reasons that include, but not limited to one of the following:

a) Information Falsification. Financial assistance will be denied to the patient if the patient or responsible party provides false information, and

b) Third Party Settlement. Financial assistance will be denied if the patient received a third party financial settlement associated with the care received at West Holt. The patient is expected to use the settlement amount to satisfy any patient account balance.

9) Basis for Calculating Amounts Charged to Patients

a) Uninsured Patient Discount:

West Holt offers an Uninsured Patient Discount to patients who are uninsured, or are insured but have non-covered services. The Uninsured Patient Discount is a percentage

discount off of gross hospital charges for procedures or services at West Holt. This discount percentage is also referred to as the Amounts Generally Billed Percentage ("AGB percentage"). West Holt utilizes the look-back method to establish its AGB and AGB Percentage. The AGB is gross charges multiplied by the AGB Percentage. The AGB Percentage is calculated by dividing the total of all claims allowed by health insurers during the prior 12-month period by the total gross charges for those claims. Claims are considered to be "allowed" not based upon when the care was provided, but when the insurer determines the allowable amount of the claim. The amount "allowed" includes the amount the insurer will pay plus the amount for which the individual is personally responsible (including co-pays and deductibles). Allowed claims are included in the AGB Percentage calculation regardless of whether they have been paid or collected. "Health insurers" for purposes of this definition are Medicare fee-for-service and all private health insurers. West Holt 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) Charity Care Financial Assistance: Charity Care Financial Assistance will be made available to eligible patients on a sliding fee scale, as determined in reference to Federal Poverty Levels ("FPL") in effect at the time of the eligibility determination (Amounts charged for any emergency or other medically necessary care West Holt provides to a patient eligible under this Policy will be limited to not more than the amounts generally billed to individuals with insurance covering that care. Charity care financial assistance also applies to co-pays, deductibles and co-insurance. The basis for the amounts West Holt will charge a patient qualifying for charity care financial assistance is as follows:

- Patients whose family income and assets are at or below 100% of the FPL are eligible to receive free care;
- Patients whose family income and assets are at or above 201% but not more than 400% of the FPL are eligible for discounts under the Policy, based on the specific eligibility criteria for each such discount.

(c) Catastrophic Assistance:

Catastrophic assistance will be made available to patients when their medical or hospital bills after payment by all third parties, exceed 30% of the patient's total gross income and assets, and the patient is unable to pay the remaining bill. Under the Catastrophic Assistance Category, an eligible patient's responsibility will never exceed 30% of their annual income. Any patient responsibility exceeding the 30% will be written off to charity care.

10) Measures to Widely Publicize the Policy to Patients and Within the Community

Notification about financial assistance available from West Holt shall be disseminated by various means, which may include, but are not limited to the following:

a) West Holt shall make its current Policy, application form and a summary of the Policy available on West Holt's web site at www.westholtmed.org.

b) West Holt shall make summaries of the Policy, and the application form available upon request and without charge, both in public locations in the hospital, and by mail. West Holt shall clearly post signage regarding the Policy, in the emergency departments, admitting areas and business offices.

c) The Policy, application form and summary of the Policy will be available in English and in the primary language of any populations with limited proficiency in English that constitute more than 5% of the residents in the community. For patients speaking languages other than those for which the FAP guidelines are printed, interpreters will be made available to clearly communicate the policy and provide assistance in completing necessary forms.

d) West Holt shall regularly distribute information sheets summarizing the Policy to appropriate local public agencies and nonprofit organizations that address the health needs of the community's low-income populations.

e) Patients may receive a summary of the Policy upon admission to the hospital facility. In addition, the Hospital's financial counselors will visit, as necessary, with patients to answer questions regarding the FAP before dismissal from the facility.

f) All Hospital billing statements are required to include a notice regarding how to request information about the Policy.

g) Annually, all hospital employees are required to receive training regarding the Policy. The training will include contact information on the department or individuals who can explain the Policy. Employees who interact with patients will be instructed to direct questions regarding the Policy to the proper provider representatives.

11) Relationship to Collection Policy

The actions West Holt may take with regard to non-payment by a patient who is able to pay for services, including collection actions and reporting to credit agencies are contained in West Holt's Billing and Collection Policy. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills West Holt will not impose extraordinary collections actions such as lawsuits, liens on residences or other similar legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this FAP. Reasonable efforts shall include:

- a) Notifying the patient of the FAP upon admission, in written communications with the patient regarding the patient's bill, and including information on the FAP on statements;
- b) Written documentation that West Holt has attempted to offer the patient the opportunity to apply for financial assistance pursuant to this policy and that the patient has not complied with the hospital's application requirements;
- c) Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the hospital;
- d) Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

Patients may obtain a free copy of the Billing and Collection's Policy by calling the telephone numbers listed on Addendum A.

12) Authorizations for Financial Assistance

All financial assistance applications must be approved according to the balances listed on Addendum D

13) DEFINITIONS

Amounts generally billed (AGB) - means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

AGB percentage - means a percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to a FAP-eligible individual.

Application period - means the period during which a hospital facility must accept and process an application for assistance under its financial assistance policy (FAP) submitted by an individual in order to have made reasonable efforts to determine whether the individual is FAP-eligible. With respect to any care provided by a hospital facility to an individual, the application period begins on the date the care is provided to the individual and ends on the 360th day after the hospital facility provides the individual with the first billing statement for the care.

Charity Care – Health care services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

Emergency medical care - means care provided by a hospital facility for emergency medical conditions.

Emergency medical conditions - means emergency medical conditions as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Extraordinary collection action (ECA) - means an action taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital's FAP that requires legal or judicial process.

Family Income - Family Income consists of the following: • Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources; • Noncash benefits (such as food stamps and housing subsidies) do not count; • Determined on a before-tax basis; • Includes income of the patient, spouse and/or all parents of a minor child.

Financial assistance policy (FAP) - means a written policy that meets the requirements described in §1.501(r)-4(b).

Financial assistance application form - means the application form (and any accompanying instructions) that a hospital facility requires an individual to submit as part of his or her FAP application.

Gross charges (or the chargemaster rate) - means a hospital facility's full, established price for medical care that the hospital facility consistently and uniformly charges all patients before applying any contractual allowances, discounts or deductions.

Medically necessary - Services or items reasonable and necessary for the diagnosis or treatment of illness or injury, as defined by Medicare and/or other major commercial insurance companies: (1) Medical necessary service must be supported by a physician order; (2) Medically necessary services exclude self-pay cosmetic services, bariatric surgery and other elective procedures not covered by insurance.

Uninsured - The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

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

REFERENCES

In implementing this Policy, West Holt management and facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy, including but not limited to any Proposed, Temporary or final Regulations issued under Section 501(r) of the Internal Revenue Code of 1986, as amended.

Addendum A

**West Holt Memorial Hospital
Patient Financial Counselor**

402-925-1963

**West Holt Memorial Hospital
Social Services**

402-925-1966

Addendum B

Patient Financial Assistance Instruction Letter

Dear Patient:

You may qualify for Partial or Full Financial Assistance, a program provided by West Holt Memorial Hospital. If you are unable to pay for health care services and do not qualify for Federal or State medical assistance programs, please complete the enclosed Financial Assistance application and return with all the required proof of income.

Please be advised that a determination for a discount cannot be made unless we are in receipt of all the following required information.

We will process the application even if it is received after the due date of

_____.

Federal Tax Return including W-2 forms for tax year(s) _____. If you did not keep a copy, you can contact the IRS at 1-800-829-0922 to request a free transcript of the Federal Tax Return. If you did not file taxes, you must explain why you didn't file.

Proof of income for the patient, spouse, and/or all parents of a minor child. Proof of income can be copies of pay stubs, a copy of an unemployment check, a copy of a disability check, a copy of the Social Security Award Letter and/or a copy of a pension letter.

Copies of three recent bank statements.

A letter of explanation for any documentation you are unable to obtain.

If you are unable to include one or more of the items above, provide an explanation.

This application should be received in our office with all required documentation attached within two weeks.

If you have any questions, please call the number below.

Sincerely,

Patient Financial Counselor
West Holt Memorial Hospital
402-925-1963

CHARITY CARE

THE INFORMATION FOR EVALUATION OF FINANCIAL ASSISTANCE

GUARANTOR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE _____ EVENING PHONE _____

Employer _____ Length of Employment _____

Monthly Gross Income \$ _____ Monthly Net Income (After Taxes) \$ _____

Spouses Employer _____ Length of Employment _____

Monthly Gross Income \$ _____ Monthly Net Income (After Taxes) \$ _____

DEPENDENTS

of Dependents _____ Age of Dependents _____ # of Dependents Living w/you _____ # in College/under age 25 _____

RESIDENCE

OWN

RENT

Monthly Rent/Mortgage Payment \$ _____ Unpaid Balance on Mortgage \$ _____ Est. Value \$ _____

Other Property _____ Unpaid Balance \$ _____ Est. Value \$ _____

MONTHLY EXPENSES

Utilities (water, gas, electric, garbage & sewer) \$ _____ Phone \$ _____

Insurance (Home Owners/Rental, Vehicle, ect.) \$ _____ Daycare \$ _____

Other (please list) \$ _____

CHECKING AND SAVINGS

Checking Balance \$ _____ Savings/Certificates \$ _____

LOANS

Institution _____ Monthly Payment \$ _____ Unpaid Balance \$ _____

Institution _____ Monthly Payment \$ _____ Unpaid Balance \$ _____

Institution _____ Monthly Payment \$ _____ Unpaid Balance \$ _____

MOTOR VEHICLES

Make _____ Model _____ Year _____ Monthly Payments \$ _____ Unpaid Balance \$ _____

Make _____ Model _____ Year _____ Monthly Payments \$ _____ Unpaid Balance \$ _____

I have provided all the information requested of me freely for us in determination of Charity Care and all this information is correct to the best of my knowledge.

OFFICIAL USE

Date Received _____

Signature of Applicant

Date

Date Presented _____

Please include a copy of the most current year income tax return, pay stub and/or W-2 if available. Feel free to attach an additional page to include information.