



# Policy

Version: 6

**Subject: Financial Assistance Policy (BGH Cares Charity)**

**Affected Department(s):** Patient Financial Services

**Document Owner:**

**Approved by:**

**Approved:** 10/01/2020

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## PURPOSE

The mission of Bonner General Health is to provide healthcare services to all persons in need of medically necessary services regardless of ability to pay. The purpose of this policy is to establish guidelines, compliant with all federal, state and local laws, for identifying patients treated at Bonner General Health facilities who are medically indigent or unable to pay for some or all of their healthcare services. Patients with high medical or hospital bills, as well as those with limited or no means of paying for medical care can apply for assistance regardless of race, color, sex, religion, age or national origin.

## POLICY

This policy applies to health care services provided to patients who qualify for assistance in accordance with the terms and conditions listed in this policy. Any non-employed/ non-contracted physicians or providers of care are not subject to this policy and each patient will be responsible for resolution of any bills issued by those providers for professional services.

Healthcare services will be provided to those in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether such patients may qualify for financial assistance under this policy.

- ▶ All reasonable efforts will be made to notify patients of the availability of financial assistance.
- ▶ Applications for financial assistance can be obtained from:
  - A. Website: <http://www.bonnergeneral.org>
  - B. By email request to [bghcares@bonnergeneral.org](mailto:bghcares@bonnergeneral.org)
  - C. In person at the following locations:
    - Patient Financial Services department 423 N 3<sup>rd</sup> Ave Ste 225 Sandpoint, Idaho
    - Emergency Room, Hospital Switchboard or Patient Registration 520 N 3<sup>rd</sup> Ave Sandpoint, Idaho
    - Bonner General Behavioral Health 606 N 3<sup>rd</sup> Ave Ste 203 Sandpoint, Idaho
    - Bonner General Ear, Nose and Throat 606 N 3<sup>rd</sup> Ave Ste 102 Sandpoint, Idaho
    - Bonner General Family Practice 423 N 3<sup>rd</sup> Ave Ste 110 Sandpoint, Idaho
    - Bonner General Immediate Care 400 Schweitzer Plaza Dr Ponderay, Idaho
    - Bonner General Ophthalmology 423 N 3<sup>rd</sup> Ave Ste 110 Sandpoint, Idaho
    - Bonner General Orthopedics 606 N 3<sup>rd</sup> Ave Ste 201 Sandpoint, Idaho
    - Sandpoint Women's Health 423 N 3<sup>rd</sup> Ave Ste 210 Sandpoint, Idaho
  - D. By calling our Patient Financial Services Department (208)265-1158 to have an application mailed free of charge.
- ▶ Individuals needing assistance in completing the application should contact the Patient Financial Services department at (208)265-1158.

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- ▶ Patients seeking financial assistance under this policy may be required to apply for Medicaid, County Assistance or other government programs as part of the application process.
- ▶ Completed applications for assistance must be returned in one of the following ways:
  - A. In person to the Patient Financial Services department at 423 N 3<sup>rd</sup> Ave Ste 225, Sandpoint, Idaho, 83864
  - B. By mail to Bonner General Health ATTN: PFS PO Box 1343, Sandpoint, Idaho, 83864
  - C. By email to [bghcares@bonnergeneral.org](mailto:bghcares@bonnergeneral.org)
  - D. Or by fax to (208)265-1278
- ▶ For the purpose of verification of income and family size, the applicant may be asked to provide documentation including but not limited to:
  - Pay-Stub
  - Financial Aid Award Letter(s)
  - Unemployment compensation
  - Copies of award or denial letters from various State & Federal Agencies and Programs
  - Copies of pension, Disability or other income checks or bank statements indicating type and amounts of deposits.
  - Copies of Federal Tax Returns or W-2/1099 forms
- ▶ Bonner General Health will check the Idaho Department of Health and Welfare to verify food stamp and/or Medicaid eligibility to assist in charity care determination when applicable.
- ▶ Patients will be considered for assistance under this policy based on the following criterion for 20% to 100% discount:
  - Income 350% of the poverty guideline which coincides with Federal Poverty Guidelines published annually at <https://aspe.hhs.gov/poverty/>

Financial Assistance Guidelines- Facility	
Income Level of FPL	Discount
0-200%	100%
201-250%	75%
251-300%	50%
301-350%	25%

Financial Assistance Guidelines- Professional	
Income Level of FPL	Discount
0-100%	100%
101-125%	80%
126-150%	60%
151-175%	40%
176-200%	20%

- Limited resources
- Amount owed to Bonner General Health and other healthcare providers
- Routine monthly expenses, including prescriptions
- ▶ Catastrophic Assistance: The hospital may provide assistance for patients with income in excess of 350% of the Federal Poverty Guideline when medical expenses exceed 25-50% of the family income; 50% or 100% discount, respectively.

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- ▶ Presumptive Financial Assistance Eligibility may be considered in instances when a patient may appear eligible for charity care discounts. Presumptive eligibility will be considered when adequate information is provided by the patient or through other sources that could provide sufficient evidence to qualify for charity care assistance. Bonner General Health may use outside agencies to determine estimated income amounts for the basis of determining charity care eligibility.
- ▶ Patients with cumulative balances greater than \$5000 must be approved by the CEO or CFO.
- ▶ Exceptions to the policy require approval by the CFO, CEO or Business Services Manager.
- ▶ If information provided is inaccurate or misleading, accounts will be deemed ineligible for financial assistance under this policy.
- ▶ Bonner General Health will provide the patient/guarantor with a final determination after receipt of application and all required or requested documentation in approximate order of applications received. If requested information is not received within thirty (30) days of original request, Bonner General Health may shred and/or destroy the application and supporting documentation submitted from applicant to protect the applicant's privacy. Applicant will be required to submit a new application with documentation for consideration.
- ▶ Once approved for BGH Cares, the patient/guarantor may remain eligible with no further application process or submission of documentation deemed necessary through the calendar year, not to exceed 365 calendar days. After this time, a new application and updated documentation will be required for reconsideration.
- ▶ Should a patient or guarantor not make the necessary payment on the remaining balance during any consecutive 60 day period, or contact with satisfactory explanation of missed payments, the original adjustment will be reversed and the hospital will proceed with collections.

**METHODS OF CHARGING**

The billed charges will be no more than the same amounts generally billed (AGB) for services to patients who have insurance coverage. The AGB is determined by using the IRS prescribed look back method calculated by the Centers for Medicare & Medicaid Services.

**PROHIBITED ACTIONS IN THE EVENT OF NON-PAYMENT**

In accordance to Section 900 of the Patient Protection and Affordable Care Act, each tax exempt hospital is prohibited from engaging in extraordinary collection actions against a patient before the hospital has made reasonable efforts to determine whether the patient is eligible for assistance under the hospital's financial assistance policy<sup>1</sup>. No extraordinary collection actions will be undertaken during the 120 day notification period and financial assistance applications will be processed when received within 240 days. Extraordinary collection actions that may be taken in the event of non-payment may include the reporting of adverse information about the individual to consumer credit reporting agencies or credit bureaus, garnishment of wages or commencement of legal civil actions against the individual.





## Policy (continued)

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### **APPEAL OF DENIAL OR REQUEST FOR RECONSIDERATION**

The patient or responsible party may appeal the determination of eligibility for BGH Cares within 30 days of notification. All appeals will be reviewed and a determination will be made within 30 days from receipt of appeal. All appeals must be in writing and should include any additional information felt pertinent to the appeal. All appeals must be addressed to The Patient Financial Advocate at Bonner General Health.

### **DOCUMENTATION AND RECORDS**

All information provided shall be kept confidential. Copies of documentation used to support the application will be kept with the application for a period of 10 years and will then be destroyed according to applicable law.

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Patient Protection and Affordable Care Act (“PPACA”) – Section 9007