

Salina Regional Health Center

Financial Assistance Policy Plan Language Summary

Since inception Salina Regional Health Center (SRHC) 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. In furtherance of these principles, Salina Regional Health Center provides financial assistance for certain individuals who receive emergency or other medically necessary care from Salina Regional Health Center. This summary provides a brief overview of Salina Regional Health Center's Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 200% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 200% of the Federal Poverty Level but does not exceed 300% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

What Services Are Covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. Elective services are not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact the Patient Financial Services Department, located at 217 S. Santa Fe, Salina Ks 67401 or by calling either 800-272-8790 or 785-452-6299.

How Can I Get More Information?

Free copies of the Financial Assistance Policy and Financial Assistance application form are available at the Patient Financial Services Department, located at 217 S. Santa Fe, Salina Ks 67401 or by calling either 800-272-8790 or 785-452-6299. They can also be downloaded at www.srhc.com.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and this plain language summary are available in the following languages upon request:

Spanish

Financial Assistance Policy

POLICY:

Since inception Salina Regional Health Center (SRHC) 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. SRHC intends for this policy to be compliant with all applicable federal, state and local laws.

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 SRHC in a hospital setting.
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 SRHC 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 SRHC, confidentiality of information will be maintained. SRHC 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 part of the patient's bill, including claims against third parties covered by insurance.
2. **Uninsured Patient Financial Assistance** – A reduction in an Uninsured Patient's 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 Patient's liability for payment of billed charges.
5. **Underinsured Patients** – Patients who are insured or qualify for governmental 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 SRHC 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 liquidated 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 will 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, immediate family members of physicians or to physician professional fees. Refer to the Clinic Policy for Financial Assistance and listing of covered providers.
5. Upon request, Uninsured Patients eligible for discounts described in this Policy must complete an application for Medicaid participation or for coverage by other governmental payment programs. Failure to complete the application or provide supporting documentation will result in a denial of financial assistance.

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 times, SRHC 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 SRHC 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 217 S. Santa Fe, Salina Ks 67401 or by calling either 800-272-8790 or 785-452-6299. They can also be downloaded at www.srhc.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. Upon request a Patient shall supply additional documentation reasonably necessary to verify the Patient's income including documentation to determine excess liquid assets. Failure to comply with providing the required or requested information will result in the application being denied.

c. SRHC 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.

3. Calculation of Charity/Financial Assistance and Applicable Guidelines:

a. SRHC 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 200% of the Federal Poverty Guidelines may be eligible for a 100% bill reduction. Household income between 201% and 250% of the Federal Poverty Guidelines may be eligible for a 50% reduction, and household incomes between 251% and 300% of the Federal Poverty Guidelines may be eligible for a 25% reduction. Household incomes exceeding 300% of the Federal Poverty Guidelines will not be eligible for a bill reduction.

b. SRHC reserves the right to grant financial assistance discounts in extraordinary 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, SRHC 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 SRHC'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 arrangements. Legal action may be taken to attach wages when it is believed that there is sufficient income to pay the amount due. (The Billing & Collection Policy can be obtained 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. SRHC will calculate the AGB percentage by using the “look-back” method and including all private health insurers that pay claims to SRHC, all in accordance with 501(r). 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 where specifically indicated.

LANGUAGES

Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and this plain language summary are available in the following languages upon request:

Spanish