



Policy:

Barrett Hospital & HealthCare provides needed healthcare regardless of a patient's ability to pay for services and we also understand that healthcare costs are usually unexpected and can also be very overwhelming; however, our ability to provide uncompensated care is limited and outlined in the parameters below.

Procedure:

1. Application Eligibility

- 1.1. As a courtesy and convenience to our patients, our Financial Services Department offers financial assistance to qualified patients who are uninsured or are underinsured and do not have adequate resources to pay for medically necessary services. See Appendix A for services that are eligible for coverage under the financial assistance program. Financial Assistant applications are processed in accordance with the policy that is in force on the day it goes to the financial assistance committee. Any accounts that occurred more than 240 days previously will not be considered for financial assistance.
- 1.2. Our program is a payer of last resort and if the patient qualifies for another program, including, but not limited to: government sponsored insurance, Affordable Care Act insurance plans, Montana HELP Program, Montana Cancer Control Program, Healthy Montana Kids, SW Mammography, disability, VA, etc. and has chosen not to utilize the program(s); they are not eligible for our financial assistance program. BHH considers hardship and debt ratio for those who apply for assistance. If the personal finance advocate believes that another program could be utilized and was denied, a denial will be requested before consideration can be given.
- 1.3. BHH's financial assistance program is administered in conjunction with the Federal Poverty Guidelines that are used nationwide and that pertain to medical services that are billable by Barrett Hospital & HealthCare only. These guidelines incorporate rationale for age, number and ages of dependents and provide definitions of family and gross income. The United States Department of Health and Human Services sets the Federal Poverty Income Guidelines and applies annual revisions to account for increases in the Consumer Price Index.
- 1.4. BHH increases the federal poverty income levels from 100% to 200% for eligibility purposes. The guarantor's total gross income is compared to this revised poverty level. If this total falls at or below the 200% level, 100% of the patient responsibility balance on approved accounts will be forgiven. Barrett Hospital & Health uses an AGB (Average Generally Billed) calculation to ensure that individuals who have been granted financial assistance will never pay more than the amount generally billed after insurance. To obtain a copy of the AGB %, free of charge, please contact fiscal services.



- 1.5. Barrett Hospital & HealthCare also considers the matching of financial assistance that has been granted and documented within the last eight months from other medical entities for non-elective/same diagnosis services.

2. Application Procedure

- 2.1. One of our personal finance advocates, social workers, or other approved staff members will meet with the patient in person or over the phone to complete a financial assistance pre-screening. The employee conducting the screening will assess the patient's financial needs and ability to comply with the program requirements and then determine if the patient meets the eligibility requirements for the assistance program or possibility of another payor. The determination is based on family size, gross income and other special circumstances. (i.e. total amount of medical expenses.) If the patient does not have a personal representative and is unable to act on his or her own behalf, a collaborative team may be assigned to evaluate and make written recommendations to the financial assistance committee. Once the screening has been completed, the patient will read and sign a testament that the information is true to the best of their knowledge and acknowledge the understanding of the program description and requirements. Patients with screening forms that indicate they may be eligible for financial assistance will be given a free application, a free copy of the financial assistance policy, and a free copy of the referenced appendixes.
- 2.2. Patients will be required to complete a financial assistance application and provide all requested documents, such as proof of income, most recent tax return, value of assets, and any current award letters. Refer to the application for the list of required documents. Barrett Hospital & HealthCare's financial assistance program is designed to help the patient with their current or up-coming (very near future) testing and procedures and the program can only look back no more than 240 days prior to the date the application was given to the patient. This period is subject to the application being returned within the time frame specified by the personal finance advocate (usually 30 days) and including all requested documents. At the end of the 1 year and/or whenever circumstances have changed, the patient must reapply for assistance. Applications not returned by the deadline will not be considered for assistance and the accounts/balances will be eligible for collection and credit reporting after 30 days from the application deadline.
- 2.3. If an applicant has been denied twice for non-compliance with the program guidelines and assistance efforts made by the personal finance advocates and staff, the applicant will fall under a penalty status and will not be able to reapply for 6 months after the last denial date or may be required to submit a fully completed application with all required documents prior to a non-emergent service(s). During this penalty status period patient balances will be eligible for collection and credit reporting after 30 days from the date of service.
- 2.4. It will be the responsibility of the Financial Assistance Committee to determine if the application review process was completed within the scope of the policy and/or if a penalty status was appropriately applied to a guarantor.

3. Extraordinary Collection Actions (ECA):



- 3.1. Barrett Hospital & HealthCare will not take any ECA actions without making a reasonable effort to determine at patient's financial assistance eligibility in accordance with limitations outlined in the Credit, Collection and Uncompensated Care Policies and the Financial Assistance Policy (FAP).
- 3.2. BHH will attempt to identify if the patient needs/wants to be considered for financial assistance pre-service. If the patient declines/denies FAP screening the account will be subject to standard collection practices in accordance with the Credit, Collection and Uncompensated Care Policies up to and including ECAs.
- 3.3. It will be the responsibility of the Financial Assistance Committee to determine if reasonable efforts were made to access the eligibility of a patient/guarantor for financial assistance.

4. Financial Eligibility Criteria & Resource Exclusions:

- 4.1. See Appendix B for providers covered by the Barrett Hospital & HealthCare policy
- 4.2. Resources include real estate, personal property, savings and checking accounts, certificates of deposits, stocks and bonds, etc.
- 4.3. BHH incorporates federally determined resource exclusions, applicable to federally funded programs, in eligibility decisions for financial assistance care.
The following are excluded:
 - Personal effects or household goods with a total equity value of \$2000.
 - The market value of a vehicle under \$1500.
 - Non-liquid assets under \$1000.
 - Funds designated for burial expenses; \$2000 for one person or \$3500 for a couple.
 - Assets that a blind or disabled person needs to achieve self-support, and
 - Property essential to a person's self-support, such as tools for the owner's trade and equipment necessary for producing or securing food.
- 4.4. All other assets, liquid or non-liquid, are identified as disposable income, to be used over the short- or long-term, for the payment of balances at BHH. Disposable assets are identified and considered as a payment source toward the outstanding patient account balance.

5. Financial Assistance Committee:

- 5.1. Once the application has been returned to Barrett Hospital & HealthCare, the personal finance advocate will review all information to confirm all required documents have been submitted; calculate income, and possible financial assistance eligibility. It will then be presented to the committee, which includes the Chief Financial Officer, the Financial Services Manager(s), and the personal finance advocate(s).



5.2. Results of this evaluation may conclude with financial assistance allowance on the outstanding balance. Other factors considered for write-offs are:

- The general health outlook of the patient and/or other family members and its relationship to recurring medical expenses.
- The degree of physical or mental disability of the guarantor and its potential impact on future earning capabilities.
- Total medical and other indebtedness.
- Length of time to retire account balance at BHH.
- Any other circumstances, identified on a case-by-case basis, which demonstrate an inability to satisfactorily meet indebtedness.

5.3. The financial assistance committee usually meets on the third Tuesday of every month unless otherwise scheduled. The personal finance advocate may adjust off balances that are expected to be approved by the financial assistance committee. If the committee determines an adjustment is not warranted, any charity adjustment made on the applicable account will be reversed. The committee may approve the discount based on information provided and upon approval the personal finance advocate will notify patient via letter of the final decision. Any account denied financial assistance is subject to collection and credit reporting after 30 days from the application deadline in accordance with limitations outlined in the Credit, Collection and Uncompensated Care Policies and the Financial Assistance Policy (FAP) up to and including ECAs.

5.4. After the committee has been presented with all of the documentation required, it is ultimately the decision of the committee to decide how much, if any assistance will be granted.

6. Public Notifications:

6.1. Information on how to obtain a financial assistance application will be publicly posted in as many public service area locations as possible, will be printed on all Patient Co billing statements, and will be printed on all after visit summaries and/or discharge instructions as system functionality will allow. Information is also posted on the Barrett Hospital website, in every exam room at the BHH Clinic, and at Registration in the Hospital.

7. Refunds:

7.1. Barrett Hospital & HealthCare will refund or transfer any amount exceeding \$5.00 that was paid on a financial assistance approved account. Transfers will only be moved to accounts that are still outstanding and do not qualify for financial assistance.

8. Record Keeping:

8.1. Documentation of all write-offs will be kept by the personal finance advocate(s) for audit purposes. Ledger(s) will show client name, date of write-off, original balance, write-off amount, and amount due if applicable. These records are maintained in a locked file cabinet in the Business Office. Adjustments totaling \$10,000.00 or more will require CFO approval.



BARRETT
HOSPITAL & HEALTHCARE

SUBJECT: Financial Assistance Program w/501r

Page: 5

Of: 5

Effective Date: 03/26/2019

Adjustments totaling less than \$10,000.00 require approval of the Financial Services Manager(s).

References:

ASPE Poverty Guidelines:

<https://aspe.hhs.gov/poverty-guidelines>

Requirements for 501(c)(3) Hospitals Under the Affordable Care Act-Section 501(r):

<https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

Financial Assistance Acuity Indicators

***Purpose:** The 501r tax regulation requires that financial assistance policies define what services are eligible for coverage under financial assistance. Barrett Hospital & HealthCare will consider services that are defined as urgent and semi-urgent, by the treating clinical provider, in the financial assistance process. Elective services are not considered for financial assistance. Occasionally the level of urgency may be increased based on a special consideration/hardship that is well documented by the provider and/or applicable financial assistance committee staff.*

A non-emergent service treated in an emergent setting will not be considered emergent for the purpose of financial assistance. The level of urgency is based on the clinical opinion of the treating clinician and not the location of the service.

URGENT / EMERGENT / NON-ELECTIVE

Urgent/emergent/non-elective services are those deemed necessary, in the opinion of the treating clinician, to save life and/or limb. A condition causing severe pain, dysfunction, or disability and cannot be delayed more than 24 hours.

SEMI-URGENT / SEMI-EMERGENT / SEMI-ELECTIVE

Semi-urgent/semi-emergent/semi-elective care are those services deemed necessary, in the opinion of the treating clinician, to preserve the patient's life/limb, but do not need to be performed immediately. A condition causing moderate pain, dysfunction, or disability and is likely to deteriorate quickly or become an emergency.

ELECTIVE

Care at sometime in the future for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency. For the purpose of financial assistance obstetric services have also been deemed elective.

SPECIAL CONSIDERATIONS / HARDSHIP

The level of urgency for any given service may be increased based on special considerations/hardship. Patients, family of patients, clinicians, and Patient Financial Services staff can request that medical services be reviewed on a case by case basis. Special considerations may include but are not limited to those listed below:

- Diagnosis (i.e. cancer)
- Potential to deteriorate to an emergency situation
- Patient demographics (travel hardship)
- Availability of external resource
- Patient co-morbidities
- Mental/emotional health



BARRETT
HOSPITAL & HEALTHCARE

SUBJECT: Financial Assistance Program- Appendix A

Page: 2

Of: 2

Effective Date: 04/26/2016

- Level of pain/dysfunction/disability
- Continuation of care for traumatic injury/illness
- Confirmed Active Out of State Medicaid Coverage (non-elective services only)



Barrett Hospital Providers Covered by Barrett Hospital Financial Assistance Program

Updated 3/30/21

Barrett Hospital & HealthCare Hospital/Clinic Services Only	
All Provider Services billed by Barrett Hospital	Dr. Sandra McIntyre
CRNA Kenny-Joe Wallen	Dr. Thomas Murray
CRNA Neal Maxfield	LCSW Amy Wellborn
CRNA Scott Rigdon	NP Danielle Beck
CRNA Robinette Jankiewicz	NP Elizabeth Church
CRNA Tana Taylor	NP Kymberly Tart
CRNA Tim Hall	OT Dorothy Dehart
Dr. Anna Loge	OT Molly Viall
Dr. Bruce Hayward	PA-C Ashley Parker
Dr. Burke Hansen	PA-C Lena Dickerson
Dr. Camilla Juhl-Peterson	PA-C Paul MacMillan
Dr. Charlotte Nelson	PA-C Rachel Smetanka
Dr. Daniel T Richards	PharmD Cassandra Raffety
Dr. David Fortenberry	PharmD Lyndee Fogel
Dr. Gregory Moore	PT MaryBeth Wilson
Dr. Hallie Tipton	PT Seth Wiley
Dr. John Madany	PT Stacy Regan
Dr. Katherine Tetrault	PT Tara Fahrner
Dr. Kelly Smith	PT Thomas Schumacher
Dr. Matthew Munding	PTA Amanda House
Dr. Meghan Combs	PTA Sarah Riebel
Dr. Michael Clarke	RDT Jill Pulaski
Dr. Michael Lifson	RPh Jody Bowman
Dr. Nathaniel T Readal	RPh Matthew Bowman
Dr. Nicholas Fromm	RPh Patricia Mitchell
Dr. Patrick Rasch	RPh Thomas Mitchell
Dr. Ramona Potter	SP Tanya Curtis

Providers EXCLUDED from the Barrett Hospital Financial Assistance Program

Updated 5/13/20

All providers not listed on the covered list	Helena Laboratories
All providers, listed on the covered list , when they are not working for Barrett Hospital & HealthCare during that visit (i.e. off BHH Campus)	Inter City Radiology (All Radiology Providers)
Beaverhead Medical Clinic (Julie Seminara)	International Heart Institute
Chiropractic Services	Orthopedic Rehab
Community Health Center (All CHC locations)	Trucker Anesthesia (CRNA Dennis Hatfield)
Dr. Clay Holley	Visiting Specialists
Dr. Daniel Downey	