

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 1				
DEPARTMENT: Business Office					PAGE: 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

**POLICY**

Sheridan County Hospital (d/b/a “AmberMed Hospital” or the “Hospital”) is “committed to excel at providing quality healthcare close to home.” Consistent with its mission to deliver compassionate, high quality, affordable healthcare, AmberMed strives to ensure all persons are cared for regardless of their ability to pay.

Individuals will be screened by the Finance Department to determine if the patient would be eligible for Financial Assistance. Pre-screened individuals will be referred to Community Resources to discuss the Financial Assistance Program, application process, eligibility requirements, and patient responsibilities.

**SCOPE**

This policy applies to all emergency and medically necessary inpatient and outpatient hospital services provided to all individuals who are eligible for financial assistance regardless of their ability to pay for the services rendered. This policy defines the parameters of the Financial Assistance Policy (FAP). It includes eligibility, services covered and non-covered, billing and collections, and compliance with the criteria established by Internal Revenue Code Section 501(r).

**PURPOSE**

This policy will be used to define the parameters of the policy as well as establish compliance with Internal Revenue Code Section 501(r). This policy will cover the following:

- Eligibility Criteria for the Financial Assistance
- Covered services
- Services that are not covered under the FAP
- The method on obtaining an application for the FAP
- Measures to publicize the FAP
- Billing and Collections Policy
- Determination of Eligibility
- Length of Eligibility
- Notification of Eligibility
- Breakdown of definitions in the Policy

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 2				
DEPARTMENT: Business Office					PAGE: 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

**ELIGIBILITY CRITERIA**

Eligibility for financial assistance will be based on a number of factors, including, but not limited to: income, resources, expenses, number of household members, etc.

The U.S. Department of Health and Human Services Federal Poverty Guidelines stipulate a person may be eligible for financial assistance if the household income does not surpass 250% the Federal Poverty Level (FPL). (See Appendix A for income levels).

- Financially or medically indigent patients with a household gross income of 0-150%, may be eligible for a financial assistance discount of 80% gross charges or Amounts Generally Billed (AGB).
- Financially or medically indigent patients with a household gross income of 175-200%, may be eligible for a financial assistance discount of 40% gross charges or AGB.
- Financially or medically indigent patients with a household gross income of 225-250%, may be eligible for a financial assistance discount of 15% gross charges or AGB.
- Patients exceeding 250% of the Federal Poverty Level will be ineligible for financial assistance with the exception of those who qualify for a 30% hardship.
- Patients may qualify for a hardship based on the information obtained in the Financial Assistance application. The CFO will determine eligibility for the patient. Various factors are considered but not limited to: expenses to income ratio; available resources and assets; extraordinary medical expenses; loss of income or employment; inability to work; illness or medical history; and other financial obligations. These factors and others will assist the CFO in determining if the patient meets the criteria for a hardship discount.

The Financial Assistance Policy is intended to serve all patients of AmberMed Hospital. Self-pay patients or those with outstanding bills after all insurance payments have been received may qualify for assistance in one of the above tiers. Eligible FAP patients will not be billed more than Amounts Generally Billed (AGB) to insured patients.

**SERVICES COVERED UNDER THIS POLICY**

Emergent and medically necessary services will be provided to all individuals regardless of their ability to pay. See Appendix B for a complete list of covered services.

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 3				
DEPARTMENT: Business Office					PAGE: 1 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

**SERVICES NOT COVERED UNDER THIS POLICY**

The hospital may offer services not covered by this policy. Physician services, clinic services, home health, skilled nursing and other hospital services are not covered by the FAP. Any services or procedures deemed non-medically necessary or cosmetic in nature are not eligible for financial assistance. However, these services are subject to prohibition on gross charges. The hospital reserves the right to determine those procedures that qualify as eligible elective procedures. (See Appendix B for a list of non-covered services).

**METHOD FOR OBTAINING AN APPLICATION & PLAIN LANGUAGE SUMMARY**

An application for Financial Assistance Policy (FAP) and Plain Language Summary can be obtained in the following ways:

- Picked up from AmberMed Hospital Registration, Emergency Room or Acute Nurses' Station.
- Requested by phone (785) 675-3281.
- Downloaded from the SCHC website: <https://www.ambermed.com>
- Requested by mail:  
AmberMed Hospital  
PO Box 167 Hoxie, KS 67740

**METHOD TO PUBLICIZE:**

The following measures are implemented to publicize the Financial Assistance Policy to the community and patients.

The Financial Assistance Policy, Application, a Plain Language Summary, and Payment Policy are posted on the AmberMed website: <https://www.ambermed.com>

- Paper copies of the application and Plain Language Summary are in the Emergency Department, Hospital Registration, and Acute Nurses station.
- Financial Assistance Policy signage is posted in the Emergency Department, admitting areas and the Business Office.
- Patients are informed about the FAP in-person or during billing and customer service phone

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 4				
DEPARTMENT: Business Office					PAGE: 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

contacts.

- A conspicuous written notice on billing statements informs patients of the availability of the Financial Assistance Policy. It includes the telephone number of the department that can provide information about the FAP such as, the application process, website address where copies of the policy, application, and Plain Language Summary may be obtained.
- The Financial Assistance Policy documents have been translated to a Spanish version. The application and Plain Language Summary are available in all the above formats.
- Appendix B contains a list of covered and non-covered providers, services and procedures. This information is available in print and electronic forms.

**BILLINGS AND COLLECTIONS**

Sheridan County Hospital has an established billing and collections policy for FAP consumers. (See Policy #4004 for additional information).

**DETERMINATION OF ELIGIBILITY**

Financial Assistance reductions is applied once the account balance is deemed patient responsibility and after all current insurance is applied to the account. This includes but not limited to, any commercial insurances, Medicare, healthcare sharing ministry programs, COBRA, and Medicaid that covers the medical service in question.

- Financial Assistance Assessment
- Determination of financial assistance will be in accordance with procedures that may involve.
  - An application process, in which the patient or patient’s guarantor is required to supply information and documentation relevant to making the determination of financial need;
  - A review of the patients available assets
  - A review of the household size and the household gross income for the three months prior to the date of service
- Definition of Household:
  - All persons in the home related by birth, marriage or adoption who reside together, dependents, and others in the same *tax household*.

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 5				
DEPARTMENT: Business Office					PAGE: 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

- Unrelated individuals or those excluded from the tax household are considered separate households and may apply for themselves and their dependents.
- An 18 year old high school student, may be considered a dependent of the applicant’s household until his/her graduation. At graduation or when no longer included in the applicant’s tax household, the 18 year old can apply for themselves.
- An 18 year old full-time college student may be considered a dependent of the household only when claimed on the applicant’s tax returns. If the 18 year old is not listed as a dependent, he/she can apply for themselves.
- If the patient is a child and both parents live in the same household, the combined income must be included, regardless of the parents’ marital status. If the parents of the child(ren) do not live together, the Guarantor parent may be held responsible for the child(ren)s bill. Each parent may apply for Financial Assistance for dependents in their respective households.
- o Income verification
  - Income verification will be documented with the Financial Assistance through one or more of the following ways:
    - Payroll stubs showing gross income
    - Copies of all income checks
    - Signed letters from employers or business letterhead stating gross income for the specified time;
    - Bank statements showing direct deposits
    - If self-employed, monthly or quarterly documentation, if available.
    - Income tax returns from the previous year. Expenses deducted from income are subject to approval.
    - IRS Tax Forms
    - W2 Forms
    - Retirement Account Disbursements
- o Asset Verification
  - A percentage of the patient’s assets as defined in the policy may be included on the income Eligibility determination. Assets must be real and available to the patient. Assets include:

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 6				
DEPARTMENT: Business Office					PAGE: 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

- Cash
- Checking and Savings Accounts
- Stocks
- Bonds
- Equity of real property
- Equity of motor vehicles
- Retirement account paying disbursements

**Length of Eligibility**

If all information is provided with the application, the application will expire in 1 year by the CFOs signature. If partial information is provided, because of the means of availability, it will be subject to expire six months from the CFOs signature. If no information is provided and self-attestation is used to complete the application, the FAP will expire in 90-days.

**Notification of Eligibility**

Patients/Guarantors will be notified by letter of the final determination of eligibility for financial assistance

**DEFINITIONS:**

**Amounts Generally Billed” or “AGB**

The amount generally billed by the Hospital for emergency and other medically necessary care to patients who have health insurance calculated using the AGB Percentage multiplied by Gross Charges.

**AGB Percentage**

AGB Percentage is the percentage discount applied to the Hospital’s Gross Charges and is calculated as follows: All sums received as payment in full of all claims for emergency and any other medically necessary care provided and paid by Medicare fee for service and all private health insurers, including amounts received as co-payments, co-insurance, and deductibles during the twelve (12) months prior to the date upon which the Hospital last calculated its AGB Percentage shall be divided by the Hospital’s Gross Charges for those claims. The Hospital must calculate its AGB Percentage on at least an annual basis. Individuals may obtain information on the calculation of the AGB Percentage free of charge from the Hospital by contacting the CFO at 785-675-3281.

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 7				
DEPARTMENT: Business Office					PAGE: 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

Application Period

The period during which the Hospital must accept and process an application for assistance under this Policy in order to have made “reasonable efforts” to determine whether the patient is an individual who is eligible for assistance under this Policy. The Application period begins on the date the care is provided to the individual and ends on the 240<sup>th</sup> day after the Hospital provides the individual with the first bill for care provided

Extraordinary Collection Action or ECA

Actions taken by the Hospital against a patient or any other individual who has accepted or is required to accept responsibility for the patient’s bills that involve (i) a legal or judicial process; (ii) selling an individual’s debt to a third party; or (iii) reporting adverse information about the individual to a consumer credit agency or credit bureau

Gross Charges

The Hospital’s full, established price for medical care that it consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions

Household Income

The total income of all adult members living in the applicant’s tax household.

Individuals who are eligible for assistance under this Policy

Any individual who receives medically necessary services is eligible to apply for financial assistance under this Policy regardless of ability to pay, insurance status, or other factors.

Individuals who qualify for financial assistance

Individuals with gross incomes less than 250% Federal Poverty Levels (see Appendix A) are eligible for assistance under this Policy. Additionally, some extenuating circumstances may allow for a 30% Hardship reduction for patients.

Notification Period

Begins on the first date care is provided and ends on the 120th day after the Hospital provides the individual with the first bill for care.

Uninsured

A patient (or his/her financially responsible individual) has no insurance coverage under governmental programs, and is not eligible for any other third part payment such as worker’s compensation or claims against others involving accidents.

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 8				
DEPARTMENT: Business Office					PAGE: 1 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

Appendix A

The following income amounts are computed up to 250% of the Federal Poverty Lines published from the U.S. Department of Health and Human Services (HHS) and are subject to change when HHS modifies their poverty guidelines. If a household's income is under one of the following, they could potentially qualify for a 15%-80% discount. For a family unit is more than 8 people please add \$5,500 per additional person.

Family Size	Home Income
1	\$39,125
2	\$52,875
3	\$66,625
4	\$80,375
5	\$94,125
6	\$107,875
7	\$121,625
8	\$135,375

\*2025 Department of Health and Human Services, Federal Poverty Guidelines for the Contiguous Lower 48 States.



SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 9				
DEPARTMENT: Business Office					PAGE: 1 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

**Appendix B**

If the patient has a current active Slide Fee Discount Program (SFDP) application offered through AmberMed Clinic, some hospital services may be covered under that program. If the results from an x-ray or blood test shows the need for a higher level of care such as treatment or hospitalization, those services will fall under the FAP rather than the SFDP. There are some service exclusions on what the FAP will cover.

**Non-Hospital Facility Providers**

Below is a list of Non-Hospital Facility Providers delivering emergency or other medically necessary care in the hospital facility. Some providers are covered under the Financial Assistance Policy (FAP), while some are not. If the provider is not covered under the FAP, consumers will be billed separately for those services.

**COURTESY STAFF – Covered under FAP**

- J. Andrew Bukaty, DO
- Doug Gruenbacher, MD
- Michael Machen, MD
- Gary Morsch, MD
- Naveen Penmasta, MD
- Jill Stewart, MD

**CARDIOLOGY – (Facility fees are covered) (Provider fees are billed separately and are not covered under FAP)**

- |                             |                       |
|-----------------------------|-----------------------|
| Ramez Smairat, MD           | Patricia Crawley, MD  |
| Jason Okuhura, DO           | Saleh El Dassouki, MD |
| Hema Pamulapati, MD         | Kalyan Wagle, MD      |
| Siva Tadura, MD             | Niranjan Seshardi, MD |
| Mohammed Janif, MD          | Travis W. Haneke, MD  |
| Jacob Morgan, MD            |                       |
| Elizabeth Patterson, APRN-C |                       |

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 10				
DEPARTMENT: Business Office					PAGE: 1 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

**DENTIST – (Not covered under the FAP)**

Wynona Tellbuescher, DDS

**PATHOLOGY – (Facility fees are covered) (Provider fees are bill separately and are not covered under FAP)**

Scott W. Gregory, MD

Karolina Woreniecka, MD

David McKenzie, MD

Julie Moore, MD

**RADIOLOGY – (Facility fees are covered)(Provider fees are billed separately and are not covered under FAP)**

Arnold Cabrera, MD

Pamela Braxton Davis, MD

Jacob Fleecs, MD

Amanda Dimmitt, MD

Aaron Benner, MD

William Garlow, MD

Jeffrey Lee, MD

David Hadford, MD

Cody Evans, MD

Justin Kerby, MD

Scott Lowe, MD

Ray House, MD

Patrik Leonard, MD

Daniel Novinski, DO

Daniel Hulse, MD

John Riekhof, MD

Joseph Vavricek, MD

Nathan Murdoch, MD

Jacob Wallace, MD

Ning Zhang, MD

Richard S. Jerde, MD

Daniel L. Fuerst, MD

Alyssa K. Plouzek, MD

Courtney T. Tripp, DO

**SURGERY – (Facility fees are covered)(Provider fees are billed separately and are not covered under FAP)**

Charles Schultz, MD

**PODIATRY – (Facility fees are covered) (Provider fees are billed separately and are not covered)**

Joshua Wray, DPM

SUBJECT: Financial Assistance Policy					REFERENCE:				
					PAGE: 11				
DEPARTMENT: Business Office					PAGE: 1				
					EFFECTIVE: 1/1/2016				
APPROVED BY: Board of Trustees					REVISED: 2/26/2025				
Review Dates	8/25/22	6/24/24							
Review Dates									

**PULMONARY MEDICINE- (Facility fees are covered) (Provider fees are billed separately and are not covered)**

David Cantral, MD

**ALLIED HEALTH STAFF- (Covered under FAP)**

Brady Gilson, PA-C

Jodi Dumler, LSCSW

Stacy Scheetz, LMSW

Glenda Wheeler, APRN (PRN)

Kim Widler, ENP-C

Kristle E. Raile, PA-C (PRN/Locum)

**NURSE ANESTHETIST – (Facility fees are covered) (Provider fees are billed separately and are not covered)**

Gary Hembd, CRNA

Michael Goode, CRNA

Gregory Seiler, CRNA

Brad Wertz, CRNA

Stephanie Jones, CRNA