Nebraska Medicine POLICIES AND PROCEDURES MANUAL ☒ System ☐ Department **Supersedes: BMC PFS 01.008**	Section: FINANCE (FN) Subject: Financial Assistance Number: FN15 Attachments: Attachment A Charity Care Scale; Attachment B Financial Disclosure Form; Attachment C Determination Letter; Attachment D Information Request Letter; Attachment E Amounts Generally Billed; Attachment F Plain Language Summary; Attachment G Financial Disclosure Form Spanish Date Effective: 3/22/02 03/24/03, 7/14/04, 7/1/05, 5/15/07, 01/29/09, 11/17/10 , 03/17/11, 03/19/12, 12/20/13, 04/08/16, 05/16/16, 11/06/17, 1/23/18, 8/08/19, 1/24/2020, 2/02/20, 4/19/21, Date Reviewed: 10/03/22, 4/03/2023, 2/17/2025

FINANCIAL ASSISTANCE

I. Background:

The Nebraska Medical Center and Bellevue Medical Center are tax-exempt charitable organizations within the meaning of 501(c)(3) of the Internal Revenue Code and charitable institutions under law.

II. Purpose:

To support our mission to lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care, Nebraska Medicine provides financial assistance to those in need.

This Policy outlines the guidelines Patient Financial Services and Patient Access financial counselors will use to ensure that adequate and appropriate follow-up is completed in order for qualifying patients to receive financial assistance. Patient Financial Services and Patient Access financial counselors will work with patients to find payment solutions when available. This Policy is written to ensure a fair and comprehensive system of distributing financial assistance to financially burdened patients within the available resources of Nebraska Medicine in a manner that does not discriminate based on race, creed, color, sex, national origin, religion or age. Nebraska Medicine financial assistance includes services provided by The Nebraska Medical Center, Bellevue Medical Center and UNMC Physicians.

III. Policy

A. Financial assistance is available when all other recovery sources have been exhausted.

B. Financial assistance discounts are available to uninsured patients and are applied to remaining gross charges after a self-pay discount.

C. Financial assistance discounts are available to insured patients on remaining patient liability including coinsurance, deductible and copayments and after exhausting benefits.
Note: Out of Network Payer Plans are ineligible for financial assistance discounts with exception including obtaining insurance approval due to diagnosis, type of care, GAP analysis, emergency, and emergency admits.

D. Financial Assistance is provided to patients who have demonstrated inability to meet their financial obligation to Nebraska Medicine.

E. Financial Assistance will not be approved for services considered elective and/or cosmetic procedures.

F. Financial Assistance may be approved in the instance of catastrophic care as defined in IV B-1below.

G. All transplant, ventricular assist device (VAD), artificial heart (TAH) and intestinal rehab (IRP) patients must meet with a Transplant Financial Counselor to secure financial clearance. Transplant, VAD, TAH and IRP patients must pass financial screening (ACCESS-FIC-082) or must be approved via the Transplant Variance Policy (FN 21) Financial assistance approval for other services does not meet this requirement.

H. Prior approval for financial assistance does not apply for future elective or cosmetic procedures.

I. Prescription Drug Coverage: Patients in need of assistance with the costs of their prescription medications may qualify for one of the patient assistance programs offered by pharmaceuticals companies. Please contact a pharmacy financial counselor at (402) 559-3350 or pharmacyfinancialcounselors@nebraskamed.com.

IV. Definitions:

A. Amounts Generally Billed (AGB): The amount generally billed to patients with insurance coverage for emergent or medically necessary care. See attachment E for additional detail.
B. Annual Household Income: all household income including but not limited to: wages and salaries and non-wage income including alimony and child support; social security; unemployment, workers compensation benefits, pension, interest or rental income of the household.
C. Application: means the process of applying under this Policy by completing the Financial Application and supplying supporting documentation as required.
D. Catastrophic Care: financial assistance provided to eligible patients with annual family income in excess of 400% of the federal poverty guidelines with financial obligations in excess of 25% of their annual family income.
E. Emergency Care or Emergency Treatment: means the care of treatment for an Emergency Medical Condition as defined by EMTALA. EMTALA is the Emergency Medical Treatment and Active Labor Act (42 U.S.C. ss1395dd)
F. Extraordinary Collection Activity (ECA): includes property lien; foreclosure on real property; sale of debt to another party; reporting to credit agencies; bank account or personal property seizure; initiating civil action; wage garnishment; subjecting individual to writ of attachment; defer/deny medically necessary care due to nonpayment of bill
G. Federal Poverty Level: Federal poverty guidelines published annually by the Federal Government.
H. Financial Assistance: discounts provide to those with demonstrated inability to pay.
I. Guarantor: someone other than the patient who is responsible for payment of the patient's medical bills.
J. Household: shall include the patient and all other members living within the household. This includes but is not limited to the patient's spouse and all children (natural or adoptive) under the age of nineteen.
K. Medically Necessary Care: includes services necessary to diagnoses and provide preventative, palliative, curative or restorative treatment for physician or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided. Medically necessary care does not include cosmetic procedures, elective procedures, or retail pharmacy prescriptions. Transplant, VAD, TAH and IRP services require special processing.
L. Uninsured: patients without insurance coverage or third party liability to resolve patient liability.

V. Guidelines

A. Identification Process
    1. Nebraska Medicine maintains a separate Policy in order to assure compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA) (RI 07) and a separate Organizational Ethics Policy (LD 02). This Financial Assistance Policy is subject to the terms of those policies.
    2. Financial Counselors, Customer Service Sr. Associates and Collection Sr. Associates authorized by Nebraska Medicine will identify patients requiring financial screening.

B. Verification of Insurance Eligibility and Benefits
    1. The patient will execute an assignment of insurance benefits on behalf of the hospital.
    2. Verification of eligibility, benefits and payer source will be performed in a timely manner according to Patient Finance and Access Services departmental procedures.

C. Financial Counseling
    1. Financial Counselors, Collection Sr. Associate and Customer Service Sr. Associate will assist patients requiring financial assistance.
    2. Financial Counselors, Collection Sr. Associates and Customer Service Sr. Associates will assist patients in seeking reimbursement from local, state, and federal programs when there is no other source of payment as well as assisting patients with applications or making appointments to qualify for government programs.

3. Patients are responsible for follow-up meetings with an agency that may provide financial resources for healthcare services. Financial assistance may be terminated at any time due to non-compliance with this expectation.

D. Application Process
   1. Applications for financial assistance will be completed when it is evident that a patient does not have the resources to meet their personal payment responsibility after insurance or any other third party payer requirements have been met, or in the event of a catastrophic illness.
   2. The application process may take place at any time – either at facility direction or due to patient request. The application process includes completing a personal financial statement. Verification documents are required. If information is not collected or available, reasonable efforts will be made to verify the applicant's income.
   3. Financial assistance will be considered at any point in the billing cycle, up to 240 days from the 1st billed date.
   4. Required documentation is included in Attachment B – Financial Disclosure Form.
   5. Discretionary eligibility – Patients may qualify for assistance in the absence of completed forms based on presumptive eligibility criteria to include: Patient is homeless; Patient is incarcerated; Patient has had debts discharged through Chapter 7 bankruptcy proceedings; patient is an undocumented alien; patient qualifies for Medicaid; patient supplies all supporting documentation of qualifies for sliding fee scale at One World/Hope; or other reasonable evidence presented by patient and acceptable to the Manager of Patient Financial Services.
   6. If approved, financial assistance will be valid for one year from the date of approval and excludes coverage for cosmetic and elective procedures. All transplant, VAD, TAH and IRP services must receive financial clearance from a financial counselor as prior approval for financial assistance does not meet this requirement as noted in II (E) above. If at any time the patient's circumstances change, the financial assistance approval may be reevaluated.
   7. Patients will be notified in writing (attachment C) within 30 days of submitting a completed application.
   8. Balances subject to financial assistance will include current outstanding balances with Nebraska Medicine. If a patient has made prior payments and is found to be eligible for assistance, payments on accounts included in the eligibility period will be refunded if the payments exceed the amount due after assistance is applied. Refunds will only be processed if they exceed $5.00. .
   9. Applications in various languages can be accessed on-line at www.nebraskamed.com and at Patient Access in Clarkson Tower or Durham Outpatient Center or at Patient Financial Services.
   10. For additional information concerning this financial assistance policy, assistance in completing and submitting an application, and to obtain paper copies of the financial assistance policy, plain language summary of the policy, and application form, you can contact us in person or via phone at the locations and numbers below:

       Patient Access Services-Financial Counseling
       Nebraska Medical Center
       Clarkson Tower or Durham Outpatient Center
       Omaha, NE 68198-7530
       (402) 559-5346

       Patient Access Services-Financial Counseling
       Bellevue Medical Center
       2500 Bellevue Medical Center Drive
       Bellevue, NE 68123
       (402) 763-3061

       Patient Financial Services
       3333 Farnam St., Mutual of Omaha Building, 3rd Floor
       Omaha, NE 68131
       (402) 559-3140

E. Fee Schedule
   1. The DHHS poverty guidelines will be utilized as the basis to determine the amount of financial assistance adjustment provided for each applicant. In the instance of catastrophic care, the adjustment will be based on the annual household income.

The Financial Assistance Scale (Attachment A) will be used as a guide to identify the amount of financial assistance granted using the applicant's Personal Financial Statement (Attachment B) and applicable supporting documentation. All patients qualifying for financial assistance will be responsible for no more than the AGB to insured patients.

2. Patients with gross family income at or below 200% of the federal poverty level and assets less three times the federal poverty level will quality for full free care.
3. Nebraska Medicine needs to be fully apprised of the applicant's financial situation:
   a. Nebraska Medicine reserves the right to consider personal assets such as checking accounts, savings accounts, stocks and bonds, etc., when determining eligibility for financial assistance.
   b. Nebraska Medicine reserves the right to also consider other assets such as personal residence, other real estate, and vested value of whole life insurance policies, mutual funds, IRA/Retirement funds, and annual contributions to medical savings accounts, when determining eligibility for financial assistance.

F. Record Keeping and Special Accounting for Financial Assistance
   1. All financial documentation gathered on potential applicants will be considered confidential and will be scanned into an secure system. Original documents will be destroyed.
   2. Eligibility of each applicant will be approved and authorized based on the levels stated below"

a. 0-15,000	Patient Financial Counselor/Sr Patient Financial Counselor
b. 15,001-50,000	Patient Financial Counselor Lead
c. 50,001-100,000	Patient Access Manager
d. 100,001-500,000	Access Operations Director
d. 500,001 – 1 Million	Vice President Revenue Cycle
e. 1 Million and over	Chief Financial Officer

G. Notification of Financial Assistance Determination to the Patient
   1. All approvals/disapprovals for financial assistance will be communicated to each applicant via Attachment C.

VI. Special Consideration

A. Submission of an application with false information will disqualify a patient for financial assistance at the discretion of the reviewing manager.

B. Circumstances not specifically covered by this policy may arise wherein a person will be entitled to service without charge, or that is less than the customary fee for the service provided with examples below:
   1. This could be occasioned by a personal catastrophe or unavoidable crisis affecting an individual who would otherwise be able to pay for service, or a person who has income above poverty level but is still not able to pay the entire cost of service.
   2. Based on the qualification process as noted in sections III D and III E above, a patient generally may qualify for catastrophic charity care in instances where the patient liability is in excess of 25% of annual household income.

C. Nebraska Medicine retains full discretion in determining the individual's eligibility for charity.

D. Any deductible and coinsurance amount claimed as Medicare bad debt is to be excluded from reporting of charity care.

VII. Financial Assistance Determination Prior to Action for Non-Payment

Guiding Principle: Nebraska Medicine will process patient balances in a consistent manner in accordance with the IRS and Treasury's 501 (r) final rule. Patients and/or their respective payers will be billed in a timely manner and staff will be held to high customer service standards in support of Nebraska Medicine's focus on Patient Experience. Nebraska Medicine Patient Financial Services is authorized and responsible for determining whether reasonable efforts have been made to evaluate patient eligibility for assistance prior to initiation of extraordinary collection activity.

A. Billing Practices and Reasonable Effort: Nebraska Medicine seeks to determine patient eligibility for financial assistance prior to or at the time of service. If a patient has not been deemed eligible prior to discharge or service, Nebraska Medicine will bill for care. If the patient is insured, Nebraska Medicine will bill the patient's insurer on record for the charges incurred. After processed by the patient's insurer, remaining patient liability will be billed

directly to the patient or guarantor. If the patient is uninsured, the patient will receive a self-pay discount and the remaining balance will be billed directly to the patient or guarantor. Patients or their guarantor with an outstanding balance will receive a series of up to four statements over a 120 day period beginning after services are rendered. Patient billing statements will be delivered to the address on file. Providing correct address information is the responsibility of the patient and/or the patient guarantor. Nebraska Medicine will proactively seek to identify patients who are eligible for financial assistance through reasonable efforts including: notification to the patient or guarantor of the policy upon admission, in written format with the billing statement, verbally with the patient when discussing the patient bill and outstanding balances, and in written format in the form of "We Can Help" signage and booklets in the Patient Access areas and Emergency Department, and as informational text on patient billing statements, and a written response to Financial Application submissions within 240 days of the first billing statement with respect to the unpaid balance. Paper copies of the Financial Assistance Policy, Application and Financial Assistance Summary are available upon request and without charge by mail, online, or in Patient Access and Emergency Department areas. Telephonic contact with the patient or guarantor will be attempted at a minimum of one time no less than 30 days prior to initiating extraordinary collection activities.

B. Collection Practices: Nebraska Medicine may engage in collection activities – including Extraordinary Collection Activities (ECA's) when in compliance with relevant state and federal laws. If a patient has an outstanding balance for 120 days and a minimum of four billing statements have been sent, the patient's balance will be referred to a collection agency for pursuit of payment on Nebraska Medicine's behalf. If a financial assistance application is received within 240 days from the first patient statement, any in progress ECA will cease and the application will be reviewed for eligibility. Under normal circumstances, Nebraska Medicine's collection agencies do not report to credit bureaus nor do they pursue wage garnishments or similar collection actions. Collection agencies representing Nebraska Medicine have the ability to pursue collection for up to 18 months from the point of initial transfer to the agency. A patient may apply for financial assistance under this Policy even after the patient's unpaid balance has been referred to a collection agency for up to 240 days. After at least 120 days have passed from the first post-discharge billing statement showing charges that remain unpaid, and on a case-by-case basis, Nebraska Medicine or the collection agency representing Nebraska Medicine, may pursue collection through a lawsuit when a patient has an unpaid balance and will not cooperate with requests for information or payment from Nebraska Medicine or a collection agency working on its behalf.

C. Patients with prior outstanding balances will not be denied medically necessary care; however, steps will be taken to collect all prior and new patient care bills.

VIII. Eligible Providers

Services provided by Nebraska Medicine employed physicians are covered under this policy. Covered providers and their specialty are listed in Attachment G.

Services provided by private practice physicians not employed by Nebraska Medicine are not covered under this policy. Providers **not** covered under this policy are listed in Attachment H.

Provider listings will be updated on a quarterly basis.

IX. Regulatory Requirements/References:

This policy is in compliance with Internal Revenue Code Section 501 (r) and related Treasury Regulations.

X. Related Policies:

FN13 – Financial Needs Assessment Policy
FN14 – Cash Collection
FN16 – Discount Policy
FN17 – Patient Payment Policy
FN21 – Request for Variance - Transplant
LD02 - Organizational Code of Ethics
RI07 - Emergency Medical Treatment and Transfer Policy
SOTFIDP1002 – Financial Assessment - Transplant

Staff Accountability :
Patient Access Manager – Financial Counseling – Approval/Annual Review
Patient Access Director – Financial Counseling – Approval/Annual Review
Vice President Revenue Cycle– Approval
Chief Financial Officer – Approval
Chief Executive Officer – Approval
Nebraska Medicine Board of Directors - Approval

Attachment A – Charity Scale
Attachment B – Financial Disclosure Form
Attachment C – Determination Letter
Attachment D – Information Request Letter
Attachment E – Amounts Generally Billed
Attachment F – Plain Language Summary

Department Approval		**Administrative Approval**	
Signed | s |:	Jana Danielson	Signed | s |:	Stephanie Daubert
Title:	Vice President Revenue Cycle	Title:	Chief Financial Officer
Department:	Revenue Cycle		