

## **Admin Policy #103.12 – Financial Assistance Policy (Community Care)**

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**Department: Organization Wide**

**CAH Tag/Regulation:**

**Effective: 04/24/1997**

**Revised: 05/26/2021**

### **POLICY:**

As a Nonprofit Hospital, organized under 501 © 3 of the Internal Revenue code, Big Horn Hospital Association (BHHA) will admit, treat and serve all persons without regard to race, creed, color, sex, national origin, religion, physical handicap, age, or the financial ability to pay. Patients who meet the financial guidelines set forth in the current Federal Poverty guidelines may qualify for Community Care.

Big Horn Hospital Association prohibits engaging in any action that discourages individuals from seeking emergency medical care at Big Horn Hospital. Furthermore Big Horn Hospital Association requires provision of care for emergency medical conditions that Big Horn Hospital is required to provide under Title 42 Chapter IV, Subchapter G of the Code of Federal Regulations.

This program will be used only for inpatient and outpatient services at Big Horn Hospital. This program will not aid in payment for provider services billed by other entities, other medical facilities, ambulances or (non-hospital) medications. It strictly applies to Big Horn Hospital charges only.

This policy will be publicized to make our community aware of the availability of Community Care (financial assistance) and our policy regarding financial assistance.

Please refer to BHHA Administrative Policy #103.08 for billing procedures. A copy may be obtained free of charge at the Admissions desk of Big Horn Hospital or by calling the Business Office at 406-665-2310, or [bighornhospital.org](http://bighornhospital.org).

### **Description of Eligibility Criteria**

Community Care is available to all patients who meet the application eligibility guidelines. This includes patients who do not have a primary payer for their services as well as patients who have a primary payer but still have a responsibility for a portion of their bill. This could include, but is not limited to, deductible and co-pay amounts.

- A. Determination of an applicant's ability to pay will be based on the applicant's household income. The criteria below will be used to determine the applicant's financial ability to pay in conjunction with BHHA's sliding fee scale. The following criteria will be applied consistently and equitably:
- Personal and/or family income – this refers to the income of family members that the applicant is financially responsible for based on tax filings.
  - Most recent filed tax return
  - Size of applicant's family
- B. Eligibility for Community Care is based upon the current year's Federal Poverty Level Guidelines (FPG). These guidelines will be verified in January of each year. The amount of Community Care will be calculated on a sliding scale. Please refer to the sliding scale for full details. The applicant's other outstanding obligations will be taken into consideration if a financial hardships situation is relayed to the facility via a letter to the CEO and this letter is approved by the CEO. This situation may allow a larger write off than what category the applicant falls into based on income. The following discounts would be available based on income levels and would apply to the original amount the patient is responsible for (after any 3<sup>rd</sup> party payments are applied):
- 100% discount if their income is less than 150% of FPG.
  - 80% discount or Medicare rate, whichever is greater if their income is less than 187.5% of FPG.
  - 60% discount or Medicare rate, whichever is greater if their income is less than 225% of FPG.
  - 40% discount of Medicare rate, whichever is greater if their income is less than 262.5% of FPG.
  - 20% discount or Medicare rate, whichever is greater if their income is less than 300% of FPG.
  - No discount is available if their income is greater than 300% of FPG
- C. *Catastrophic Community Care*: BHHA may also write off as Community Care amounts for patients with family income in excess of the Federal poverty standards when circumstances indicate severe financial hardship or personal loss as determined by BHHA. Examples of this would include, but are not limited to, loss of a job after taxes were filed, extensive health issues causing large bills etc.
- D. This policy does not cover the following services, this list will be reviewed quarterly for accuracy:
- Services billed by Big Horn Valley Healthcare and provided by: Dr David Mark, Dr Ashley Quanbeck and Dr James Upchurch
  - Services billed by Surgical Associates and provided by: Dr Barry McKenzie and Dr Michael Wilcox
  - Laboratory tests sent to Yellowstone Pathology

## **Process for Eligibility Determination**

### **A. Identification of Potential Community Care Patients:**

1. Patients will be screened either by admissions or by the Patient Accounts Representative. If the patient has no third party payer source such as health insurance, Medicaid, or Medicare, the patient will be referred to the Patient Accounts Representative for further screening. They will also be referred if the patient is found to have a high deductible or the patient requests an application.
2. The Patient Accounts Representative will try to assist the patient by finding other sources of financial aid, such as Medicaid, Medicare, and Indian Health Services.
3. The Patient Accounts Representative will interview the patient, and if no other help is available, the patient may receive a Community Care application.
4. Should a patient wish to apply for Community Care, applications are available at the Admissions desk and from the Patient Accounts Representative. The application should be completed in full (including documents requested within the application) and returned to the Patient Accounts Representative at 17 North Miles Avenue, Hardin MT 59034 (this can be mailed or dropped off at the Admissions desk to be forwarded to the Patient Accounts Representative). Applications for Community Care must be received no later than 240 days after the first self-pay statement showing a patient's financial responsibility.
5. Should a patient have any questions or the policy or process or need assistance in completing a financial assistance application, please contact the Business Office (please stop at the admissions office to be directed to the Business Office) at (406) 665-2310 or by mail or in person at 17 North Miles Avenue Hardin MT 59034.
6. Pending final eligibility determination, BHHA will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with BHHA's efforts to reach a determination of status, including return of applications and documentation required by BHHA within twenty-one (21) days of receipt.
7. Community Care is only valid for date(s) of service listed on the applications. Community Care is not available for accounts which have already been turned to collections due to non-payment.

## **B. Final Determinations:**

Community Care forms, instructions and written applications shall be furnished to patients when Community Care is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or BHHA, should be accompanied by documentation to verify income amounts indicated on the application form.

If a Community Care application is incomplete the patient will be sent a letter stating what items are missing. Any missing Community Care applications must be completed and returned with accompanying documentation within 21 days after the date of the letter.

Failure to return the form within 21 days may be grounds for denial. One or more of the following types of documentation may be acceptable for purpose of verifying income:

1. W-2 withholding statements for all employment during the relevant time period;
2. Pay stubs from all employment during the relevant time period;
3. Required – An income tax return from the most recently-filed calendar year or a letter of explanation if no tax return is filed.
4. Forms approving or denying unemployment compensation, or written statements from employers or welfare agencies.
5. During the initial request period, BHHA may pursue other sources of funding, including Medicaid.

## **C. Time Frame for Final Determination and Appeals:**

1. BHHA shall provide final determination via the US mail service within twenty-one (21) days of receipt of all application and documentation material.

## **D. Denials:**

Denials will be written and include instructions for appeal or reconsideration as follows; the patient/guarantor may appeal the determination of eligibility for Community Care by providing additional verification of income or family size to BHHA's Business Office Manager within twenty-one (21) days of receipt of notification. All appeals will be reviewed by the Business Office Manager, Controller and the BHHA CEO. If this determination affirms the previous denial of Community Care, written notification will be sent to the patient/guarantor.

### **Amounts Generally Billed**

- A. BHHA will not charge any person who qualifies for financial assistance more than the amount generally billed to individuals who have insurance covering such care.
- B. BHHA uses the Prospective Method based on Medicare reimbursement for all eligible Community Care applications. This means that patients will receive a discount equal to approved Medicare rates. The discount will be determined by the payment rate established by Medicare on the date of service.
  - If the patient has no initial payer source and is eligible for Community Care, the patient will receive a minimum discount equal to contractual adjustments. Any discount above this amount will be determined using a sliding scale based on Federal Poverty Guidelines (FPG).
  - If the patient has an initial payer source, the amount owed by the patient will be compared with Medicare rates to ensure that they do not owe anything greater than the approved Medicare rate. Any discount above this amount will be determined using a sliding scale based on FPG.
- C. If a patient has already made payments on an account and then becomes eligible for Community Care by turning in an application, all payments that would not have been due because of the level of eligibility will be refunded to the patient unless that amount is less than \$10.00.

### **Documentation**

- A. Confidentiality: All information relating to the application will be kept confidential.
- B. Documents pertaining to community care shall be retained for seven (7) years along with the application and the accounts that were discounted or the denial that was sent to the patient.

# Financial Assistance Policy (FAP) Summary

1. Financial Assistance is available to all patients for inpatient and outpatient services of Big Horn Hospital in the form of Community Care.
2. Community Care is available whether you have no payer or have a payer but have a patient responsibility.
3. Patients need only fill out a Community Care application and provide some documentation, outlined within the application, as to income. This application is then compared against current Federal Poverty Guidelines to determine eligibility (please see full policy for details). Patients may be eligible for partial or full write offs depending on income guidelines.
4. The following discounts would be available based on income levels an apply on to the amount the patient is responsible for:
  - 100% discount if their income is less than 150% of Federal Poverty Guidelines.
  - 80% discount or Medicare rate, whichever is greater if their income is less than 187.5% of Federal Poverty Guidelines.
  - 60% discount or Medicare rate, whichever is greater if their income is less than 225% of Federal Poverty Guidelines.
  - 40% discount of Medicare rate, whichever is greater if their income is less than 262.5% of Federal Poverty Guidelines.
  - 20% discount or Medicare rate, whichever is greater if their income is less than 300% of Federal Poverty Guidelines.
  - No discount is available if their income is greater than 300% of Federal Poverty Guidelines.
5. Applications and full Financial Assistance Policy can be picked up at the Admissions Office at Big Horn Hospital at 17 North Miles Avenue, Hardin MT 59034; the patient can request a copy to be mailed to them by calling the Business Office at (406) 665-2310 or on our website: [www.bighornhospital.org](http://www.bighornhospital.org). The Business Office will also be able to help with any questions and/or filling out the application.
6. Some services are excluded from this policy.
7. BHHA will not charge any person who qualifies for financial assistance more than the amount generally billed to individuals who have insurance covering such care.
8. *A copy of the full policy and an application are available at the Admissions desk and/or from the Business Office.*

# APPLICATION FOR COMMUNITY CARE

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY	STATE
SOCIAL SECURITY NUMBER	HOME PHONE	EMPLOYER
TOTAL HOUSEHOLD INCOME – 12 MONTHS	TOTAL NUMBER OF DEPENDENTS	

NAME(S) OF PATIENT(S) REQUESTING COMMUNITY CARE: \_\_\_\_\_

DATE(S) OF SERVICE REQUESTING COMMUNITY CARE: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge

**9. PLEASE INITIAL LINES 1, 2, & 3 TO VERIFY YOU HAVE READ AND UNDERSTAND**

1. \_\_\_\_\_ I will bring to the hospital my current year income tax return for proof of income
2. \_\_\_\_\_ I understand that this application is made so the hospital can determine eligibility for Community Care. If any information I have given is proven to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.
3. \_\_\_\_\_ I understand that until the above requirements are met, I will not be eligible for Community Care.

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE

FOR OFFICE USE ONLY	ELIGIBILITY DETERMINATION
Date Application received _____	Income Verified _____
Type of verification: _____	
This applicant is eligible for free care or a reduction of \$ _____	
Determination date: _____	
_____ Eligibility Examiner Signature	_____ Date

# **Big Horn Hospital (BHH)**

- 1. Offers Financial Assistance**
- 2. The full policy, policy summary and/or application can be found at the Admissions office, by calling the Business Office at (406) 665-2310 or on our website: [bighornhospital.org](http://bighornhospital.org).**
- 3. Call the Business Office at (406) 665-2310 for any questions regarding financial assistance.**