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I. POLICY

Broadlawns Medical Center will provide financial assistance for medical care and pharmacy to those residents who are financially indigent and who satisfy certain requirements or experience a medical event that has a catastrophic financial impact as defined by this policy.

This policy is administered under the title “Broadlawns Community Care Program and Catastrophic Financial Assistance,” and is implemented as follows:

II. PURPOSE

This policy establishes a framework to which Broadlawns Medical Center:

- (1) Identifies patients that may qualify for financial assistance.
- (2) Provides financial assistance for patients within the community.
- (3) Accounts for financial assistance in accordance with the Code of Iowa and the Broadlawns Community Care Program policy and procedures for Broadlawns Medical Center.
- (4) In order to be compliant with Internal Revenue Code Section 501(r) and maintain the organization’s tax exempt status, Broadlawns Medical Center has adopted this policy and will widely publicize, provide a plain language summary, and be available in multiple languages. In addition, the organization will post on its website a list of healthcare providers whose services are subject to this policy.

Broadlawns Medical Center may accept a patient for eligibility under the Broadlawns Community Care Program who meets the eligibility criteria set forth below within this policy.

III. DEFINITIONS

A. **Residency:** Broadlawns Medical Center defines a resident as a person with U.S. Citizenship or documented resident alien status freely living in the State of Iowa with the intention of continuing to live within County listed. A person is not required to live in Polk County for a specific period of time prior to declaring residency.


B. **Amounts Generally Billed to Individuals Who Have Insurance (AGB):** The following method is used to calculate Amounts Generally Billed to Individuals Who Have Insurance.

AGB % = (Sum of all Allowed Amounts by Medicare Payers + Sum of all Allowed Amounts by private health insurers + Sum of all Allowed Amounts by Medicaid payers during a prior 12-month period)/ (Sum of Gross Charges for the same claims).

AGB = (Gross Charges for Medically Necessary Care or Emergency Medical Care) X AGB%.

The AGB% will be calculated and updated on an annual basis as reflected in Attachment A of this policy.

C. **Medically Necessary Care:** Services that are consistent with the diagnosis and treatment of the patient’s condition, in accordance with standards of good medical practice, required to meet the medical need of the patient and be reasons other than the convenience of the patient or the patient’s practitioner or caregiver, and the least costly type of service which would reasonably meet the medical need of the patient.

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D. **Emergency Medical Care:** As defined in the Emergency Medical Treatment and Labor Act (EMTALA), a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ part. It also includes a pregnant woman who is having contractions.

#### IV. PROCEDURE

##### A. **Eligibility for Financial Assistance**

Financial assistance is available for Medically Necessary Care and Emergency Medical Care provided to patients that meet the eligibility requirements for the Broadlawns Community Care Program and Catastrophic Financial Assistance Programs.

##### B. **Approval Procedures:**

Broadlawns Medical Center will complete a financial assistance approval form (“Approval Form”) for each patient granted eligibility under the Broadlawns Community Care Program. The Approval Form allows for the documentation of the administrative review and approval process utilized by Broadlawns Medical Center to grant eligibility under the Broadlawns Community Care Program.

##### C. **Income Determination**

Gross income will be used to determine eligibility. Calculation of gross income will be consistent with the State of Iowa Medicaid program. Income for all members of the household and legally responsible parties not in the household will be considered in the determination of income levels.

Income includes, but is not limited to, wages and salaries, disability benefits, retirement or pension benefits, rental income, oil and gas royalties, unemployment compensation, VA benefits, child support, alimony, interest, dividends, worker’s compensation, support-in-kind contributions, and others.

Support-in-kind contributions are resources/benefits provided without consideration. A reasonable value will be placed on these resources/benefits by considering all relevant factors.


Food stamps are excluded from income for purposes of determining eligibility.

Applicants with combined includable incomes below or equal to the income limits will be eligible for the Broadlawns Community Care Program.

Calculation of Income: For adults, the term “Total Yearly Income” on the Assistance Application means the sum of the yearly gross income (“Income”) of each patient and the patient’s spouse. If the patient is a minor, the term “Total Yearly Income” on the Broadlawns Assistance Application means Income from the patient, the patient’s mother and the patient’s father.

##### D. **Income Limit Table**

Broadlawns Medical Center may classify all patients whose income, as determined in accordance with the Broadlawns Assistance Application, is less than or equal to 400% of the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services (“Federal Poverty Income Guidelines”) as eligible under the Broadlawns Community Care Program, assuming eligibility criteria applicable elsewhere in this policy is met.

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Full Charity Care shall be provided to eligible underinsured and uninsured patients earning 300% or less of the Federal Poverty Income Guidelines.

For eligible uninsured or underinsured patients earning between 301% and 400% of the Federal Poverty Income Guidelines, discounts shall be provided to limit the patient’s payment obligation to the amount of the patient account balance after subtracting the percentage discount applicable to the patient’s income provided in the table below:

Discount %	Current Year’s Federal Poverty Income Guidelines for Family Size
100%	Family Income is less than or Equal to 300% if FPIG
AGB Only	Family income is 301% to 400% of FPIG

Uninsured patients that have an income between 133% and 400% of the Federal Poverty Income Guidelines and failed to enroll in the Iowa Market Place Insurance Exchange before the enrollment deadline will be eligible for this policy, but will be required to enroll in the following enrollment period. Failure to enroll during the following enrollment period may result in loss of eligibility. Individuals who lost coverage due to failure to pay premiums into the Iowa Market Place Insurance Exchange are not eligible for this program.

This policy is applicable to patient deductibles. It is not applicable to discounts provided under A-1015 Self-pay Discounts for Prompt Pay.

BMC may waive or reduce Medicare and Medicaid coinsurance deductibles only based upon financial need if the following requirements are met:

- The waiver or discount is not advertised. (It is proper to advise patients on an individual basis that waivers of copays or deductibles in the event of a financial need are possible and the patient may apply for such benefits at the time or immediately before treatment is provided.)
- The discount is not routinely offered, but only to those patients in financial need who wish to apply.


Insured Patients that meet the financial assistance requirements may their obligation for amounts due for coinsurance or deductibles reduced based upon this policy.

For patient who do not qualify for financial assistance under the Broadlawns Community Care Policy may eligible under the Broadlawns Catastrophic Financial Assistance, assuming eligibility criteria applicable elsewhere in this policy is met.

**E. Income Verification:**

Broadlawns Medical Center shall request that the patient provide verification of income.

- i. **Documentation Verifying Income:** Income may be verified through any of the following mechanisms: IRS Form W-2, Wage and Earnings Statement; Pay Check Remittance; Tax Returns; Social Security, Workers’ Compensation, or Unemployment Compensation Determination Letters; telephone verification by employer of the patient’s annual gross income; or bank statements. If the patient has not provided this documentation, Broadlawns Medical Center will send the patient a letter requesting documentation.
- ii. **Documentation Unavailable:** In cases where the patient is unable to provide documentation verifying Income, Broadlawns Medical Center may verify the patient’s Income (i) by having the patient sign the assistance application attesting to the veracity of the Income Information provided and/or via an external verification process solicited by Broadlawns Medical Center through a Board authorized vendor, or (ii)

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through the written attestation of Broadlawns Medical Center personnel completing the Assistance Application that the patient verbally verified Broadlawns Medical Center’s calculation of Income. In instances where the patient is unable to provide the requested documentation to verify Income, Broadlawns Medical Center will require that an explanation be provided of the reason the patient is unable to provide the requested documentation.

- iii. **Classification Pending Income Verification:** During the verification process, while Broadlawns Medical Center is collecting the information necessary to determine a patient’s Income as well as other eligibility criteria, the patient may be treated as a private pay patient in accordance with Broadlawns Medical Center policies.

**F. Presumptive Eligibility**

Patients who meet presumptive eligibility criteria under this section may be granted financial assistance without completing the financial assistance application. Documentation supporting the patient’s qualification for or participation in a program listed below must be obtained and kept on file.

- i. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
  - a. Food Stamp eligibility
  - b. Participation in Women, Infants and Children programs (WIC)
  - c. Subsidized school lunch program
  - d. Eligibility for other state or local assistance programs
  - e. Homeless or one who received care from a homeless shelter or free clinic
  - f. Patient is deceased with no known estate

**G. Program Employees**

The Financial Counseling Department will administer the Broadlawns Community Care Program. The Supervisor will hire the required staff to effectively operate the Program. The Supervisor will insure that each employee under his/her direction is competent and knowledgeable in all matters related to the Broadlawns Community Care Program as well as those programs offered by other State and Federal agencies to provide hospital and medical care for qualifying recipients.

For a period of at least seven (7) years from the date of the patient’s application, Broadlawns Medical Center will maintain documentation sufficient to identify each patient granted status as eligible for Broadlawns Community Care Program, the patient’s income, the method used to verify the patient’s income and the person who approved granting the patient status as Broadlawns Community Care Program eligibility.

**H. Non-Discriminatory**


The designated employees will accept and process all applications for eligibility made by needy residents of Polk County. There will be no discrimination under these policies related to eligibility or the provision of health care because of race, color, creed, religion, sex, age, disability or national origin.

**I. Mandated Providers**

Benefits for this program will **only** be provided in the Broadlawns Medical Center; payment to other providers, hospitals, pharmacies, or professionals is **prohibited**, unless specifically allowed in other sections of this policy.

**J. Similar/Third-Party Benefits**

The Broadlawns Community Care Program and Catastrophic Financial Assistance will provide benefits only as a last resort; any and all other coverage is primary to this program. An applicant will not be eligible for the program benefits while suspended or disqualified from other third-party sources because of fraud or abuse.

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**K. Underinsured/uninsured**

Polk County patients with Medicaid or a Medicaid Managed Care Organization as a source of primary funding or uninsured may be eligible for the Broadlawns Community Care Program. Patients with these insurance plans have been determined indigent under the State of Iowa income and resource guidelines.

**L. Application/Notification**

Application for hospital benefits under this Program will be accepted during normal business hours in the Financial Counseling Office at Broadlawns Medical Center.

Policies and procedures will be in place to readily determine eligibility. The applicant will be notified in writing of approval or denial. Notifications of denial will be accompanied by reasons for ineligibility.

Broadlawns Medical Center will request that each patient applying for Broadlawns Community Care Program or the Catastrophic Financial Assistance complete an application form (“Broadlawns Assistance Application”). The assistance application allows for the collection of information in accordance with the Code of Iowa as well as information to determine eligibility under programs other than the Broadlawns Community Care Program and Catastrophic Financial Assistance. If the patient does not meet the eligibility criteria, the patient may not be classified as eligible for this program.

**M. Request for Reconsideration**

If an applicant is denied benefits under the Broadlawns Community Care Program, he/she has the right to appeal that decision to the Supervisor of Financial Counseling. The applicant will need to request an appeal in writing addressed to the Supervisor of Financial Counseling within 10 days of denial date.

**N. Failure to Cooperate**

The applicant is responsible for providing all required information deemed necessary by this policy and by the counselor within 30 days of the application date; failure to furnish the requested information in the time requested will result in an incomplete application and will be cause for denial.


Failure by an applicant to follow through, in any manner, with all applications for other federal, state, county, or other assistance programs for which it is reasonable that he/she would qualify and which would be primary to this Program will be cause for denial.

Any misrepresentation of facts made by an applicant in order to qualify for this Program will be cause for denial, including denial for any past coverage.

Falsification of information will result in denial of the program assistance. If, after a patient is granted Broadlawns Community Care Program eligibility and Broadlawns Medical Center finds material provision(s) of the assistance application to be untrue, the financial assistance will be withdrawn on a retroactive and/or current basis.

**O. Duration of Eligibility**

The approval of benefits under this Program will not exceed twelve months. The term of benefits granted will be subject to the financial and medical circumstances of the applicant. Extension of benefits is available upon the determination that eligibility requirements are met based on updated information. The program reserves the right to re-evaluate the recipient’s eligibility if there is a change in income during the granted eligibility period. Furthermore, the program reserves the right to re-evaluate the recipient’s eligibility when inpatient hospitalization is required in order to determine recipient’s eligibility for other programs.

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**P. Broadlawns Medical Center Optometry/Eye glasses**

Broadlawns Medical Center will provide financial assistance for eye glasses to those residents who are financially indigent and who satisfy certain requirements as defined by the Broadlawns Community Care Program... (This excludes anyone who does not meet the definition of a Polk Count resident.)

**Q. Eligible Applicants**

Only those residents of Polk County that meet the income, resource, residency and clinic requirements established by the Board of Trustees may be eligible for benefits under the Broadlawns Community Care Program Guidelines.

Calculation of immediate family members will be required. Patients requesting assistance under this program will be required to show verification for the number of people in the patient’s household.

Calculation of the number of members in the household for adult eligibility will be consistent with State of Iowa Medicaid criteria. Broadlawns Medical Center will include the patient, the patient’s spouse and any legal dependents.

Calculation of the number of members in the case of eligibility of minors will be consistent with State of Iowa Medicaid criteria. Broadlawns Medical Center will include the patient, the patient’s mother and any legal dependents of the patient’s mother, and the patient’s father and any dependents of the patient’s father.

Expired patients with no estate may be deemed to have no income for purposes of Broadlawns Medical Center’s calculation of income. Documentation of Income is not required for expired patients with no estate.

A family member may be required to apply for other funding on behalf of the expired patient prior to being eligible for the Broadlawns Community Care Program.

While going through the verification process in the event that the applicant is in need of prescriptions, options will be presented to the patient such as General Assistance via Department of Community Family & Youth. Clients may have limited eligibility for up to 15 days upon initial application.

All patients under age of 19 must apply for Title XIX or the Healthy and Well Kids of Iowa (Hawk-I) program in order to be considered eligible for the Broadlawns Community Care Program. Refusal to pay premiums into the Hawk-I program will not be allowed as a basis for eligibility for the Broadlawns Community Care Program.

It is the responsibility of the Applicant to report any and all changes in household income and insurance status within 10 business days

**R. Residency**


Individuals that meet the residency definition for Polk County as described in this policy are eligible for financial assistance.

**S. Resources**

Broadlawns Medical Center will follow the State of Iowa Medicaid Program to determine resource limits for eligibility under Broadlawns Community Care Program and Catastrophic Financial Assistance.

**T. Broadlawns Catastrophic Financial Assistance**

If the patient’s total charges for a 90-day period exceeds 10% of the family’s gross annual income, the patient’s balance may be reduced to 10% of the family’s gross annual income and the remaining balance may be set up on an acceptable payment plan through the BMC Financial Counseling department.

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If the family has more than \$10,000 in liquid assets the patient does not qualify for Catastrophic Financial Assistance and is responsible for the balance due on the account.

**U. Prescription Drugs**

The Broadlawns Community Care Program will provide prescription drugs to patients eligible for the program within the limitations described below.

1. Prescriptions not to exceed a single 30-day supply and does not exceed the eligibility expiration date.
2. The prescribed medication is on the Broadlawns Community Care Program formulary.
3. The prescription is written by an approved Broadlawns Community Care Program provider.
4. Inpatient/observation patients:
  - Polk County uninsured residents who are pending Iowa Health and Wellness or Iowa Market Place Choice will be provided a 10 day supply of medication
  - Non-Polk County uninsured residents will require a waiver for pharmacy by the Chief Medical Officer
5. Outpatient/Clinic patients pending initial Community Care application may be eligible for the Broadlawns pharmacy up to 15 days from the date of the application.

**V. Durable Medical Equipment (DME)**

These services are only covered under this program when provided by an approved provider within the Broadlawns Medical Center.

**W. Non-covered Services**

Broadlawns Medical Center reserves the right to limit the services subject to Broadlawns Community Care Program policy.

**X. No Effect on Other Hospital Policies**

This assistance policy shall not alter or modify other policies regarding efforts to obtain payments from third-party payers, patient transfers, or emergency care.

**Y. Amendments**

The Board of Trustees must approve any modifications to the standards set forth in this policy prior to their implementation.

Approved by the Board of Trustees on June 18, 2019.

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Jody Jenner, Chief Executive Officer