

Black River Memorial Hospital

POLICY DESCRIPTION: Financial Assistance Program (FAP)	
SCOPE (DEPARTMENT(S) AFFECTED): All Black River Memorial Hospital facilities	
RESPONSIBLE DEPARTMENT/COMMITTEE: Finance	
APPROVED BY: Matt Streeter	
TITLE: CFO	
REFERENCE NUMBER: 945-0100	EFFECTIVE DATE: 9-1-17
DATE LAST REVIEWED: 12-14-17	Page 1 of 11

PURPOSE:

To assist patients who are unable to pay for the services they received from Black River Memorial Hospital.

POLICY:

Black River Memorial Hospital (“BRMH”) is committed to excellence in providing high quality healthcare while serving the diverse needs of those living within our service area. BRMH is dedicated to the view that emergency and other non-elective medically necessary care should be accessible to all, regardless of ability to pay. BRMH is committed to providing healthcare services and acknowledges that in some cases, an individual will not be financially able to pay for the services received.

BRMH provides emergency and other non-elective medically necessary care to individual patients without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. In the event that third-party coverage is not available, an allocation is made each year for funds to be available for financial assistance. Wherever possible, a determination of eligibility for financial assistance will be initiated prior to, or at the time of admission, by a Patient Financial Advocate.

DEFINITIONS:

- A. Amounts Generally Billed (“AGB”):
The amounts generally billed to individuals who have insurance covering such care.
- B. Application Period:
The period during which BRMH must accept and process an application for Financial Assistance under this policy. The Application Period begins on the date the care is provided and ends on the 240th day after BRMH provides the first post discharge billing statement.
- C. Billing Deadline:
The date after which BRMH or an authorized party may initiate an Extraordinary Collection Action against a Patient who has failed to submit a Financial Assistance application under the Financial Assistance Program. The Billing Deadline must be specified in a written notice to the Patient provided at least 30 days prior to such deadline.
- D. Catastrophic Health Care Bill:
A Patient’s hospital bill that is large in comparison to the Patient’s assets or income.
- E. Financial Assistance Program (“FAP”):
Black River Memorial Hospital’s financial assistance program, which includes eligibility criteria, the basis for calculating charges, the method for applying this policy,

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and the measures to publicize the policy.

F. Financial Assistance -Eligible Individual:

A Patient eligible for financial assistance under the Financial Assistance Program without regard to whether the individual has applied for assistance.

G. Completion Deadline:

The date after which BRMH may initiate or resume an ECA against an individual who has submitted an incomplete Financial Assistance application if that individual has not provided the missing information and/or documentation necessary to complete the application. The Completion Deadline must be specified in a written notice and must be no earlier than the later of 30 days after BRMH provides the individual with this notice; or (2) the last day of the Application Period.

H. Continuum of Care:

Refers to care provided by a BRMH physician after emergent care is completed. Visits directly related to the emergent care can be considered for financial assistance.

I. Discount:

A reduction from the full or standard amount of total charges for services rendered.

J. Elective:

Cosmetic surgery, and/or services with pre-determined discounted pricing. These services are scheduled in advance and may be medically necessary but are not urgent or emergent.

K. Emergent/Urgent Medical Care:

The sudden and, at the time, unexpected onset of a health condition that requires immediate medical attention where failure to provide medical attention could place the health of the individual in serious jeopardy.

Patient types assumed to be covered by this definition include:

1. Emergency Department Outpatients
2. Emergency Department Admissions
3. Inpatient/Outpatient follow-up related to previous emergency visit at BRMH.

L. Extraordinary Collection Action ("ECA"):

Any action against an individual related to obtaining payment of a Self-Pay Account that requires a legal or judicial process or involves selling of a Self-Pay Account to another party or reporting adverse information about the Patient to consumer credit reporting agencies. ECA's also include referring, denying, or requiring payment of previous accounts prior to providing medically necessary care. ECA's do not include

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an action to perfect the statutory lien on claims of liability or indemnity granted to health care providers under A.R.S. §33-931 or transfer of a Self-Pay Account to another party for purposes of collection without the use of any ECA's.

M. Federal Poverty Level ("FPL"):

The Federal Poverty Guidelines as promulgated annually in the Federal Register. The benefit levels of BRMH's financial assistance programs are based on these guidelines using the family size when applicable.

N. Notification Period:

The period during which BRMH must notify an individual about its Financial Assistance Program in order to have made reasonable efforts to determine whether the individual is Financial Assistance –Eligible. The Notification Period begins on the first date care is provided to the Patient and ends on the 120th day after BRMH provides the first billing statement for care.

O. Patient:

The individual who received care at Black River Memorial Hospital or the person who is financially responsible for the care of a patient. This includes all patients that are uninsured, underinsured or do not qualify for any government or private program that provides coverage for any of the services rendered and either:

1. Qualifies for Financial Assistance as defined herein.
2. Does not qualify for Financial Assistance but does qualify for some discount of their charges for services based on a substantive assessment of their financial status.

P. Plain Language Summary:

A written statement that notifies an individual that BRMH offers financial assistance under the Financial Assistance Program for inpatient and outpatient hospital services and contains the information required to be included in such statement under the Financial Assistance Program.

Q. Self-Pay Account:

Portion of a patient account that is the individual responsibility of the Patient, net of application of payments made by any available healthcare insurance or other third-party payer (including co-payments, co-insurance, and deductibles), and net of any reduction or write off made with respect to such patient account after application of the Financial Assistance Program, as applicable.

R. Single Patient Account:

One consolidated statement for self-pay accounts for BRMH provided services.

S. Representative:

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An individual who represents a Patient applying for financial assistance under the Financial Assistance Program that has the Patient’s consent to do so.

T. Uninsured/Self-Pay Patient:

An individual who does not have third-party coverage by a commercial third-party insurer, ERISA plan; a Federal Health Care Program coverage for all or a portion of their bill. This includes claims against third parties covered by insurance to which BRMH is subrogated but only if payment is actually made by such insurance company. This also includes auto insurance accounts after they have been fully processed.

U. Under-Insured Patient:

Those that have a remaining balance, after consideration of third party coverage or third party liability, which exceeds 25% of the patients annual gross income, May apply for a reduction of balance due through the Financial Assistance process.

PROCEDURE:

- A. All or a portion of emergency and non-elective medically necessary care and visits considered continuum of care may be considered for financial assistance if a patient presents with any of the following conditions:
 - 1. No third-party coverage is available.
 - 2. Patient is already eligible for assistance (i.e., Medicaid), but the particular services are not covered.
 - 3. Medicare or Medicaid benefits have been exhausted and the patient has no further ability to pay.
 - 4. Patient has filed for local state financial assistance and has been denied assistance or the assistance has been exhausted and the patient has no further ability to pay.
 - 5. Patients who have commercial insurance where coverage has been exhausted.
 - 6. BRMH will explore other means of payment prior to offering financial assistance. This includes, but is not limited to, Medicaid, Victims of Crime And Marketplace.
- B. The Financial Assistance Program is transparent and available to individuals served at any point in the care continuum, free of charge, in any of the following mediums:
 - 1. Website: BRMH will prominently and conspicuously post complete and current versions of the following on our website:
 - a. Financial Assistance Program (“FAP”)
 - b. Financial Assistance Application Form (“FAA Form”)
 - c. Plain Language Summary of the Financial Assistance Program (“PLS”)
 - d. Contact information for BRMH Patient Financial Advocates
 - 2. The following will be available in the BRMH facility at all points of admission and registration areas, including the Emergency Department. All signage and paper documents denoting that financial assistance may be available will contain the following elements:
 - a. The BRMH website address where the FAP and the FAA Form can be

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<p>accessed, downloaded, viewed, and printed without requiring special computer hardware or software.</p> <p>b. The telephone number that Patients can call or with any questions about the FAP or application process.</p> <p>3. Paper Copies: BRMH will make paper copies of the FAP, FAA Form, and the PLS available upon request and without charge, both in public locations in the hospital (i.e., admissions and registration areas) and by mail.</p> <p>Patient Financial Advocate Visits: Patient Financial Advocates will seek to provide personal financial counseling to all individuals admitted to BRMH who are classified as Self-Pay. FAP information will be made available.</p> <p>C. BRMH and the Patients served each hold accountability for the general processes related to the provision of financial assistance.</p> <p>1. BRMH Responsibilities:</p> <p>a. BRMH maintains the FAP to evaluate and determine a Patient’s eligibility for financial assistance.</p> <p>b. BRMH has a means of communicating the availability of the FAP to all Patients in a manner that promotes full participation by the Patient.</p> <p>c. BRMH workforce members in Finance and patient access areas understand the FAP and are able to direct questions regarding the policy to the proper hospital representatives.</p> <p>d. BRMH requires all contracts with third party agents who collect bills on behalf of BRMH to include provisions that these agents will follow the BRMH FAP.</p> <p>e. The BRMH Patient Financial Advocates provide organizational oversight for the provision of the FAP and the policies/processes that govern the financial assistance process.</p> <p>f. After receiving the Patient’s request for financial assistance under the FAP, BRMH notifies the Patient of the eligibility determination within a reasonable period of time.</p> <p>g. BRMH provides options for payment arrangements.</p> <p>h. BRMH upholds and honors Patient’s rights to appeal decisions and seek reconsideration.</p> <p>i. BRMH maintains (and requires billing contractors to maintain) documentation that supports the offer, application for, and provision of financial assistance for a minimum period of seven years.</p> <p>j. BRMH will periodically review and incorporate FPL’S.</p> <p>2. Individual Patient’s Responsibilities – When application required</p> <p>a. To be considered for a discount, Patient Financial Advocates will suggest programs to assist patients with other means of coverage for future needs.</p> <p>b. To be considered for a discount under the FAP, the individual must provide</p>	<p>accessed, downloaded, viewed, and printed without requiring special computer hardware or software.</p> <p>b. The telephone number that Patients can call or with any questions about the FAP or application process.</p> <p>3. 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<p>BRMH with financial and other information needed to determine eligibility (this includes completing the required application forms and cooperating fully with the information gathering and assessment process).</p> <ul style="list-style-type: none">c. An individual who qualifies for a partial discount under the FAP must cooperate with the hospital to pay in full the remaining balance.d. An individual who qualifies for partial discounts must make good faith efforts to honor the payment plans for their discounted hospital bills. The individual is responsible for promptly notifying BRMH of any change in his or her financial situation so that the impact of this change can be evaluated against financial assistance policies governing the provision of financial assistance, their discounted hospital bills, or provisions in payment plans.e. BRMH reviews eligibility criteria to determine if application is required. Exceptions: may qualify for FAP based on federal or state program eligibility. <p>D. Amounts charged to Self-Pay patients</p> <ul style="list-style-type: none">1. BRMH limits the amount charged for any emergency or other medically necessary care it provides to a FAP-eligible individual to not more than the amounts generally billed to individuals with insurance covering that care (Amounts Generally Billed or “AGB”).2. BRMH limits the amount charged for any medical care it provides to a FAP-eligible individual to less than the gross charge for that care.3. BRMH utilizes the “look-back” method to determine AGB, which evaluates claims paid to the hospital during the previous calendar year by Medicare fee-for-service claims paid to BRMH to determine AGB of 59%. <p>E. Financial assistance eligibility determinations and the process of applying for the FAP will be equitable, consistent, and timely.</p> <ul style="list-style-type: none">1. <i>Identification of Potentially Eligible Individuals</i><ul style="list-style-type: none">a. Registration and pre-registration processes promote identification of individuals in need of financial assistance.b. Patient Financial Advocate will make best efforts to contact all self-pay inpatients during the course of their stay or at the time of discharge.c. The individual will be provided with at least one written notice (notice of actions that may be taken) that informs the individual that the hospital or an authorized third party collection agency may take action to report adverse information about the individual to consumer credit reporting agencies if the individual does not submit a FAA form or pay the amount due by a specified deadline. This deadline cannot be earlier than 120 days after the first billing statement is sent to the individual. The notice must be provided to the
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- individual at least 30 days before the deadline specified in the notice.
2. *Eligibility Criteria (means tested – presumptive eligibility)*
 - a. To be eligible for a 100% reduction from gross charges (i.e., full write-off), the individual’s household income must be at or below 275% of the current Federal Poverty Guidelines. Individuals with household income between 275% - 300% would be eligible for a 75% discount. Balance may be set up on a payment plan.
 - b. In addition to an income level evaluation as outlined above, the amount of patient responsibility will not exceed 25% of annual household income.
 - c. If any other charity program is used to discount a bill and leaves a patient balance, BRMH FAP cannot be applied, except in special cases, with approval of the BRMH Chief Financial Officer or authorized alternative.
 - d. Insurance programs leaving a patient balance may be eligible for FAP assistance if the patient meets financial screening requirements. Financial assistance determinations will be based upon the patient’s liability.
 - e. Procedures that are elective do not qualify for the BRMH FAP.
 - f. Any patient that is registered as “homeless” or who provides the address of a homeless shelter will be considered for financial assistance.
 - g. Medicaid patients who receive non-covered medically necessary services will be considered for financial assistance. Medically necessary services provided prior to the Medicaid effective date will be considered for financial assistance. Aliens who are unable to qualify for Medicaid will be considered for financial assistance.
 - h. Deceased patient (refer to the deceased patient policy).
 - i. Patients who are under-insured through their auto coverage will be considered for financial assistance.
 - j. When determining an individual’s income, the following terms apply:
 - 1) Household size and income includes all members of the immediate family and other dependents in the household as follows:
 - a) An adult and, if married, a spouse.
 - b) Any natural or adopted minor children of the adult or spouse.
 - c) Any minor for whom the adult or spouse has been given legal responsibility by a court.
 - d) Any student over 18 years old, dependent on the family for over 50% support (current tax return of the responsible adult is required).
 - e) Any other persons depended on the family’s income for over 50%

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- support (current tax return of the responsible adult is required).
- k. Income can be verified using a personal financial statement and by obtaining copies of Form W-2, Form 1040, bank statements or any other form of documentation that supports reported income, as approved by BRMH.
 - l. Documentation supporting income verification and available assets is to be maintained in patient files for future reference.
 - m. A third party scoring tool may be used to justify financial assistance eligibility.
 - n. Catastrophic care discounts will be applied per policy. Patient liability is capped at an amount that is not greater than 25% of annual gross income per service.
 - o. Presumptive eligibility: Individuals who are insured and are represented by one or more of the following may be considered eligible for the most generous financial assistance in the absence of a completed FAA form:
 - 1) Individual is homeless;
 - 2) Individual is deceased and has no known estate able to pay hospital debts;
 - 3) Individual is incarcerated long term;
 - 4) Individual is currently eligible for Medicaid, but was not eligible at the date of service;
 - 5) Individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act;
 - 6) Individuals who are declaring bankruptcy
 - 7) Medicaid out of state claims that we are not providers for and are unable to bill for services.
 - 8) Medicaid eligible applicant – no application completed.
 - 9) SLMB – Medicare patients – no application needed.
 - 10) Pt. Advocate will make determination if patient qualifies due to: No application needed.
- BRMH understands that certain patients may be non-responsive to the FAP application process. Under these circumstances, BRMH may utilize other sources of information to make an individual assessment of financial need. This information will enable BRMH to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

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BRMH may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets, and liquidity.

The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for BRMH financial assistance under the traditional application process.

The electronic technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows BRMH to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

When electronic enrollment is used as the basis for presumptive eligibility, the highest discount levels will be granted for eligible services for retrospective dates of service only. If a patient does not qualify under the electronic enrollment process, the patient may still be considered under the traditional financial assistance application process.

3. *Method for Applying for Financial Assistance*
 - a. Financial Assistance Application Form (“FAA Form”). In order to apply for financial assistance under the FAP, the individual will complete the Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income.
 - b. Pt. Advocate may make determination for F/A/ with or without application.
 - 1) Household information:
 - a) Family size
 - b) Dependents
 - c) Physical address
 - 2) Income documentation
 - a) Income tax return

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- b) IRS form W-2
- c) Paycheck stub
- d) Bank statements
- e) Signed attestation to income
- f) If no income documentation is available, a letter identifying how you are financially surviving is required
- 3) Liquid assets (may be requested)
 - a) Investments
 - b) Trust funds
 - c) Money market accounts
- c. In cases where a good faith effort has been made to provide BRMH with documentation and none is available, or the patient is not available to provide information, BRMH administration can override any missing documents in order to approve financial assistance under the FAP. These cases must be approved by the BRMH Chief Financial Officer and documented in the account.
- d. A completed FAA Form will be submitted to a Patient Financial Advocate for processing. Proof of income will be required from the individual (may require proof of assets).
- 4. *Refer to BRMH's Billing and Collection Policy for actions that May be Taken in the Event of Non-Payment*
- F. Record-Keeping
 - 1. An electronic record will be maintained reflecting authorization of financial assistance along with copies of all application and worksheet forms.
 - 2. Summary information regarding applications processed and financial assistance provided will be maintained for a period of seven years. Summary information includes the number of patients who applied for financial assistance at BRMH, how many patients received financial assistance, the amount of financial assistance provided to each patient, and the total bill for each patient.
 - 3. The cost of financial assistance will be reported annually to the BRMH Board of Directors. Financial Assistance (FAP) will be reported as the cost of care provided (not charges) using the most recently available operating costs and the associated cost to charge ratio.
- G. Approval levels for financial assistance are as follows:
 - 1. Financial assistance and low-income self-pay discount approval levels:
 - a. Patient Financial Advocate: \$10,000 and under
 - b. Revenue Cycle Director: \$10,001 to \$50,000
 - c. Chief Financial Officer: \$50,001 and above
- H. The approval request form will be emailed to the appropriate person based on the approval levels above. The email response will be scanned into the patient's electronic

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<p>record. The adjustment will occur after the appropriate approval has been obtained. All documentation will be retained in accordance with BRMH's record retention policy.</p> <p>I. Approved applicants will be informed of the approved amount and their patient responsibility, along with instructions to contact BRMH to arrange payment of any outstanding amount. On denied applications, a letter explaining the reason for the denial and a contact number for a BRMH Patient Financial Advocate will be sent.</p> <p>J. Each facility retains the right to require a patient to re-apply if new income level information becomes available and could change the charity status. Patients may also request to reapply if their income level reduces significantly or their family status changes. Previous patient payments will be applied to the patient responsibility. There will not be a refund given for previous payments made.</p> <p>K. Approved Financial Assistance applications will be determined eligible for 90 days. If no income changes.</p>	
ORIGINAL DATE: 03/01/06	REVISED: 06/26/2007,07/26/2011, 1/9/14, 1/1/15, 12/16/15. 7/1/16,09/01/16, 10/19/16, 4/4/17, 9/1/17
PREVIOUS REVIEW DATES: 1/23/17	
REPLACES POLICY/POLICIES:	
RELATED POLICIES: Private Pay Policy and Procedure.doc ; Payment Plan Policy 901-0031	
REVIEWED: July 2011	
REFERENCES: 2010 Federal Poverty Guidelines, WHA Collection and Collection Guidelines	
ADDENDUMS:	
RETIRED:	