

REVISED: 11/28/2017

FINANCIAL ASSISTANCE

Regional West Garden County is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergent, urgent, or medically necessary treatment and meet certain guidelines. In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under RWGC's financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients. When determining patients' eligibility, RWGC does not take into account race, gender, age, sexual orientation, religious affiliation, or social status.

Responsibility: Financial Liaisons & Controller
 Chief Financial Officer

PROCEDURE

A determination for financial assistance eligibility requires guarantors to have balances outstanding greater than \$500 or an upcoming procedure with an anticipated patient balance greater than \$500 at Regional West Garden County, to request assistance within 240 days of receiving the first balance-due statement, and to submit a completed financial assistance application and all requested documentation within 30 days to the financial assistance office for the initial application. Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate before eligibility under this policy is determined. Financial assistance determinations may be subject to patient or guarantor's place of residence and whether the procedure could be performed at a facility closer to the patient's residence. Ongoing treatment may also be subject to a patient's citizenship status.

Once a determination is made on an account, it is final and not subject to redetermination on the account unless an administrative review is completed. This does not include denial determinations due to lack of verifications.

Uninsured patients and patients with insurance-residual balances who do not qualify for free care can receive a sliding scale discount off the gross charges for their medically necessary services. Determination is made based on the financial assistance application; eligibility is based on the Federal Poverty Guidelines and available household resources. Patients are expected to pay their remaining balance for care and may work with financial liaisons to set up a payment plan based on their financial situation. The current RWGC Sliding Fee Scale is attached hereto at Appendix A and will be automatically adjusted annually upon the issuance of new Federal Poverty Guidelines.

If an applicant is deemed eligible for financial assistance, RWGC will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients.

To calculate the AGB and the AGB Percentage, RWGC uses the “look-back” method. RWGC uses data based on claims sent to Medicare fee-for service and all private commercial insurers for emergency and medically necessary care over the past year to determine the percentage of gross charges that is typically allowed by these insurers. The AGB is reviewed annually. Each new AGB will be implemented within 120 days of the 12 month period used by RWGC to calculate the AGB. Patients may obtain RWGC's most current AGB and a description of the calculation in writing free of charge by visiting RWGC's financial services office at 1100 West 2nd Street, Oshkosh, Nebraska 69154, the emergency room front desk or the admissions desk, by mail at the same address, by calling (308)772-3283, by emailing FAST@rwhs.org, or by visiting <http://gchealth.org/about-your-bill/>.

APPLYING FOR FINANCIAL ASSISTANCE

Applications and copies of this policy can be requested by visiting the financial assistance office at 1100 West 2nd Street, Oshkosh, Nebraska 69154, through the mail at the same address, by calling (308)772-3283, or by emailing FAST@rwhs.org, or are available for download for free online at <http://gchealth.org/about-your-bill/>. Financial liaisons are available to answer questions or assist with completing the application from 8:00 am to 4:30 pm Monday – Friday. - For questions and/or assistance with filling out a financial assistance application, patients may contact the financial assistance office at 1100 West 2nd Street, Oshkosh, Nebraska 69154, by calling (308)772-3283, or by emailing FAST@rwhs.org.

In addition to completing an application, individuals should be prepared to supply the following documentation:

- Bank statements
- Proof of all household income (unearned and earned) or sufficient information on how patients are currently supporting themselves
- Copy of most recent tax return
- Documentation of eligibility for other assistance programs
- In some cases, information on available assets or other financial resources
- External public sources like credit scores may also be used to verify eligibility

If patients fail to supply sufficient information to support financial assistance eligibility, RWGC may refer to external sources to determine possible eligibility when:

- Patient is homeless with no dependents
- Patient is eligible for supplemental nutrition assistance
- Patient’s valid address is considered low-income or subsidized housing, with written confirmation from the housing authority
- Patient receives documented free care from a community clinic and is referred to the hospital for further treatment
- Collection agency utilized by RWGC has verified the patient has no assets and/or no income and has recommended the account for charity care

RWGC may also use previous financial assistance eligibility determinations and patient circumstances as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination.

RWGC 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, accompanying instructions or this policy.

Incomplete applications will not be processed by RWGC. If a patient submits an incomplete application, RWGC will suspend any ECAs and provide the patient with written notice setting forth the additional information or documentation required to complete the application and a reasonable timeframe in which the patient must respond; provided, however, that if the patient submits a completed application prior to the later of (i) the 240th day after the first balance-due statement OR (ii) not less than 30 days after the date RWGC has provided the patient the requisite final notice to commence ECAs, RWGC will accept and process the application as complete.

Financial assistance eligibility determinations may be used for a time period of up to six months after the date of determination.

If awarded a reduction, Regional West will refund any amount paid that exceeds the amount determined to be the patient's responsibility, unless such excess amount is less than \$5.00. This is for payments applied to accounts with balances awarded a reduction and for services which have occurred within the last 240 days from the date the financial assistance application and all supporting documentation was received.

ACCOUNTS INELIGIBLE FOR FINANCIAL ASSISTANCE

Accounts that have had previous legal action or garnishment judgments are not eligible for financial assistance.

Accounts that are beyond the later of (i) the 240th day after the first balance-due statement OR (ii) not less than 30 days after the date RWGC has provided the patient the requisite final notice to commence extraordinary collection actions ("ECAs") may not be eligible for assistance. (If an account is within this timeline and a collection agency has initiated legal action, the legal action will be reversed.)

Accounts that are unable to be processed by a third-party payer (Medicare, Medicaid, group health plan, etc.) due to insured or patient's responsibility to provide requested information are not eligible for a financial assistance reduction.

Accounts for which patient was eligible for insurance but that information was not provided to the facility to meet the payer's timely filing guidelines are not eligible for a financial assistance reduction.

If information is later found to be falsified or purposely omitted from the application, the financial assistance award may be reversed.

ELIGIBLE PROVIDERS

In addition to care delivered by RWGC, emergency and medically necessary care delivered by listed RWGC providers, including emergency room physicians, anesthesiologists, and certified registered nurse anesthetists, are covered under this financial assistance policy.

Care provided by any affiliated or non-affiliated providers not employed by RWGC will not be covered under this policy unless otherwise listed on the list referenced below. If requested by the guarantor, copies of the financial assistance determination will be provided to Regional West Physicians Clinic and Regional West Medical Center for review and balance reduction.

Patients may obtain a current list of providers who are and are not subject to this policy at no charge by visiting RWGC's financial services office at 1100 West 2nd Street, Oshkosh, Nebraska 69154, the emergency room front desk or the admissions desk, by mail at the same address, by calling (308)772-3283, by emailing FAST@rwgs.org, or by visiting <http://gchealth.org/about-your-bill/>.

PUBLICIZING THE FAP

RWGC will widely publicize this policy by taking action that includes, but is not limited to, the following:

- This Policy, the Plain Language Summary, and the Financial Assistance Application, including all other FAP-related documents, will be made available on RWGC's website free of charge at <http://gchealth.org/about-your-bill/>.
- Paper copies of the aforementioned documents will also be available free of charge at RWGC's financial services office at 1100 West 2nd Street, Oshkosh, Nebraska 69154, the emergency room front desk, or the admissions desk.
- RWGC will offer a copy of the Plain Language Summary of the FAP to patients upon admission and/or discharge.
- RWGC will conspicuously post notices throughout the hospital notifying and informing patients of the FAP and the availability of financial assistance.
- RWGC will include a conspicuous written notice of the availability of financial assistance on billing statements sent to patients.
- RWGC will notify its community served of the availability of financial assistance through means that are reasonably calculated to reach members of the community likely to need financial assistance by providing financial assistance brochures and/or pamphlets to local agencies that serve individuals in need. RWGC will also include information related to the availability of financial assistance in its newsletters.

LIMITED ENGLISH POPULATIONS

RWGC will translate this FAP, the FAP application and the Plain Language Summary into the primary language spoken by the lesser of (i) 1,000 individuals or (ii) 5 percent (5%) of the community served by RWGC. As of the effective date of this policy, no translation is required. RWGC will analyze applicable LEP standards on an annual basis to determine whether FAP-related documents must be translated into any additional languages.

ACTIONS IN THE EVENT OF NON-PAYMENT

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

- Report adverse information about the guarantor to credit reporting agencies

- Pursue legal actions through the judicial process to launch a civil action to obtain judgment which may result in wage garnishment, property liens and/or seizing or attaching bank accounts or other personal property

RWGC 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. RWGC 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 RWGC has made "reasonable efforts" to determine whether the patient is eligible for financial assistance under this policy. RWGC's financial assistance department is responsible to determine whether RWGC has satisfied the reasonable efforts standard.

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

1. Does not take ECAs against the patient for at least 120 days from the date RWGC provides the patient with the first post-discharge bill for care; and
2. Provides at least thirty (30) days' notice to the patient that:
 - o Notifies the patient of the availability of financial assistance;
 - o Identifies the specific ECA(s) RWGC intends to initiate against the patient, and
 - o 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 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.
5. Insert if Hospital utilizes Presumptive Eligibility –If the patient has been granted financial assistance based on a presumptive eligibility determination, the Hospital has provided the patient with the notice required in the financial assistance policy.

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

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 RWGC department that can provide a financial assistance application and assistance with the

application process. The notice shall provide the patient with at least a reasonable response timeframe 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, RWGC must suspend ECAs and make a determination on the application.

If a patient submits a completed financial assistance application, "reasonable efforts" will have been made if RWGC 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 this 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 a patient is eligible for financial assistance other than free care, RWGC 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 RWGC (unless such amount is less than \$5); and
3. Take reasonable measures to reverse any ECAs taken against the patient.

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. RWGC 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 RWGC policies governing and implementing the Emergency Medical Treatment and Active Labor Act.

DEFINITIONS

The following terms are meant to be interpreted as follows within this policy:

1. Charity Care: Medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy
2. Medically Necessary: Hospital services or care rendered, both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity as determined by a treating physician.
3. Emergency Care: Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts
4. Urgent Care: Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12–24 hours
5. Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers
6. Underinsured: Insured patients who have some form of health insurance, but lack the financial means to cover out-of-pocket medical expenses.
7. Amount Generally Billed (AGB): The amount generally billed to insured patients for emergent or medically necessary care
8. Gross Charges: The full amount charged by Regional West Garden County for items and services before any discounts, contractual allowances, or deductions are applied
9. Presumptive Eligibility: The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

December 30, 2016

AGB Calculation

RWGC utilizes the look-back method to establish its AGB and AGB Percentage. The AGB is RWGC's gross charges multiplied by the AGB Percentage. The Hospital's current AGB Percentage is 31.40% for inpatient and 18.95% for outpatient. The AGB Percentage is calculated by dividing the total of all claims allowed by Medicare fee-for service and all private commercial insurers for emergency and medically necessary care over the past year by the total gross charges for those claims. 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.

RWGC 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 RWGC to calculate the AGB Percentage.

DOCS/1959886.2

Current as of: November 28, 2017

List of Providers Who Are and Are Not Subject to the RWGC Financial Assistance Policy

Providers who are subject to the RWGC Financial Assistance Policy:

- Regional West Garden County Emergency Room Physicians and/or midlevel providers

Providers who are not subject to the RWGC Financial Assistance Policy:

- Any affiliated or non-affiliated providers not employed by RWGC

This list will be updated by RWGC at least quarterly.

APPENDIX A

SLIDING FEE SCALE

[SEE ATTACHED]

Household Size	100%	125%	138%	150%	200%	250%	266%	300%
1	\$12,060	\$15,075	\$16,643	\$18,090	\$24,120	\$30,150	\$32,080	\$36,180
2	16,240	20,300	22,411	24,360	32,480	40,600	43,198	48,720
3	20,420	25,525	28,180	30,630	40,840	51,050	54,317	61,260
4	24,600	30,750	33,948	36,900	49,200	61,500	65,436	73,800
5	28,780	35,975	39,716	43,170	57,560	71,950	76,555	86,340
6	32,960	41,200	45,485	49,440	65,920	82,400	87,674	98,880
7	37,140	46,425	51,253	55,710	74,280	92,850	98,792	111,420
8	41,320	51,650	57,022	61,980	82,640	103,300	109,911	123,960
Each add'l person, add	4,180	5,225	5,768	6,270	8,360	10,450	\$11,119	12,540