



Bristol Hospital & Health Care Group

Financial Assistance Policy

Reference Code (if applicable):

December 2018

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PURPOSE:

The purpose of this Financial Assistance Policy is to establish the commitment of Bristol Hospital and Healthcare Group (BHHCG) to providing financial assistance to eligible patients who do not have the ability to pay for all or a portion of their health care bill, and to ensure that such financial assistance is made available in accordance with all applicable State and Federal laws and regulations. This policy is specific to BHHCG and does not include non-BHHCG physician bills when applicable.

POLICY STATEMENT:

It is the BHHCG policy ("the Policy") to provide financial assistance to eligible patients who may have difficulty paying for their medically necessary healthcare services, as determined under generally accepted standards of medicine, and excluding services covered under Workers Compensation, third party liability, cosmetic procedures or elective procedures not covered by insurance. Regardless of eligibility under the Policy, BHHCG will provide care, without discrimination, for emergency medical conditions as defined by its written emergency medical treatment policy which incorporates the CMS requirements for the Emergency Medical Treatment and Labor Act (EMTALA).

DEFINITIONS:

"AGB" means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

"EMTALA" means the Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd.

"Family" means, using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

"FAP" means Financial Assistance Policy.

"FPG" means Federal Poverty Guidelines established by the United States Department of Health and Human Services in effect at the time of the determination.

"Gross Charges" means the total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

"Uninsured" is defined by the State of Connecticut as an individual who has applied for financial assistance, and who has applied for and not been accepted into a governmental medical plan, and who has income at or below the Federal Poverty Level ("FPL") as currently defined by the Federal Government.

“Cost of Services” is defined as one or more ratios applied against charges where such ratios are determined from the most recent State of Connecticut cost report.

Policy Objective:

1. Describes BHHCG commitment to providing, without discrimination, care for emergency medical conditions to individuals regardless of their ability to pay or eligibility for financial assistance;
2. Describes services eligible for financial assistance under this policy;
3. Includes eligibility criteria for financial assistance – free and discounted (partial) charity care;
4. Describes the method by which patients may apply for financial assistance;
5. Limits the maximum amount that BHHCG will charge for emergency or other medically necessary hospital services provided to the uninsured to the cost of such services and allows for additional discounts as circumstances indicate.
6. Describes actions taken in the event of nonpayment; and
7. Describes how Bristol Hospital will widely publicize the policy within the community served.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with BHHCG procedures for obtaining financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

They are also expected to apply for governmental programs including Medicaid to assure access to health care services and not burden BHHCG and paying public with uncompensated services.

In order to manage its resources responsibly and to allow BHHCG to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors approves the following guidelines for the provision of patient financial assistance.

COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE

BHHCG provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. BHHCG will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Hospital patients in a non-discriminatory manner, pursuant to the Hospital's EMTALA policy.

ELIGIBLE SERVICES

1. Eligible services under this policy are services provided by BHHCG for emergency or other medically necessary care.
2. Assistance is not available under this policy for elective, cosmetic, and uncovered bariatric procedures or other procedures and costs that are considered not medically necessary under generally accepted medical standards.
3. Attached to this policy as Appendix A is a list of all providers, in addition to BHHCG itself, delivering emergency or other medically necessary care that specifies which providers are covered by this policy and which are not.

ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

Financial assistance for services eligible under this policy may be made available to the uninsured patient on an additional sliding fee scale after the initial application of the discount so as to not exceed cost, in accordance with the financial assistance policy that uses the current Federal Poverty Guidelines in effect at the time of the determination.

The following discounts are available for eligible services:

- **Not Insured** – Patients or families must apply for financial assistance and meet income eligibility requirements based on family size as outlined in the Federal Poverty Guidelines and as described in the full FAP policy. Discounts are 100%, 85%, and 75% depending on family size and income.
- **Insured** – Financial assistance for balances after insurance is available to patients or families. A Financial Assistance application must be completed and the patient must meet income and other applicable eligibility requirements as described in the FAP. When requirements are met the following discounts are provided:
 - Family income at or below 250% of FPG will qualify for a 100% discount on the remaining account balance after insurance payments.
 - Family income at or below 350% of FPG will receive an 85% discount and will be applied to the patient's account balance after insurance payments.
 - Family income at or below 400% of FPG will receive a 75% discount that will be applied to the patients account balance after insurance payments.

No individual determined eligible for financial assistance under BHHCG's financial assistance policies will be charged more for emergency or medically necessary hospital care than the amounts generally billed ("AGB") to individuals with insurance covering such care. AGB is a percentage of Bristol's full, undiscounted charges for such care. The AGB for BHHCG is calculated as follows:

(1) For 2018, BHHCG is using the "look-back method" to calculate the AGB. This method bases AGB on fully paid hospital and professional claims with a primary payer of either Medicare fee-for-service or a commercial payer during the period of October 1, 2017 through September 31, 2018. BHHCG divides the sum of total payments made by those payers by the sum of total hospital charges for those claims to identify the "AGB percentage". This analysis will be completed on an annual basis.

BHHCG will charge patients eligible for financial assistance no more than the below-noted AGB percentage for emergency or medically necessary services: 65.15% for Hospital and 43% for Professional.

PRESUMPTIVE ELIGIBILITY

There are instances when a patient may appear eligible for financial assistance discounts, but there is no approved financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, BHHCG could use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the patient

may receive up to a 100% write off of the account balance based on individual circumstances and the decision of the System Director of Revenue Cycle and Chief Financial Officer.

Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription services
2. Homeless or received care from a homeless clinic
3. Participation in Women, Infants and Children programs (WIC)
4. Food stamp eligibility
5. Subsidized school lunch program eligibility
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid Spend-down)
7. Low income/subsidized housing is provided as a valid address
8. Patient is deceased with no known estate.

PROCEDURE FOR APPLYING FOR FINANCIAL ASSISTANCE

In connection with determining eligibility for financial assistance, BHHCG will require that the patient complete a Financial Assistance Application and provide other financial information and documentation relevant to making a determination of financial eligibility.

ACTIONS TAKEN IN THE EVENT OF NONPAYMENT

The actions that BHHCG may take in the event of nonpayment are described in a separate Billing and Collection Policy found on the BHHCG website. Members of the public may obtain a free copy of this separate policy by utilizing the hospital contact information set forth in this policy.

MEASURES TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

BHHCG makes this policy, application form, and plain language summary of this policy widely available on its website in English and Spanish, and implements additional measures to widely publicize the policy in communities served.

BHHCG will post a notice of the availability of financial assistance at all registration points and other visible locations throughout the system. Additionally, a notice will be printed on all bills and statements informing patients and families of the availability of financial assistance.

How to Obtain More Information:

To learn more about the BHHCG FAP, obtain a free copy of the FAP application, or obtain assistance with the FAP process, please contact BHHCG as follows:

Website: www.bristolhospital.org/Financial-assistance

Telephone: 860-585-3035

By Mail: Bristol Hospital and Healthcare Group

Attn: Financial Counselor

41 Brewster Road, Bristol CT 06010

In Person: BHHCG Financial Counseling on Level E of the main campus.

Financial Assistance information is available in English and Spanish.

REFERENCES:

IRS Regulation 501(r)

CT Senate Bill 811