

**BINGHAM MEMORIAL HOSPITAL,
SKILLED NURSING AND REHABILITATION CENTER
AND IDAHO DOCTORS' HOSPITAL**

Title: Financial Assistance	Reference #: 4044
Division/Department: 02 Admissions, 15 PFS - Patient Financial Services, Receptionist	Version: 7
Approved By: CFO	Date Created: 04/27/2018
	Effective: 04/27/2018
	Next Review Date: 04/27/2019

Please refer to the electronic copy in the Policy Manager for the latest version.

Policy: All patients who are in need of medical services, regardless of the ability to pay and are not eligible for any other form of assistance may apply for financial assistance through Bingham Memorial Hospital.

This Policy is applicable to Bingham Memorial Hospital services and employed physicians. It does not include any company outside of Bingham Memorial Hospital such as: Northwest Emergency Physicians, Best of Southeast Idaho Emergency Physicians, United Medical Solutions, Dr. Marc Cardinal, Bingham County Ambulance, or Idaho Pathology Physicians.

Process:

A. Determination of Ability to Pay:

Determining a patient's financial status should be done as soon as possible. It is the responsibility of the Patient Financial Service Department. The determination of eligibility for financial assistance is based on the individual's family demonstrated inability to pay for such services due to inadequate resources and includes those persons who are uninsured or under insured as documented in the patient's financial record and who cannot qualify for other assistance programs.

1. Patients who are in financial need are referred to a member of the Patient Financial Advocate Department. Eligibility for charitable assistance will be determined on an individual basis and evaluated on an assessment of the patient's and/or family's need, financial resources and obligations. The charitable assistance program will apply to all types of medically necessary services, rendered by the hospital.
 - a. This application may also be accessed on Bingham Memorial Hospital's website at www.binghammemorial.org/bmh-services/financial-services
2. A reasonable level of charitable services is made available to patients unable to pay for all or part of the services they receive. This level of service is planned for and reflected in the operating budget of the hospital. The cost of free/reduced services is reflected in the charges made to all patients receiving care at the hospital.
3. A charitable determination will be made once the financial assistance form (see attached) has been completed and appropriate approval has been received. A completed financial statement will serve as the basis for documenting the patient's eligibility for assistance.

**BINGHAM MEMORIAL HOSPITAL,
SKILLED NURSING AND REHABILITATION CENTER
AND IDAHO DOCTORS' HOSPITAL**

Title: Financial Assistance	Reference #: 4044
Division/Department: 02 Admissions, 15 PFS - Patient Financial Services, Receptionist	Version: 7
Approved By: CFO	Date Created: 04/27/2018
	Effective: 04/27/2018
	Next Review Date: 04/27/2019

Please refer to the electronic copy in the Policy Manager for the latest version.

4. The application will be good for a period of three months for emergency only services from the date it is completed barring any substantial changes. Any non-emergency services require a new application.
5. Financial assistance is only available as the last resort. All other applicable programs and resources must be exhausted in order for the patient to be considered for financial assistance.
6. A decision to approve or reject a charity care application will be rendered within 30 days of the receipt of a completed financial application form. A letter will be sent to the family after a decision has been made. Failure to provide satisfactory verification of income within 30 days of date of the application is reason for denial. Individuals who fail to follow through with other third party applications or appeals will be denied. Eligibility will not be based solely on income and expenses, all factors will be taken into consideration including the patient/family ability to work, financial obligations at time of service and financial obligations resulting after services.

The following are approval write-offs for charity;

Up to \$7,500	Patient Financial Service Director
\$7,501 to \$15,000.00	Chief Financial Officer
\$15,001 to \$40,000.00	Administrator
\$40,000 and above	Finance Board

7. The application for assistance requests the patient provide the following:
 - Monthly gross income.
 - Dividends, interest and income from any other source.
 - Number of dependents in household. Dependents are defined as those that can be legally claimed on a federal tax return.
 - Federal tax returns for the past two years.(if applicable)
 - 2 most recent paystubs for all adult household members (if applicable)
 - Information to determine the patient's financial status, including assets, liabilities and monthly living expenses.
 - Any other documents that would be helpful to support the financial situation or working status of an applicant.
 - A credit report will be run on anyone requesting assistance.
8. Definition of Income:

**BINGHAM MEMORIAL HOSPITAL,
SKILLED NURSING AND REHABILITATION CENTER
AND IDAHO DOCTORS' HOSPITAL**

Title: Financial Assistance	Reference #: 4044
Division/Department: 02 Admissions, 15 PFS - Patient Financial Services, Receptionist	Version: 7
Approved By: CFO	Date Created: 04/27/2018
	Effective: 04/27/2018
	Next Review Date: 04/27/2019

Please refer to the electronic copy in the Policy Manager for the latest version.

Eligibility for charity care will be based on income and liquid assets (those that can be converted to cash within 12 months) of all parties who may be legally responsible for the debt. Earned income is defined as salary, wages, or tips earned by the patient, guarantor and or spouse. Also included is income received from social security, disability payments, retirement benefits, child support, alimony, interest earnings, dividends, and income from other sources. Applicants to be considered will have income equal to or lower than 200% the current year's poverty guidelines.

The discount matrix for eligible applicants will be based on their income.

150%-100% of poverty guidelines will constitute a 100% discount.

Assets to be excluded will include the patient's primary place of residence, adequate transportation, adequate life insurance and sufficient financial resources to cover normal living expenses equal to three months of net income. This exemption would be further extended to unemployed individuals providing them liquid assets equal to sufficient amount necessary to cover their anticipated period of unemployment and or disability.

9. Any legal action will not be taken on an account when the patient has applied for financial assistance until the determination has been made. If the account has already been referred for legal action before the patient applied for assistance, that legal action will be put on hold until the application has been approved or denied. Any account that has been referred to a bad debt collection agency prior to the date of the financial assistance application will be considered for charity as well. If the financial assistance application is approved, the accounts at a bad debt collection agency will be returned as non-collectible and written off to code 6000099050 (non-collectible) The bad debt agency will be notified of the approval and will close the account.

10. If financial assistance is denied, the account will resume receiving monthly statements and appropriate phone calls and will be referred to a collection agency if payment is not received after 120 days

B. Special Areas:

**BINGHAM MEMORIAL HOSPITAL,
SKILLED NURSING AND REHABILITATION CENTER
AND IDAHO DOCTORS' HOSPITAL**

Title: Financial Assistance	Reference #: 4044
Division/Department: 02 Admissions, 15 PFS - Patient Financial Services, Receptionist	Version: 7
Approved By: CFO	Date Created: 04/27/2018
	Effective: 04/27/2018
	Next Review Date: 04/27/2019

Please refer to the electronic copy in the Policy Manager for the latest version.

The following patients would qualify for financial assistance classification without a financial assessment form:

1. Older accounts that are self-pay when verified Medicaid eligibility has been determined on newer accounts.
 - a. If the patient has failed to follow Medicaid rules when visiting the Emergency room and their actions result in a denial of payment for certain services, that amount will not be considered for financial assistance without the proper application.
 - b. If the patient is approved for Pregnancy-related Medicaid only or Emergency Medicaid only, the older accounts will not be considered for financial assistance without the proper application.
 2. Accounts initially written off to bad debt within the last year and subsequently returned from collection agencies where the patient was determined to have met the charitable assistance criteria based on information obtained by the collection agency.
 3. Patient is deceased with no known medical indigent services administered by county or state. The patient has no assets at all.
 4. A patient is proven to be homeless.
 5. Medicare patients unable to pay their co-pay documented by a financial statement, will be adjusted off to adjustment code of Medicare (charity not turned) and placed on the Medicare Bad debt report at the end of the fiscal year.
 6. Amounts that Medicaid will not pay after Medicare payment will be considered as charity and included on Medicare Bad debt report.
- C. A person that is eligible for financial assistance cannot be charged more than the amounts generally billed for emergency or other medically necessary care.