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| Policy and Procedure:<br><b>FINANCIAL ASSISTANCE PROGRAM</b> | Effective: May 2007   |
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| Approved by: Policies & Procedures Committee                 | Reviewed:<br>Revised: May 2009                      January 2013<br>August 2010                              July 2015<br>August 2011                              Feb 2016 |

Brown County Hospital is a county healthcare facility. Brown County Hospital is dedicated to provide our patients and communities with the highest quality of comprehensive and compassionate healthcare.

Brown County Hospital recognizes the individual’s right to quality health care regardless of age, sex, race, disability, national origin, marital status, sexual orientation, personal beliefs or ability to pay. This Policy is written to ensure a fair and comprehensive system of providing financial assistance to the poor and financially disadvantaged within the available resources of the Hospital.

Providing a financial assistance program is advantageous to the Hospital and the community in several ways:

- In some instances when reasonable payments are made, a family may well be neglecting other needs vital to sustaining health, resulting in recurring episodes of care.
- The goodwill gained by providing this program is an excellent means of establishing a positive image in the community.
- The Hospital realizes that the costs of actively pursuing such accounts must be weighed against the likelihood of collections.
- Early detection and removal of uncollectible accounts from current accounts receivable allows staff to focus energy on the more collectible balances, thereby improving cash flow and financial stability.

Brown County Hospital reserves the right to allow or disallow financial assistance. The decision will be based on the patient’s or guarantor’s ability to pay as determined by financial review and analysis. The Hospital reserves the right to exercise discretion in determining eligibility for financial assistance in special circumstances which could impoverish an individual who has income above the poverty level, but is not able to pay the entire cost of service.

As a subsidiary of Brown County Hospital, all current and past Ainsworth Family Clinic patients will also be eligible for financial assistance under this policy.

**POLICY: FINANCIAL ASSISTANCE**

1. Financial assistance is a resource of last resort and is only available when all other recovery sources have been exhausted.
2. Financial assistance is provided to patients with demonstrated inability to pay.
3. Brown County Hospital will make an effort to identify patients with a potential financial assistance need.

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**PROCEDURES:**

1. During the annual budget preparation, an amount will be allocated for financial assistance and budgeted accordingly. The Hospital reserves the right to amend the amount at any time during the fiscal year.
2. Identification of patients with a potential need for financial assistance will be accomplished by a variety of screening opportunities including:
  - A. Admission/registration personnel based upon information received during the registration process.
  - B. Social Services/ Nursing personnel based upon information during the initial visit, information received during discussions with family and/or patient and discharge planning.
  - C. Business office personnel based upon status of accounts and discussions with responsible party.
  - D. Accounts receivable reports.
  - E. Hospital staff identifying patients with potential need will notify the Revenue Cycle Manager. The Revenue Cycle Manager will evaluate the accounts and provide information to the patient or guarantor regarding the financial assistance program.
  - F. Transient, homeless or unidentified persons (presumptive eligibility when no income documentation is available) are eligible for financial assistance.
  - G. Deaths with no estate or known responsible party are eligible for financial assistance.
3. Eligibility will be determined by income level based on current poverty guidelines.
4. After receiving the patient's request for financial assistance and any financial information or other documentation is needed to determine eligibility for financial assistance, the Hospital will notify the patient of its eligibility determination within a reasonable period of time. The Hospital will also advise the patient of their responsibility under these financial assistance guidelines. The patient who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan, which takes into account available income and assets, the amount of discounted bill(s) and any prior payments. They must make a good faith effort to honor the payment plan and are responsible for communicating to the Hospital any change in their financial situation that may impact their ability to pay their discounted hospital bill or to honor the provisions of their payment plan.
5. All services offered by Brown County Hospital and Ainsworth Family Clinic will be eligible for financial assistance.
6. Determination of eligibility for financial assistance will be completed upon receipt of the following:
  - A. Completed application from patient or guarantor.
  - B. Verification of income, which may be in the form of copies of paycheck stubs, copies of most recent income tax returns and/or employer's statement.

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- C. Each uninsured patient will be expected to have proof that they had made application for insurance coverage from either COBRA plans, the commercial market, healthcare.gov, or the Medicaid program; based on the situation that applies to their circumstances. In the absence of an individual making application for coverage, approval for financial assistance may be denied. Parties requesting assistance may be required to provide proof of application.
  - D. If a denial from any of the above programs is received stating that the Applicant is not eligible for coverage, the Financial Assistance Application will be considered in situations the applicant has taken appropriate efforts to maintain coverage or meets exemption status in accordance with the Affordable Care Act (commonly referred to as Obamacare).
7. Record keeping and Special Accounting:
- A. All financial documentation pertaining to the Application and determination will be confidential.
  - B. Applications will be processed in a timely manner after receipt of required information.
  - C. The Revenue Cycle Manager will verify eligibility of each Applicant and make recommendation to the Chief Financial Officer. Approval of assistance will be granted by the Chief Financial Officer.
  - D. Upon review of the completed application, all financial assistance discounts will be applied to the patient's bill after all other payment sources have been received and applied to patient's account.
  - E. The Revenue Cycle Manager will maintain a monthly Financial Assistance Report and forward to the CFO and CEO monthly. The Report will include:
    - a. Number of applications distributed, received, approved, denied, and pending
    - Number and Amount of accounts/applicants with Financial Assistance posted to Accounts Receivable for the current month and fiscal year to date.
8. Publication and Notifications:
- A. This policy and the application will be made available on Brown County Hospital's website at [www.browncountyhospital.org](http://www.browncountyhospital.org).
  - B. Educational materials will be available in public waiting areas, at point of registration, and periodically with statement.