



Complete Financial Assistance Policy

PURPOSE

At Bothwell Regional Health Center, our mission is working together to provide exceptional health and wellness services. As a part of our mission, Bothwell Regional Health Center seeks to provide quality care to those we serve regardless of their ability to pay. To that end Bothwell Regional Health Center has put in place the tools and resources needed for the people we serve who qualify for financial assistance as outlined in this policy.

This financial assistance policy meets federal and state laws. Assistance is given in the hope that the patient and/or guarantors, that is, the person or people who would normally pay the bill for our services, work with Bothwell Regional Health Center to complete the forms and paperwork we need and make use of any public benefit or coverage programs that might also help pay the bill for services.

Bothwell Regional Health Center does not base eligibility for financial assistance on a person's age, color, disability or handicap, gender, national origin, race, sex or sexual orientation.

ELIGIBILITY CRITERIA

The Bothwell Regional Health Center financial assistance eligibility criteria are based on insurance status, gross household income, and household size.

INSURANCE STATUS: If a patient currently has health insurance coverage or uninsured.

Immigration status: To prove that an applicant lives in our service area if he or she is an immigrant, we need to see an Alien Resident Card or a United States Citizen Identification Card.

Persons who are in the United States with a non-immigrant status such as visitors, students or any person who has a "temporary" or "pending" status will not qualify for financial assistance.

Gross income and household size: At Bothwell Regional Health Center Free care is granted to eligible uninsured patients with a household income up to 138% of Federal Poverty Guidelines.

- A 45% discount is given to patients or guarantors whose household income is less than 138% of the poverty guideline

For Bothwell Regional Health Center and Bothwell Regional Health Center Clinics, the discount for eligible services and care is given to eligible patients or guarantors with a household income up to 138% of the Federal Poverty Guidelines.

It is the patient's or the guarantor's responsibility to present the information Bothwell Regional Health Center needs to determine eligibility for financial assistance.

ELIGIBLE SERVICES

Services eligible under this financial assistance policy include:

1. Emergency medical care given in an emergency setting.
2. Medically necessary services, for example, inpatient or outpatient health-care services given to evaluate, diagnose or treat an injury, illness, disease or its symptoms.
3. Medical services that are necessary and given in a non-emergency setting to care for issues that threaten life.
4. Bothwell Regional Health Center's employed providers' services.

Exclusions: Services not eligible for financial assistance include:

1. Elective procedures that are not otherwise medically necessary, including but not limited to:
 - Cosmetic-type services
 - Fertility and infertility treatment and procedures (including birth control)
 - Circumcision (foreskin removal)
 - Hearing aids and hearing tests
 - Weight-loss programs (unless diabetes-related)
 - CT heart score
 - Sports physicals
 - Bariatric services
 - Lap Band services
2. Collection agency accounts that have incurred legal fees.
3. Depending on the patient's or guarantor's insurance coverage, a payment of up to \$75 will be due for a Bothwell Regional Health Center clinic visit; which may not be included in financial assistance.

Providers not covered by this policy: Services from providers who are not employed by Bothwell Regional Health Center are not covered under this policy, for example, Columbia Radiology, LTD, Boyce and Bynum Pathology Professional Services, Physician Business Network, Royal Oaks Psychiatry Services, SE Emergency Physicians Memphis, VRAD, McKesson, and Missouri Orthopedic Institute. Patients or guarantors must contact these providers directly to ask if they offer financial help and if you can make a payment plan with them.

Financial assistance is not given for co-payments or for amounts that are due after insurance when the patient fails to get the needed referrals or approvals when insurance requires it. Financial assistance is offered only to Patients with no insurance and are Self-Pay.

EMERGENCY MEDICAL SERVICES

Bothwell Regional Health Center will provide emergency care in accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations. All patients are seen and given care prior to being screened for financial assistance and/or payment ability in an emergency. Care will be provided at an equal level for all patients, regardless of ability to pay.

FINANCIAL ASSISTANCE

Financial assistance may be given to patients, or their guarantors, who meet the guidelines for what is required in terms income levels and household size under this policy. Bothwell Regional Health Center expects patients or guarantors to cooperate by applying for assistance or other public programs we identify as sources of help to cover the cost of services and care. Patients or guarantors who chose **not** to cooperate may be denied financial assistance.

Federal poverty guidelines determine if the patient or guarantor is eligible for financial assistance. Eligible applicants qualify for one of the following:

Full free care: The full amount of charges, for eligible services given at Bothwell Regional Health Center are waived and covered for the patient, or guarantor, if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income that does not exceed 138% of Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of financial assistance offered by third parties.

For eligible services provided at Bothwell Regional Health Center and Bothwell Regional Health Center Clinics, all amounts due from the patient are waived if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income that does not exceed 138% of the Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.

For uninsured patients, who do not meet financial assistance guidelines, or have not submitted an application for assistance, the co-payment will be \$75 per clinic visit. Patients who have insurance will pay the co-payment required by their insurance for the clinic visit. Clinic patients will be provided information on financial assistance and how to apply for such assistance; it will be the responsibility of the patient to submit a complete application.

Discounted care: For eligible services received at Bothwell Regional Health Center 45% discount off of gross charges will apply for patients or guarantors, if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income under 138% of the Federal Poverty Guidelines
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.

PRESUMPTIVE ELIGIBILITY

Some patients or guarantors are presumed to be eligible for financial assistance based on individual life circumstances, for example, those who are homeless or have qualified for needs-based assistance programs. This is called “presumptive eligibility.” These patients or guarantors do not need to complete the Bothwell Regional Health Center assistance application if they provide proof that they qualify for certain programs that exist to benefit people who do not have enough resources to pay for services and care. Presumptive eligibility will be used to give a 100% discount to patients who meet residency and immigration requirements and who are eligible because:

1. They are homeless and/or have received care from a homeless clinic or shelter.
2. They receive care from and/or are part of the Women, Infants and Children's (WIC) program. The patient or guarantor must provide the WIC voucher issued by the Family Support Division office.
3. They receive Supplemental Nutritional Assistance Program (SNAP) benefits (formerly known as Food Stamps). The patient or guarantor must provide the SNAP (food stamp) eligibility statement issued by the Family Support Division office.
4. The patient's or guarantor's wages are not enough to garnish, as defined by state law. The patient must provide proof, as issued by the state in which he or she lives, exemption from wage garnishment.

AMOUNTS BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

Basis for calculating amounts generally billed: Following a determination of financial-assistance eligibility, an individual will not be charged more than the amounts generally billed (AGB) individuals with insurance covering the same care for emergency or other medically necessary care.

The AGB is calculated, or determined, using the "look-back method," which is as follows:

1. Bothwell Regional Health Center reviews all past claims that have been allowed by Medicaid fee-for-service and all private health insurers paying claims to Bothwell Regional Health Center for medically necessary care by the hospital in the prior twelve months. The total amount includes co-payments, deductibles and co-insurance.
2. The AGB percentages are calculated annually by dividing the sum of claims allowed by Medicaid fee-for-service together with all private health insurers to Bothwell Regional Health Center by the sum of the associated gross charges for those claims.
3. The percentages are applied by the 120th day after the prior twelve months Bothwell Regional Health Center uses to calculate the AGB percentage(s).

If you have any questions about the AGB percentages, please call the Patient Billing office at 660-826-8833 and speak to a patient representative for additional information that will be provided, free of charge.

Patients who are covered under Bothwell Regional Health Center's financial assistance policy and determined eligible for financial assistance will not be expected to pay gross charges for any eligible services received while covered under the Bothwell Regional Health Center financial assistance policy.

For patients determined eligible for assistance under this policy Bothwell Regional Health Center's discount for eligible service charges will be equal to, or more generous than, the discount calculated under the AGB method described above.

APPLYING FOR FINANCIAL ASSISTANCE

Patients will be informed of the Bothwell Regional Health Center financial assistance policy and the process for submitting an application. To determine if the patient or guarantor is eligible for financial assistance, Bothwell Regional Health Center asks for the necessary information and documents to prove household size, and income. A completed application for financial assistance must be submitted within 240 days from the date of the first post-discharge billing statement to be considered for financial assistance eligibility.

Bothwell Regional Health Center will make reasonable effort to explain the Medicaid benefits, the health insurance exchange and coverage, and other public and private coverage that may apply. Bothwell Regional Health Center will also provide the details of these programs and offer to help patients and guarantors apply for

them. Once the patient or guarantor is screened to be potentially eligible for any of these programs, Bothwell Regional Health Center expects him or her to apply. If a patient or guarantor chooses not to apply, he or she may be denied financial assistance.

If the patient or guarantor is potentially eligible for any third party coverage, he or she must provide documentation of approval or denial of that third party coverage, before a Bothwell Regional Health Center financial assistance application will be accepted.

Information on the Bothwell Regional Health Center financial assistance policy will be communicated to patients in culturally appropriate language. Information about the policy will be translated in the most prevalent languages in the Bothwell Regional Health Center primary service area.

Documentation: Most applicants seeking financial assistance must submit required documents to verify income including all sources of income received by the household unit. If required documents are not supplied, Bothwell Regional Health Center may ask for other information. If the applicant cannot provide all of the required documents, then a decision about financial assistance may be made based solely on information provided.

Income documentation includes the following:

1. Copy of IRS Form 1040 and all applicable Schedules (C,E,F etc.) from the most recent tax year
2. Copy of W-@ from most recent tax year for each working adult in the household.
3. Copy of Social Security Benefit Verification Letter from most recent year for each person receiving Social Security benefits.
4. Statement of weekly unemployment benefits.
5. Copies of paystubs from most recent three months for each working adult in the household
6. Proof of application for MO Health Net or other state Medicaid benefits, and denial of such application.
7. Proof of application for commercial insurance through the Health Insurance Marketplace, and proof of exemption from enrolling in coverage as legally required.

Income information will be used to figure, or calculate, an annual gross income on which a decision will be based.

When a patient or guarantor claims "no income," a signed letter by this person will be accepted as fair explanation or reason. If the patient is being supported by another person, that person must fill out and return to us a Providing Assistance form.

If a submitted financial assistance application is incomplete, a letter will be mailed to the applicant requesting the required information. The application will remain active for 30 days from the date the letter was mailed to the applicant asking for more information. If the applicant does not respond within 30 days, the application will be denied.

Please mail or bring financial assistance applications to: Bothwell Regional Health Center 601 E 14th St Sedalia MO 65301.

Any Bothwell Regional Health Center patient or guarantor may submit an application for assistance before or after receiving services.

Obtaining financial assistance information: To obtain a copy of the Bothwell Regional Health Center financial assistance application, financial assistance policy and financial assistance plain language summary, simply call, visit or contact us online.

By phone:

Please call the Patient Financial Services at 660-827-9417 to request a copy of the financial assistance application, financial assistance policy and/or financial assistance plain language summary. It will be mailed to you free of charge.

In person:

Please visit our offices at Bothwell Regional Health Center 601 E 14th St Sedalia, MO 65301 to obtain a copy of the financial assistance application, financial assistance policy and/or financial assistance plain language summary.

Online:

Please visit BRHC.org to access a copy of the financial assistance application, financial assistance policy and/or financial assistance plain language summary.

The financial assistance application, financial assistance policy and/or financial assistance plain language summary are all free to you.

If you need help to complete the financial assistance application, please call the Patient Financial Services office at 660-827-9418 to speak to a patient representative to set up an appointment with one of our financial counselors.

Information on financial assistance and the notice posted in hospital and clinic locations will be translated and in any language that is the primary language spoken by 1,000, or 5% — whichever is fewer — of the residents in the Primary service area.

ELIGIBILITY DETERMINATIONS AND DISPUTE RESOLUTION

Eligibility determinations will be made in accordance with the Bothwell Regional Health Center policy. Every effort will be made to issue a decision the same day we receive a completed application and all necessary information. If that is not possible, the applicant will be informed in writing within 10 business days of the date Bothwell Regional Health Center receives a completed application. Bothwell Regional Health Center Director of Patient Financial Services will record the reason for the denial on your account and mail a letter to the patient of guarantor.

Determination for financial assistance will be made after all efforts to qualify the patient for Medicaid or other public programs have been exhausted. If a decision on such coverage is pending, Bothwell Regional Health Center will not begin extraordinary collection actions.

If an applicant is determined eligible for financial assistance, on accounts for which they have been granted assistance, they will be refunded payments made in excess of the amount determined owed by the patient or guarantor under the Bothwell Regional Health Center financial assistance policy.

Applicants denied assistance may reapply if there has been a change of income or status. The original, signed applications will be kept on file.

As noted above, if an application is incomplete, the applicant will be notified by mail that more information is needed to complete the application process. The applicant will be informed of the deadline for providing this

information — 30 days from the date the letter was mailed asking for needed information. If the applicant does not respond within the 30–day timeframe, the application will be denied.

Applicants found ineligible for financial assistance may dispute the decision in writing by providing information as to the reason for the dispute and any helpful information to describe the basis for the dispute or appeal. A dispute or appeal letter must be received within 30 days of the date of the determination letter.

Disputes or appeals should be submitted to Bothwell Regional Health Center 601 E 14th St, Sedalia, Sedalia MO 65301.

QUALIFICATION PERIOD

Once an applicant is approved for financial assistance, the decision is good for 180 days from the date the applicant was notified. Assistance will be automatically applied to unpaid accounts for eligible services as long as legal action has not already been taken on any of the accounts.

NOTIFICATION OF FINANCIAL ASSISTANCE

Information on the Bothwell Regional Health Center financial assistance policy is offered in the patient admission or discharge information package. Information on the assistance policy and how to contact Bothwell Regional Health Center for further information or help in applying is posted in hospital and clinic admitting locations, as well as the hospital emergency department. Financial assistance information is conspicuously included on monthly statements. Bothwell Regional Health Center’s financial assistance policy is also given to agencies and non-profit organizations serving people who have limited financial resources in the Bothwell Regional Health Center Primary service area.

COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT

Collection actions: No account will be subject to collection actions within 120 days of issuing the first post-discharge statement and without first making reasonable efforts to determine whether the patient is eligible for financial assistance. No extraordinary collection actions will be pursued against a patient if the patient or guarantor has provided documentation showing that an application has been submitted for Medicaid or other publicly sponsored health programs, and that an eligibility determination is still pending.

This 120-day timeframe may be shortened if a decision has been made on financial assistance, or when a payment plan has been established and agreed to but the patient or guarantor is no longer making the required payments.

If a statement is sent to a patient or guarantor, and mail is returned as undeliverable, Bothwell Regional Health Center will attempt to find a correct address. If the correct address cannot be found, Bothwell Regional Health Center will attempt to contact the patient or guarantor by telephone at the number listed by the patient or guarantor. If efforts to communicate with the patient or guarantor fail, accounts will be sent to a collection agency.

Reasonable efforts to inform patient of financial assistance: Prior to sending an account to a collection agency, the patient or guarantor will generally receive a minimum of three written statements including the first post-discharge statement and two subsequent statements. These statements will include a phone number for information on paying patient balances and a conspicuous notice about financial assistance. A final notice letter will be sent after the three written statements are sent.

If an agreement has not been made to resolve the account, a third and final statement will be sent to the patient or guarantor. This statement acts as a notice to the account owner of the amount owed to Bothwell Regional Health Center and that the account will be placed with a third-party collection agency in 30 days. This statement will include a plain language summary and will outline any collection actions that may be taken if a plan is not put in place to settle the account. Oral notification will be attempted at this time as well to ensure the patient or guarantor is aware of Bothwell Regional Health Center's Financial Assistance Policy as well as the debt they owe.

There are other times when accounts may be placed in collection including when:

1. The patient or guarantor has not made timely payments according to the agreed-upon payment plan.
2. The patient or guarantor has received a financial assistance discount but is no longer working with Bothwell Regional Health Center in good faith to pay off the remaining amount owed.
3. Returned mail and no good phone number to reach patient.

Extraordinary collection activities: Once an account is with the collection agency, the following actions can be taken to make sure debt for services and care is paid. They are "Extraordinary Collection Activities:"

1. Civil actions
2. Garnishing of wages
3. Reporting adverse information to credit bureaus

Before Extraordinary Collection Activities can begin, the account must be reviewed and approval must be given by Bothwell Regional Health Center Director of Patient Financial Services. When one of these actions is to be taken against a patient or guarantor, the patient or guarantor will be given a 30-day written notice of the exact action to be taken. The patient or guarantor will also be informed of the Bothwell Regional Health Center financial assistance policy and how to apply for it. A plain language summary of the financial assistance policy will be included with the notice.

ENFORCEMENT

Bothwell Regional Health Center staff is expected to uphold the highest ethical standards. At no time should any staff member use false information or lie in an attempt to collect an account. All business must be conducted in the name of the caller or Bothwell Regional Health Center. By no means should staff lie about being an employee of a credit bureau, collection agency, law firm, etc. Everything a staff member says must be true and correct using a professional approach. Bothwell Regional Health Center staff as well as all third-party vendors working on behalf of Bothwell Regional Health Center will uphold and adhere to the Fair Debt Collection Practices Act.

CONFIDENTIALITY

Bothwell Regional Health Center will protect the privacy of each patient's financial and personal health information.

REGULATORY REQUIREMENTS

Bothwell Regional Health Center will comply with all federal, state and local laws, rules and regulations as well as reporting needs that may apply to the work and actions done as a result of our financial assistance policy.

POLICY APPROVAL

Bothwell Regional Health Center's Board designated approval committee has approved the Bothwell Regional Health Center financial assistance policy. This policy is subject to review at any time. Any substantive changes to the policy must be approved by both Bothwell Regional Health Center's executive team and, after that, the appropriate Board designated approval committee.

ATTACHMENT A: DEFINITIONS

The following definitions apply to all sections of this policy.

Amount generally billed (AGB) : The amount generally billed (AGB) is the maximum payment Bothwell Regional Health Center expects directly from patients or guarantors who are eligible for financial assistance, for services that qualify under the financial assistance guidelines, after all financial assistance discounts have been applied. The amount generally billed will be figured or calculated using the look-back method and will not be any more than Medicaid fee-for-service and all private insurers that pay hospital claims.

Bad debt: An account that goes unpaid for more than 120 days after Bothwell Regional Health Center has determined the amount the patient or guarantor owes and is sent the initial patient statement, or the remaining amount that a patient or guarantor fails to pay after establishing an agreed-upon payment plan.

Discounted care: Financial assistance that gives the patient or guarantor a discount of 45% off the account; the patient or guarantor must meet certain guidelines including have a yearly income under 138% of the Federal Poverty Level for eligible services provided at Bothwell Regional Health Center.

Emergency medical condition: As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term “emergency medical condition” means: a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions:
 - a) There is inadequate time to effect a safe transfer to another hospital before delivery, or
 - b) Transfer may pose a threat to the health or safety of the woman or the unborn child.

Family unit: A family is two or more persons related by marriage, birth, or adoption, who reside together. All of these are considered as members of one family and therefore make up the household. This includes unmarried couples applying for assistance if they have mutual children together and same-sex married couples.

Federal Poverty Guidelines: The Federal Poverty Guidelines (FPG) use income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPG can be referenced at www.brhc.com

Financial assistance: Assistance given to eligible patients or guarantors, who might otherwise have financial hardship, to dismiss of all or part of their financial requirements for medically necessary care provided by Bothwell Regional Health Center.

Free care: All patient amounts due that is a result of having received eligible services given at Bothwell Regional Health Center, to eligible patients, or their guarantors, with yearly household incomes at or below 138% of the Federal Poverty Level.

Guarantor: A person, other than the patient, who is responsible to pay the patient’s account.

Gross charges: Total charges at the full established rate for patient care services before deductions from revenue are applied.

Household:

Family of one is a person who may be the only one living in a housing unit or who may be living in a housing unit in which one or more persons also live but are not related to the applicant by marriage, birth or adoption. For example, people who live with others include a lodger, a foster child, a ward or an employee. A family of two or more persons includes people who are related by marriage, birth or adoption who live together; all such related persons are thought of as members of one family; an unmarried couple with a mutual child; and same-sex couples who are married. If a household includes more than one unrelated family, the poverty guidelines are applied separately to each family and not to the household as a whole. Sometimes, a copy of a divorce decree or court documents proving legal separation may be required. If married, but not living together, income documents will be required from both people.

Income: Income is how much everyone who lives in the household makes, before taxes are taken out, from all sources (gross income).

Medically necessary: As defined by Missouri Medicaid Health Net Division as services or items that a patient could or must receive for the diagnosis or treatment of illness or injury.

Bothwell Regional Health Center service area: The primary service area includes Pettis and Benton County in Missouri

Payment plan: A financial payment plan that Bothwell Regional Health Center and the patient or guarantor agrees to for out-of-pocket fees. The plan takes into account the patient's financial issues, the amount owed and any prior payments.

Presumptive eligibility policy: In certain cases, patients or guarantors may be eligible for financial assistance because they are enrolled in other assistance programs that are based on need. Proof of enrollment in such programs will be sufficient documentation for determining eligibility.

Qualification period: Applicants who are eligible for financial assistance will be given this assistance for 120 days. Assistance will also be applied to past unpaid accounts for eligible services as long as legal action has not been taken on the account.

Uninsured patient: A patient with no third-party coverage such as commercial third-party insurance, an ERISA plan, a Federal Health Care Program (including without limit Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation or other third-party assistance to assist with meeting a patient's payment obligations.

Unrelated individual: An unrelated individual may be the only person living in a housing unit, or may be living in a housing unit in which one or more persons also reside, but are not related to the applicant by marriage, birth or adoption. Examples of unrelated individuals living with others include a lodger, a foster child, a ward or an employee.

APPROVAL:

By Board of Trustees