

BOULDER COMMUNITY HOSPITAL
2011
FINANCIAL ASSISTANCE AND PATIENT PAYMENT RESPONSIBILITY POLICY

INTRODUCTION:

As a tax-exempt, non-profit organization, Boulder Community Hospital serves the health care needs of the community. In fulfilling its obligation, the hospital will participate in Medicaid, Colorado Indigent Care Program (CICP), sponsor its own financial assistance program called “We Care” and support other community health improvement activities. We Care and CICP are available to residents of the hospital’s service area (Addendum A). There are no geographical restrictions on services to Medicaid beneficiaries. This policy will be made readily available to prospective and current patients and to the community at large.

For purposes of clarifying payment responsibilities, patient’s responsibilities fall into one of the following four listed categories:

1. Medicaid or CICP beneficiaries
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.
2. We Care
For those patients residing in the service area specified by zip codes listed in Addendum A, discounts will be granted on a sliding scale included in Addendum A.
3. Insured
Patients with Medicare and Commercial insurance may apply for CICP within the program time-limits. For insured patients, We Care discounts will be evaluated in rare circumstances that are extraordinary on a case-by-case basis.
4. Without health insurance, not qualifying for the above listed coverage programs. Prompt-pay discounts are available according to the guidelines within this policy. Payment plans may also be requested and will be granted according to policy.

All patients without health insurance will be expected to pay for hospital services the day they receive services. Patients with health insurance coverage will be requested to pay deductible balances, estimated coinsurance, and/or any copays due the day they receive services.

EXCEPTIONS:

1. Emergency or obstetric services, as defined by EMTALA.
2. Prenatal and Mammography services for People’s Clinic Plan patients.
3. Approved payment plan contract in effect.
4. Medical emergent services as determined by a physician.
5. Participants in clinical trials or grant programs.

Boulder Community Hospital will provide care, without discrimination, for emergency medical conditions regardless of patients' ability to pay. Financial arrangements with Emergency Room patients will not be discussed until the patient has been assessed and treated per the hospital EMTALA policy.

WE CARE DISCOUNTS:

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 We Care discounting. Patients with health insurance, may be eligible, as long as they follow the guidelines of those health plans in order to access We Care discounting. Patients may apply or reapply for financial assistance before, during or after care or after collection agency assignment if their situation changes by contacting a Boulder Community Hospital financial counselor at (303) 440-2139 to make an appointment. Their office is in Suite 190 of the BCH Medical Pavilion, 1155 Alpine Avenue (next to Boulder Community Hospital).

WE CARE DISCOUNTING REQUIREMENTS:

1. Patients residing in the service area specified by zip codes listed in Addendum A (unless covered under an exception listed above).
2. Proof of CICP program eligibility, or proof of People's Clinic Plan eligibility, or submission of income and asset documentation to appropriate hospital personnel for determination of eligibility for any hospital discounting program (including CICP, if appropriate).

Appropriate hospital personnel will determine eligibility based on Federal Poverty Guidelines (updated annually) using the sliding scale included in Addendum B.

Any patient eligible for We Care discounting will be required to pay their copay or percentage due upon determination of their eligibility or they must sign an approved payment plan contract. We Care discounts will be applied to any and all outstanding hospital bills of a patient determined to be currently eligible for any We Care or public assistance program that BCH participates in, including Medicaid or CICP programs.

EXCLUDED SERVICES:

1. All adult physical rehabilitation services and all behavioral health services except those where the patient is directly admitted through the emergency room or is a direct EMTALA transfer.
2. High-cost implantable devices and chemotherapy drugs; hospital will make every attempt to have high-cost devices and chemotherapy drugs provided at no cost by the vendors for patients eligible for We Care discounting.
3. Services not covered or deemed medically necessary by the CICP and/or Colorado Medicaid programs.
4. Cyberknife services.
5. Physician services provided by BCH.

PROMPT PAY DISCOUNTS:

Patients without health insurance, or who choose not to elect insurance billing, who do not qualify for We Care discounting and who pay in full prior to receiving services will be eligible for a 50% prompt pay discount. For

medically urgent or emergency admissions where it is not practical to collect payment in advance of receiving services, the 50% prompt payment discount will be accepted for 72 hours following discharge. A 40% prompt pay discount will be given if account is paid within 30 days after services or discharge date for medically urgent, emergency, prenatal, and obstetric services.

EXCLUDED SERVICES:

1. Cosmetic procedures with packaged pricing.
2. Audiology supplies, including hearing aids, hearing aid accessories, and battery packs.
3. Lab kit draw fees, venipuncture fees and outpatient TB skin tests are excluded if not performed in conjunction with other BCH Laboratory services.
4. Physician services provided by BCH.

If actual charges exceed the estimated amount paid at the time of service, a 50% prompt pay discount will be applied to the total charge amount.

When actual charges exceed the amount originally estimated by the hospital an effort will be made on a case-by-case basis to adjust the charges if requested by the patient.

MULTIPLE DISCOUNTS:

A We Care discount 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 or the Medical Staff discount.

**ADDENDUM A
ELIGIBLE BOULDER COUNTY ZIP CODES**

Boulder

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

Eldorado Springs

80025

Allenspark

80510

Jamestown

80455

Nederland

80466

Pinecliff

80471

Rollinsville

80474

Ward

80481

Conditionally Eligible Boulder County Zip Codes:

Lafayette*

80226

Louisville/Superior*

80027

Broomfield**

80023, 80020

*Patients with these zip codes are eligible for We Care discounting if they have Boulder Community Hospital services not provided by their local hospitals.

**Patients referred by a physician practice located within the zip codes are eligible for We Care discounting for services provided by BCH within the zip codes.

Boulder Community Hospital We Care Discount Program Copay Scale:

<u>Rating</u>	<u>N</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>
Inpatient Copays	\$15.	\$65.	\$105.	\$155.	\$220.	\$300.	\$390.	\$535.	\$600.	\$630.
Outpt. Sugery Copays	\$15.	\$65.	\$105.	\$155.	\$220.	\$300.	\$390.	\$535.	\$600.	\$630.
MRI, CT Scan, Pet Scan Copays	\$15.	\$65.	\$105.	\$155.	\$220.	\$300.	\$390.	\$535.	\$600.	\$630.
ER Visit Copays	\$15.	\$25.	\$25.	\$30.	\$30.	\$35.	\$35.	\$45.	\$45.	\$50.
Lab Copays	\$5.	\$10.	\$10.	\$15.	\$15.	\$20.	\$20.	\$30.	\$30.	\$35.
X-Ray Copays	\$7.	\$15.	\$15.	\$20.	\$20.	\$25.	\$25.	\$35.	\$35.	\$40.

<u>Rating</u>	<u>J</u>	<u>K</u>	<u>L</u>
Patient Responsibility as % of Total Charges	20%	30%	40%
Maximum % of Household Income	10%	15%	20%

PRESUMPTIVE WE CARE ELIGIBILITY

Patients without health insurance or other verified funding sources, who meet any of the following criteria, will be granted eligibility by BCH personnel for the We Care program:

1. Verified resident address of the Boulder Homeless Shelter, without signed CICP Affidavit for Lawful Presence form on file.
2. Verified “homeless” or “transient” status, without signed CICP Affidavit for Lawful Presence form on file.
3. For 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.

ADDENDUM B

Federal Poverty Level Guidelines

Effective April 1, 2010 through March 31, 2011*

Rate	N	A	B	C	D	E	F	G	H	I
Family Size										
1	4,332	6,715	8,772	10,830	12,671	14,404	17,220	20,036	21,660	27,075
2	5,828	9,033	11,802	14,570	17,047	19,378	23,166	26,955	29,140	36,425
3	7,324	11,352	14,831	18,310	21,423	24,352	29,113	33,874	36,620	45,775
4	8,820	13,671	17,861	22,050	25,799	29,327	35,060	40,793	44,100	55,125
5	10,316	15,990	20,890	25,790	30,174	34,301	41,006	47,712	51,580	64,475
6	11,812	18,309	23,919	29,530	34,550	39,275	46,953	54,631	59,060	73,825
Poverty Level	40%	62%	81%	100%	117%	133%	159%	185%	200%	250%

Rate	J	K	L
Family Size			
1	32,490	37,905	43,320
2	43,710	50,995	58,280
3	54,930	64,085	73,240
4	66,150	77,175	88,200
5	77,370	90,265	103,130
6	88,590	103,355	118,090
Poverty Level	300%	350%	400%

*Boulder Community Hospital updates Addendum B each year on April 1 with the Federal Poverty Level Guidelines published by the Federal Government