



## Financial Assistance and Patient Payment Responsibility

### Purpose:

As a tax-exempt, non-profit organization, Boulder Community Health (BCH) is dedicated to ensuring that emergency and other medically necessary care is accessible to all patients, regardless of ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. Accordingly, in compliance with applicable state and federal law, BCH has adopted this Financial Assistance Policy (FAP). This FAP will be widely publicized and includes the eligibility criteria for financial assistance, the basis for calculating amounts charged to patients, and the method for applying for financial assistance.

### Scope:

This policy applies to all emergency and medically necessary care provided by Boulder Community Health Foothills Hospital, all covered facilities, and providers or practices that provide services within a covered facility listed in Addendum A.

### Policy Statements:

In fulfilling its obligation under this policy, BCH will participate in Medicaid (Health First Colorado), Colorado Indigent Care Program (CICP), sponsor its own financial assistance program, "WeCare," and support other community health improvement activities.

- "WeCare" and CICP are only available to residents of BCH's Service Area as identified in Addendum B, with the exception of emergency care services.

All patients without health insurance will be expected to pay for hospital services the day services are rendered. Patients with health insurance coverage are expected to pay deductibles, estimated coinsurance, and/or copays the day services are rendered.

- **Exceptions:**

- Emergency services or obstetric services, as defined by EMTALA. BCH will not delay the provision of a medical screening exam, stabilizing treatment, or appropriate transfer, or otherwise engage in activities that would discourage an individual from seeking emergency medical care in order to inquire about the individual's method of payment or insurance status. Financial arrangements with emergency room patients will not be discussed until the patient has been assessed and treated per the [BCH EMTALA policy](#);
- Approved Single Case Agreements; and
- Participants in clinical trials or grant programs.

**Procedural Guideline Statement(s):**

BCH and individual patients each hold accountability for the general processes related to the provision of financial assistance.

a. BCH Responsibilities:

- i. After receiving the individual's request for financial assistance, BCH notifies the individual of the eligibility determination within a reasonable period of time.
- ii. BCH will provide a refund to a patient if payments have been made in excess of the approved financial assistance rate and established copayment for any application that is received during the application period defined by §1.501(r)-1(b)(3).
- iii. BCH provides patients with options for payment arrangements.
- iv. BCH honors an individual's right to ask questions and seek reconsideration.
- v. BCH will annually review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.
- vi. The Amount Generally Billed (AGB) percentage for covered facilities and covered providers will be separately calculated and updated annually. The AGB is available on Addendum A for each facility and provider.
- vii. BCH will make financial assistance eligibility determinations and the process of applying for financial assistance equitable, consistent, and timely.

b. Patient Responsibilities:

- i. To be considered for a discount under the FAP, the patient must cooperate with BCH to provide the information and documentation necessary to determine eligibility and to apply for any financial assistance that may be available to pay for healthcare such as Medicare, Medicaid, third-party liability, etc. This includes completing the required application forms and cooperating fully with the information gathering and assessment process.
  - ii. An individual who qualifies for financial assistance must cooperate with BCH to establish a reasonable payment plan and must make good faith efforts to honor the payment plans for their discounted bills.
  - iii. The patient is responsible to promptly notify BCH of any change in financial situation so that the impact of this change may be evaluated against the FAP, their discounted bills, or provisions of payment plans.
- c. Each financial category may include additional requirements and/or responsibilities, as outlined below:

- i. Financial Assistance (WeCare / CICP): Patients without health insurance who cannot pay prior to services nor within 30 days, or who cannot pay the total charges under an approved payment plan may be eligible for financial assistance. Patients with health insurance may be eligible for financial assistance as long as the guidelines of each health plan are followed.
  1. Patients residing in a BCH service area, receiving medically necessary non-emergent/scheduled services, may apply for financial assistance under this policy.
  2. According to CICP guidelines, any patient applying for CICP must be ineligible for Medicaid and Child Health Plan Plus.
  3. Patients applying for We Care must be ineligible for Medicaid, Child Health Plan+ or any other possible funding sources, this may include but is not limited to, Cobra Insurance, Employer Sponsored Health Insurance, and Connect for Health Colorado (Colorado's Health Insurance Marketplace).
  4. Financial assistance is available for emergency services and other medically necessary care services if the patient resides within the BCH Services Area.
- ii. Medicaid (Health First Colorado):
  1. BCH may elect for certain services to limit the number of enrollees under Colorado Medicaid.
  2. Deductible and co-pays are required in accordance with laws and regulations governing the programs. When allowed, deductibles and co-pays are due at the time of service.
- iii. Insured
  1. BCH is required to collect deductibles, co-pays, and co-insurance in accordance with laws and regulations governing health plans. Patient out of pocket expenses will be requested at the time of service.
  2. Patients with Medicare and commercial insurance may apply for financial assistance on any balance remaining after insurance pays as long as all guidelines of the health plan are followed.
  3. If an insured patient is not eligible for assistance, payment plans may be requested and will be granted in accordance with this policy.
- iv. Self-Pay
  1. Patients without health insurance who do not qualify for the above-mentioned programs may be eligible for prompt pay discounts as defined in this policy. Payment plans may be requested and will be granted as set forth in this policy.

## Eligibility Criteria for Financial Assistance

- d. A patient's adjusted Federal Poverty Level (FPL) will be calculated using the patient's household/family income plus liquid assets and household family size. The assistance amount will be determined by the patient's adjusted FPL (household income + liquid assets + household family size). Discounts are available to patients whose adjusted income is at or below 350% of the FPL. See Addendums C and D for federal poverty guidelines and copay sliding scale.
- e. Patients must be ineligible for Medicaid, Child Health Plan+, or any other financial assistance programs. Financial assistance may be approved in instances prior to the Medicaid effective date.
- f. Financial assistance determinations for patients with a balance after insurance will be based off of the original total charges NOT the balance remaining after insurance.
- g. Patients who are approved for financial assistance and have accounts in collections may have accounts in collection reviewed for assistance.
- h. Proof of established residency in BCH's Service Area is required, unless the visit is an urgent/emergent visit. Any exception must be pre-approved by the BCH Chief Financial Officer (CFO).
- i. Residents of countries outside the United States of America are not eligible for financial assistance without approval from the BCH CFO. If approved, account(s) will be discounted to the AGB rate.
- j. Extraordinary circumstances may result in eligibility for presumptive financial assistance on a case-by-case basis. Some examples include:
  - i. Individual is stated/verified to be homeless;
  - ii. Individual is deceased and has no known estate able to pay the hospital debt;
  - iii. Individual is incarcerated;
  - iv. Individual is currently eligible for Medicaid, but was not eligible at the date of service;
  - v. Individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act;
  - vi. Medically urgent or emergent services that are verified with current eligibility in a Medicaid or other public assistance program in a state other than Colorado, of which BCH is not an enrolled provider.
- k. When determining an individual's income, the following information is required to make a determination:
  - i. Proof of current/last month's gross income from responsible party and spouse, if married. Additional months may be required if one month is not a good average of income.

- ii. Proof of unearned income, this may include but is not limited to: Unemployment Compensation, Old Age Pension benefits, Social Security Payments\*, Payments from Retirement plans and Pensions, Gifts, Alimony received, Trust accounts, Income from rental properties, Monetary settlements, Veterans Affairs (VA) Benefits. \*For individuals receiving Social Security Payments, BCH will use the amount that is deposited into their checking/savings account or the amount that is deposited into their Direct Express debit card as the income amount. This is the amount after any deductions.
- iii. Proof of income for any household member over 18 listed as part of the family size. To add a child over 18, who is not a full time student, a tax return must be shown to prove they are currently being claimed as a dependent on the parent/guardian taxes.
- iv. Students who are being claimed on parent's income tax returns as a dependent will be screened on parent's income with patient being part of the family size. Proof of tax return will be required if student is NOT being claimed on parent's taxes.
- v. Proof of physical address may be required: current month's utility, water, trash, or rent/mortgage bill.
- vi. Liquid Asset documentation for last month. This may include but is not limited to: Checking and Savings accounts, Investment accounts, Stocks, Bonds, Trust funds, Money Market accounts, and Certificates of Deposits.
- vii. Additional documentation that may be required: Income tax returns, IRS form W-2, Retirement accounts, Signed attestation identifying how you are financially surviving if no income, Signed Support letter if another individual(s) is supporting you.
- viii. An application that is turned in with missing documentation will be considered incomplete. A phone call will be made to inform the patient of the missing information and/or documentation required under the FAP and if no response a written notice will be sent asking for this information and stating the information needs to be received within 30 days of the notice.

#### Prompt Pay Discounts

1. For facility related charges, **patients without health insurance (Self-Pay)**, and who pay in full prior to receiving services will be eligible for a 20% prompt pay discount. If actual charges exceed the estimated amount paid at the time of service, a 20% prompt pay discount will be applied to the total charge amount. For medically urgent or emergent admissions, where it is not practical to collect payment in advance of receiving services, the 20% discount will be accepted for 30 days following the discharge. A 10% prompt pay discount will be given if the balance is paid in full 31-60 days following an urgent/emergent discharge.

2. For facility related charges, **patients with health insurance but who choose not to elect insurance billing (opt out)** and who pay in full prior to receiving services will be eligible for a 60% prompt pay discount. If actual charges exceed the estimated amount paid at the time of service, a 60% prompt pay discount will be applied to the total charge amount. For medically urgent or emergent admissions where it is not practical to collect payment in advance of receiving services, the 60% discount will be accepted for 30 days following the discharge. A 50% prompt pay discount will be given if the balance is paid in full 31-60 days following an urgent/emergent discharge.

#### Payment Plan and Billing and Collection Practices

- a. Boulder Community Health is committed to offering reasonable payment plan options to its patients.
  - i. For facility related charges, BCH will allow for at least 30 days past the payment due date before pursuing collections. Interest-free monthly payment plans may be approved for a maximum of 12 months with a minimum payment of \$25.00 per month. For balances over \$2500, Boulder Community Health offers a BCH sponsored loan program, through Bank of Colorado, at 4% annual interest.
  - ii. For covered providers, monthly payment plans may be approved for a maximum of 12 months with a minimum of \$25.00 per month.
- b. BCH's billing and collection practices are described in the [BCH Debt Collection policy](#).

#### Excluded Services from Financial Assistance and Prompt Pay Discounts

- c. The following services are deemed to be not emergency or medically necessary services and are excluded from this policy:
  - i. Cosmetic procedures with packaged pricing;
  - ii. Audiology Supplies. Including hearing aids, hearing aid accessories, and battery packs;
  - iii. Lab kit draw fees, venipuncture fees and outpatient TB skin tests are excluded if not performed in conjunction with other BCH laboratory services;
  - iv. Procedures which are already discounted to prevailing market rates (UCR), including but not limited to self-pay fee schedules for Imaging, Lab, Sleep studies, Cardiac services, self-referred screening studies (Cardiac calcium scores, Colonoscopy, etc.) and any other procedure(s) deemed at BCH discretion to be determined as "discounted;"
  - v. All outpatient pediatric and adult rehabilitation services and all outpatient behavioral health services.

- vi. High-cost implantable devices and chemotherapy drugs; BCH will make every attempt to have high-cost devices and chemotherapy drugs provided at no cost by the vendors for patients eligible for financial assistance. In the event the high-cost implantable or pharmaceutical cannot be donated, BCH will discount these items down to the purchase price (BCH cost) and the patient will be financially responsible for this component of their care.
- vii. Services not covered or deemed medically necessary by CICIP and/or Colorado Medicaid.

#### Multiple Discounts

- d. Multiple discounts are not allowed. A financial assistance discount (CICIP or WeCare) and a prompt pay discount cannot be combined together nor combined with any other discount offered by the hospital, such as, but not limited to, the employee discount, Medical Staff discount, or Self-Pay pricing discounts.

BCH will ensure that the FAP is transparent and readily available to all individuals served, by:

- e. Prominently and conspicuously posting the FAP on the BCH website, along with a copy of the Financial Assistance Application (FAA), and the Plain Language Summary (PLS) of the FAP.
- f. Making paper copies of the FAP, FAA, and the PLS available upon request and without charge, both in public locations in the facility (including without limitation, emergency rooms and registration areas) and by mail.
- g. Notifying and informing individuals who receive care at BCH about the FAP by offering a paper copy of the PLS to patients as part of the intake or discharge process; including a conspicuous written notice on the billing statements that notifies recipients about the availability of financial assistance under FAP that includes the telephone number of the department that can provide information about the FAP and FAP application process; and publicly displaying information about the FAP in public locations in the facility.

Interpreters or other communication aids will be used, as indicated, to allow for meaningful communication with individuals, including those who have limited English proficiency, are deaf, or are hard of hearing. For additional information, please see [Limited English Proficiency \(LEP\) – Interpretation Services policy](#).

#### Method for Obtaining Assistance With or Applying for Financial Assistance

- h. Patients interested in obtaining assistance with or applying for financial assistance may contact the Charity Specialist at 303-415-4718. Financial Counselors are available onsite at BCH for all admitted patients.
- i. The FAP, FAA, and PLS are all available on the BCH website at is available (See Addendum C for all locations), or <https://www.bch.org/Pay-My-Bill/Financial-Assistance.aspx>.

**Definitions:**

**Amounts Generally Billed (AGB)** - The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care after discounts have been applied per the individual's insurance contract. BCH calculates the AGB pursuant to the look-back method, as described by §1.501(r)-5. The look-back method is based on actual past claims paid to the hospital facility by Medicare Fee-for-Service along with all private health insurers paying claims to the hospital facility. The amounts billed for emergency and other medically necessary medical services will not be more than the AGB to individuals with insurance covering such care.

**Medically Necessary** – Any service or procedure reasonably determined by the patient's treating provider to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life.

**Household Members** – For CICIP- As determined by the CICIP Manual.

**Family Size** – For We Care- As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. A person's family income includes the income of all adult family members. Any and all resources of the household are considered together to determine eligibility under the BCH financial assistance policy.

**Key Words:**

Financial Assistance, Patient Assistance, Financial

**BCH Policies:**

LD.3010.ORG [BCH EMTALA policy](#)

LD.2012.ORG [BCH Debt Collection policy](#)

RI.1006.ORG [Limited English Proficiency \(LEP\) – Interpretation Services policy](#)

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**Addendum A  
Covered Facility and Covered Providers**

<b>Covered Facility</b>	<b>AGB</b>
Boulder Community Health Foothills Hospital	Contact Customer Service at 303-415-4700

<b>Covered Providers</b>	<b>AGB</b>
Boulder Valley Pulmonology	74%
Boulder Community Health Hospitalist	74%
Boulder Valley Surgical Associates	74%
Boulder Valley Women’s Care	74%
Boulder Heart	74%
Associated Neurology	74%
Beacon Infectious Disease	74%
Inpatient Rehabilitation Physicians	Contact Customer Service at 303-415-4700
Inpatient Psychiatry Physicians (exluding those services associated with the Guerra Fisher Institute).	Contact Customer Service at 303-415-4700

**\*\*All other providers, not listed above, including without limitation all emergency department physicians, radiologists, anesthesiologists, and pathologists, are not covered by this policy.\*\***

**Addendum B****Eligible Boulder County Zip Codes****Boulder**

80301  
80302  
80303  
80304  
80305  
80306  
80307  
80308  
80309  
80310  
80314  
80321  
80322  
80323  
80328  
80329

**Other**

**Eldorado Springs**  
80025  
**Allenspark**  
80510  
**Jamestown**  
80455  
**Nederland**  
80466  
**Pinecliff**  
80471  
**Rollinsville**  
80474  
**Ward**  
80481

Patients residing within the following zip codes are eligible to apply for WeCare discounting if they have services provided by a BCH Facility located within their zip code and/or if they have been referred by a BCH owned and operated Physician practice located within these zip codes for a service at BCH. If determined eligible, in these instances, the service provided will be discounted to the current AGB rate.

Broomfield 80023, 80020

Erie 80516

Lafayette 80026

Louisville/Superior 80027

Longmont 80501, 80502, 80503, 80504

**Addendum C – Federal Poverty Guidelines 2019**

Rate	N 0-40%	A 41-62%	B 63-81%	C 82-100%	D 101-117%	E 118-133%	F 134-159%	G 160-185%	H 186-200%	I 201-250%
Family Size										
1	\$4,996	\$7,744	\$10,117	\$12,490	\$14,613	\$16,612	\$19,859	\$23,107	\$24,980	\$31,225
2	\$6,764	\$10,484	\$13,697	\$16,910	\$19,785	\$22,490	\$26,887	\$31,284	\$33,820	\$42,275
3	\$8,532	\$13,225	\$17,277	\$21,330	\$24,956	\$28,369	\$33,915	\$39,461	\$42,660	\$53,325
4	\$10,300	\$15,965	\$20,858	\$25,750	\$30,128	\$34,248	\$40,943	\$47,638	\$51,500	\$64,375
5	\$12,068	\$18,705	\$24,438	\$30,170	\$35,299	\$40,126	\$47,970	\$55,815	\$60,340	\$75,425
6	\$13,836	\$21,446	\$28,018	\$34,590	\$40,470	\$46,005	\$54,998	\$63,992	\$69,180	\$86,475
Poverty Level	40%	62%	81%	100%	117%	133%	159%	185%	200%	250%

Rate	J 251-300%	K 301-350%
Family Size		
1	\$37,470	\$43,715
2	\$50,730	\$59,185
3	\$63,990	\$74,655
4	\$77,250	\$90,125
5	\$90,510	\$105,595
6	\$103,770	\$121,065
Poverty level	300%	350%

**Addendum D Copay Table  
MRI, CT,**

<b>CICP/WE CARE RATE/FPL</b>	<b>INPT FACILITY</b>	<b>AMB SURGERY</b>	<b>NM, SLEEP LAB, CATH LAB</b>	<b>EMER ROOM</b>	<b>SPECIALTY OUTPT (IE: ECHO, EKG)</b>	<b>BASIC IMAGING/ U/S</b>	<b>LAB</b>
<b>Z/0-40%</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>N/0-40%</b>	\$15	\$15	\$15	\$15	\$15	\$5	\$5
<b>A/41-62%</b>	\$65	\$65	\$65	\$25	\$25	\$10	\$10
<b>B/63-81%</b>	\$105	\$105	\$105	\$25	\$25	\$10	\$10
<b>C/82-100%</b>	\$155	\$155	\$155	\$30	\$30	\$15	\$15
<b>D/101-117%</b>	\$220	\$220	\$220	\$30	\$30	\$15	\$15
<b>E/118-133%</b>	\$300	\$300	\$300	\$35	\$35	\$20	\$20
<b>F/134-159%</b>	\$390	\$390	\$390	\$35	\$35	\$20	\$20
<b>G/160-185%</b>	\$535	\$535	\$535	\$45	\$45	\$30	\$30
<b>H/186-200%</b>	\$600	\$600	\$600	\$45	\$45	\$30	\$30
<b>I/201-250%</b>	\$630	\$630	\$630	\$50	\$50	\$35	\$35
<b>INSURED PATIENTS</b>							
<b>J/251-300%</b>	15%	15%	15%	15%	15%	15%	15%
<b>K/301-350%</b>	20%	20%	20%	20%	20%	20%	20%
<b>SELPAY PATIENTS</b>							
<b>J/251-300%</b>	30%	30%	30%	30%	30%	30%	30%
<b>K/301-350%</b>	40%	40%	40%	40%	40%	40%	40%

\* Multiple services will be charged separate copays, with the exception of lab tests. 2 x-rays, 2 copays. X-ray & lab, 2 copays.

\* Peoples Clinic plan is equal to our WeCare.

\*CICP cards will state CICP on them. (Colorado Indigent

Care Program)

\*ER visits will be charged either the ER copay or the MRI/CT/NUC MED copay (if one of these services is provided during ER visit) but not both.

\* For J and K WeCare rates, patient is responsible for a percent of their **total charges** not the balance after insurance.

\*Insured patients who choose to opt out of their insurance will fall under the category of **insured patients**.