

## **SEDGWICK COUNTY HEALTH CENTER POLICY**

### **Financial Assistance Policy**

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Pursuant to IRC section 501(r), Sedgwick County Memorial Hospital is required to provide a written Financial Assistance Policy that applies to all emergency or other medically necessary care that is provided at the hospital. The purpose of this Policy is to describe the conditions under which the hospital will provide financial assistance to its patients. This Policy also describes the actions that the hospital may take with respect to delinquent patient accounts.

### **POLICY**

Sedgwick County Memorial Hospital's mission is to provide high quality health care to all members of the community. The hospital is committed to treating all patients the same and with dignity, compassion and respect, and without regard to financial ability to pay for care. In keeping with its non-profit mission, the hospital will screen all patients for financial assistance eligibility and provide financial assistance to patients with demonstrated and verified financial need.

Under this policy, the hospital will provide care to all individuals for emergency medical conditions regardless of ability to pay or eligibility for government programs or other financial assistance. Pursuant to the hospital's Emergency Medical Treatment and Labor Act (EMTALA) policy, patients presenting to the hospital with an emergency or urgent medical condition will not be assessed for financial assistance eligibility until after stabilization and treatment. The hospital and any medical clinic owned and operated by Sedgwick County Health Center will provide financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for care that is medically necessary.

This Policy only applies to care received by eligible patients at Sedgwick County Memorial Hospital and at the Valley Medical Clinics located in Big Springs, Nebraska and Julesburg, Colorado provided by Sedgwick County Memorial Hospital or Valley Medical Clinic employees.

Sedgwick County Memorial Hospital provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. The hospital prohibits any action or actions that discourage patients from seeking emergency medical care. Examples of prohibited conduct include, but are not limited to, an employee or agent of the hospital demanding that an emergency department patient pay before receiving treatment for emergency medical care, or permitting debt collection activities that interfere with the provision of emergency medical care.

Sedgwick County Memorial Hospital complies with all requirements of the Emergency Medical Treatment and Labor Act (EMTALA), including the provision of medical screening examinations, stabilizing treatment, and referring or transferring a patient to another facility when appropriate. The hospital provides all emergency services in accordance with the Centers

for Medicare and Medicaid Services condition of participation.

## **DEFINITIONS**

**Amounts Generally Billed (AGB).** AGB means the amounts generally billed by the hospital for emergency or other medically necessary care to individuals who have insurance covering such care. All patients who are eligible for financial assistance at Sedgwick County Memorial Hospital will not be charged more than the amounts that are generally billed to insured patients for emergency or other medically necessary care. Currently, the hospital determines AGB using the Look-Back Method, which is calculated by multiplying the hospital's gross charges for all emergency or other medically necessary care by an AGB percentage amount of 61.17%. This calculation yields a 38.83% discount.

The hospital calculates the AGB percentage by dividing the sum of all of its claims for all emergency or other medically necessary care allowed during a prior twelve (12) month period by the sum of its gross charges for those same claims.

For example, if a patient has a \$10,000 medical bill, and the patient is eligible for financial assistance, Sedgwick County Memorial Hospital will not charge the patient more than \$6,117.00 for that bill.

**Family** means (using the U.S. Census Bureau definition) a group of two or more people who reside together and who are related by birth, marriage or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on his or her income tax return, that person may be considered a dependent for purposes of the provision of financial assistance. If IRS tax documentation is not available, family size will be determined by the number of dependents documented on the financial assistance application and verified by the hospital.

**Family Income** is determined consistent with the U.S. Census Bureau definition, which uses the following information when computing the federal poverty guidelines:

- Income includes earnings, unemployment compensation, worker's 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, on a before-tax basis;
- Income excludes noncash benefits (such as food stamps and housing subsidies)
- Income excludes capital gains or losses; and
- Income includes the income of all family members if the person lives with a family, but excludes non-relatives, such as housemates.

**Federal Poverty Guidelines (FPG)** means the guidelines updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. The current guidelines can be found at <https://aspe.hhs.gov/poverty-guidelines>.

**Financial Assistance** means the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for emergency or other medically necessary care that is provided at the hospital and who meet the eligibility criteria for such assistance.

**Medically Necessary Care** means a good or service that:

- Will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all.
- Is provided in accordance with generally accepted professional standards for health care in the United States;
- Is clinically appropriate in terms of type, frequency, extent, site, and duration;
- Is not primarily for the economic benefit of the provider or primarily for the convenience of the client, caretaker, or provider;
- Is delivered in the most appropriate setting(s) required by the client's condition;
- Is not experimental or investigational; and
- Is not more costly than other equally effective treatment options. any procedure

**Presumptive Financial Assistance** means the determination of eligibility for financial assistance that may be based on information provided by a third-party and/or other publically available information.

**Uninsured** means an individual 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 CHAMPUS), Worker's Compensation, or other third-party assistance that provides assistance with meeting the individual's payment obligations for health care.

**Underinsured** means an individual with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for emergency or other medically necessary care under this Policy.

## **ELIGIBILITY FOR FINANCIAL ASSISTANCE**

### **Financial Assistance for Patients**

Financial Assistance shall be provided to all patients who meet the eligibility requirements as described herein and who reside within the Service Area of the hospital as defined by the hospital's most recent Community Health Needs Assessment.

Financial Assistance is not available for care other than emergency or medically necessary care. In the case of care that is not medically necessary, a patient who meets the eligibility standards for financial assistance, however, will be charged less than the gross charges for the care.

Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, 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. The grant of financial assistance shall be an individualized determination of financial need, and shall not take into account any potential discriminatory factors such as age, ancestry, gender, gender identity, gender expression, race, color, national origin, sexual orientation, marital status, social or immigrant status, religious affiliation, or any other basis prohibited by federal, state, or local law.

Unless eligible for Presumptive Financial Assistance (as explained in more detail further herein), the following eligibility criteria must be met in order for a patient to qualify for financial assistance:

- The patient's family income must be at or below 250% of the Federal Poverty Guidelines.
- The patient must comply with all patient responsibility obligations described herein.
- The patient must submit a complete Financial Assistance Application.

### **Patient Responsibility**

A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by a third-party payer prior to being approved. An applicant for Financial Assistance is responsible for applying to public programs for available coverage. An applicant also is expected to pursue public or private health insurance payment options for care if they are available and the patient qualifies. A patient's cooperation in applying for applicable programs and identifiable funding sources, including COBRA (a federal law allowing for a time-limited extension of employee healthcare benefits), shall be required. The hospital shall make affirmative efforts to help a patient apply for any available public or private programs.

## **APPLICATION PROCESS**

All patients must complete the Financial Assistance Application (FAA) to be considered for Financial Assistance, unless they are eligible for Presumptive Financial Assistance. The FAA is used by the Hospital Facility to make an individual assessment of financial need.

To qualify for assistance, supporting documentation that verifies household income is required to be submitted along with the FAA. Supporting documentation may include, but is not limited to:

- Copy of the individual's most recently filed federal income tax return;
- Current Form W-2;
- Current paystubs; or
- Other evidence that may be provided to determine eligibility as determined by the hospital.

The Hospital Facility may, at its discretion, rely on evidence of eligibility other than described in the FAA or herein. Other evidentiary sources may include:

- External publically available data sources that provide information on a patient's ability to pay;
- Data used to determine Presumptive Eligibility;
- A review of patient's outstanding accounts for prior services rendered and the patient's payment history;
- Prior determination of the patient's eligibility for assistance under this Policy, if any; or
- Evidence obtained as a result of exploring appropriate alternative sources of payment and coverage from public and private payment programs.

In the event no income is evidenced on a completed Financial Assistance Application, a written explanation is required which describes why income information is not available and how the patient supports basic living expenses (such as housing, food and utilities).

## **PRESUMPTIVE ELIGIBILITY**

Sedgwick County Memorial Hospital may determine eligibility for a 100% discount outside of the formal Financial Assistance Application process for uninsured patient by using information obtained from other sources. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Recipient of state-funded prescription programs;
- Medically necessary services not covered or payable under a government program such as Medicaid or Medicare;
- Homeless or one who received care from a homeless clinic;
- Qualification and effective date for Medicaid subsequent to service dates;
- Participation in Women, Infants and Children programs (WIC);
- Food stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs;
- Low income/subsidized housing is provided as a valid address; or
- Patient is deceased with no known estate and no surviving spouse.

## **NOTIFICATION ABOUT FINANCIAL ASSISTANCE**

Notification about the availability of Financial Assistance at Sedgwick County Memorial Hospital shall be provided by various means, which includes, but is not limited to, providing a copy of this Policy, the Application for Financial Assistance, and a Plain language Summary, as follows:

- Making paper copies available upon request and without charge by mail and at the hospital in the emergency room and in admitting;
- Making paper copies available to Sedgwick County Health Department and other public agencies and nonprofit organizations in the Service Area that address the health care needs of low-income members of the community;
- Conspicuous publication of notices in patient bills;
- Notices posted in emergency room, admitting/registration department, business office, and at other public places as a hospital may elect; and
- Publication on the hospital's website located at <http://www.schealth.org>, and at other places within the hospital's Service Area as defined in the hospital's most recent Community Health needs Assessment (which is also available on the hospital's website).

## **HOW TO APPLY FOR FINANCIAL ASSISTANCE**

- An employee of the hospital is available to assist patients who are uninsured or have limited insurance coverage to determine financial assistance. Patients should call 970-474-3323 for assistance by telephone or to set up an in-person appointment.
- Patients will be requested to provide information about healthcare financial coverage including insurance and government programs such as Medicare, Medicaid or any other form of program or assistance that may provide assistance for care. If a patient is not already enrolled in a coverage program under which the patient would qualify for health care benefits, hospital staff will assist the patient in pursuing coverage.
- Applications for Financial Assistance may be obtained at the hospital and at a clinic, or from the hospital's website, which is <http://www.schealth.org>.
- Patients must assist with the determination of financial assistance by providing information reasonably requested by the hospital to determine eligibility.
- Patients must submit a complete Financial Assistance Application and include income verification evidence. Patients will be notified in writing in the event their application is determined to be incomplete and the reasons therefore and provided a reasonable time period in which to complete the application.
- Completed applications should be submitted in person to the hospital's business office located at 900 Cedar Street, Julesburg, Colorado 80737.
- Financial Assistance Applications will be valid for 12 months unless another application is submitted by the patient.

## **DETERMINATION PROCESS**

Based on the eligibility of the patient as determined herein, the hospital will apply the highest discount which is applicable. The hospital will follow the following process:

- Patient household income and size as reflected on the completed Financial Assistance Application will be reviewed.
- Patient balance due on the hospital account will be determined.
- Federal Poverty Level will be determined.
- If the patient received emergency or other medically necessary care and is at or below 250% of the federal poverty level and uninsured or underinsured, the total charges will be reduced by the AGB percentage described in this Policy. Patients who are at or below 185% of the federal poverty level are entitled to the additional discount as set forth in the below sliding scale.

- In the case of care that is not medically necessary, a patient who meets the eligibility standards for financial assistance will be charged gross charges less any contractual allowances, discounts or other deductions such that the patient is responsible for paying less than the gross charges for such care.

Family Size	Income (At or Below)	Income (At or Below)	Income (At or Below)	Income (At or Below)	Income (At or Below)	Income (At or Below)	Income (At or Below)
1	\$15,060	\$17,620	\$20,030	\$23,945	\$27,861	\$30,120	\$37,650
2	\$20,440	\$23,915	\$27,185	\$32,500	\$37,814	\$40,880	\$51,100
3	\$25,820	\$30,209	\$34,341	\$41,054	\$47,767	\$51,640	\$64,550
4	\$31,200	\$36,504	\$41,496	\$49,608	\$57,720	\$62,400	\$78,000
5	\$36,580	\$42,799	\$48,651	\$58,162	\$67,673	\$73,160	\$91,450
6	\$41,960	\$49,093	\$55,807	\$66,716	\$77,626	\$83,920	\$104,900
7	\$47,340	\$55,388	\$62,962	\$75,271	\$87,579	\$94,680	\$118,350
8	\$52,720	\$61,682	\$70,118	\$83,825	\$97,532	\$105,440	\$131,800
Poverty Level	100%	117%	133%	159%	185%	200%	250%
Patient Discount	100%	90%	80%	70%	60%	50%	40%

Minimum Fee \$15.00

Any non-qualified applicants get the automatic 38.83% discount rate

Patients will be provided with a written basis for the financial eligibility determination that also provides notice that the patient may contact the hospital and/or submit additional information in the event the patient believes that he or she qualifies for more generous assistance under this Policy.

### **ACTIONS IN THE EVENT OF NON-PAYMENT**

The actions that Sedgwick County Memorial Hospital may take in the event of nonpayment are described in the hospital's Payment and Collection Policy, which is available on the hospital's website at <http://www.schealth.org>. Members of the public also may obtain a free copy of this Policy at the hospital or by calling 970-474-3323.

Sedgwick County Memorial Hospital and Valley Medical Clinics will not engage in any extraordinary collection action for nonpayment until after the hospital has made reasonable efforts to determine whether a patient is eligible for financial assistance as set forth in this Policy and has waited at least 120 days from the date of the first post discharge billing statement for the care. Extraordinary collection actions are defined as selling the patient's debt to another party, reporting adverse information to a credit reporting agency or bureau, instituting an action that requires any legal or judicial process, or deferring, denying, or requiring payment before providing medically necessary care.



**POLICY APPROVAL**

This Policy is subject to periodic review and as required by law.

**ATTACHMENTS**

- A. Financial Assistance Application (FAA)
- B. Plain Language Summary

**RELATED POLICIES**

- Payment and Collection Policy
- EMTALA Policy

**APPROVED**

Date: 5/15/2024

By:   
Chief Executive Officer  
Sedgwick County Health Center

**SEDGWICK COUNTY HEALTH CENTER  
FINANCIAL ASSISTANCE POLICY  
PLAIN LANGUAGE SUMMARY**

Sedgwick County Memorial Hospital's mission is to provide high quality health care to all members of the community. The hospital is committed to treating all patients the same and with dignity, compassion and respect, and without regard to financial ability to pay for care. We strive to ensure that those who need health care are not prevented or discouraged from seeking needed care because of a lack of financial resources.

## **How We Can Help**

Sedgwick County Memorial Hospital and Valley Medical Clinics located in Big Springs, Nebraska and Julesburg, Colorado, offer discounted or free care for emergency or other medically necessary care for patients who have:

- Have an annual family income that is at or below 250% of the federal poverty level, as determined by the annual guidelines that are published by the United States Department of Health and Human Services that are available at <https://aspe.hhs.gov/poverty-guidelines>;
- Have cooperated with efforts to exhaust all other payment options; and
- Have provided documentation sufficient to verify income.

NOTE: In some cases, the determination of eligibility for financial assistance may be determined without a formal application. Please see the Financial Assistance Policy for details.

## **Fees Charged for Patients Eligible for Financial Assistance**

Patients eligible for financial assistance will not be expected to pay more for emergency or other medically necessary care than the amounts generally billed to those who have insurance covering their care.

## **How to Find Out if You Qualify**

Complete an application for Financial Assistance and submit it to the Business Office at Sedgwick County Memorial Hospital located at 900 Cedar Street, Julesburg, Colorado 80737.

The Financial Assistance Policy, Application, and this Summary, all can be found on the hospital's website at <http://www.schealth.org>. To receive a free copy of the application, policy or this summary by mail or in person, or to receive help in understanding the application or completing it, please contact the hospital's Business Office at 970-474-3323. More information is available on the hospital's website as well. Free copies of these documents are also available in the emergency room and in admitting/registration at the hospital.