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Owner Amy Laube:
Director of
Patient Access/
Registration
Area Patient
Registration

Payment Policy and Patient Financial Assistance

POLICY STATEMENT:

At Boone County Hospital, a critical access hospital, staff will adhere to accepted practice for Payment Policy and Financial Assistance.

PURPOSE:

Boone County Hospital is committed to ensuring financial counseling resources and payment options are available to assist patients in prompt resolution to their financial obligations for their healthcare services. Boone County Hospital, is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Boone County Hospital, strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. Boone County Hospital will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for government assistance or their ability to pay.

Accordingly, this written policy in regards to Financial Assistance and Payment Program Policy:

- Includes eligibility criteria for financial assistance – free and discounted care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the Boone County Hospital, will widely publicize the policy within the community served by the Boone County Hospital.
- Limits the amounts that the Boone County Hospital, will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount

generally billed (received by) the Boone County Hospital.

- Describes guidelines the Boone County Hospital will use to protect for the orderly, reasonable and prompt collection of amounts due from patients who have the ability to pay and actions Boone County Hospital may take in the event of nonpayment.

DEFINITIONS:

This policy applies to all individuals who seek and receive services from our Boone County Hospital, and that incur a financial obligation to Boone County Hospital.

The information contained and referenced in this Policy applies solely to healthcare services provided at and billed by Boone County Hospital.

For the purpose of this policy, the terms below are defined as follows:

Amounts Generally Billed (AGB): Boone County Hospital, determines the amounts generally billed by multiplying the gross charges for such services by an AGB percentage, which is based on all claims allowed by Medicare together with all private health insurers over a specified 12-month period, divided by the associated gross charges for the claims.

Annual Household Income (Family Income) is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Non-cash benefits (such as food stamps and housing subsidies) do **not** count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members over the age of 18 (Non-relatives, such as housemates, do not count).

Designated Service Area means the Boone County Hospital service area including all of Boone County and portions of neighboring county areas.

Emergency Medical Conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Extraordinary Collection Action: Collection activities requiring legal or judicial process. Extraordinary Collection Actions may include: certain liens, foreclosures, attachments or seizing bank accounts, civil actions, writs of attachment, wage garnishment, reports to credit agencies, certain sales of debt to third party, delaying or denying care because of non-payment of prior bills, and other legal actions.

Family Size: 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.

Federal Poverty Levels (FPL) means the federal income poverty guidelines updated and published annually by the United States Department of Health and Human Services.

Financial Assistance (Charity Care): Financial assistance results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria; also known as charity care.

Financial Assistance Program Committee means the Boone County Hospital committee assigned to review all applications for the financial assistance program. This committee will meet routinely and may consist of the following positions: Chief Finance Officer (CFO), Financial Counsellor, and one Patient Access Director. The Chief Executive Officer (CEO) may be consulted for applications with complex circumstances.

Government Health Care Program means any plan or program providing health care benefits, whether directly through insurance or otherwise, that is funded directly, in whole or in part by the U.S. Government or any state health care program. It includes Medicare, Medicaid, TriCare, VA, and state Medicaid programs. It does not include the Federal Employees Health Benefits Program.

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

Guarantor means the person(s) that are financially/legally responsible for the patient.

Medically Necessary: As defined by Medicare include services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

Non-Emergent Medical Services means services for treatment of (1) a non-emergency medical condition at the Boone County Hospital, or (2) a medical condition outside the emergency department

Patient Financial Responsibility (PFR) means any payment for services, including but not limited to any deductible, co-payment, coinsurance or other payment, that is the financial responsibility of the Guarantor under the terms of any applicable Government Health Care Program or any other third party health care benefits policy or plan.

Routine Out of Pocket Expense(s) means any payment for services, including but not limited to any deductible, co-payment, coinsurance or other payment that is the financial responsibility of the Guarantor under the terms of any applicable Government Health Care Program or any other third party healthcare benefits policy or plan.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations. Patients exempt from federal mandates due to religious affiliation will be classified as uninsured for this policy.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

GENERAL CONSIDERATIONS:

Financial assistance is not considered to be a substitute for personal responsibility. Patients are

expected to cooperate with Boone County 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.

EMTALA. Any patient seeking care for an Emergency Medical Condition at Boone County Hospital shall be treated without discrimination and without regard to a patient's ability to pay for care. Boone County Hospital shall operate in accordance with all federal and state requirements for the provision of emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

In order to manage its resources responsibly and to allow Boone County Hospital, to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient financial assistance, payment programs and collection functions.

RESPONSIBILITY:

Questions regarding this Policy should be directed to the Chief Financial Officer or the Revenue Cycle Manager. The Boone County Hospital Board of Trustees will have oversight of this policy through annual approval.

PROCEDURE:

1. **Patient Responsibilities, Payment Expectations, Options and Discounts.** Unless Boone County Hospital's Financial Assistance Program or other arrangements with Boone County Hospital direct otherwise, Patients or their guarantor are expected to pay their full liability for services rendered or make account resolution arrangements with Boone County Hospital within thirty (30) days of receipt of their first bill, in accordance with the procedures below.
 - A. **Payment at the Time of Service.**
 - i. **Insurance Eligibility and Education on Patient Financial Responsibility (PFR).** Boone County Hospital will make reasonable efforts to identify the patient's third party coverage, the patient's estimated financial responsibility for the anticipated services provided and offer counselling resources to give them the tools to make an informed decision on their healthcare services.
 - ii. **Routine Out of Pocket Expenses.** Such expenses will be requested at the time of service. Payment of the amount estimated for the services provided will be due from the patient at time of service. If the patient cannot make the payment in full the patient access representative will follow the partial payment guidelines within this policy. The patient will be requested to make a minimum deposit as outlined in t, and if uninsured or underinsured be asked to meet with a BOONE COUNTY HOSPITAL financial representative. Out of Pocket Expense payments related to emergency care will be requested of the patient post-medical screening exam assessment and after they are medically stable and at time of discharge. (See *Policy 2-38 – Transfer and Emergency Examination –*

EMTALA).

- iii. **Medicaid ER Visits.** Boone County Hospital will use commercially reasonable efforts to collect the copayment from all Iowa Medicaid members and Iowa Health and Wellness Plan members for emergency room (ER) treatment when the services include treatment of medical condition(s) that are NOT on the list of diagnosis codes considered emergent by the Iowa Medicaid Enterprise, and posted on the IME website (<http://www.ime.state.ia.us>), and the member is not admitted to the Boone County Hospital. This will not occur until the patient has been screened and at the time of discharge.

Note the ER copayment does not apply if the visit to the ER is for an emergent condition and/or results in a Boone County Hospital admission. A list of the diagnosis codes considered emergent is posted on the IME website (<http://www.ime.state.ia.us>).

The exclusions applicable to all Medicaid copayments may apply. The most common exclusion examples are: members under age 21; members who are pregnant; members presenting with an emergent condition; or members receiving family planning services.

B. Forms of Payment.

- i. Boone County Hospital will accept payment in cash, Visa, Discover or MasterCard debit or credit card, check, money order, and ACH account auto-deduction.
- ii. Boone County Hospital Financial Assistance Program Application
- iii. Boone County Hospital Installment Payment Plan plus the minimum payment from payment guidelines referenced in this policy.

- C. **Insurance Coverage.** Boone County Hospital will extend credit on insurance benefits in effect (i.e., commercial insurance or governmental health care program benefits) assigned to Boone County Hospital, minus applicable Routine Out of Pocket Expenses, and will bill any payor(s) for the same at the time of service if the patient presents adequate information to determine coverage and proper filing of the claim. Reimbursement is expected from such third party and/or government payer(s) within 60 days of billing at which point the remaining balance becomes Guarantor responsibility, except where prohibited by law or contract.

- D. **Uninsured Patients Presenting for Non-Emergent Medical Services.** A patient who presents for a Non-Emergent Medical Service and meets the definition of an uninsured patient will be requested to meet with a BOONE COUNTY HOSPITAL, financial counsellor to determine how the services will be financially covered **PRIOR** to receipt of the services. If services have already been rendered the patient will be requested to make the minimum deposit per payment guidelines within this policy and meet with a BOONE COUNTY HOSPITAL, financial representative promptly. This policy will act as a reference for all the options available to the patient.

- E. **Employees.** Employee patient accounts will be handled in accordance with this Policy and in a manner consistent with that of any other Boone County Hospital patient. All employee payment arrangements must follow minimum payment

requirements and time frames as outlined in this Policy. Employees may cash in PTO as payment for their Boone County Hospital, bills by contacting the Revenue Cycle Manager or CFO.

- F. **Discounts (Uninsured).** Uninsured patients will receive a 20% discount on all services if paid at the time of service or within 45 days of the first statement. We do encourage payment upfront for the Clinic office visit (E&M level), and all other services will receive a discount if paid within 45 days of the first statement. No discounts will be applied to work physicals or workers compensation.
- G. **Discounts (Insured).** Insured patients may be eligible to receive a Prompt Pay Discount of 30% on estimated PFR if paid in full, at the time of registration or within 7 days of date of service. The following services may qualify for the Prompt Pay Discount; Tech Services, Radiology and Surgery.
- H. **BOONE COUNTY HOSPITAL Installment Payment Plans.** For Patients who cannot reasonably make payment in full within 30 days of the statement date, BOONE COUNTY HOSPITAL will accommodate the following payment arrangements.

The Patient/Guarantor must meet the minimum monthly payment and minimum balance requirements set forth in the table below.

Account Balance	Maximum Time	Minimum Monthly Payment
Up to \$100.00	30 days	Payment in Full
\$100.01 to \$500.00	5 months	\$50
\$500.01 to \$750.00	10 months	\$75
\$750.01 to \$1,000.00	10 months	\$100
\$1,000.01 to \$1,500.00	12 months	\$125
\$1,500.01 to \$2,000.00	12 months	\$175
Over \$2,000.00	20 months	\$200

****The minimum balance means the aggregate outstanding balance for all BOONE COUNTY HOSPITAL accounts for such Guarantor.***

- i. There is no interest charged on installment plans.
 - ii. Any requests for alternative payment terms outside these parameters must be referred to the Business Office Director and CFO for approval.
- A. **Settlements.** BOONE COUNTY HOSPITAL may employ discretionary discounting of account balance to obtain payment of outstanding balances on aged accounts and bad debt accounts.
- i. The Revenue Cycle Manager may offer and/or approve settlement terms including discounts up to 20% of the account balance where the repayment period is 12 months or less.
 - ii. All requests for settlement of account(s) with balances exceeding \$2,500 or for a discount greater than 20% of the aggregate outstanding account balance or with a repayment period beyond 12 months must be directed to the CFO or CEO for review and approval.

- iii. All requests for legal settlements must be directed to the CFO or CEO for review and approval.
- B. **Missed Payments.** There is no interest penalty for a missed payment. However, failure to make agreed upon payments under an installment plan or settlement may result in the cancellation of the payment arrangement, demand issued for payment in full and referral to a third party collection agency for additional collection activities. Payment arrangements may be reinstated at the discretion of the CFO, and in all cases where a patient/Guarantor pays all plan arrears by a BOONE COUNTY HOSPITAL approved date.
1. **Boone County Hospital, Financial Assistance Program.** Boone County Hospital will provide financial assistance discounts for eligible services to qualifying patients and Guarantors.
- A. **Locations and Providers Covered by this Policy.** This policy applies to certain health care services (defined below) provided at Boone County Hospital, [and at Boone County Family Medicine Clinics]. Individuals who receive health care services at these locations may be seen by Boone County Hospital providers as well as private physician group or other third-party providers. This policy only applies to Boone County Hospital, its providers, and other providers for whom Boone County Hospital submits bills for their services. This policy does not apply to other providers who independently submit bills for their services. You may find a printable list of our Covered/Non Covered providers on our website at <https://www.boonehospital.com/patients-and-visitors/financial-assistance>. You may also request a printed copy, free of charge from our Financial Assistance office.
 - B. **Services Eligible Under This Policy.** For purposes of this policy, "financial assistance" refers to healthcare services provided by Boone County Hospital without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:
 - 1. Emergency medical services provided in an emergency room setting;
 - 2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
 - 3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 - 4. Medically necessary services, as determined by Boone County Hospital's discretion which may include consultation with patient's medical provider(s).
 - C. **Eligibility Requirements for Financial Assistance.** Eligibility for financial assistance will be considered for those individuals who are uninsured, under-insured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Financial assistance discounts are secondary to all other financial resources available to a patient/Guarantor including balances in personal asset accounts, eligible asset values, and HSA and Flex Plan accounts. Patients must expend these accounts prior to being eligible for Boone County Hospital, financial assistance plan. To be eligible to participate in the Financial Assistance Program and receive discounts, patients/Guarantors must meet the

following criteria:

Provide Information. Patients/Guarantors must provide BOONE COUNTY HOSPITAL with the necessary financial and personal documentation that is required in determining eligibility for applicable financial assistance programs and inform BOONE COUNTY HOSPITAL of any changes in the patient's/Guarantor's income, financial or insurance status.

Residency. Patients/Guarantors must reside in the Designated Service Area. All BOONE COUNTY HOSPITAL Financial Assistance Program enrollees residing outside the Designated Service Area will be reviewed on a case-by-case basis by the CFO/CEO OR the Financial Assistance Program Committee. Items considered for approval will be location of family care provider and availability of access to healthcare services.

Utilization of Available Insurance Options. Boone County Hospital requires that patients **MUST** utilize other options that they have for insurance coverage, as long as such insurance is available at a reasonable cost as defined by the Affordable Care Act. If other financial resources including HSA and Flex benefit accounts, personal assets or third party liability funds are available these must be exhausted before they are eligible for Boone County Hospital Financial Assistance Program. Boone County Hospital will initially assist or direct the patient to agency representatives who can assist in applying for Medicaid, Iowa Health and Wellness Plans or coverage on the Marketplace. The patient must cooperate by providing necessary documentation and complying with requests for interviews. Failure to complete the application process with an agency will result in an automatic denial of Financial Assistance from Boone County Hospital.

D. Method by Which Patients May Apply for Financial Assistance – Application.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - Include an application process, in which the patient or the Guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - If necessary, the patient or the Guarantor shall be provided with contact information for assistance with the financial assistance application process;
 - Include the use of external publicly available data sources that provide information on a patient's or a Guarantor's ability to pay such as credit scoring and other propensity to pay tools;
 - Include reasonable efforts by Boone County Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - Take into account the patient's available assets, and all other financial resources available to the patient;
 - Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history
 - Include a review of the completed application by an internal Financial Assistance Program Committee; and
 - Include an approval for six months; updated financial information will be required for all FA patients thereafter.

2. An individual may obtain applications for financial assistance at BOONE COUNTY HOSPITAL, any

BOONE COUNTY HOSPITAL CLINIC, or online at www.boonehospital.com. The Financial Counselor's Office of BOONE COUNTY HOSPITAL (1-515-433-8105) will serve as a resource to individuals for assistance with this application process.

3. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

Boone County Hospital's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and Boone County Hospital, shall notify the patient or applicant in writing within 30 working days of receipt of a completed application.

4. Determination of eligibility for discounts will be made within a reasonable period of time after a completed application has been received along with ALL supporting documentation.

5. Supporting documentation must include documentation of all income sources on a monthly and/or annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the Guarantor, other available resources, verification of family size and proof of residency. Should documentation not be supplied or should the application remain incomplete, financial assistance may be denied. Boone County Hospital reserves the right to request additional supporting documentation deemed necessary and/or waive any documentation requirement in determining eligibility for the Financial Assistance Program.

6. Recipients will remain eligible for financial assistance discounts for up to six months, unless patient's/ Guarantor's financial status changes within that time. It is the patient's responsibility to monitor their eligibility period and reapply at least 60 days prior to expiration to ensure eligibility does not lapse.

7. Boone County Hospital reserves the right to review utilization of Boone County Hospital services by Financial Assistance recipients on a quarterly basis. Recipients that are determined to be utilizing Boone County Hospital services inappropriately may be required to receive additional service utilization counseling.

E. Alternative Application Approval Options. Any patient/Guarantor who refuses to complete the application will be considered as having the ability to pay his/her account and subject to the normal account flow process for collection.

Presumptive Eligibility. There are instances when a patient may appear eligible for financial assistance discounts, but there is no 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; Boone County Hospital may utilize information from a third party consumer reporting agency to determine eligibility for presumptive eligibility for Financial Assistance and potential discount amounts.

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.
9. Patient is eligible for out of state Medicaid (will be determined on a case by case basis)

Patients who receive presumptive financial assistance may apply for more generous assistance through the application process.

Retroactive Review. Boone County Hospital or a contracted third party, may perform retroactive reviews of accounts (up to 365 days old) referred to outside collection agencies periodically, to determine if any accounts would have been more properly recorded as Financial Assistance discounts and, if so, Boone County Hospital will recall such accounts from the outside collection agency and reclassify them to the Boone County Hospital Financial Assistance Program, in accordance with generally accepted accounting principles.

F. Application of Financial Assistance Discounts. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by Boone County Hospital to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges and shall not be charged more than the AGB. The basis for the amounts Boone County Hospital will charge patients qualifying for financial assistance will be determined using the following guidelines:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;
2. Patients whose family income is above 200% but not more than 400% of the FPL are eligible to receive discounts per the table located in the Federal Poverty Guidelines, attached to this policy.
3. Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Boone County Hospital ; however the discounted rates shall not be greater than the AGB;
4. Upon determination of financial assistance eligibility, an individual will not be charged more than amounts generally billed for emergency or other medically necessary care; and
5. The amount charged for any medical care provided to financial assistance eligible individuals shall be less than the gross charges for that care.

G. Communication of the Financial Assistance Program to Patients and Within the Community.

Notification about Boone County Hospital's Financial Assistance and Payment programs shall be made publicly available as follows:

1. Placing signage, website information, or brochures in appropriate areas of Boone County Hospital, (e.g., the Emergency Department and organized registration areas) stating that Boone County Hospital, offers financial assistance and describing how to obtain more information about the Boone County Hospital's Financial Assistance and other payment programs.
2. Placing a note on the healthcare bill and statements regarding how to request information about the Boone County Hospital's Financial Assistance and Payment Programs.
3. Designating departments or individuals who can explain the Boone County Hospital's Financial Assistance and payment programs.
4. Staff that interacts with patients will be instructed to direct questions regarding any Boone County Hospital Financial Assistance or payment program to the proper representative.

Such notices and summary information shall be provided in plain language, and in the primary languages spoken by the population serviced by Boone County Hospital. Referral of patients for financial assistance may be made by any member of the Boone County Hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

H. Relationship to Collection Policies. Boone County Hospital management shall develop policies and procedures for internal and external collection practices (including actions the Boone County Hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from Boone County Hospital and a patient's good faith effort to comply with his or her payment agreements with Boone County Hospital. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their discounted Boone County Hospital bills, Boone County Hospital may offer payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. Boone County Hospital will not impose extraordinary collections actions, including wage garnishments; liens on primary residences; foreclosures; attachments or seizing bank accounts; civil actions; writs of attachment; reports to credit agencies; or other legal actions, for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this financial assistance policy.

1. Reasonable efforts shall include: Notifying the patient or their Guarantor of financial assistance policies from the date of care to 120 days after the Boone County Hospital provides the patient or their Guarantor with the first post-discharge billing statement for the care. Notifications by Boone County Hospital shall include:

- a. A plain language summary of the financial assistance policy;
- b. A notice included with all billing statements that informs patients or their Guarantor of the

- availability of financial assistance under this policy and includes contact information of the Boone County Hospital facility office or department that can provide information about the financial assistance and the website site address where copies of forms and other information about this policy can be obtained;
- c. Reasonable efforts to inform the patient or their Guarantor of financial assistance policy in all oral communications regarding the bill; and
 - d. Providing at least one written notice that indicates that financial assistance is available, identifies the extraordinary collection actions that Boone County Hospital may take if the individual does not submit a financial assistance application or pay the amount due by a date no earlier than the last day of the 120 day period, and states a deadline after which the extraordinary collection actions may be initiated (which is no earlier than 30 days after the date of such notice).
1. In the event Boone County Hospital receives an incomplete financial assistance application within 240 days after Boone County Hospital provides the patient or their Guarantor with the first post-discharge billing statement for care, Boone County Hospital shall:
 - a. Suspend all extraordinary collection actions against the patient until Boone County Hospital determines whether individual is eligible for financial assistance or after the patient had failed to respond to requests for additional information within a reasonable period of time;
 - b. Provide written notice to the patient or patient's guarantor of the information necessary to complete the financial assistance application; and
 - c. Provide written notice of extraordinary collection actions Boone County Hospital may take if information is not submitted or amounts are not paid within 240 days of the issuance of the first billing statement for the care.
 2. In the event Boone County Hospital receives a complete financial assistance application within the 240 days after Boone County Hospital provides the patient or their Guarantor with the first post-discharge billing statement for care, Boone County Hospital shall:
 - a. Suspend all extraordinary collection actions against the patient until Boone County Hospital determines whether individual is eligible for financial assistance;
 - b. Provides written notice of the determination whether individual is eligible for financial assistance;
 - c. If the patient is eligible for financial assistance, Boone County Hospital shall correct the amount charged to the individual in accordance with this Policy;
 - d. Takes all reasonable measures to reverse any extraordinary collection action.
 3. Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the Boone County Hospital.
 4. Documentation that Boone County Hospital has or has attempted to offer the patient the opportunity to apply for financial assistance pursuant to this policy and that the patient has not complied with the Boone County Hospital's application requirements;
 5. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

1. **Confidentiality and Record Keeping.** All information obtained from patients, Guarantors and family members shall be treated as confidential. BOONE COUNTY HOSPITAL will retain a central repository by each patient/Guarantor containing any financial information obtained for program qualification. Written denials of Financial Assistance discounts, including denial reasons, shall be retained in a confidential central file.
2. **Discounts for Government Health Care Program Patients.** In limited instances and only where permitted by federal and state law, BOONE COUNTY HOSPITAL may waive or discount Out of Pocket Expenses for patients participating in Government Health Care Programs, including financial assistance discounts, if all of the following requirements are met:
 - A. The waiver is not advertised or otherwise solicited;
 - B. The waiver is not routinely offered; and
 - C. The waiver is made:
 - i. after determining, in good faith, that the individual is in financial need (the full financial assistance application or a presumptive eligibility tool may be utilized);
 - ii. after reasonable efforts have failed to collect the co-payments or deductibles directly from the patient; or
 - iii. In settlement of a disputed claim resulting from the services provided to the beneficiary.
Other circumstances may warrant the non-routine waiver of Government Health Care Program co-insurance or deductibles. The CFO or their designee may approve specific waivers. Prompt pay discounts may be provided to Government Health Care Program patients to the extent all of the safeguards outlined in this Policy relating to discounts are followed and the discount is disclosed to the Government Health Care Program. Appropriate written records documenting the reasons for each waiver or discount shall be maintained as cost report supporting documents.
3. **Collection Process.** The Business Office of BOONE COUNTY HOSPITAL or its designee will attempt to collect all debts by way of monthly statements, telephone contacts, and/or collection letters. Uncollected delinquent accounts may be referred to an external collection agency or attorney for continued collection.
4. **Regulatory Requirements.** In implementing this Policy, Boone County Hospital management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

REFERENCES:

FORMS:

Federal Poverty Level (FPL) Guidelines Table
 Financial Assistance Application & Plain Language Summary
 Annual Income Calculator

REFERENCES:

Section 1867 of the Social Security Act (42 U.S.C. 1395dd).

EMTALA Policy

APPROVALS:

Christina Bennett, Business Office Director:

Amy Laube, Patient Registration Director

Karl Vilums, CFO

Approved by:

Board of Trustees

Attachments

[2024 Federal Guidelines for Assistance.xlsx](#)

[FA APPLICATION WITH COVER PAGE.docx](#)

[FA INCOME CALC 1.23.23.xlsx](#)

COPY

Approval Signatures

Step Description	Approver	Date
	Karl Vilums: CFO	01/2024
	Amy Laube: Director of Patient Access/Registration	01/2024