

## MEDICAL FINANCIAL ASSISTANCE POLICY

**Intent:** To provide a financial alternative for patients requiring medical care who do not have the financial means to pay. Financial assistance is always considered secondary to all other financial recourses available to the patient/guarantor.

**Responsibility:** Patient Financial Services Manager, Clinic Office Coordinator, Chief Financial Officer and Finance Committee/Board of Trustees

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**Policy:** Patients/Guarantors who are unable to pay the balance of their financial responsibility for health care services provided at Box Butte General Hospital and affiliated clinics after all alternative financial resources are exhausted will be considered for financial assistance. To be eligible for financial assistance, the guarantor/patient must meet certain financial criteria

### Procedure:

1. The patient/guarantor must complete a Medical Financial Assistance application and provide required documentation. All supporting documentation must be submitted to the PFS office within 10 business days of receiving the application. The guarantor's outstanding accounts will be placed in "Financial Assistance Pending" status until a determination is made. Required information includes:
  - Verification of income and assets
  - Previous two years income tax returns
  - Photo identification (driver's license preferable)
  - Three months most current employment pay stubs or an employer's statement
  - Identification of third-party liability or any governmental or private agencies for which patient may be eligible
  - Three months most current bank statements
  - Businesses must provide a balance sheet showing business assets & liabilities
  - Documentation of pending status for Social Security, Supplemental Security Income, Social Security Disability, Medicaid, and other financial aid and/or health coverage
  - Letter of support if patient/guarantor is receiving financial support from another party (i.e., patient lives in parent's home, parent lives with children)
  - Supporting verification of major expenses (i.e.: medical bills, house payments)
2. Medical debt that is the patient/guarantor's and is not for BBGH or GNMSS will be considered as an expense that off-sets the income total. One fourth of the medical debt total will be deducted from the total income.
3. Financial assistance is always secondary to all other financial resources available to the patient/guarantor, including group or individual medical plans, worker's compensation, Medicare, Medicaid, third-party liability situations (e.g., auto accidents or personal injuries), and/or any entity responsible to pay for the costs of medical services.
4. Family members are defined as persons occupying the same household and who are identified as dependents for tax purposes.
5. Net worth should be considered, including all liquid and non-liquid assets owned less liabilities and claims against assets.
6. Employment status will be considered along with future earning capacity. The likelihood of future earnings sufficient to meet the obligation within a reasonable period of time will be considered.

7. Hospital financial debt will not be considered for financial assistance in the following situations:
  - For guarantor balances under \$500
  - If the guarantor has not followed through with a payment plan on a previous financial assistance determination
  - If accounts [being considered for assistance](#)-have been sent to a collection agency.
8. A determination of financial assistance will be made within 30 days after completion of application and all required supporting documentation has been received in the Patient Financial ~~S~~ervices Department.
9. Decisions on approvals/denials of financial aid will be made according to established dollar level approval. Partial or full financial aid will be determined by the current year *Federal Poverty Income Percentage Allowed* method listed below.

Below 100% of poverty level	100% financial assistance
100% - 133% of poverty level	75% financial assistance
134% - 133% of poverty level	50% financial assistance
167% - 200% of poverty level	25% financial assistance
Over 200% of poverty level	No financial assistance

10. HHS Nebraska Medicaid guidelines will be used for financial aid determination in regard to assets. (i.e.: family size 1 = \$4,000 asset limit, adjusted annually as needed)
11. All completed Financial [Aide-Assistance](#) applications will be reviewed and a determination made with the following approval limits:
 

PFS Office Manager	Adjustment up to <a href="#">\$1,500</a>
CFO or CEO	Adjustment up to <a href="#">\$3,500</a>
Finance Committee/Board of Trustees	Adjustment exceeding <a href="#">\$3,500</a>
12. All determinations will be given to the patient/guarantor in writing. Payment options will be discussed with the patient/ guarantor for partial financial assistance considerations. Agreed upon payment arrangements will be made on the remaining outstanding balances before the financial assistance adjustment is completed.
13. The Financial Assistance determination will be in effect for the year the application is completed. Only urgent/emergent services will be considered following the initial financial assistance determination. The PFS Manager has the option to request updated verification if family circumstances have changed.

#### Cross References:

**Departmental Policies:**  
**Departmental Procedures:**  
**Other Source:**

Not Approved Yet  
 Not Approved Yet