

BLUE RIDGE REGIONAL HOSPITAL

POLICY AND PROCEDURE

Department: Collections	Policy Number: 78-012
Date Issued: March, 2005	Subject: Personal Assistance Program
Reviewed: 3/06; 12/07	Revised: December 31, 2007
Approved: Signed by Janice Briggs, Collections Supervisor, on 12/31/07 and original filed in Administration.	Signed by Jonathan Smith, Chief Financial Officer, on 12/31/07.

Purpose:

To provide needed health care services to those who require such care regardless of their ability to pay. Blue Ridge Regional Hospital will comply fully with all obligations imposed by the Emergency Medical Treatment and Active Labor Act (“EMTALA”) and related regulations including but not limited to providing without regard to a patient’s ability to pay (and without the necessity of any pre-treatment financial screening) the provision of a medical screening exam to any patient who comes to the Blue Ridge Regional Hospital emergency department and requests an examination or treatment for a medical condition, including active labor, and the provision of either stabilizing treatment or an appropriate transfer for patients with emergency medical conditions. Determinations of medical indigence shall be based on the Federal Poverty Guidelines (as defined below) in effect at the time of the patient’s service.

DEFINITIONS:

Eligible Account - An “Eligible Account” is an account of a patient of Blue Ridge Regional Hospital (BRRH) who is uninsured, ineligible for participation in government healthcare payment programs, or ineligible for benefits under his or her insurance or healthcare payment program.

Household – The “Household” is the person or group of persons living in the same household, when BRRH receives an application for Personal Assistance (as defined below). The Collections Supervisor must approve any exceptions.

Federal Poverty Guidelines - The “Federal Poverty Guidelines” are the standards by the United States’ Department of Health and Human Services (“DHHS”) for determining whether a person or family is financially eligible for assistance or services under a particular federal program. The Federal Poverty Guidelines are updated annually by DHHS, and are published in February, March or April of each year in the Federal Register.

Needed Health Care Service - A “Needed Health Care Service” is a health care service or procedure that, in the professional opinion of the attending physician of a patient, must be undergone by a patient in order to prevent him or her from suffering serious bodily harm or pain, a substantial worsening of a medical condition, a significant impairment of any bodily function or death.

Personal Assistance - “Personal Assistance” is any Needed Health Care Service provided by BRRH for which BRRH has agreed to receive less than full compensation. Full compensation shall mean the amount of money that BRRH would be entitled to receive for a particular health care service or product if no discounts or write-offs were applied.

POLICY:

1. **General Rule.** Blue Ridge Regional Hospital will provide Personal Assistance only for Eligible Accounts of patients who receive Needed Health Care Services from BRRH incurred within the past year. Patients shall not receive discounts or write-offs under this policy for elective procedures. Likewise, patients shall not receive discounts or write-offs under this policy for services or products provided by non-BRRH providers, such as physicians, radiologists and anesthesiologists.
2. **Provision of Personal Assistance.** Personal Assistance will be provided for an account that has been determined to be a Needed Health Care Service within the meaning of the policy. A BRRH Patient Counselor will try to make the determination of whether a patient is able to pay for services when a need is identified.
3. **Application for Personal Assistance.** Patients shall apply for Personal Assistance by completing the application form attached hereto as Exhibit A and submitting it to BRRH's Business Services Department. Business Services shall be responsible for processing all applications for Personal Assistance, and for ensuring the confidentiality and security of all such applications.
4. **Verification That Application Complete.** Upon receiving an application for Personal Assistance, Business Services shall check the application to ensure that all necessary information and supporting documentation, including asset verification, if the total amount of the pending Personal Assistance discount is over \$5,000 as well as income verification documentation for the past 3 months or for the past year, has been obtained. If any information or supporting documentation is missing, then Business Services shall ask applicant to submit the needed information or documentation. If verification cannot be obtained, the application may still be processed with the approval of the Collections Supervisor. A failure of an applicant to provide needed information or documentation shall be grounds for rejection of that applicant's application. Similarly, provision by the applicant of false or misleading information or documentation shall be grounds for rejection of that applicant's application. Blue Ridge Regional Hospital reserves the right to reverse a discount previously recorded if it is determined that additional third party payer resources were available, or that the information provided was false. Business Services shall not start processing any application for Personal Assistance until the application is complete and all necessary supporting documentation has been submitted. To complete the discount determination process, an applicant must cooperate fully with Blue Ridge Regional Hospital's staff and other potential payers to exhaust the possibility of qualifying for third party payment for medical services requested or received.
5. **Determination of Eligibility.** Once an application is received, proof of income will be required when the total amount of the pending Personal Assistance discount is greater than \$1,000, and asset verification will be required if the total amount is greater than \$5,000. Upon determining that a completed application and all necessary supporting documentation has been submitted by the applicant, Business Services shall make an eligibility determination by verifying: (a) that the service or product provided to the patient was a Needed Health Care Service, and (b) that the account is an Eligible Account. This latter determination shall be made by using the Notice of Availability of Personal Assistance document attached hereto as Exhibit B. This document determines eligibility by applying Federal Poverty Guidelines. Business Services shall enter all information relevant to the patient's billing and payment into BRRH's CPSI system so that the patient

can be billed correctly. All Personal Assistance applications will require authorized signatory approval as follows:

\$1 - \$2,000	Authorized staff member completing the application
\$2,001 - \$5,000	Collections Supervisor
\$5,001 and Up	Chief Financial Officer

6. **Deviations From Eligibility Criteria.** Deviations from, and exceptions to the eligibility criteria set forth in the Notice of Availability of Personal Assistance document must be approved by the Chief Financial Officer. One basis upon which a deviation or exception may be made is the incurrence of catastrophically large medical bills by an applicant whose account would not otherwise qualify for Personal Assistance.
7. **Checking Alternative Payment Sources.** After determining that an account is an Eligible Account arising from a Needed Health Care Service, Business Services shall work with the applicant to identify possible payment sources other than BRRH's Personal Assistance program for the patient's medical bills. If an applicant refuses to apply, follow-up, or otherwise cooperate with efforts to gain eligibility for benefits from Medicare, Medicaid, a public assistance program, or a third-party payer, then BRRH may reject that applicant's application for Personal Assistance.
8. **Approval of Personal Assistance Application.** If a patient is eligible for Personal Assistance under this policy, then Business Services may grant a discount or write-off to the patient, in accordance with the eligibility criteria set forth on the Notice of Availability of Personal Assistance document. All amounts to which discounts and write-offs have been applied shall be eliminated from the patient's account balance. Business Services shall inform the patient, in writing, about the amount of each discount or write-off granted to him or her under this policy, as well as about the amount, if any, of his or her remaining account balance, and discuss how the patient plans to pay balance due.
9. **Rejection of Personal Assistance Application.** If Business Services determines that a patient is ineligible for Personal Assistance under this policy, then it shall follow its outside referral guidelines when directing the patient to other care providers, payers, and other resources.
10. **Recording the Amounts of Personal Assistance Offered.** Business Services shall maintain a record of all discounts and write-offs granted pursuant to this policy. (Note: Managed care and government contracts prohibit the routine waiver of co-payment and deductible amounts.)

ANNOTATIONS:

1. Supersedes – none
2. Cross Reference – Federal Poverty Income Guidelines (Attachment A)
78-202 – Processing Personal Assistance Applications

3. Reference Source – none