

Financial Assistance and Charity Policy of Nash Health Care

It is the policy of Nash Health Care (Nash Hospitals, Inc.) to grant a financial assistance (charity) adjustment to those patients who qualify based on the criteria as set forth below. All patients who are identified as self-pay will be screened for alternative sources of funding to help them meet their medical expenses. If no alternative sources are found, the patient will be considered for debt forgiveness under the medical indigence guidelines by Nash Health Care.

In order to be considered indigent, and thus under consideration for financial assistance (charity) and / or debt forgiveness:

- The party responsible for the bill must have an income within the ranges established by Nash Health Care based upon the federal government poverty level (FPL) guidelines. Refer to the Charity Matrix below for additional guidelines.
- Additionally, the responsible party must meet an asset test. Under the asset test, a financial assistance adjustment is equal to the medical bill less 50% of assets in excess of \$10,000. Tangible Assets are subject to a \$10,000 net asset (after mortgage liability) floor. In other words, if the patient has less than \$10,000 in Tangible Assets (see definition below), then the asset test does not apply.
- Once the financial assistance adjustments are calculated individually based on the income test and the asset test, the lesser financial assistance adjustment amount is to be applied to the patient's balance.
- The head of household (biological parent, legal parent, legal spouse) must qualify as in need of financial assistance when dependents are applying for assistance.
- Patients who are 18 years of age or older are of legal age, and will be considered the responsible party.
- The patient, or head of household, who is a full time student (beyond high school level) will not qualify as in need of financial assistance unless the education is financed by themselves and or a government grant.
- The patient is not supported by parents, or claimed as a dependent on their parents' income tax returns.
- If the patient is living with a grandparent(s) who does not have legal custody, the grandparents' income will not be considered.
- Financial assistance adjustments also apply to a patient's self pay balance after insurance payments, subject to both the income and asset test as set forth above.

Application Process and Eligibility Determination

- The responsible party as determined under the Financial Assistance Criteria section above must complete a financial statement (Application for Uncompensated Care). This statement must be signed and dated by the responsible party. When the financial information is obtained during a phone conversation, the interviewer must document that the information was obtained via telephone. When an application is mailed to patient to complete and return,

refer to section 5 of the application process. Failure to complete the Application for Uncompensated Care within 15 days of the request will terminate the patient's consideration for financial assistance status.

- A new financial statement is completed for each inpatient admission, unless an application has been completed within 180 days of another admission.
- The income of the patient or responsible party is calculated six months forward and six months backward.
- The responsible party is responsible for furnishing documentation of income and assets. Failure to do so will terminate the application. One or more of the following items may be required to determine income level, or establish a lack of alternative funding:
 - Income tax returns
 - Payroll check stubs
 - Independent verification of family size
 - Verification of wages from employer
 - Tax value of property
 - Documentation of established bank or credit card accounts
 - Letter from current or previous employer, regarding the hire or termination date of employment.
 - Documentation of denial of assistance by other agencies.
- A financial assistance committee will be established to review specific request when special circumstances apply. If the patient fails to apply, or is unable to apply or refuses to apply for charity then the committee may review and consider the amount for charity. The committee will use the standard guidelines contained within this policy. The committee will consist of the (CFO, Director of PFS, Business Office Manager, Director of Case Management, and the Patient Relations Coordinator).
- Catastrophic Financial Assistance Care will be offered to individuals whose medical bill exceeds 30% of annual income. Amounts in excess of 30% would be adjusted as financial assistance care. This adjustment is also subject to the asset test described above.

Nash Health Care Systems Financial Assistance Matrix

Income guidelines – An individual will qualify for the following charity adjustment based on his/her family's income as determined by family size:

Income	Charity Adjustment
Up to and equal to 150% of FPL	100%
Between 150% and 175% of FPL	75%
Between 175% and 200% of FPL	50%
Between 200% and 250% of FPL	25%

* The Business Office will maintain a matrix of income levels based on family size and income and will update the matrix yearly as the FPL changes.

Tangible Assets – include Cash and/or cash equivalents (e.g. certificates or deposit, commercial paper, etc.), marketable securities (e.g. stocks, bonds, etc.), and real estate including primary residence, net of related mortgage. Liabilities include mortgage debt only. Tangible assets as defined herein exclude automobiles.

If you have any questions concerning the information in this document, please speak with a customer service representative at 252-443-8030.