

CROSBYTON CLINIC HOSPITAL

CHARITY CARE POLICY

Crosbyton Clinic Hospital affirms its commitment to serve its communities with an emphasis of providing optimal health care services and programs by dedicating our efforts to aid all persons regardless of their age, sex, race, creed, disability, national origin or financial status. These beliefs have led Crosbyton Clinic Hospital to develop a formalized policy and procedure for providing charity care.

The procedures that follow are minimum guidelines to be followed to provide a consistent methodology for providing charity care.

The Hospital is also committed to providing, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C. 139dd) to individuals regardless of their eligibility under this Charity Care Policy.

Policy

Charity Care is defined as health care services provided at no charge to patients who do not have or cannot obtain adequate financial resources or other means to pay for their care. This is in contrast to a bad debt which is defined as a patient and/or guarantor who, having the requisite financial resources to pay for health care services, has demonstrated by their actions an unwillingness to comply with the contractual arrangements to resolve the bill.

Charity care will be based solely on ability to pay and will not be abridged on the basis of age, sex, race, creed, disability or national origin. Available health care services, inpatient or outpatient, shall be available to all individuals under this policy. Crosbyton Clinic Hospital may, however, refer an individual to alternative programs and/or where such referrals do not place an undue burden on the patient or family. Crosbyton clinic Hospital will also actively assist an individual in

pursuing alternative sources of payment from third parties. Those individuals or families who qualify for alternative programs and services within the community but refuse to take advantage of them may not be covered under this policy. These actions are intended to allow Crosbyton Clinic Hospital to provide the maximum level of necessary charity service within the limits of our resources. In the case of the uninsured patient who qualifies as financially charitable, all charges will be adjusted to equal Medicare rates. Crosbyton Clinic Hospital reserves the rights to limit, deny or provide financial assistance at the discretion of the Hospital Administrator based on patient need and/or overall financial viability of the organization. It should be recognized the need for charity care is a sensitive and deeply personal issue for recipients. Confidentiality of information and individual dignity will be maintained for all those who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure should be guided by these values.

The Hospital will post a notice of its charity care program and instructions on how a patient may apply for charity care on the Hospital's website.

Procedures

- A. In order to determine eligibility for charity care, the patient or other Responsible party requests charity care assistance from the Hospital, the Designated employee will refer the patient to the employee responsible for Charity Care Processing. All necessary documentation, including copies of IRS forms, W-2 Wages & Earnings Statements, plus other income as reported on patient's application; appropriate information, if available, will be collected. The information supplied will be used in the analysis of the patient's ability to participate in the reimbursement for health care services provided. In cases where documentation is unavailable, the hospital reserves the right to provide financial assistance at its discretion.
- B. Expired patients with no estate, or the guarantor is incarcerated, or the patient and guarantor are unemployed, may be automatically approved as financially indigent and may bypass the application and verification process.

- C. For returning charity care patients, inquiry will be made as to whether the number of dependents in the households has changed and as to any change in family income. Each individual charity care write-off will be reviewed prior to being written off regardless of whether the patient was a prior charity care patient.
- D. Charity Care persons income shall not exceed 200% of the Federal Poverty Guidelines. The Health System may adjust the eligibility criteria from time to time based on the financial resources of the Hospital as necessary to meet the charity care needs of the community. Management has the ability to determine the percent of the Federal Poverty Guideline that will be used to qualify patients for charity.
- E. Medically indigent patients will be considered for charity care on a case-by-case basis.
- F. Accounts of patient that have filed bankruptcy will be written off to charity upon receipt of notification from the court.
- G. Amounts charged for medical care are limited to not more than the amounts general billed (AGB) to patients with insurance covering such care.
- H. Billing gross charges to a patient eligible for financial assistance is strictly prohibited. Patients who qualify for financial assistance will be based on the applicable Medicare fee schedule.
- I. Extraordinary collection actions (ECA's), such as authorizing our collection agencies to report to credit agencies and place liens, will be determined on a case by case basis. The CEO/Administrator, and CFO will consider the patient's ability to pay and efforts made to apply for financial assistance and make additional payment arrangements for the discounts balance before approving ECA's.
- J. The Hospital will determine if a patient is eligible for Charity Care within 120 days following the patient's receipt of the first billing statement before the Hospital undertakes ECA's such as those listed above. If however, the Hospital has not determined that a patient is eligible for Charity Care, they

will still accept and process Charity Care applications from the patient for an additional 120 days. Accordingly, the total period during which a hospital facility will accept and process Charity Care applications is 240 days from the date of the first billing statement.

A request for uncompensated services may be made at any time. This means that An individual may make a request before, during, or after services are received, Including after the institution of a collection action against the individual.

The Administrator must approve all charity care write-offs. All accounts over \$10,000 will be summarized and approved by the Board of Directors.