

BURGESS HEALTH CENTER ONAWA, IOWA POLICY AND PROCEDURE MANUAL	POLICY NUMBER: 882.3026.2
DEPARTMENT: Burgess Clinics	EFFECTIVE DATE: 11-1-2015
POLICY: Billing - Financial Assistance Program and Sliding Fee Discount	SUPERSEDES NUMBER: 882.3026.1

I. PURPOSE

It is the policy of the Burgess Clinics to provide essential medical services regardless of the patient's ability to pay. Discounts are offered based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the state and/or federal assistance guidelines.

II. SCOPE

Level 3 affecting all Burgess Clinics – Decatur, Dunlap, Mapleton, Sloan and Whiting

III. RESPONSIBILITY

It is the responsibility of the Clinic Billing Supervisor to ensure compliance with this policy.

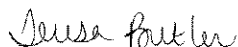
IV. GUIDELINES

- A. Burgess Clinics (BCs) will pursue all forms of third-party payment such as insurance and state Medicaid before granting Financial Assistance. Patients and guarantors are expected to assist Financial Counselor with all such efforts to obtain third-party payment.
- B. A determination of eligibility for Financial Assistance will be initiated prior to patients receiving healthcare services, whenever possible.
- C. **Eligibility Requirements** – Financial Assistance may be granted if any of the following conditions exist:
 1. No third-party coverage is available or if available provides limited benefits or has a high deductible.
 2. Denial of third-party coverage.
 3. Medicare or Medicaid benefits have been exhausted and the patient or guarantor has no further ability to pay.
 4. Denial of state assistance due to resources and/or income, and if the patient is found to be in circumstance where an illness will make it impossible to meet obligations.
 5. Patients meet local state financial assistance requirements.
- D. **Determination of eligibility** – some or all of the following qualifying factors may be used to determine patients' eligibility for financial assistance:
 1. Patient must apply for state assistance and be denied for any reason other than the following:
 - a. Did not apply.
 - b. Did not follow through with the application process.
 - c. Did not provide requested verifications.
- E. A written application for Financial Assistance must be completed and signed by the patient or guarantor.
- F. Income level, proof of income, assets, and expenses may be taken into consideration in the evaluation process.
- G. Patient is found to be in circumstances where an illness makes it impossible to meet obligations.
- H. Patient was approved for Financial Assistance with Burgess Health Center within the last six months; any discount given for BCs services will be based on current BC's Sliding Fee Schedule – not Burgess Health Center's.
- I. **Qualification:**
 1. The Financial Counselor will review, investigate, and evaluate the Financial Assistance application to ensure the patient qualifies for organization-sponsored financial assistance.
 2. A recommendation for Financial Assistance by the Financial Counselor will be directed to:
 - a. Need for assistance of \$1000 or less – to the Clinic Billing Supervisor
 - b. Need for assistance of over \$1000 – to the Clinic Billing Supervisor and Vice President of Clinical Services.
 3. Payment expectations will be based on current BCs Sliding Fee Schedule
 4. The discount percentage will be entered into the clinic billing system.
 5. Patients will be notified in writing of their Financial Assistance benefit, date the discount period ends, payment expectations and process for making payments, if applicable.
 6. Patients will sign and date a Payment Plan Agreement. The agreement may become void if patient is unable to meet payment expectations and fails to contact BCs billing office.
 7. If patient is unable to meet payment expectations:
 - a. Contact the provider to determine if services may be rescheduled until the patient can meet their payment expectation.

- b. If the treatment cannot be rescheduled because the provider deems the service medically urgent or emergent, forward all pertinent information to the Clinic Billing Supervisor.
- 8. Other patient accounts that have been deemed eligible for Financial Assistance, but were unable to obtain the cooperation of the patient, will be sent to the collection agency for any outstanding account balance.
- J. Discount/Sliding Fees Apply to:
 - 1. Medical – The discount is applied to all in-office services supplied by BCs healthcare providers. The discount does not apply to elective or cosmetic services.
 - 2. Lab and X-Ray – The discount is applied to in-office laboratory and x-ray services. Reference lab tests and radiology interpretations are excluded.
- K. Reapplication:
 - 1. Once approved, the discount will be honored for up to six months, after which time the patient will need to reapply for Financial Assistance.
 - 2. Patients will be provided written notification of need for re-application for Financial Assistance.
 - 3. Patients will be proactively asked about income changes when re-applying for Financial Assistance.
- L. Sliding fee discounts are determined from the current Sliding Fee Schedule. The Sliding Fee Schedule is based on U.S. Department of Health and Human Services annual poverty guidelines. Exceptions to the policy require the approval of the Clinic Billing Supervisor and Vice President of Clinical Services.

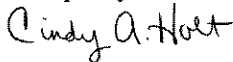
V. AUTHORITY

This policy is issued by Burgess Clinics and recommended for approval by:



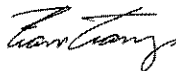
Teresa Butler, RN, BSN, CPHQ
Vice President of Clinical Services

This policy has been reviewed by:



Cindy Holt
HR/Admin Assistant

This policy has been approved by:



Fran Tramp
President