



Document Title: Point-of-Service Collections	Norton County Hospital
Authors: Aaron Kuehn, CFO Revision: ReChelle Horinek, CFO	Original Effective Date: 03/01/2018 Revision Date: 3/11/2025

Norton County Hospital Policy and Procedures

POLICY SUMMARY: It is the policy of Norton County Hospital (NCH) to provide emergency and medically necessary services at a discounted rate for those who are able to demonstrate their inability to pay.

PURPOSE: To establish parameters concerning patients who can demonstrate their inability to pay for medical care.

PROCEDURES:

A. Eligibility Criteria:

1. The Financial Assistance Program (Program) employs a sliding scale discount that takes into consideration a patient's household members and income.
2. Eligible patients are people who have received emergency and medically necessary services, and are indigent, medically indigent, uninsured or underinsured. The patient's household income (as defined below) must be less than 300% of the Federal Poverty Level (FPL) to qualify for Financial Assistance discounts.
3. Program determination will be consistent among patients, regardless of sex, race, creed, disability, sexual orientation, national origin, immigration status or religious preference.
4. This Program is secondary to all other financial resources available to the patient, including employer-based insurance coverage, commercial insurance, government programs, third-party liability and household qualified assets.

B. Limitation on Charges:

1. In the case of emergency or other medically necessary care, a patient who is eligible for assistance under this Program will not be charged more than the amounts generally billed (AGB) for third party fee-for-service beneficiaries (individuals who have third party insurance for care) . This discount is determined utilizing the look back method after the Medicare Cost report has been completed 5 months after the fiscal year and final settlements are added to fiscal year data for all third party fee-for-service collections to determine the AGB. The new AGB will be applied effective the first day of the seventh month after the end of the fiscal year-end.
2. In the case of all other medical care, a patient who is eligible under this Program will be charged an amount less than the gross charges.



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C. Measures to Publicize the Financial Assistance Program

The following measures are used to publicize the Program to the community and patients:

1. Posting the Financial Assistance Program, Financial Assistance Application and a summary of the Policy on the Norton Country Hospital website at the following location: <https://www.ntcohosp.com>.
2. Providing paper copies of the Program, application and summary of the Program upon request in the business office of NCH.
3. Posting notices about the Program in the emergency department, admitting areas and business office of NCH.
4. Distributing a plain language summary of the Program and offering a Financial Assistance Application to patients before discharge from the hospital.
5. Informing patients about the Program in person or during billing and customer service phone contacts.
6. Providing a statement of availability for financial assistance on the patient's ~~first~~ monthly billing statement.

D. Application Process:

1. All qualifying applicants will be granted Financial Assistance for medically necessary services in accordance with the qualifications and guidelines herein set forth.
2. An application for Financial Assistance can be initiated by a patient in person at the business offices of NCH; over the phone by calling 785-877-3351; through the mail at Norton County Hospital, PO BOX 250, Norton Ks 67654, or at the Norton County Hospital website <https://www.ntcohosp.com>.
3. The Financial Assistance process begins at the time of service. 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 the Program.
4. The application process includes completion of a "Financial Assistance Application" and providing verification documents. Verifiable information may include, but is not limited to, the following:
 - a. Individual or household income (signed, submitted copies or income tax return with copies of earnings statements – W-2 forms, 1099 forms, etc. for past 2 years)
 - b. Copies of most recent 90 days of payroll stubs, Social Security checks, or unemployment checks.



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- c. In the absence of income, a letter of support from individuals providing for the patient's basic living needs
- d. Household/family size
- e. Business Office knowledge of individual, family background or previous experiences
- f. Other items that may be requested to determine eligibility, including but not limited to: denial letter from Medicaid, current trust fund, mortgage, property tax or appraisal statements.

Note: The objective is to document the need for Financial Assistance. If a patient or the person who has financial responsibility for emergency and medically necessary services is unwilling or unable to provide all necessary and pertinent information to make a conscientious and fair determination of their financial net worth Financial Assistance will not be granted.

5. After the application for Financial Assistance has been completed, account(s) being considered for the Program will be put in a "hold" status while the application is being reviewed (no longer than 30 days). The hold status will prevent account(s) from proceeding through the collection process, including assignment to a collection agency. Once the Financial Assistance Application has been processed and approved/denied, the Hospital will send written notice to the patient and/or person having financial responsibility for the account(s).
6. The application period for completion of a Financial Assistance Application is available for a minimum of 90 days from the date NCH provides the patient with the first billing statement for patient services.
7. Should a patient's account be transferred to a collection agency and subsequently a completed Financial Assistance Application is received and approved, NCH will:
 - a. Suspend all extraordinary collection actions (ECA)
 - b. Make and document a determination regarding qualification
 - c. Notify the individual in writing of the eligibility determination and the basis of the determination (including the assistance for which the individual is eligible.)
8. If an individual is deemed eligible for a discount NCH will do the following:
 - a. Provide the patient with a billing statement that indicates the amount owed and shows or describes how the patient can obtain information regarding the amounts generally billed (AGB) for the care and how the facility determined the amount that the individual owes.
 - b. If the patient or guarantor has made payments to the facility (or any other party) for the care in excess of the amount he or she is determined to owe as a Financial Assistance eligible individual, a refund of the excess payments will be issued.
 - c. Take all reasonably available measures to reverse any ECA taken against the individual to collect the debt as issue; such measures shall include but not be limited to: vacating any judgments, lifting any liens or levy's on the individuals property and remove from the individuals credit report any adverse information that was reported to a reporting agency or credit bureau.



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9. The Business Office of NCH will continue to work with the patient or guarantor to resolve remaining account balances. Patients or guarantors are responsible to make mutually acceptable payment plan arrangements with the Hospital within 30 days of receiving a written notice of determination regarding their Financial Assistance Application.
 - a. Actions NCH may take, in the event of nonpayment of a bill for medical care, are described in the AR & Collection Policy. Patients may obtain a free copy of the AR & Collection Policy by calling 785-877-3351 or on the Norton Country Hospital web site.
10. If the patient or guarantor fails to initiate or complete the Financial Assistance process within 30 days, the application will be denied and the facility may elect to begin collection activity, including possible transfer of account(s) to a collection agency.
11. Reasons for denial of Financial Assistance include but are not limited to the following:
 - Patient or guarantor meeting household income restrictions
 - Failure of applicant to complete application process in 30 day time limit allowed
 - Failure to provide requested documentation

E. Calculation & Authorization:

1. Calculations for Financial Assistance will be based on the Federal Poverty Guidelines, updated annually and capped at 300%. The percentage of the annual gross income, based on the family size, over the poverty guideline will be used to figure the amount the patient owes for services. For example:

2025 FEDERAL HOUSEHOLD SIZE POVERTY GUIDELINES							
For all states (except Alaska and Hawaii) and for the District of Columbia							
Size of Family Unit	100% of Poverty Level	125% of Poverty Level	150% of Poverty Level	175% of Poverty Level	200% of Poverty Level	250% of Poverty Level	300% of Poverty Level
1	15650	19562.5	23475	27387.5	31300	39125	46950
2	21150	26437.5	31725	37012.5	42300	52875	63450
3	26650	33312.5	39975	46637.5	53300	66625	79950
4	32150	40187.5	48225	56262.5	64300	80375	96450
5	37650	47062.5	56475	65887.5	75300	94125	112950
6	43150	53937.5	64725	75512.5	86300	107875	129450
7	48650	60812.5	72975	85137.5	97300	121625	145950
8	59650	74562.5	89475	104387.5	119300	149125	178950

Note: For household units with more than 8 members, add \$5,500 for ea additional person at 100% poverty.



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DISCOUNTED SLIDING FEE SCHEDULE							
6 LEVELS							
	<100% FPL: Annual Income	100-149% FPL: Annual Income	150-174% FPL: Annual Income	175-199% FPL: Annual Income	200-249% FPL: Annual Income	250-299% FPL: Annual Income	>300% FPL: Annual Income
DISCOUNT	95%	75%	55%	35%	15%	10%	0%
Sliding Fee	Pay 5% of Charges	Pay 25% of Charges	Pay 45% of Charges	Pay 65% of Charges	Pay 85% of Charges	Pay 90% of Charges	Pay 100% of Charges

2. Financial Assistance discounts will be approved and authorized by the CEO or CFO.

Administrator

Date