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|  <p>BRISTOL HOSPITAL</p> | |
| <p>Title: Financial Assistance Policy</p> | <p>Approved by: Board of Directors Date approved: Responsible Party: Finance</p> |
| <p>Applies to:</p> <p><input checked="" type="checkbox"/> All</p> <p><input type="checkbox"/> Inpatient <input type="checkbox"/> Peri-op <input type="checkbox"/> OP/Amb Care <input type="checkbox"/> Home Care <input type="checkbox"/> Psych</p> <p><input type="checkbox"/> Department: _____</p> | |

PURPOSE

The purpose of this Financial Assistance Policy is to establish the commitment of Bristol Hospital, Inc. (“Bristol Hospital”) to providing financial assistance to eligible patients who do not have the ability for pay for their health care, 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 a Hospital bill and does not include separate physician bills when applicable.

DEFINITIONS

“AGB” means amounts generally billed for emergency or other medically necessary care to individual 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 STATEMENT

Bristol Hospital recognizes that the burden of health care costs on individuals is a national crisis. Decades of hospital pricing, distorted by the unique billing requirements imposed by private and governmental payers and regulations, has resulted in a charge structure which unfairly burdens the individuals and families without or with limited insurance. Bristol Hospital wishes to correct this unfairness by ensuring that all uninsured patient’s charges are limited to no more than the calculated cost of such services as described herein. While we continue to exceed governmental guidelines for free care and charity, we are also constrained by the State of Connecticut’s continued increase and unique application of the taxation of non-profit hospitals.

Accordingly, this written policy:

1. Describes Bristol Hospital’s 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 Bristol Hospital 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 Bristol Hospital’s 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 the Hospital and paying public with uncompensated services.

In order to manage its resources responsibly and to allow Bristol Hospital 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

Bristol Hospital provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Bristol Hospital 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 Bristol Hospital 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 or for separate physician billing.
3. Patients who do not initially qualify for uninsured financial assistance for emergency or other medically necessary care may qualify for a self-pay discount and must request such from the Hospital's billing department separately.
4. Attached to this policy as Appendix A is a list of all providers, in addition to Bristol Hospital itself, delivering emergency or other medically necessary care in the hospital 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.

Uninsured patients will be entitled to a financial assistance discount, based on their income and family size, as described below. The State of Connecticut has set recommended levels of

financial assistance discounts which are stipulated that for families at or below 250% of federal poverty levels should be discounted to cost or more, and that for families between 250% and 400% should be allowed sliding scale discounts

Initial Uninsured Discount reduces billed charges to the average cost of services.

- Uninsured patients may be eligible for financial assistance and must apply per the definition of uninsured. Our Financial Counseling staff will determine eligibility based on meeting such definition and apply additional discounts based on the following sliding scale.

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| Initial Uninsured Discount | 70.4% or more based on circumstances |
| Under 250% | 100% including initial discount |
| 251% - 350% | 85% including initial discount |
| 351% - 400% | 75% including initial discount |

- Financial Assistance (Patients with Balances After Insurance)

To qualify, the patient or family must owe a balance to the hospital after insurance. They must apply for financial assistance and meet income and other applicable eligibility requirements, as described herein.

Patients with family income at or below 250% FPG will qualify for a 100% discount against the patient's liability for deductible or co-pay amounts.

Patients with family income between 251% and 400% FPG will receive a sliding scale discount on the patient liability based on household income and family size (see Appendix B), applied to the patient's account balance after insurance payments from third-party payers are applied.

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| 85% Total Discount | 251% - 350% |
| 75% Total Discount | 351% - 400% |

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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, Bristol Hospital 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 Finance and Chief Financial Officer if such discounts are over \$25,000. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
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; and
8. Patient is deceased with no known estate.

PROCEDURE FOR APPLYING FOR FINANCIAL ASSISTANCE

In connection with determining eligibility for financial assistance, Bristol Hospital 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. See Appendix C.

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

The initial financial assistance discount level is calculated as follows:

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than the average cost of such services as defined in this policy and consistent with the State of Connecticut requirements. Further, this discount results in an adjusted bill that is less than the amounts generally billed to individuals who have insurance covering such care (AGB). We monitor these average adjustments on an annual basis. For comparison to the AGB, Bristol Hospital uses the Look-Back Method to determine AGB. Under this method, AGB is calculated by dividing the sum of all of its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers during a prior 12-month period by the sum of the associated gross charges for those claims.

ACTIONS TAKEN IN THE EVENT OF NONPAYMENT

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

MEASURES TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

Bristol Hospital 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.

Among other things, Bristol Hospital will post a notice of the availability of financial assistance at all registration points and other visible locations throughout the hospital. Also, a notice will be printed on all bills and statements informing patients and families of the availability of financial assistance.

Policy:

Effective Date:

Page 7 of 7