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 BCH employed providers or practices that provide services within a covered facility listed in Addendum A.

Policy Statement:

In fulfilling its obligation under this policy, BCH will participate in Medicaid (Health First Colorado), Qualified Charity Care Program (QCCP), Hospital Discounted Care (HB21-1198) and BCH sponsors its own financial assistance program, "WeCare," and support other community health improvement activities.

All patients without health insurance will be expected to be screened for Hospital Discounted Care or sign the decline screening form. Patients with health insurance coverage are expected to pay deductibles, estimated coinsurance, and/or copays the day services are rendered.

Exceptions:

-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

-Participants in clinical trials or grant programs.

-Patients approved/pending approval for Hospital Discounted Care

Definitions:

Family- For patients 18 years of age or older, a patient's family is defined as his or her spouse or domestic partner, and dependent children under 21 years of age (whether or not living at home). For persons under 18 years of age, a patient's family is defined to include a parent or caretaker relative and other children under 21 years of age of the parent or caretaker relative

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. 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.

Federal Poverty Level (FPL) – Total household size and current gross income.

Hospital Service- A Hospital Service is a service that is furnished by Boulder Community Health in an inpatient or hospital-licensed outpatient setting and billed by Boulder Community Health. The term does *not* include separately-billable professional services of physicians or advanced practice professions or services furnished by any person or facility outside of a licensed hospital.

Medically Necessary Service- A Medically Necessary Service is a Hospital Service or good that:
a. Will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all;
b. Is provided in accordance with generally accepted professional standards for health care in the United States;
c. Is clinically appropriate in terms of type, frequency, extent, site, and duration;
d. Is not primarily for the economic benefit of the provider or primarily for the convenience of the patient, caretaker, or provider;
e. Is delivered in the most appropriate setting(s) required by the patient's condition;
f. Is not experimental or investigational; and
g. Is not more costly than other equally effective treatment options.

Elective Surgery/Procedure- An elective surgery or elective procedure is surgery that is scheduled in advance because it does not involve a medical emergency.

Health Care Facility- Means a hospital that is licensed as a general acute or critical access hospital, a licensed free-standing emergency department, an outpatient health care facility that is licensed as an on-campus department or service of a hospital, and an off-campus health care facility that is under a hospital's license. It does not include Federally Qualified Health Centers or student-learning medical clinics and dental clinics that are established for the purpose of student learning, offering discounted patient care as part of a program of student learning and is physically located within a health sciences school.

HB21-1198- State of Colorado Hospital Discounted Care.

Procedural Guideline Statement(s):

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

BCH Responsibilities:

1. After receiving the individual's request for financial assistance and all required documentation, BCH notifies the individual of the eligibility determination within 14 days.

2. 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).

3. BCH provides patients with options for payment arrangements.

4. BCH honors an individual's right to ask questions and seek reconsideration.

5. BCH will annually review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.

6. 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.

7. BCH will make financial assistance eligibility determinations and the process of applying for financial assistance equitable, consistent, and timely.

Patient Responsibilities:

1. 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.

2. 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.

3. 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.

BCH must screen each uninsured patient for eligibility for Health First Colorado, the Child Health Plan Plus (CHP+), Medicare, Emergency Medicaid, the Qualified Charity Care Program and Hospital Discounted Care. A patient has the right to decline being screened by signing the Decline Screening form. If requested by the patient, a Health Care Facility shall screen an insured patient. Patients with health insurance may be eligible for financial assistance as long as the guidelines of each health plan are followed.

Financial Assistance Options:

Qualified Charity Care Program

Patients residing in the BCH service area, receiving medically necessary nonemergent/scheduled hospital services are eligible to apply for the Qualified Charity Care Program. See Addendum B for BCH Service Area Eligible Boulder County Zip Codes. A patient's adjusted Federal Poverty Level (FPL) will be calculated using the patient's household income and household family size. The assistance amount will be determined by the patient's adjusted FPL (household income + household family size). Discounts are available to patients whose adjusted income is at or below 250% of the FPL. Applicants with private health insurance are eligible for the Qualified Charity Care Program. Providers must bill third party insurance before claims are written off the Qualified Charity Care Program.

Eligibility:

• Applicant must be a Colorado resident. An applicant is a Colorado resident if they currently live in Colorado and intend to remain in Colorado. Applicants are allowed to self-declare their intent to remain in Colorado if they are unable to provide proof of their residency (this does NOT apply to college students).
• The date of service (or date of discharge whichever is later) must be within 181 days from the date of applying for the Qualified Charity Care Program.
• Applicants that receive emergency services and reside in Colorado.

Ineligible Applicants:

• Applicants in custody of a law enforcement agency.
• College students from outside Colorado or the US who are in Colorado for the purpose of higher education.
• Visitors from other states or countries
• FPL over 250%.

Excluded Services:

• Experimental/non-USFDA approved treatments
• Elective non-medically necessary surgeries
• Court ordered procedures (i.e. drug testing)
• Abortions except where required by law
• Mental health services as a primary diagnosis
• Nursing home care
• Chiropractic
• Non-urgent dental
• Cosmetic surgery
• CU Sports Medicine services

When determining an individual's income for the Qualified Charity Care Program, the following information is required to make a determination:

• 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.

Employment documentation may include: paycheck stubs, payroll history, or other wage records, a letter from the employer stating the salary or hourly wage and usual number of hours worked per pay period, most recent tax return, or the eligibility technician may contact the employer to get verbal confirmation of their pay.

Self-Employment documentation may include: paycheck stubs, payroll history, or other wage records if they pay themselves as an employee of the business, business financial records, including but not limited to profit and loss statements, ledgers, business bank accounts showing deposits and withdrawals, invoices and receipts, etc. (Patients do not need to provide all of these documents, just enough to show their monthly income), or most recent tax return, if the household member does not have an available record of more recent business income and expense activity.

Cash Workers documentation may include: bank receipts showing cash deposits made, Ledgers (account book, list of income and expenses, etc.) or other documentation of payments from clients, letters from their employer (i.e. stating how much they normally pay them for their services in a month).

Additional Income: Social Security Income (SSI), Social Security Disability Insurance (SSDI) tips, bonuses, commissions, Short Term Disability, pension payments, payments from retirement accounts, lottery winnings disbursements, monthly payments from trust funds, unemployment income or a letter for unemployed adult household members attesting they have no income.

Applicants and other household members who are experiencing homelessness are exempt from income documentation requirements.

Patients who do not submit all the required documentation within 45 calendar days may need to submit updated documentation to complete the application. Once all required information is received, the Qualified Charity Care Program Application will be processed and sent to the patient to be reviewed, signed and returned. Once the signed application is received by the charity specialist, the discount will be applied to the balance/s. A determination letter and a copay card will be mailed to the patient.

The Qualified Charity Care Program payment plan:
The payment plan may not exceed four (4) percent of the patient's monthly household income. For bills from health care professionals, the limit is two (2) percent of the monthly household income. Once 36 payments have been made, the remainder of the bill is forgiven and cease any and all collection activities on any balance that remains unpaid.

WeCare financial assistance program-

Patients residing in a BCH service area, receiving medically necessary nonemergent/scheduled hospital services, may apply for WeCare under this policy. See Addendum B for Eligible Boulder County Zip Codes. 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). Applicants with private health insurance are eligible for WeCare. Providers must bill third party insurance before claims are written off to WeCare.

Eligibility:

• Applicants who are over the income threshold for the Qualified Charity care Program whose adjusted household income is between 250% and 350% of the FPL.
• Applicants that received emergency services and reside outside of the United States- if determined eligible, in these instances, the service provided will be discounted to the current AGB rate. See Addendum A for AGB Rates.
• Applicants that received emergency services and reside outside of Colorado.
• Applicants that reside outside of the BCH service area (see Addendum B) 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.

Ineligible Applicants:

• Applicants in custody of a law enforcement agency.
• Applicants who qualify for Health First Colorado or CHP+.
• Applicants that received scheduled/elective services and reside outside of Colorado or the United States.

Excluded Services:

• Cosmetic procedures with packaged pricing;
• Audiology Supplies. Including hearing aids, hearing aid accessories, and battery packs;
• Lab kit draw fees; venipuncture fees and outpatient TB skin tests are excluded if not performed in conjunction with other BCH laboratory services;
• 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;"
• All outpatient pediatric and adult rehabilitation services and all outpatient behavioral health services.
• CU Sports Medicine services
• High-cost implantable devices and 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.
• Services not covered or deemed medically necessary by the Qualified Charity Care Program and/or Colorado Medicaid. elective care and reside outside of the BCH service area. See Addendum B.
• FPL over 350%

When determining an individual's income for WeCare, the following information is required to make a determination:

• 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.

Employment documentation may include: paycheck stubs, payroll history, or other wage records, a letter from the employer stating the salary or hourly wage and usual number of hours worked per pay period, most recent tax return, or the eligibility technician may contact the employer to get verbal confirmation of their pay.

Self-Employment documentation may include: paycheck stubs, payroll history, or other wage records if they pay themselves as an employee of the business, business financial records, including but not limited to profit and loss statements, ledgers, business bank accounts showing deposits and withdrawals, invoices and receipts, etc. (Patients do not need to provide all of these documents, just enough to show their monthly income), or most recent tax return, if the household member does not have an available record of more recent business income and expense activity.

Cash Workers documentation may include: bank receipts showing cash deposits made, Ledgers (account book, list of income and expenses, etc.) or other documentation of payments from clients, letters from their employer (i.e. stating how much they normally pay them for their services in a month).

Additional Income: Social Security Income (SSI), Social Security Disability Insurance (SSDI) tips, bonuses, commissions, Short Term Disability, pension payments, payments from retirement accounts, lottery winnings disbursements, monthly payments from trust funds, unemployment income or a letter for unemployed adult household members attesting they have no income. *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.

• 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.

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

• Proof of physical address may be required: current month's utility, water, trash, or rent/mortgage bill.

• 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.

• 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.

• If a patient appears to be eligible for Medicaid, CHP+ or Medicare a denial letter from state/county/PEAK is required before applying for WeCare. Denials due to refusal of the applicant to provide documentation are NOT sufficient proof that the applicant has been denied coverage. Denial letters should only be accepted if they are dated within 45 days of the beginning of the application.

• Extraordinary circumstances may result in eligibility for presumptive financial assistance on a case-by-case basis. Some examples include:

-Individual is stated/verified to be homeless.

-Individual is deceased and has no known estate able to pay the hospital debt.

-Individual is incarcerated.

-Individual is currently eligible for Medicaid, but was not eligible at the date of service.

-Individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act.

-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.

Patients who do not submit all the required documentation within 30 calendar days may need to submit updated documentation to complete the application. Once all required information is received, the WeCare Application will be processed and the discount will be applied to the balance/s. A determination letter will be mailed to the patient that explains what rate they qualified for and their new balance/s.

WeCare Payment Arrangement Option

Interest free payment arrangement:

$50.00 - $499.99 up to 6 months

$500.00- $999.99 up to 12 months

$1,000.00- $2,499.99 up to 18 months

$2,500.00- $4,999.99 up to 24months- automatic payments required

$5,000.00+ up to 36 months- automatic payments required

HB 21-1198 Hospital Discounted Care-

House Bill (HB) 21-1198, otherwise known as Health Care Billing Requirements for Indigent Patients, establishes requirements for hospital discounted care for low-income patients. It requires that all uninsured patients and all insured patients who request to be screened for eligibility for Health First Colorado, the Child Health Plan Plus (CHP+), Medicare, Emergency Medicaid and Hospital Discounted Care. Applicants with private health insurance are eligible for Hospital Discounted Care. Providers must bill third party insurance before claims are written off to Hospital Discounted Care.

Eligibility:

• Colorado residency. An applicant is a Colorado resident if they currently live in Colorado and intend to remain in Colorado.
• FPL at or under 250%
• Date of service or date of discharge is within 181 days

Ineligible Applicants:

• Applicants that reside outside of Colorado.
• FPL over 251%

Covered Services:

• Emergent and medically necessary services received in a Health Care Facility may be covered. Services provided by Licensed Health Care Professionals in these settings are also covered.

When determining an individual's income for Hospital Discounted Care, the following information is required to make a determination:

• 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.

Employment documentation may include: paycheck stubs, payroll history, or other wage records, a letter from the employer stating the salary or hourly wage and usual number of hours worked per pay period, most recent tax return, or the eligibility technician may contact the employer to get verbal confirmation of their pay.

Self-Employment documentation may include: paycheck stubs, payroll history, or other wage records if they pay themselves as an employee of the business, business financial records, including but not limited to profit and loss statements, ledgers, business bank accounts showing deposits and withdrawals, invoices and receipts, etc. (Patients do not need to provide all of these documents, just enough to show their monthly income), or most recent tax return, if the household member does not have an available record of more recent business income and expense activity.

Cash Workers documentation may include: bank receipts showing cash deposits made, Ledgers (account book, list of income and expenses, etc.) or other documentation of payments from clients, letters from their employer (i.e. stating how much they normally pay them for their services in a month).

Additional Income: Social Security Income (SSI), Social Security Disability Insurance (SSDI) tips, bonuses, commissions, Short Term Disability, pension payments, payments from retirement accounts, lottery winnings disbursements, monthly payments from trust funds, unemployment income or a letter for unemployed adult household members attesting they have no income. *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.

Applicants and other household members who are experiencing homelessness are exempt from income documentation requirements.

Patients who do not submit all the required documentation within 45 calendar days may need to submit updated documentation to complete the application. Once all necessary and required information is received, the Hospital Discounted Care application will be processed, and a determination letter and a Hospital Discount card will be mailed to the patient.

Hospital Discounted Care Payment arrangement:
Payment plans that are established to pay the bills may not exceed four (4) percent of the patient's monthly household income. For bills from health care professionals, the limit is two (2) percent of the monthly household income. Once 36 payments have been made, the remainder of the bill is forgiven and cease any and all collection activities on any balance that remains unpaid.

Medicaid (Health First Colorado)

• BCH may elect for certain services to limit the number of enrollees under Colorado Medicaid.

• 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.

Insured

• 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.

• 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.

• If an insured patient is not eligible for assistance, payment plans may be requested and will be granted in accordance with this policy.

Health Share plans

BCH does not participate with health shares unless the health share uses a plan that is in-network with BCH to process the claim. If the health share does not use an in-network plan to process the claim, the patient is considered uninsured. A patient that is requesting financial assistance must bill their health share and receive a determination (payment or denial) from their health share before applying for financial assistance.

Payment Options

BCH discount offers –
Uninsured patients may be eligible for additional discounts based on the service location and account age. Discounts are applied as follows:
Emergency Services:

- 40% discount applies if payment is received by the 1st statement due date.
- 30% discount applies if payment is received by the 2st statement due date.
- 20% discount applies if payment is received by the 3rd statement due date.
- 10% discount applies if payment is received by the 4th statement due date.

Surgery Services:

- 30% discount applies if payment is received by the 1st statement due date.
- 20% discount applies if payment is received by the 2st statement due date.
- 10% discount applies if payment is received by the 3rd statement due date.

Surgery Patients Not Approved for Financial Assistance or Who Declined to Apply for Financial Assistance:

- 40% discount applies if payment is received by the 1st statement due date.

- 30% discount applies if payment is received by the 2st statement due date.
- 20% discount applies if payment is received by the 3rd statement due date.
- 10% discount applies if payment is received by the 4th statement due date.

Please note: If payment is not made in full before the next statement is generated, the available discount will be reduced according to the schedule above.

BCH Visit AutoPay -
Patients receiving services at Urgent Care may choose to enroll in an AutoPay option. By selecting AutoPay, the patient authorizes the secure storage of their credit card information, which will be automatically charged once the patient's financial responsibility has been determined by their insurance and the balance becomes available.

BCH Physician Clinic related charges-
For uninsured patients a 20% discount is applicable to all professional services: E&M/Office Visits, OMT, surgical procedures, injection and vaccine administration charges, and most diagnostic testing. It is not applied to actual vaccine or drug products, implantable devices, equipment/supplies/DME, remote Device Checks (but would be for in person Device Checks), or to other services that utilize a different self-pay fee structure (eg, Boulder Heart Diagnostics, CU Sports Therapy).

BCH Facility Charges-
An account that does not have insurance and is marked as self-pay, will automatically have the 50% self-pay rate applied (excluding already pre set self-pay pricing for specific services set by the department) if a patient qualifies for financial assistance, the self-pay rate is reversed and the financial assistance is applied. If a patient requests to add and bill their insurance the self-pay rate is reversed, and insurance is billed. Once insurance is billed the self-pay rate is no longer an option as we must bill the patient what their insurance determines is patient responsibility per our contractual agreement.

Multiple Discounts-
Multiple discounts are not allowed. A financial assistance discount (Qualified Charity Care Program, WeCare and Hospital Discounted Care discount) cannot be 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.

MDsave-
MDSave allows patients to purchase vouchers that help cover expenses for specified hospital services. With the program, patients pay one cost to MDSave and MDSave will pay the facility (BCH) in addition to co-providers (radiologists, pathologists, etc). Currently we are offer MDsave on Cardiac Imaging, Sleep Medicine, Imaging & Radiology, Labs, Orthopedic Surgery, General surgery, Gynecologic surgery, Outpatient Rehabilitation (Physical, Occupational and Speech Therapies) Other services and procedures are in the process of being added. For an up-to-date list, please contact our Financial Counseling department at 303-415-5119.

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

• 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.

• 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.

• 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
-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.

-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/FinancialAssistance.aspx

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

Covered Facility	AGB
Boulder Community Health Foothills Hospital	18.5%

Covered Providers	AGB
Associated Neurologists of BCH	58.7%
Beacon Center for Infectious Disease	58.7%
BCH Hospital Medicine Services	58.7%
Boulder Heart	58.7%
Boulder Neurosurgical and Spine Associates of BCH	58.7%
Boulder Valley Pulmonology	58.7%
Boulder Valley Surgical Associates	58.7%
Boulder Women's Care	58.7%
Foothills Community Midwives	58.7%
Foothills Neonatal Practice	58.7%
Palliative Care Services of BCH	58.7%
Inpatient Psychiatry Physicians (excluding those services associated with the Guerra Fisher Institute).	58.7%

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 for the Qualified Charity Care Program and WeCare

Boulder	**Other**
80301	**Eldorado Springs**
80302	80025
80303	**Allenspark**
80304	80510
80305	**Jamestown**
80306	80455
80307	**Nederland**
80308	80466
80309	**Pinecliff**
80310	80471
80314	**Rollinsville**
80321	80474
80322	**Ward**
80323	80481
80328	
80329	

Patients residing within the following zip codes are eligible to apply for We Care 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

Federal Poverty Guidelines 2026 Effective April 1st, 2026- March 31st, 2027

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	$6,384	$9,895	$12,928	$15,960	$18,673	$21,227	$25,376	$29,526	$31,920	$39,900
2	$8,656	$13,417	$17,528	$21,640	$25,319	$28,781	$34,408	$40,034	$43,280	$54,100
3	$10,928	$16,938	$22,129	$27,320	$31,964	$36,336	$43,439	$50,542	$54,640	$68,330
4	$13,200	$20,460	$26,730	$33,000	$38,610	$43,890	$52,470	$61,050	$66,000	$82,500
5	$15,472	$23,982	$31,331	$38,680	$45,256	$51,444	$61,501	$71,558	$77,360	$96,700
6	$17,744	$27,503	$35,932	$44,360	$51,901	$58,999	$70,532	$82,066	$88,720	$110,900
Poverty Level	40%	62%	81%	100%	117%	133%	159%	185%	200%	250%

Rate	J 251-300%	K 301-350%
Family Size		
1	$47,880	$55,860
2	$64,920	$75,740
3	$81,960	$95,620
4	$99,000	$115,500
5	$116,040	$135,380
6	$133,080	$155,260
Poverty level	300%	350%

Addendum D
Qualified Charity Care Program and WeCare Copay Table

Addendum D Copay Table

QCCP/WECARE RATE/FPL	INPATIENT FACILITY	AMBULATORY SURGERY	MRI, CT, NM, SLEEPLAB, CATH LAB	EMERGENCY ROOM	SPECIALTY OUTPATIENT (IE: ECHO, EKG)	BASIC IMAGING/ ULTRASOUND	LABORATORY
Z/0-40%	$0	$0	$0	$0	$0	$0	$0
N/0-40%	$15	$15	$15	$15	$15	$5	$5
A/41-62%	$65	$65	$65	$25	$25	$10	$10
B/63-81%	$105	$105	$105	$25	$25	$10	$10
C/82-100%	$155	$155	$155	$30	$30	$15	$15
D/101-117%	$220	$220	$220	$30	$30	$15	$15
E/118-133%	$300	$300	$300	$35	$35	$20	$20
F/134-159%	$390	$390	$390	$35	$35	$20	$20
G/160-185%	$535	$535	$535	$45	$45	$30	$30
H/186-200%	$600	$600	$600	$45	$45	$30	$30
I/201-250%	$630	$630	$630	$50	$50	$35	$35
INSURED PATIENTS							
J/251-300%	15%	15%	15%	15%	15%	15%	15%
K/301-350%	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%
SELFPAY PATIENTS							
J/251-300%	30%	30%	30%	30%	30%	30%	30%
K/301-350%	37%	37%	37%	37%	37%	37%	37%

Copay cap J- 10% of income/asset figure
Copay cap K- 15% of income/asset figure

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

*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**.