1. SCOPE

This Policy sets forth the requirements for all management and staff involved in financial assistance for the following Bryan Health entities:

Bryan Health Corporate Depts.	Bryan Medical Center	Crete Area Medical Center	Kearney Area Medical Center
Bryan Physician Network	Merrick Medical Center	Crete Physicians Clinic	Platte Valley Medical Clinic
Bryan Heart	Central City Medical Clinic	Friend Medical Clinic	
	Fullerton Medical Clinic	Wilber Medical Clinic	

2. PURPOSE

To establish the framework pursuant to which Bryan Health identifies patients that may qualify for financial assistance, provides financial assistance and accounts for financial assistance. Definitions for keywords used in this Policy are provided in Appendix C.

3. PROCEDURE/REQUIREMENTS

3.1 In order to provide the appropriate level of assistance to the greatest number of persons in need, Bryan Health's Finance Committee of the Board of Trustees has approved this Policy and is responsible for its oversight. Any material modifications to the standards set forth in this Policy shall be approved by the Finance Committee prior to implementation by Bryan Health.

3.2 Bryan Health is committed to providing financial assistance to persons who have health care 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 commitment to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and disenfranchised, Bryan Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

3.3 In implementing this Policy, Bryan Health management and facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy, including but not limited to any Final Regulations issued under Section 501(r) of the Internal Revenue Code of 1986, as amended.

3.4 This Policy:

3.4.1.1 Includes eligibility criteria for financial assistance -- free and discounted (partial financial assistance) care;

3.4.1.2 Describes the basis for calculating Amounts Generally Billed ("AGB") to patients eligible for financial assistance under this Policy;

3.4.1.3 Describes the method by which patients or guarantors ("patient") may apply for financial assistance;

3.4.1.4 Limits the amounts that the facility will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to AGB; and

3.4.1.5 Describes how Bryan Health will communicate the policy to patients and the communities served.

3.5 Financial assistance is not considered to be a substitute for personal responsibility, and all financial assistance is subject to situational assessment and approval by Bryan Health's management. Patients are expected to cooperate with all Bryan Health procedures for obtaining 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 health care services, for their overall personal health, and for the protection of their individual assets.

3.6 Bryan Health reserves the right to exclude certain services from being covered under this Policy, and to deny financial assistance to patients who do not cooperate with the requirements listed in this Policy.

3.7 The principal beneficiaries of this Policy are intended to be patients who are uninsured, underinsured, ineligible for any government health care benefit program and who are unable to pay for their care.

3.8 Policy Relating to Emergency Medical Care

3.8.1 Consistent with EMTALA, Bryan Health will provide, without discrimination, an appropriate medical screening to any individual requesting treatment for a potential emergency medical condition, regardless of ability to pay and regardless of whether the individual is eligible for financial assistance. If, following an appropriate medical screening, Bryan Health personnel determine that the individual has an emergency medical condition, Bryan Health will provide services, within the capability of the Bryan Health facility, necessary to stabilize the individual's emergency medical condition, or will effect an appropriate transfer as defined by EMTALA (See EMTALA Procedure). Bryan Health is prohibited from engaging in actions that discourage individuals from seeking emergency medical care, such as by demanding that the emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

3.9 Services Eligible under this Financial Assistance Policy

3.9.1 For purposes of this policy, "financial assistance" or "charity" refers to inpatient or outpatient health care services provided by Bryan Health without charge or at a discount to qualifying patients. The following health care services are eligible for financial assistance:

3.9.1.1 Emergency medical services provided in an emergency room setting;

3.9.1.2 Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;

3.9.1.3 Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and

3.9.1.4 Medically necessary services, evaluated on a case-by-case basis at the Bryan Health affiliated provider's discretion.

3.9.2 Non-emergency and non-medically necessary care will not be covered by the Policy. The financial assistance offered under this Policy does not apply to other provider fees billed separately from Bryan Health's fees.

3.10 Eligibility for Financial Assistance

3.10.1 General Eligibility – Eligibility for full or discounted financial assistance will only be considered for those patients who:

3.10.1.1 Are uninsured or underinsured;

3.10.1.2 Are ineligible for any government health care benefit program;

3.10.1.3 Have exceeded the length of stay for Medicaid or other indigent care programs;

3.10.1.4 Are unable to pay for their care, based upon a determination of financial need in accordance with this Policy;

3.10.1.5 Cooperate with Bryan Health's policies and procedures;

3.10.1.6 Supply all required information to process the application; and

3.10.1.7 Reimburse Bryan Health for any monies paid directly to the patient by insurance.

3.10.2 Patients are eligible to receive financial assistance for deductibles, co-insurance and co-payment responsibilities when not inconsistent with the policy terms or applicable laws. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. When a patient's circumstances do not satisfy the particular requirements for financial assistance under this Policy, a patient with unusual mitigating factors may still be able to obtain financial assistance. These situations will be evaluated on a case by case basis, based on the patient's specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Bryan Health.

3.10.3 Specific Eligibility – When a patient qualifies for financial assistance at a Bryan Health facility, financial assistance will be honored at all Bryan Health locations once notification by the patient has been received and verified.

3.10.4 This policy does not apply to:

3.10.4.1 People who opt out of available insurance coverage or choose to go out of network for non-emergent care;

3.10.4.2 People who fail to reasonably comply with insurance requirements, such as obtaining authorization or referrals; and

3.10.4.3 Patients seen in non-Bryan Health affiliated facilities.

3.11 Presumptive Financial Assistance Eligibility

3.11.1 In instances when a patient may appear eligible for financial assistance, but there is no financial application form on file due to a lack of supporting documentation, financial assistance may still be granted in certain situations based on presumptive circumstances. Often there is adequate information provided by the patient or through other sources such as reviewing credit reports and other public documents, which could provide sufficient evidence to support the patient's need for financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Bryan Health may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Presumptive eligibility may be determined in certain situations, and based on the approval of Bryan Health's management, on the basis of individual life circumstances that may include, but are not limited to, the following factors (not an all-inclusive list):

3.11.1.1 State-funded prescription programs;

3.11.1.2 Transient, homeless or received care from a homeless clinic, or unidentified persons;

3.11.1.3 Participation in Women, Infants and Children programs (WIC);

3.11.1.4 Food stamp eligibility;

3.11.1.5 Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);

3.11.1.6 Crime victims – billed charges after state or federal funds have paid or are exhausted;

3.11.1.7 Low income/subsidized housing is provided as a valid address;

3.11.1.8 Patient has been approved by the court for bankruptcy;

3.11.1.9 Patient is deceased with no known estate or responsible party; and

3.11.1.10 Persons who income is at or below 110% of the current poverty level.

3.12 Method by Which Patients May Apply for Financial Assistance

3.12.1 Applying for financial assistance may be initiated by a patient requesting assistance in person, via the web site at http://www.BryanHealth.org, over the phone, through the mail, or by using the patient's MyChart account. Contact information for facility staff who can provide additional information regarding Bryan Health's financial assistance program, is listed in Appendix A.

3.12.2 All reasonable attempts are made by Bryan Health financial counselors or contracted employees to meet with uninsured patients who are admitted to the hospital in order to recommend appropriate assistance such as federal, state or local programs, or eligibility for assistance under the organization's Policy. When applicable, financial counselors or contracted employees shall provide assistance to patients in order to qualify for financial assistance under this Policy or to various government programs, such as Medicaid.

3.12.3 Bryan Health can also initiate a financial assistance application on behalf of the patient; however, it is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance. There is no assurance that the patient will qualify for financial assistance.

Referral of patients for financial assistance may be made by any member of Bryan Health's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend or associates of the patient, subject to applicable privacy laws.

3.12.4 Contact information for nonprofit organizations or government agencies that can assist patients with their financial assistance applications are included in Appendix B.

3.12.5 Patients may apply for financial assistance at any point from pre-admission to the final payment of their bills, as Bryan Health recognizes that a patient's ability to pay over an extended period of time may be substantially changed due to illness or financial hardship.

3.13 Determination of Financial Assistance and Notification to Patients

3.13.1 Financial Assistance Application Process: In situations where presumptive circumstances for charity care do not apply, individuals must apply for financial assistance and cooperate with Bryan Health in determining whether or not they are eligible for assistance. This application process involves the following:

3.13.1.1 The patient is required to complete Bryan Health's financial assistance application form and supply all personal, financial and other information requested on the application and the cover letter in order for Bryan Health to make a determination of financial need. The time frame for the requested information will be based on the date of service. Sources of gross income required to be included, but are not limited to: wages, salaries, farm income, self-employed income, interest/dividends, rental income, payments from Social Security, public assistance, unemployment and worker's compensation, veterans benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets and one-time insurance or compensation payments.

3.13.1.2 A review of the patient's available assets, and all other financial resources available to the patient; including life insurance policies, retirement funds such as pensions/annuities and IRA's/401Ks. The primary personal residence is excluded from this review. If other sufficient assets and resources are available to the patient, Bryan Health reserves the right to deny financial assistance.

- Exception to 3.13.1.2: Central City Medical Clinic and Fullerton Medical Clinic patients will be eligible for assistance based on the Federal Poverty Level (FPL) Guidelines in effect at the time of eligibility determination. Discounts are provided on a sliding fee discount scale based only on the patient's income and family size. Assets and other factors (e.g. insurance application and/or coverage, citizenship, population type) will not be considered when reviewing the Financial Assistance Application for these two facilities.

3.13.1.2.1

3.13.1.3 The use of credit reports and publically available data sources that provide information on a patient's ability to pay.

3.13.1.4 A review of income for the patient, spouse and/or all parents of a minor child.

3.13.1.5 If the application form is not complete when submitted, a Bryan Health financial counselor will send a letter to the patient requesting the additional information, call as needed, and also try to obtain the information from third-party sources.

3.13.2 Notification to Patients: Requests for financial assistance shall be processed promptly and Bryan Health shall notify the patient or applicant in writing of approval/denial within a timely manner upon receipt of a completed application. If Bryan Health denies the request for financial assistance, the reason for denial will be provided in the letter. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information for an appeal.

3.13.3 Financial assistance will not be denied based on the omission of information or documentation if such information or documentation is not specifically required by the Financial Assistance Policy or application form.

3.13.4 Patient Financial Services will maintain records of its financial assistance applications, determinations of financial assistance and notices to patients to adequately document its fair and consistent application of this Policy in accordance with Bryan Health's Record Retention and Destruction Policies.

3.14 Length of Eligibility

3.14.1 Once financial assistance has been approved, it is effective for all outstanding patient accounts and for all services provided within six months after approval. Financial assistance may be extended for an additional six months; however, confirmation of patient income, estimated income and household size may be requested prior to extending. All patients must reapply after the initial twelve-month period is over.

3.15 Financial Assistance Disqualification

3.15.1 Disqualification after financial assistance has been granted may be for reasons that include, but not limited to, one of the following:

3.15.1.1 Information Falsification. Financial assistance will be denied to the patient if the patient or responsible party provides false information, and

3.15.1.2 Third Party Settlement. Financial assistance will be denied if the patient received a third party financial settlement associated with the care received at Bryan Health. The patient is expected to use the settlement amount to satisfy any patient account balance.

3.16 Discounts to Patients

3.16.1 The Chief Financial Officer of Bryan Health will determine the appropriate discounts that are available to eligible patients on an annual basis and will ensure compliance with IRS regulations. All patients are billed according to gross charged amounts and any applicable discounts will be applied to gross charges. Information regarding discounts are available by contacting a Patient Financial Counselor (contact information is listed in Appendix A).

Amounts charged for any medically necessary care provided to patients eligible under the Policy will be limited to not more than the amounts billed to individuals with insurance covering similar care.

3.16.1.1 Charity Care Financial Assistance Discounts:

3.16.1.2 Bryan Health provides charity care financial assistance discounts for eligible patients based on Federal Poverty Level Guidelines (FPL) in effect at the time of the eligibility determination. Patients who qualify for charity care financial discounts, whose annual family income and assets are at or below 200% of the FPL, are eligible to receive a 100% discount off of their account balance for eligible services received by the patient after payment, if any, by any third parties. Patients whose family income and assets are at or above 201%, but not more than 400% of the FPL, are eligible for discounts on a sliding fee scale based on the FPL in effect at the time of the eligibility termination after payment, if any, by third parties. Charity care financial assistance discounts may also apply to eligible co-pays, deductibles, co-insurance, and certain non-contracted denials.

3.16.1.3 Catastrophic Assistance Discounts:

3.16.1.4 Catastrophic assistance discounts will be made available to eligible patients when their medical bills from all Bryan Health- related facilities, after payment by all third parties, exceed 30% of the patient's total gross income and assets, and the patient is unable to pay the remaining bill. Under the Catastrophic Assistance Discount Category, an eligible patient's responsibility will never exceed 30% of their annual income and assets. Any patient responsibility covering a twelve-month period to the patient exceeding 30% will be written off to charity care financial assistance.

3.16.1.5 Uninsured Patient Discounts:

Uninsured patient discounts may apply to eligible patients. The uninsured (self-pay) patient discount is a percentage off of gross charges for services at a Bryan Health facility. There is no application process for the patient to receive the uninsured patient discount. The uninsured patient discount does not limit a patient's ability to obtain further discounts based on their financial need through both the charity care financial assistance discounts and catastrophic assistance discounts programs. The uninsured patient discount shall be automatically applied to patients who are classified as "self-pay".

3.17 Basis for Calculating Amounts Generally Billed (AGB)/Limitation on Charges

3.17.1 In all situations, once the patient is determined to qualify for financial assistance that individual will not be charged more for emergency or other medically necessary care than the amounts generally billed (AGB) to patients who have insurance covering such care. In determining AGB, Bryan Health has elected to use the Look-Back Method by dividing the amounts allowed by Medicare fee for service and all contracted private health insurers, over a twelve-month period, by the gross charges submitted. This AGB percentage is calculated at least annually and is available by contacting a Patient Financial Counselor (contact information is listed in Appendix A). Bryan Health, in accordance with applicable IRS regulations, may change the methodology for calculating the AGB in the future.

3.18 Measures to Communicate the Policy to Patients and Within the Community

3.18.1 Notification to the community about financial assistance available from Bryan Health shall be disseminated by various means, which may include, but are not limited to, the following:

3.18.1.1 Bryan Health shall make its Policy, application form and a plain language summary of the Policy available on Bryan Health's website at www.BryanHealth.org.

3.18.1.2 Bryan Health shall make its Policy, plain language summary of the Policy, and the application form available upon request and without charge, both in public locations in the hospital, and by mail. Bryan Health shall clearly post signage regarding the Policy, in the emergency departments, admitting areas and business offices.

3.18.1.3 The Policy, application form and summary of the Policy will be available in English and Spanish and in the primary language of any populations that constitute more than 5% of the residents in the community. For patients speaking languages other than those for which the FAP guidelines are printed, interpreters will be made available to clearly communicate the policy and provide assistance in completing necessary forms.

3.18.1.4 Bryan Health shall regularly distribute information sheets summarizing the Policy to its referring staff physicians and appropriate local public agencies and nonprofit organizations that address the health needs of the community's low-income populations.

3.18.1.5 Patients will be offered a summary of the Policy before discharge from the hospital facility. In addition, the Hospital's financial counselors will visit, when appropriate, with inpatients to answer questions regarding the FAP before dismissal from the facility.

3.18.1.6 All billing statements are required to include a notice on the front of the statement regarding the availability of financial assistance, how to request information about the Policy and the application process, including a phone number for inquiries about the Policy, and the web site address where copies of the Policy documents may be obtained.

3.18.1.7 Annually, all employees are required to receive training regarding the Policy. The training will include contact information for the department or individuals who can explain the Policy. Employees who interact with patients will be instructed to direct questions regarding the Policy to the proper provider representatives.

3.18.1.8 Information regarding the Policy will be included in the annual community benefit information published in the JOURNEYS magazine that is mailed to households in the community

3.19 Relationship to Billing & Collection Policy

3.19.1 The actions Bryan Health may take with regard to non-payment by a patient who is able to pay for services, are contained in Bryan Health's Billing and Collection Policy. Patients may obtain a copy of the Billing and Collection's Policy by calling the telephone numbers listed on Appendix A or by visiting our web site at www.BryanHealth.org.

3.20 Providers Delivering Emergency or Other Medically Necessary Care in the Facilities:

3.20.1 A list of providers that are covered under the Policy, and those that are not, is maintained on our website at www.BryanHealth.org. Any questions about inclusion or exclusion of providers that are covered under this Policy can be directed to our staff at the telephone numbers listed in Appendix A.

4. RESOURCES

Financial Assistance Application Form
Plain Language Summary

5. REFERENCES

Section 501(r) of the Internal Revenue Code of 1986

6. APPENDIX

Appendix A – Bryan Health Facilities

Appendix B – Contact Information of Nonprofit Organizations or Government Agencies

Appendix C – Definitions

7. OWNER

Senior Director of Revenue Cycle – Bryan Health

8. APPROVER

Chief Financial Officer – Bryan Health
President – Bryan Physician Network
President/CEO – Merrick Medical Center
Rural Division Financial Officer – Bryan Health
Chief Financial Officer – Crete Area Medical Center
Chief Financial Officer – Bryan Heart
Chief Financial Officer – Kearney Area Medical Center

Appendix A

Bryan Health Facilities

This Financial Assistance Policy applies to the Bryan Health facilities noted in Section 1, under "Scope." Patients may view the Financial Assistance program at the Bryan Health website, http://www.BryanHealth.org.

To visit with a financial counselor, patients may call 877-577-9277 or 402-481-5791.

Kearney Regional Medical Center patients may call 855-404-5766.

Platte Valley Medical Clinic patients may call 308-865-2808.

Appendix B

Contact Information of Nonprofit Organizations or Government Agencies that may be Sources of Assistance for Completing Financial Assistance Application Forms

Lincoln Area

Center for People in Need
Address: 3901 N. 27th St., Unit 1, Lincoln, NE 68521
Telephone Number: 402-476-4357

Lancaster County Medical Society
Address: 4600 Valley Rd., Ste. 250, Lincoln, NE 68510 Telephone Number: 402-483-4800

Matt Talbot Kitchen & Outreach
Address: 2121 N. 27th St., Lincoln, NE 68503
Telephone Number: 402-477-4116

Crete Area

Public Health Solutions
Address: 995 E. State Hwy. 33, Crete, NE 68333 Telephone Number: 402-826-3880

El Centro De Las Americas
Address: 210 "O" St., Lincoln, NE 68508
Telephone Number: 402-474-3950

Appendix C

Definitions

Amounts generally billed (AGB) – means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

AGB percentage – means a percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for assistance under the hospital's financial assistance policy.

Application period – means the period during which a hospital facility must accept and process an application for assistance under its financial assistance policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance. With respect to any care provided by a hospital facility to an individual, the application period begins on the date the care is provided to the individual and ends on the 360th day after the hospital facility provides the individual with the first post-discharge billing statement for the care.

Charity Care – Health care services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

Emergency medical care – means care provided by a hospital facility for an emergency medical condition as defined by EMTALA.

Emergency medical conditions – means emergency medical conditions as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Family Income – Family Income consists of the following:

- Includes earnings, unemployment compensation, workers' 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;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Includes income of the patient, spouse and/or all parents of a minor child.

Family Size – a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together, all such people (including related subfamily members) are considered as members of one family.

Federal Poverty Level – means the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. It is determined by the Department of Health and Human Services and is adjusted for inflation and reported annually in the form of poverty guidelines.

Financial assistance policy (FAP) – means a written policy that meets the requirements described in §1.501(r)-4(b).

Financial assistance application form – means the information and accompanying documentation that an individual submits to apply for financial assistance under a hospital facility's financial assistance policy.

Gross charges (or the chargemaster rate) – means a hospital facility's full, established price for medical care that the hospital facility consistently and uniformly charges patients before applying any contractual allowances, discounts or deductions.

Medically necessary – Services or items reasonable and necessary for the diagnosis or treatment of illness or injury, as defined by Medicare and/or other major commercial insurance companies: (1) Medical necessary service must be supported by a physician order; (2) Medically necessary services exclude self-pay cosmetic services, certain preventative services, outpatient prescription medications, bariatric surgery, other elective procedures not covered by insurance, and medical products and services that can be obtained through other community resources.

Uninsured – The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Underinsured – The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.