

FINANCIAL ASSISTANCE/CHARITY CARE

POLICY STATEMENT

Regional West Health Services shall contribute appropriate resources, advocacy and community support to promote the health status of the community, which it serves, within its economic ability to do so. Financial assistance will be provided to patients with a demonstrated inability to pay. The purpose of this policy is to establish criteria for determining if a patient's account qualifies for financial assistance. The amount of financial assistance to be made available, as well as any other changes to this policy, shall be assessed and determined on an annual basis, and will adhere to federal and state guidelines for tax-exempt and non-profit facilities, as applicable. The three affiliated organizations are: Regional West Medical Center and Regional West Physician's Clinic.

Responsibility: Fast Team
FAST Manager/Financial Operations
Sr. Director of Revenue Cycle
CFO

Standard: Administration

KEY PRINCIPLES

1. **Eligibility for Financial Assistance Discounts; Maximum Charge Levels.**
Patients receiving emergency or other medically necessary care with Family Income of less than 400% of the federal poverty guidelines are eligible for Financial Assistance. RWHS will apply presumptive eligibility criteria to facilitate prompt recognition of eligibility for financial assistance. Patients who qualify for Financial Assistance will not be charged more for emergency or medically necessary care than the amounts generally billed (AGB) to patients who have insurance coverage. To be eligible requires patient/guarantor to have balances outstanding greater than \$500 or an upcoming procedure with an anticipated patient balance greater than \$500.
2. Uninsured Patient Discounts. Discounts on charges are available to uninsured patients through an automatic forty percent (40%) discount. Uninsured patient discounts are not considered Financial Assistance under this Policy.
3. RWHS Sr. Director of Revenue Cycle is responsible for reviewing data on financial assistance granted by the facility and considering special circumstance exceptions to provider higher than the standard level of financial assistance discounts, or discounts to persons in need who otherwise would be not eligible for assistance.

DEFINITIONS

1. **AGB** means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage. AGB refers to the amount due to the facility after applicable insured discounts are applied.
2. **Application Period** means the period during which RWHS will accept and process an application for financial assistance under this Policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least (30) days after RWHS provides the individual with a written notice that sets a deadline after which extraordinary collection actions (as defined in the may be initiated.
3. **Automatic Uninsured Self-Pay Discount** means a discount of sixty percent (60%) in gross charges, automatically provided to all Uninsured Patients without requiring evidence of inability to pay. This discount is not considered Financial Assistance under this Policy.
4. **Exempt Assets** means the following forms of assets, which will not be considered in determining a patient's ability to pay or a financial need; the patient's primary residence, personal property exempt from judgment under (Nebraska Revised Statute 77-202) and any amounts held in a pension or retirement plan (exclusive of distributions and payments from such plans.
5. **Family** means the patient, his/her spouse (excluding a legal common law spouse which is not recognized in the State of Nebraska) and his/her legal dependents claimed on filed tax returns or otherwise in accordance with Internal Revenue Service rules.
6. **Family Income** means the sum of a family's gross annual earnings and cash benefits from all sources before taxes, less payment made for child support. Sources of income include but are not limited to: Gross wages, salaries, dividends, interest, Social Security benefits, workers compensation, training stipends, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.
7. **Financial Assistance** means the term used to refer to the value of free or discounted healthcare services provided to individuals who have been determined to be eligible for Financial Assistance under this Policy based on financial need.
8. **RWHS Leadership** means a team of senior management that meets as needed to review data relating to Financial Assistance applications and determinations.
9. **Nebraska Resident** means a person who currently lives in Nebraska and who intends to remain living in Nebraska indefinitely.
10. **Medically Necessary Service** means any inpatient or outpatient service, including pharmaceuticals or supplies provided by the hospital to a patient covered

under Title XVII of the Federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. A Medically Necessary service does not include: (1) non-medical services such as social or vocational services; (2) Elective self-pay packages for bariatric procedures, or (3) elective cosmetic surgery (exclusive of plastic surgery designed to correct disfigurement cause by injury, illness or congenital defect or deformity).

11. **Uninsured Patient means:**

A patient of the facility who is not covered under any commercial health insurance policy (including third party liability coverage) and is not a beneficiary or eligible to be covered by any governmental or other coverage program, including Medicare, Medicaid, Tricare, high deductible insurance, or other coverage agreements.

If a patient's insurance coverage is exhausted, or the patient's insurance does not cover medically necessary services provided to the patient, the patient will be considered an Uninsured Patient for purposes of Financial Assistance and the Automatic Uninsured Self-Pay Discount will apply to these cases.

REQUIRED PROCESSES

A. Identification of Potentially Eligible Patients

Non-Discrimination. RWHS is a non-profit corporation offering financial assistance to qualified patients. The facility will not discriminate on the basis of race, ancestry, religion, national origin, citizenship status, age, disability or gender in its consideration of a patient's qualification for financial assistance.

Offering Financial Assistance Information at Intake/Discharge. All patients will be offered a plain language summary of this Policy as part of the intake or discharge process. In addition, any patient may request Financial Assistance information at any time.

Financial Assistance Evaluation Prior to or After Admission/ Pre-Registration: Non-ED Patients. When possible, prior to the admission or pre-registration, the organization will conduct an appropriate pre-admission/pre-registration interview with or for any patient other than one who has come to the Emergency Department, to determine eligibility for Financial Assistance. If a pre-admission/pre-registration interview is not possible, a Financial Assistance interview should be conducted upon admission or registration or as soon as possible thereafter.

Evaluation for Financial Assistance Eligibility for Emergency Medical Treatment. For patients who have come to the Emergency Department, the evaluation of payment ability to pay or eligibility for Financial Assistance should not take place until an appropriate medical screening has been provided, and in the case of patients determined to have an emergency medical condition, until after such condition has been stabilized.

Other Payer Sources. Patients should fully cooperate and comply with eligibility requirements for any other healthcare program(s) for which they may be qualified prior to their evaluation for financial assistance. Federal and/or state assistance may be available for those who meet qualifications. Before financial assistance is provided, all available avenues of assistance from third-party payers be exhausted.

B. Presumptive Eligibility Criteria

1. Any patient meeting any of the criteria set forth below will be considered presumptively eligible for Financial Assistance without further documentation requirements. In such situations, the patient is deemed to have a family income of 200% or less of the Federal Poverty Level, and therefore eligible for a 100% reduction from Medically Necessary charges (i.e. full charity write-off). Patients will receive a minimum of one (1) statement to provide a summary of services and account information. Presumptive eligibility for 100% Financial Assistance will be made for patients meeting any of the following criteria:
 - a. Patient is homeless (with such status verified after review of available facts).
 - b. Patient is deceased with no estate.
 - c. Patient is mentally or physically incapacitated and has no one to act on his/her behalf.
 - d. Patient is currently eligible for Medicaid but was not on a prior date of service or for non-covered services.
 - e. Patient is enrolled or covered by:
Women's, Infants and Children Nutrition Program (WIC).
Supplemental Nutrition Assistance Program
Free Lunch Program
Low Income Home Energy Assistance Program (LIHEAP)
 - f. Patient or family is a qualified participant in an organized community-based program for providing access to medical care that accesses and documents limited low-income financial status criteria.
 - g. Patient receives or qualifies for free care from a community clinic affiliation with the RWHS or known to have eligibility standards substantially equivalent to that of the organization under this Policy, and the community clinic refers the patient to the RWHS I for treatment or for a procedure.
 - h. Patient is a recipient of grant assistance for medical services.
 - i. Patient participates in state-funded prescription programs.
 - j. Patient or patient's family is enrolled in Nebraska Housing Authority's Rental Housing Support Program (Section 8)
 - k. Patient or patient's family has been determined and verified by an independent third-party reporting agency to have family income of 200% or less than the FPL.

- I. Patient currently eligible in a State Medicaid program that is not contracted by Regional West Health Services

C. Standard Determinations of Eligibility

1. Income Documentation. Patients other than those determined to be presumptively eligible for Financial Assistance is expected to provide at least one of the following forms of income documentation with their Financial Assistance application:
 - a. Copy of the most recent Federal income 1040 tax return and schedules (preferred) or statement income tax return;
 - b. Copy of the most recent W-2 for and 1099 forms, or similar forms issued to members of partnerships, limited liability companies or other entities.
 - c. Copies of two (2) most recent pay stubs;
 - d. Written verification from an employer if paid in cash; or
 - e. One (1) other reasonable form of third party income verification deemed acceptable to the organization.
2. Expectations of Patient Cooperation. It is expected that patients will cooperate with the information gathering and assessment process in order to determine eligibility for Financial Assistance.
3. Residency Requirement. Financial Assistance and other patient discounts under this Policy will be provided to Nebraska Residents and eligible visitors as set forth in sub-section c below)
 - a. Proof of residency. Residency may be evidenced by any of the following:
 - i. Any of the income documentation listed in Paragraph C.1. above.
 - ii. Valid state-issued identification card or driver's license.
 - iii. Recent utility bill;
 - iv. Lease agreement (for housing);
 - v. Vehicle registration card;
 - vi. Mail addressed to the patient at a Nebraska address from a government or other credible source;
 - vii. Statement from a family member of the patient who resides at the same address and presents verification of residency;
 - viii. Letter from a homeless shelter, transitional house or other similar facility verifying that the patient resides at the facility.
 - b. Eligible Out-of-State Service Area Residents. Patients who are residents (using the verification standards applicable to Nebraska residents specified above) of an adjacent state who reside in an area of such state that falls within the primary service area will be considered eligible for Financial Assistance for services provided on the same basis as Nebraska residents.

- c. Visitors Eligible for Financial Assistance. Patients who are not residents of Nebraska, but who state or verify that they did not come to Nebraska for the primary purpose of receiving medical care will be evaluated for eligibility for Financial Assistance on the same basis as Nebraska residents. Financial Assistance applications by all other non-Nebraska residents, including those where the primary reason for the patient visit is not clear, be reviewed by Sr. Director of Revenue Cycle) for a determination of whether granting Financial Assistance is consistent with the purposes of this Policy, under the circumstances.
4. Review of Applications with Special Circumstances. Sr. Director of Revenue Cycle will review patient accounts identified by a Financial Counselor that involve unique circumstances indicating financial need despite the absence of the standard eligibility criteria set forth in this Policy. The RWHS Sr. Director of Revenue Cycle may recommend exceptions to this Policy for specific patients based on unusual or uncommon circumstances relating to financial need. The basis for all exception decisions be documented and maintain in the account file and be made consistently across the organization.
 - a. Asset consideration. Assets will not be used for initial Financial Assistance eligibility, except to the extent the presence of substantial assets (other than Exempt Assets) indicates the existence of significant unreported additional sources of income that would show the patient's actual family income to be more than 400% of the FPL.
5. Approval Authorities. Approval threshold levels are as follows:
 - a. Sr. Director of Revenue Cycle n may approve up to \$100,000
 - b. Amounts greater than \$100,000 will be approved by the CFO.
Approval amounts will be in compliance with this Policy.

D. Eligibility Determination Process and Notification.

1. Normal Processing Period. Clear expectations as to the length of time required to review financial information and provide a decision to the patient should be communicated at the time of application. A written decision will be made within a reasonable time period after the receipt of the completed application, including, if applicable, the assistance for which the individual is eligible and the basis for this determination. Collection activity on the account will be suspended while the Financial Assistance application is pending.
2. Incomplete Financial Information. If information is missing the minimum information or documentation necessary for determination of Financial Assistance eligibility, Regional West Medical Center representatives will notify the patient in writing, specifying the additional information needed to complete the application. If

the application remains incomplete for 30 days after such written notice, and after reasonable attempts to obtain the necessary documentation or equivalent information, collection actions may be taken or resumed.

3. Denials; Patient Right to Appeal. Patients will be notified of a denial of a financial assistance application in writing, including reason(s) for the denial, and appeal rights. If a patient disagrees with the Financial Assistance eligibility determination, including the extent of discount for which a patient is eligible, the patient may appeal in writing within 30 days after denial. Financial Counseling will review the appeal and make a recommendation to the Sr. Director of Revenue Cycle. Decisions reached will normally be communicated to the patient within 60 days and reflect the Sr. Director of Revenue Cycle's final review. Collection activity will be suspended during the appeal process.
4. Suspension of Collection Activities Pending Eligibility Determination. When an application for Financial Assistance has been received, a note will be entered into the patient's account to suspend collection activity until the Financial Assistance process is completed. If the account has been placed with a collection agency, the agency will be notified to suspend collection efforts until a determination is made, with such notification documented in the account notes.
5. Application of Catastrophic Discount. The Catastrophic Discount will be available to patients who have medical expenses over a 12-month period for Medically Necessary Services from a Regional West Health service that exceed 7.5% of the patient's family's annual gross income, even after payment by third party payers. Any patient responsibility in excess of 7.5% will be written off to charity. Services that are not Medically Necessary will not be eligible for this discount.
6. Change in Status Notifications. If the patient with an outstanding bill or payment obligation has a change in his/her financial status that may result in eligibility for Financial Assistance or a higher Financial Assistance discount, the patient should promptly notify the Regional West Financial Counselor(s) or System designee. The patient may request a reevaluation and apply for Financial Assistance or a change in payment plan terms.
7. Payment Arrangements for Balances Due. After the Financial Assistance discount has been applied, any remaining patient balances will be eligible for payment arrangements in accordance with Patient Financial Services policies. If a patient is unable to meet the payment arrangement guidelines due to special patient or family circumstances limiting the patient's payment ability, the Financial Counselor or similar representative may review and recommend additional Financial Assistance to the Sr. Director of Revenue Cycle for review and recommendation. If the balance is not paid per the Financial Services Policy the Financial Assistance Adjustment will be reversed and the Collection Process will resume.

8. Application of Financial Assistance Discounts to Patient Accounts. Once a Financial Assistance eligibility determination is made, the applicable discount will be applied to all of the patient's open (defined as open accounts receivable) or bad debt accounts for services prior to the approval date 180 days prior to approval. Refunds will be provided to the extent of the approved Financial Assistance discount on payments submitted within the Application Period.
9. Re-application of Financial Assistance. Approval for Financial Assistance will be available for up to 6 months or within the defined period of the calendar year of the approval date. Patients will be required to verify information that was provided on a prior application submitted more than 6 months before a Financial Assistance approval date.

E. Uninsured Self-Pay Discount

There is no application process for the patient to receive the Uninsured Self-Pay Discount. The discount is applied based on the account's self-pay/uninsured status.

Patients receiving pre-negotiated discounts (package pricing) for services will not be eligible for the Uninsured Self-Pay Discount.

If a patient is subsequently approved for Financial Assistance, the Uninsured Self-Pay Discount will be reversed so that the full amount can be recognized as a charity discount.

F. Financial Assistance Guidelines and Eligibility Criteria

General. The Financial Assistance Guidelines and Eligibility Criteria below are designed to assure that patients with financial need are charged at a rate substantially less than insured patients, including the opportunity to receive 100% free care. The table below is used to determine the Financial Assistance discounts by tier for Uninsured Patients.

Percentage of Poverty Guidelines	Discount Percentage for Patient (off Gross Charges)
Up to 200%	100%
201 – 250%	90%
251 – 300%	80%
301 – 350%	70%
351 – 400%	60%
Maximum	

401% and Above Not Eligible for
Reduction

Annual Updates of Criteria Levels. The Federal Poverty Guideline calculations will also be updated annually in conjunction with the published updates by the U.S. Department of Health and Human Services.

Pre-Negotiated Rates Package Pricing. Patients receiving pre-negotiated discounts (package pricing) for services will not be eligible for Financial Assistance.

Financial Assistance for Certain Crime Victims. Individuals who are deemed eligible by the State of Nebraska to receive assistance under the Crime Victim Reparations Act or SANE Program shall first be evaluated for eligibility for Financial Assistance based on the Financial Assistance Guidelines and the Eligibility Criteria. Applications for reimbursement under such Crime Victims Funds will be made only to the extent of any remaining patient liability after the Financial Assistance eligibility determination is made.

Financial Assistance for Students. Financial Assistance for verified full-time enrolled students with income of 200 % or less of the Federal Poverty Level will be eligible for a 100% reduction from charges (i.e., full charity write-off).

Timing of Financial Assistance Application. A patient may apply for Financial Assistance at any time during the billing and collection process.

G. Patient Responsibilities

Patients Potentially Eligible for Public Programs. Patients who are identified as potentially eligible for healthcare coverage from a governmental program or other source will be referred to a Financial Counselor and expected to cooperate with efforts to determine their eligibility for coverage (e.g., Medicaid), prior to consideration for Financial Assistance. Such coverage eligibility efforts will be made at the facility's expense and will promote public policy goals by assuring eligible patients are covered by available health coverage programs.

Verification. It is the responsibility of the patient to provide any additional required supporting documentation to confirm Presumptive Eligibility determination. Patients will receive a minimum of one communication to provide any needed verifying documents. Financial assistance will not be denied based on the omission of information or documentation, if that information or documentation is not specifically required by this policy or by the Financial Assistance Application.

H. Billing

No Bill May Be Issued Pending Processing of Financial Assistance Application. If a partial Financial Assistance application is provided, no bill will be issued to an

Uninsured Patient until a reasonable attempt is defined as using available patient contact information, including current address, phone number, and email, to correspond with the patient for at least 45 days about outstanding documents and how eligibility might be obtained.

Billing Statement. When a patient is deemed eligible for Financial Assistance (not under presumptive eligibility), the patient will receive a new billing statement indicating the amount owed after Financial Assistance.

Amounts Generally Billed Percentages

Patients who are eligible for Financial Assistance shall not be billed more than AGB in the case of emergency or other medically necessary care and shall be billed less than gross charges in the case of all other medical care covered under this Policy.

The AGB for all of RWHS will be calculated annually, as the lowest AGB percentage of all System entities using the “lookback” method. The “look-back” method requires determining the total amount received by System for Medicare fee-for-service and private health insurer allowed claims, divided by the gross charges for those claims for a 12-month period. The current AGB will be set forth by System Financial Patient Services as of the 120th day after the start of the calendar year. RWHS current AGB rate is sixty percent (60%). The amount “allowed” includes the amount the insurer will pay plus the amount for which the individual is personally responsible (including co-pays and deductibles). Allowed claims are included in the AGB Percentage calculation regardless of whether they have been paid or collected.

I. Patient Awareness of Policy and Availability of Financial Assistance

Signage. Signs, placards or similar written notices regarding the availability of Financial Assistance will be visible in all at all points of registration and other patient intake areas, to create awareness of the Financial Assistance program. At a minimum, signage will be posted in the emergency department, and the admission/patient registration area.

Application Forms. In addition to offering a copy of the plain language summary of this Policy as part of the intake or discharge process, Financial Assistance Applications and other forms used to determine a patient’s eligibility for Financial Assistance will be made available at registration to all patients who are identified as uninsured or at other appropriate times or locations if the patient’s uninsured status is determined after registration.

Languages for Financial Assistance Policies and Notices. All public information and/or forms regarding the provision of Financial Assistance will use languages

that are appropriate for the service area in accordance with the state's Language Assistance Services Act. This Policy will be translated to and made available in those languages that constitute the lesser of 1,000 individuals or 5% of the community served by the r the population likely to be affected or encountered by a Regional West Health facility.

Notices on Bill/Invoice. Patient bills, invoices or other summary of charges shall include a prominent statement (in English and Spanish) that patients who meet certain income requirements may qualify for Financial Assistance and information regarding how a patient may apply for consideration under this Policy.

Policy Availability. Upon request, any member of the public or state governmental body will be provided with a copy of this Policy. A summary of the Financial Assistance is available pursuant to this Policy and will be available on the RWHS website in those languages that are appropriate for the RWHS service areas as set forth in J.3 above.

List of Participating Providers. RWHS will list all physicians and other providers who will apply System-determined Financial Assistance discounts for medically necessary hospital services provided at the hospital ("**501(r) Provider Participation List**"). Regional West Health will update the 501(r) Provider Participation List quarterly. See the list of non-participating providers listed below.

IMPLEMENTATION FORMS AND OTHER DOCUMENTS The following documents are available at the System website and internally at the web page for Billing Information:

- A. Plain Language Summary of Financial Assistance Policy – English and Spanish versions
- B. Financial Assistance Application – English and Spanish versions
- C. Financial Assistance Policy – English and Spanish versions
- D. Federal Poverty Guidelines

RELATED SYSTEM POLICIES

RWHS Financial, Billing and Collections – 105.0.04

Authorizing Signatures – 105.0.01

RWHS Uninsured Discount, Prompt Pay and Payment Plan – 105.0.12

2024 Federal Poverty Guidelines

Household Size	100%	200%	250%	300%	350%	400%
1	\$15,060	\$30,120	\$37,650	\$45,180	\$52,710	\$60,240
2	20,440	40,880	51,100	\$61,320	\$71,540	81,760
3	25,820	51,640	64,550	\$77,460	\$90,370	103,280
4	31,200	62,400	78,000	\$93,600	\$109,200	124,800
5	36,580	73,160	91,450	\$109,740	\$128,030	146,320
6	41,960	83,920	104,900	\$125,880	\$146,860	167,840
7	47,340	94,680	118,350	\$142,020	\$165,690	189,360
8	52,720	105,440	131,800	\$158,160	\$184,520	210,880
Each add'l person, add	5,380	10,760	13,450	\$16,140	18,830	21,520

RWHS Financial Assistance Policy – Plain Language Summary

Regional West Health Services Financial Assistance Policy / Program (FAP) exists to provide eligible patients, partially or fully discounted emergency or other medically necessary healthcare services provided by Regional West Health Services hereinafter referred to as “RWHS”. Patients seeking Financial Assistance must apply for the program, which is summarized herein.

Eligible Services-Emergency or other medically necessary healthcare services provided by RWHS and billed by RWHS. The FAP only applies to services billed by RWHS. Other services, which are separately billed by other providers, such as affiliated or non-affiliated physicians or independent laboratories, are not eligible under the FAP. For more information on providers who are and are not subject to the FAP (see below), or contact the RWHS Financial Assistance Specialist Team at 1-833-661-1846, email FAST@rwhs.org or visit <https://rwhs.org/about-your-bill>.

Eligible Patients – Patients receiving eligible services, who submit a complete Financial Assistance Application (including related documentation/information), and who satisfy the current income guidelines set forth in the FAP are eligible for Financial Assistance by RWHS. Eligible Persons are eligible for Financial Assistance, when the Family Income is at or below 400% of the Federal Government’s Federal Poverty Levels (FPL) and to requires patient/guarantor to have balances outstanding greater than \$1000 or an upcoming procedure with an anticipated patient balance greater than \$1000. **Eligibility for Financial Assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than “Amounts Generally Billed” (AGB) to insured persons.**

Financial Assistance levels, based solely on Family Income and FPL are:

Family Income at 0 – 200% FPL-100% full reduction; 201%-400% of FPL-Partial Reduction.

Family Income greater than 401% of FPL-Not Eligible for Reduction.

If no family income is reported, information will be required as to how daily needs are met.

How to Apply-The FAP and the related Application Form may be obtained / completed / submitted as follows:

At RWHS's main Registration desk or Emergency Room desk

Request documents be mailed to you, by calling RWHS's Financial Assistance Specialist Team at 1-833-661-1846.

Request documents by mail or visiting in person at the RWHS Financial Assistance Office, Regional West Health Services, 4021 Avenue B, Scottsbluff, NE 69361-4602

Download the documents from RWHS's website: <https://www.rwhs.org/about-your-bill>.

Email us directly at FAST@RWHS.org.

Mail completed applications (with all documentation / information specified in the application instructions) or deliver in per to RWHS Financial Assistance Office, Regional West Health Services, 4021 Avenue B, Scottsbluff, NE 69361-4602.

RWHS reviews submitted applications which are complete and determines the Financial Assistance eligibility in accordance with RWHS's Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information. Translated copies of the FAP, this Plain Language Summary, and the FAP Application are available in Spanish upon request, in person at the address above, and below or by download on RWHS/s website at <https://www.rwhs.org/about-your-bill>.

For help, assistance or questions related to filling out the FAP Application, please visit or call: RWHS Financial Assistance Office, Regional West Health Services, 4021 Avenue B, Scottsbluff, NE 69361-4602; 1-833-661-1846, Monday through Friday from 8:00 am to 4:30 pm.

Providers Who Are Subject to the RWHS Financial Assistance Policy:

RWHS

RWHS Emergency Room Physicians and Midlevel Providers

Regional West Physicians Clinic Physicians and Midlevel Providers

List of Provider Entities who are not subject to the RWHS Financial Assistance Policy (not employed by RWHS):

Western Pathology Consultants

Colorado Heath Medical Group (UCHealth)

Scottsbluff Urology Associates, PC

Rocky Mountain Pediatric Cardiology

Medically Handicapped Children's Program

Genetics Clinics

NorthStar Anesthesia

The providers employed or contracted with the above entities change often and are not subject to RWHS Financial Assistance policy.

Learn more.

www.rwhs.org/about-your-bill

Our mission is to inspire health and healing by putting patients first—always.

Applying is easy

Request an application. Find forms at the hospital or online at: www.rwhs.org/about-your-bill. Fill out and return. Complete the application and provide any supporting documents soon after receiving care and return to the hospital or mail to:

**RWHS
Financial Assistance
4021 Avenue B
Scottsbluff Ne 69361**

For help filling out the application, call the number for your hospital below or visit Patient Financial Counseling at the hospital. We review your application. We will review your application to see if you qualify based on the guidelines in the Financial Assistance Policy. If there are special circumstances that affect your ability to pay, these may be reviewed by the hospital's financial assistance committee.

You receive an answer. We will send you a written decision within a reasonable time period. In the meantime, payment of your bill will be suspended. If your request is denied, you will be given an explanation and information on setting up a payment plan and how to appeal the decision, if applicable.

Already eligible? If you have already qualified for certain government-sponsored programs, such as food stamps or subsidized housing, you will be presumed eligible for assistance from us. No application necessary. Just supply us with verification that you are enrolled.

It's confidential.

All applications for financial assistance are kept completely private. The information you provide is shared only with those responsible for determining your eligibility.

Calculating the level of assistance.

Find out whether or not you may qualify for financial assistance by looking at the chart below. Find your family size in the first column and then look right to see which category your household income falls under. This will tell you what percentage of financial assistance you may qualify for.

Full Financial Assistance

To qualify for 100% financial assistance, your household income be at or below 200% % of the current Federal Poverty Guidelines (FPG).

Uninsured patients who meet this requirement will receive a full write-off of patient charges; insured patients who meet this requirement will additionally qualify after the application of a per episodic payment expectation.

Partial financial assistance

Patients who have an income above 250% of the FPG may also qualify for partial financial assistance for out-of-pocket expenses. A sliding scale is used for insured and uninsured patients to determine a discount percentage on charges.

Get in touch:

Free copies of this Plain Language Summary, the Financial Assistance Policy, and the financial assistance application are available on the website at www.rwhs.org/about-your-bill are available in the hospital's admissions area and emergency department, can be obtained by calling 1-833-661-1846 and can be requested by mail at Regional West Medical Center, Financial Assistance Office, 4021 Avenue B, Scottsbluff, Ne 69361 . Translations will be available upon request.

The hospital's Patient Representatives are available to answer questions and provide information about the Financial Assistance Policy and to assist with the financial assistance application process. The hospital's Patient Representatives may be reached between the hours of 8 a.m. and 4:30 p.m. Monday through Friday by calling 1-833-661-1846 or presenting at 4021 Avenue B, Scottsbluff Nebraska.

Mel McNea, MHA
President and CEO

Approved by the Board of Directors: 10/26/2017, 6/23/2022, 1/24/2024

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Reviewed:

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