

 Chase County Community Hospital	Title:	Charity Care & Financial Assistance Policy		
	Department:	Fiscal Services	Effective:	01/07/22
	Reference:			

Policy:

Chase County Community Hospital is committed to providing charity care to persons who have healthcare 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 mission to provide accessible, affordable and compassionate care for those in need, Chase County Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Chase County Community Hospital will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance. The ability of Chase County Community Hospital to care for the uninsured is determined by the availability of resources to finance such care. In balancing Chase County Community Hospital’s financial assistance program with its fiscal and community responsibility, the hospital will consider charity case services to its primary service area first when delivering primary care services.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with procedures for obtaining charity or other forms of 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 healthcare services, for their overall personal health, and for the protection of their individual assets.

Procedure:

Except as noted below under Exceptions to the Charity Care Application Process, each patient (or guarantor on behalf of the patient) must complete an application to be considered for financial assistance. This application is the source of information for the determination of eligibility. One application will cover the unpaid patient liabilities for all open accounts for the guarantor.

The application and any instructions should be easy to understand and request only those elements necessary to establish the identity of the patient (or guarantor) and to determine eligibility. Chase County Community Hospital staff may request copies of documentation deemed necessary to verify the information provided by the applicant, such as (but not limited to) recent tax returns, W-2s, 1099s, and bank and investment statements.

Exceptions to the Charity Care Application Process

Accounts that may qualify for financial assistance without a charity care application include:

- Patients or guarantors who are deceased with no estate for whom no one else (such as a spouse or legal guardian) is legally responsible for the liability.

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.



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If the Hospital has requested that the patient apply for Medicaid, the Hospital will suspend any collection actions 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.

Guidelines for Establishing Eligibility

Before a patient is determined to be eligible for the Financial Assistance Program at Chase County Community Hospital, a financial evaluation is performed to determine the patient's financial status. This evaluation is necessary to make a determination of whether or not an individual lacks the resources to pay for the services rendered.

The following financial guidelines have been established to assist in determining whether or not an individual is eligible for Chase County Community Hospital's Financial Assistance Program.

1. Charity Care Income Guidelines

Income will be compared to the Federal Poverty Guidelines as published in the Federal Register annually. The patient's income must be equal to or less than 250% of the Federal Poverty Guidelines to be considered eligible for charity care. This aide which is updated annually is given on a sliding scale as shown below:

Size of Household	Month	Year	150%	175%	200%	225%	250%
1	1,073	12,880	19,320.00	22,540.00	25,760.00	28,980.00	32,200.00
2	1,452	17,420	26,130.00	30,485.00	34,840.00	39,195.00	43,550.00
3	1,830	21,960	32,940.00	38,430.00	43,920.00	49,410.00	54,900.00
4	2,208	26,500	39,750.00	46,375.00	53,000.00	59,625.00	66,250.00
5	2,587	31,040	46,560.00	54,320.00	62,080.00	69,840.00	77,600.00
6	2,965	35,580	53,370.00	62,265.00	71,160.00	80,055.00	88,950.00
7	3,343	40,120	60,180.00	70,210.00	80,240.00	90,270.00	100,300.00
8	3,722	44,660	66,990.00	78,155.00	89,320.00	100,485.00	111,650.00
For each additional person	378	4,540	6,810.00	7,945.00	9,080.00	10,215.00	11,350.00
% REDUCTION OF BILL if less than guidelines			100%	75%	50%	25%	0%

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2. Asset Guidelines (\$50,000 Net)

Examples of Assets, which may be considered, are:

- Real property
- Automobile
- Recreational vehicles
- Bank accounts
- Rental property
- Other investments

Exclusions – A patient may exclude the family home and only one private care from the determination of liquid assets up to a maximum of \$50,000.

For those applicants who possess net assets in excess of \$50,000, the following criteria will be considered:

- The applicant’s ability to pay based on income.
- The applicant’s ability to borrow against assets to satisfy an outstanding debt.
- The applicant’s willingness to sell an asset to settle an outstanding debt.
- The applicant’s ability to pay a portion of the outstanding debt.

Application Process & Determination of Financial Assistance Amounts

Patients who believe they may qualify for financial assistance under this policy are required to submit an application (along with any supporting documents requested) on the Hospital's financial assistance application form during the Application Period. Completed applications must be returned to:

Chase County Community Hospital
600 West 12th Street
PO Box 819
Imperial NE 69033

For purposes of this policy, the "Application Period" begins on the date the first billing statement is provided to the patient and ends 120 days after.

Applicants who meet all of the qualifications will be granted charity care based on a sliding fee scale utilizing the Federal Poverty Guidelines.

Applicants who fail to meet all three guidelines as described above will not be eligible for consideration except in special circumstances. These cases are determined by Chase County Community Hospital Staff.

Applicants who do not qualify under the guidelines will be notified so they can make arrangements for paying their outstanding debt.

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Incomplete Applications

Incomplete applications will not be processed by the Hospital. If a patient submits an incomplete application, the Hospital will suspend collections actions 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 of patient financial assistance. The notice will provide the patient with at least **30** 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.

If the patient fails to submit the requested information within the allotted time period, collections actions may resume; provided, however, that if the patient submits the requested information during the Application Period, the Hospital must suspend collection actions and make a determination on the application.