

**VALLEY COUNTY HEALTH SYSTEM
ORD, NEBRASKA**

CATEGORY: Fiscal
EFFECTIVE DATE: 07/16
LATEST REVISION: 09/19, 07/20, 03/22

POLICY NUMBER: FI-09
REPLACES: FI-06
RESPONSIBLE PARTY: CFO

TOPIC: FINANCIAL ASSISTANCE POLICY

PURPOSE:

The purpose of this policy is to further the charitable mission of Valley County Health System (the "Hospital") by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with requirements of the Internal Revenue Code and implementing regulations.

PROCEDURE:

I. ELIGIBILITY CRITERIA

The following classes of individuals and categories of care are eligible for financial assistance under this policy:

A. 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 200% of Federal Poverty Level, provided however, that patients who satisfy the minimum household income criteria but have a Net Worth in excess of ten (10) percent of total outstanding medical bills do not qualify as Financially Indigent. The following definitions apply to such eligibility criteria:

"Uninsured": A patient who (i) has no health insurance or coverage under governmental health care programs, and (ii) is not eligible for any other third party payment such as worker's compensation or claims against others involving accidents.

"Underinsured": A patient who (i) has limited health insurance coverage that does not provide coverage for hospital services or other medically necessary services provided by the Hospital, or (ii) has exceeded the maximum liability under his/her insurance coverage, or (iii) *has a copay or deductible assessed under the patient's insurance contract that is in excess of 10% of the patient's Net Worth.*

"Household Income" The total income of all members living in the patient's household over the twelve (12) month prior to application for assistance under this policy.

"Net Worth": Net asset value (if greater than \$150,000) of all members living in the patient's household over the 12 month period prior to application for assistance under this policy.

B. Failure to Apply for Medicaid

Patients who may be eligible for Medicaid and fail to apply for Medicaid within thirty (30) days of the Hospital's request are not considered eligible for financial assistance under this policy.

C. Categories of Care Eligible for Financial Assistance

Provided that the patient qualifies as Financially Indigent, the following classes of care are eligible for financial assistance under this policy:

- Emergency medical care
- Medically necessary care – Defined as services or supplies that are needed for the diagnosis or treatment of your medical condition and meets accepted standards of medical practice.
- Rural Health Clinic (RHC)

Regardless of a patient's status as Financially Indigent, cosmetic procedures are not eligible for financial assistance under this policy.

II. COVERED PROVIDERS

Care provided by the Hospital and Hospital-employed physicians, billable providers and practitioners are 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 in Exhibit A of this policy or for no charge by visiting 2707 L St, Ord, NE 68862 or by calling 308-728-4200 and asking for the Patient Accounts Representative.

III. LIMITATION ON CHARGES & CALCULATION OF AMOUNT OWED

Patients who are deemed to be eligible for financial assistance under this policy will not be charged for care covered by this policy more than Amounts Generally Billed by the Hospital to individuals who have health insurance covering such care. Discounts granted to eligible patients under this policy will be taken from gross charges.

A. Calculation of Amounts Generally Billed

The "Amount Generally Billed" or "AGB" is the amount the Hospital generally bills to insured patients. The Hospital determines its AGB utilizing the method detailed below.

The Hospital utilizes the look-back method to establish its AGB and AGB Percentage. The AGB is the Hospital's gross charges multiplied by the AGB Percentage. The Hospital 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.

Patients may obtain the Hospital's most current AGB Percentage and a description of the calculation in writing free of charge by visiting the Hospital's patient financial services office at 2707 L St, Ord NE and ask for a PFS Representative, the emergency room, front desk or the admissions desk, by calling 308-728-4231 or by visiting <http://www.valleycountyhealthsystem.org/patients-visitors/financial-services>

B. Amount of Financial Assistance/Discount

Patients who qualify for financial assistance as **Financially Indigent** are eligible for financial assistance based upon the following sliding fee scale which is updated annually:

Valley County Health System
Sliding Fee Schedule
Based on Federal Poverty Guidelines

Annual Income Thresholds by Sliding Fee Discount

2022											
VCHS Discount	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	10%
Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	=> 200%
Family Unit Size											
1	\$ 13,590	\$ 14,949	\$ 16,308	\$ 17,667	\$ 19,026	\$ 20,385	\$ 21,744	\$ 23,103	\$ 24,462	\$ 25,821	\$ 27,180
2	\$ 18,310	\$ 20,141	\$ 21,972	\$ 23,803	\$ 25,634	\$ 27,465	\$ 29,296	\$ 31,127	\$ 32,958	\$ 34,789	\$ 36,620
3	\$ 23,030	\$ 26,333	\$ 27,636	\$ 29,939	\$ 32,242	\$ 34,545	\$ 36,848	\$ 39,151	\$ 41,454	\$ 43,757	\$ 46,060
4	\$ 27,760	\$ 30,525	\$ 33,300	\$ 36,075	\$ 38,850	\$ 41,625	\$ 44,400	\$ 47,175	\$ 49,950	\$ 52,725	\$ 55,500
5	\$ 32,470	\$ 36,717	\$ 38,964	\$ 42,211	\$ 45,458	\$ 48,705	\$ 51,952	\$ 55,199	\$ 58,446	\$ 61,693	\$ 64,940
6	\$ 37,190	\$ 40,909	\$ 44,628	\$ 48,347	\$ 52,066	\$ 55,785	\$ 59,504	\$ 63,223	\$ 66,942	\$ 70,661	\$ 74,380
7	\$ 41,910	\$ 46,101	\$ 50,292	\$ 54,483	\$ 58,674	\$ 62,865	\$ 67,056	\$ 71,247	\$ 75,438	\$ 79,629	\$ 83,820
8	\$ 46,630	\$ 51,293	\$ 55,956	\$ 60,619	\$ 65,282	\$ 69,945	\$ 74,608	\$ 79,271	\$ 83,934	\$ 88,597	\$ 93,260

If financial assistance provided to the patient results in a charge of greater than AGB, the patient shall be provided additional financial assistance such that the patient is not personally responsible for more than AGB. In determining whether an eligible patient has been charged more than AGB, the Hospital considers only those amounts that are the personal obligation of the patient. Amounts received from third party payers are not considered charged or collected from the patient.

IV. APPLICATION PROCESS & DETERMINATION

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on the Hospital's financial assistance application form during the Application Period. Completed applications must be returned to PFS at 2707 L St, Ord, NE 68862.

Rural Health Clinic applications only need to complete information regarding demographics, all sources of income and family size. The income and family size are the only items used when reviewing if RHC applications are approved for financial assistance. If requesting financial assistance from both the Hospital and RHC, the complete application must be completed, however when processing the application for the RHC; only family size and income will be considered.

For purposes of this policy, the "Application Period" begins on the date care is provided to the patient and ends on the later of (i) the 240th day after the date the first post-discharge (whether inpatient or outpatient) billing statement is provided to the patient OR (ii) not less than 30 days after the date the Hospital provides the patient the requisite final notice to commence extraordinary collection actions ("ECAs").

Patients may obtain a copy of this policy, a plain language summary of this policy, and a financial assistance application free of charge (i) by mail by calling 308-728-4200 and asking for the Patient Financial Services Department, (ii) by e-mail (upon patient election) by e-mailing lmiller@valleycountyhealthsystem.org, (iii) by download from www.valleycountyhealthsystem.org, or (iv) in person at (a) the emergency room, (b) any admission areas, or (c) patient financial services at the front of the hospital.

A. Completed Applications

Upon receipt, the Hospital will suspend any ECAs taken against the patient and process, review and make a determination on completed financial assistance applications submitted during the

Application Period as set forth below. The Hospital may, in its own discretion, accept complete financial assistance applications submitted after the Application Period.

Determination of eligibility for financial assistance shall be made and approved by the following individuals:

PFS Representative, PFS Manager, Chief Financial Officer, and CEO.

Unless otherwise delayed as set forth herein, such determination shall be made within 60 days of submission of a timely completed application. Patients will be notified of the Hospital's determination as set forth in the Billing and Collection provisions detailed in the separate Billing and Collection Policy.

To be considered "complete" a financial assistance application must provide all information requested on the form and in the instructions to the form.

The Hospital will not consider an application incomplete or deny financial assistance based upon the failure to provide any information that was not requested in the application or accompanying instructions. The Hospital may take into account in its determination (and in determining whether the patient's application is complete) information provided by the patient other than in the application.

For questions and/or assistance with filling out a financial assistance application, the patient may contact patient financial services at 2707 L St, Ord, NE 68862, at the front desk in the Hospital, or by emailing lmiller@valleycountyhealthsystem.org, or by calling 308-728-4231.

If a patient submits a completed financial assistance application during the Application Period and the Hospital determines that the patient may be eligible for participation in Medicaid, the Hospital will notify the patient in writing of such potential eligibility and request that the patient take steps necessary to enroll in such program. In such circumstances the Hospital will delay the processing of the patient's financial assistance application until the patient's application for Medicaid is completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit an application within thirty (30) days of the Hospital's request, the Hospital will process the completed financial assistance application and financial assistance will be denied due to the failure to meet the eligibility criteria set forth herein.

B. Incomplete Applications

Incomplete applications will not be processed by the Hospital. If a patient submits an incomplete application, the Hospital will suspend ECAs and provide the patient with written notice setting forth the additional information or documentation required to complete the application. The written notice will include the contact information (telephone number, and physical location of the office) for patient financial services. The notice will provide the patient with at least 14 days to provide the required information; provided, however, that if the patient submits a completed application prior to the end of the Application Period, the Hospital will accept and process the application as complete.

C. Presumptive Eligibility

The Hospital reserves the right to provide financial assistance even though an application has not been submitted, in which case the patient will be provided the maximum possible level of financial assistance. Examples would include homelessness, decreased net estate, and other public assistance programs.

V. COLLECTION ACTIONS

For further information on the actions the Hospital may take in the event of non-payment, please see the Hospital's Collections-Self Pay Balances, Policy #BO11. Patients may obtain the Billing and

Collection Policy free of charge (i) by contacting patient financial services at lmiller@valleycountyhealthsystem.org or 308-728-4200, (ii) by request in person at patient financial services, or (iii) by download at www.valleycountyhealthsystem.org.

The Hospital or its authorized representatives may refer a patient's bill to a third party collection agency or take any or all of the following extraordinary collection actions ("ECAs") in the event of non-payment of outstanding bills:

- Reporting to credit bureaus
- Legal suit
- Selling the account to a third party
- Garnishment of wages

The Hospital may refer a patient's bill to a collection agency 120 days from the date the first bill for care was provided to the patient. The Hospital will not take ECAs against a patient or any other individual who has accepted or is required to accept financial responsibility for a patient unless and until the Hospital has made "reasonable efforts" to determine whether the patient is eligible for financial assistance under this policy. The Charity Care Committee is responsible to determine whether the Hospital has engaged in reasonable efforts to determine whether a patient is eligible for financial assistance.

A. No Application Submitted

If a patient has not submitted a financial assistance application, the Hospital has taken "reasonable efforts" so long as it:

1. Does not take ECAs against the patient for at least 120 days from the date the Hospital provides the patient with the first post-discharge bill for care; and
2. Provides at least thirty (30) days' notice to the patient that:
 - Notifies the patient of the availability of financial assistance;
 - Identifies the specific ECA(s) the Hospital intends to initiate against the patient, and
 - States a deadline after which ECAs may be initiated that is no earlier than 30 days after the date the notice is provided to the patient;
3. Provides a plain language summary (see attachment) of the financial assistance policy with the aforementioned notice; and
4. Makes a reasonable effort to orally notify the patient about the potential availability of financial assistance at least 30 days prior to initiating ECAs against the patient describing how the individual may obtain assistance with the financial assistance application process.

B. Incomplete Applications

If a patient submits an incomplete financial assistance application during the Application Period, "reasonable efforts" will have been satisfied if the Hospital:

1. Provides the patient with a written notice setting forth the additional information or documentation required to complete the application. The written notice shall include the contact information (telephone number, and physical location of the office) of the Hospital department that can provide a financial assistance application and assistance with the application process. The notice shall provide the patient with at least 14 days to provide the required information; and

2. Suspends ECAs that have been taken against the patient, if any, for not less than the response period allotted in the notice.

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

C. Completed Applications

If a patient submits a completed financial assistance application, "reasonable efforts" will have been made if the Hospital does the following:

1. Suspends all ECAs taken against the individual, if any;
2. Makes a determination as to eligibility for financial assistance as set forth in the financial assistance policy; and
3. Provides the patient with a written notice either (i) setting forth the financial assistance for which the patient is eligible or (ii) denying the application. The notice must include the basis for the determination.

If the Hospital has requested that the patient apply for Medicaid, the Hospital will suspend any ECAs it has taken against the patient until the patient's Medicaid application has been processed or the patient's financial assistance application is denied due to the failure to timely apply for Medicaid coverage.

If a patient is eligible for financial assistance other than free care, the Hospital will:

1. Provide the patient with a revised bill setting forth: (i) the amount the patient owes for care provided after financial assistance, (ii) how the revised amount was determined; and (iii) either the AGB for the care provided or instructions on how the patient can obtain information regarding the AGB 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 the Hospital (unless such amount is less than \$5); and
3. Take reasonable measures to reverse any ECAs taken against the patient.

VI. EMERGENCY MEDICAL CARE

Emergency medical treatment will be provided without regard to ability to pay and regardless whether the patient qualifies for financial assistance under the financial assistance policy, See Policy #FI-06. The Hospital will not take any action that may interfere with the provision of emergency medical treatment, for example, by demanding payment prior to receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care in the emergency department. Emergency medical treatment will be provided in accordance with Hospital policies governing and implementing the Emergency Medical Treatment and Active Labor Act.

Chief Financial Officer <i>Ashley Woodward</i>	Date <i>3-16-22</i>
Chief Executive Officer <i>Carl Streete</i>	Date <i>3-16-22</i>
Chairperson, Board of Trustees <i>M. Hauthe</i>	Date <i>3-16-22</i>

**VALLEY COUNTY HEALTH SYSTEM
ORD, NEBRASKA**

TOPIC: **FINANCIAL ASSISTANCE -Plain Language Summary**

PURPOSE:

The purpose of this policy is to summarize the Financial Assistance Policy FI-09. For complete details see Financial Assistance Policy FI-09.

PROCEDURE:

I. ELIGIBILITY CRITERIA

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EXHIBIT A

Financial Assistance Approved Providers (billed by VCHS)

Dr Jennifer Bengston
Dr Gregory McClanahan
Dr Hilary Miller
Darian Nordhues APRN-NP, FNP-C
Robert Reilly PA-C
Nicholas Reed PA-C
Jane Meyer APRN-NP
Jenna Hilker, APRN-NP
Mileah Panter DNP APRN
Johanna Spencer APRN-NP, FNP-BC
Hallie Yantzie APRN-NP, FNP-C
Dr Tyler Adam

Not Approved Financial Assistance Providers (they bill separately from VCHS)

Dr Joshua Anderson
Dr Philip Cahoy
Craig Foss Au.D, F-AAA
Dr Julie Janky
Dr Christopher Seip
Dr Brant Luebbe
Dr Daniel McGowan
Dr Clyde Meckel
Dr Garrett Pohlman
Dr Kavir Saxena
Dr Abkisekh Sinha Ray
Dr Joshua Wray
Dr Clinton Schafer
Dr Richard Raska
Susan Briseno APRN-C
Michelle Schiel APRN
Kelly Stevenson PA-C
Physicians Laboratory
Advanced Medical Imaging
Innovative Prosthetics