

Financial Assistance Policy

Effective Date: 02/1/23 _____

Purpose

To further the mission of changing the way America cares for children, families, and communities by providing and promoting an integrated continuum of care that instills Boys Town values to strengthen body, mind and spirit through offering financial assistance to those in need. This policy is intended to identify those patients who are uninsured or underinsured, and who are treated for an emergency medical condition or need medically necessary treatment and have a household income between 100% and 400% of the Federal Poverty Guidelines (FPG) that qualify for financial assistance.

In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under Boys Town National Research Hospital's financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

Policy

Boys Town National Research Hospital (BTNRH) shall fulfill their charitable mission by providing healthcare services to all individuals without regard to age, gender, race, religion, national origin, or ability to pay. Financial Assistance is provided only when care is deemed emergent or medically necessary and after patients have been found to meet all financial criteria. BTNRH offers both free care and discounted care, depending on individual's family size and income, and shall provide fair discounts, and financial protection to low income, underinsured, or uninsured patients. BTNRH is committed to meeting the needs of everyone in their communities, including those who cannot pay for their care. Similarly, patients who are able to pay have an obligation to pay, and providers have the duty to seek payment for these individuals.

Uninsured and underinsured patients who do not qualify for free care will receive a sliding scale discount off the gross charges for their emergency or medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance for care, and may work with BTNRH Financial Counselor, or Patient Financial Services staff to set up a payment plan based on their financial situation.

Definitions

- 1. Financial Assistance:** Financial assistance provided to those unable to pay their personal pay obligation as part of receiving emergency or medically necessary health care services at BTNRH.
- 2. FPL – Federal Poverty Level:** Federal poverty guidelines as published annually by the Federal Government.
- 3. Charity Care:** Emergency or medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy.
- 4. Medically Necessary:** Hospital services or care rendered, both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

5. **Emergency Care:** Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
6. **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12–24 hours.
7. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.
8. **Underinsured:** Insured patients with out-of-pocket medical costs.
9. **Amount Generally Billed (AGB):** The amount generally billed to insured patients for emergent or medically necessary care (determined as described in section (C) of the policy below.)
10. **Gross Charges:** The full amount charged by BTNHRH for items and services before any discounts, contractual allowances, or deductions are applied.

Procedures

(A) Identification of Financial Assistance

The responsibility to qualify financial need is the Financial Counselors and Patient Financial Services staff. These staff members will be trained to identify patient needs and answer financial assistance questions. Any questions or concerns that cannot be addressed will be referred to the Patient Financial Services Manager(s) or Director for assistance.

(B) Eligibility Criteria

The determination for financial assistance will be based on the following criteria.

BTNHRH will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients.

Financial assistance discounts will be available for only emergency or medically necessary healthcare services provided to persons who meet the financial and documentation criteria defined in this policy.

Patients who have verified available cash on hand (liquid assets) to pay hospital owed balances will not be eligible for financial assistance, per this FAP. We will use all of the required documentation in section

D. of this policy to verify available cash on hand.

Patients who are uninsured or underinsured that do not have the necessary available funds to pay for services, and have a household income at or below 200% of Federal Poverty Guidelines (FPG) (shown in the table below) may receive free care (an 100% discount.)

Individuals that do not have the necessary available funds to pay for services, with annual household incomes between 201% and 400% FPG will be eligible for up to a 75% discount of gross charges, as illustrated by the table below.

Financial Assistance Available at Boys Town National Research Hospital

2023 - Published Federal Poverty Guidelines

		200% or Less:		201%-250%		251%-300%		301%-400%	
		Min. Gross Income	Max. Gross Income	Min. Gross Income	Max. Gross Income	Min. Gross Income	Max. Gross Income	Min. Gross Income	Max. Gross Income
Family Size	FPG Base*	100%		75%		50%		25%	
1	\$14,580	\$0	\$29,160	\$29,161	\$36,450	\$36,451	\$43,740	\$43,741	\$58,320
2	\$19,720	\$0	\$39,440	\$39,441	\$49,300	\$49,301	\$59,160	\$59,161	\$78,880
3	\$24,860	\$0	\$49,720	\$49,721	\$62,150	\$62,151	\$74,580	\$74,581	\$99,440
4	\$30,000	\$0	\$60,000	\$60,001	\$75,000	\$75,001	\$90,000	\$90,001	\$120,000
5	\$35,140	\$0	\$70,280	\$70,281	\$87,850	\$87,851	\$105,420	\$105,421	\$140,560
6	\$40,280	\$0	\$80,560	\$80,561	\$100,700	\$100,701	\$120,840	\$120,841	\$161,120
7	\$45,420	\$0	\$90,840	\$90,841	\$113,550	\$113,551	\$136,260	\$136,261	\$181,680
8	\$50,560	\$0	\$101,120	\$101,121	\$126,400	\$126,401	\$151,680	\$151,681	\$202,240

*FPG Base is updated annually when DHHS updates their poverty level guidelines

**For family units of more than 8 members, add \$5,140 to the FPG base* for each additional member

**Notwithstanding these percentage discounts, any applicant who qualifies for financial assistance under this policy will not be required to pay more than AGB for emergency or medically necessary care provided by BTNRH.

***If available funds/cash on hand is verified, that will be considered, in addition to applying annual income and family size to the FPG grid above.

Financial assistance will be considered at any point in the billing cycle, up to 240 days from the 1st billed date, post discharge date or date of service.

(C) Applying for Financial Assistance

To apply for financial assistance, patients must submit a complete application (including all necessary supporting documentation) to BTNRH at 555 North 30th Street, Omaha, NE 68131, either in person or by mail.

Applications, including Spanish translations, can be accessed at:

- BTNRH East Admissions (555 N. 30th St. Omaha, NE 68131)
- BTNRH West Admissions (14000 Hospital Road Boys Town, NE 68010)
- Online: [English](#) & [Spanish](#)

If individuals wish to make a request by phone, call 531-355-8195.

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to completing an application, individuals should be prepared to supply the following documentation to validate funds/cash on hand available, as well as household income:

- Gross household income (including: unemployment, child support, pension, and/or SSI)
- Most recent W-2 or income tax return for all household wage earners
- Most recent month of income verification (pay stubs, bank deposits, etc)
- Medicaid determination letter
- Completed and signed financial statement for household if there is no income

A patient's Annual Household Income is the cumulative total of the gross income(s) for all members of the patient's household as shown on the IRS Form 1040 for all household members or obtained from relevant Social Security records, paychecks, or other reliable documentation from which Annual Household Income can reasonably be determined.

Individuals who do not have any of the documentation listed above; have questions about BTNRH's financial assistance application; or would like assistance with completing the financial assistance application may contact a Financial Counselor at 531-355-8195.

Patient Financial Services office hours are Monday-Friday, 8:00am-5:00pm

(D) Determining Discount Amount

Once eligibility for financial assistance has been established, BTNRH will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.

- To calculate the AGB, BTNRH uses the prospective method described in section 4(b)(2) of the IRS and Treasury's 501(r) final rule.
- In this method, BTNRH will use the Nebraska Medicaid allowed amounts to determine AGB, per charge or per service/procedure.
- BTNRH will use the billing and coding process it would use if the FAP eligible individual were a Nebraska Medicaid beneficiary.
- BTNRH will set the AGB for care at the amounts determined to be the total amount Nebraska Medicaid would allow for care (including the amount that would be reimbursed by Medicaid and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance and deductibles).

Authorization levels for adjustment approval are as follows:

- a. Patient Financial Counselor: less than \$2,500
- b. Patient Financial Services Supervisor: \$2,500 - \$4,999
- c. Patient Financial Services Director: \$5,000 - \$9,999
- d. Patient Financial Services Senior Director: \$10,000 and greater

(E) Actions in the Event of Non-Payment

The collection actions BTNRH may take if a financial assistance application and/or payment is not received are described in a separate policy.

In brief, BTNRH will make certain efforts to provide patients with information about our financial assistance policy before we or our agency representatives take certain extraordinary collection actions to collect your bill (these actions may include civil actions, reporting negative information to credit bureaus, garnishing wages or bank account liens.)

For more information on the steps BTNRH will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see BTNRH's Billing and Collections Policy.

You can request a free copy of this full policy, including Spanish translation, in person at our East or West campus registration areas, by mail by calling us at 531-355-8195 or mailing a request to 555 North 30th Street, Omaha, NE 68131, or online by clicking: [English](#) or [Spanish](#).

(F) Eligible Services

Services eligible for financial assistance include those emergency or medically necessary by BTNRH, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

(G) Eligible Providers

In addition to care delivered by BTNRH, emergency and medically necessary care delivered by the providers listed in [attachment A](#) are also covered under this financial assistance policy.

Care provided by any of the providers listed in [attachment B](#) at a BTNRH facility will NOT be covered under this policy. As such, the bills received for care provided by any of the following providers will NOT be eligible for the discounts described in this financial assistance policy.

(H) Communicating Availability of Financial Assistance

BTNRH will make reasonable efforts to inform our patients about our financial assistance policy. Examples of mechanisms used to do this include:

- Placing signage, information, or brochures in appropriate areas of the provider (e.g., registration and admission/check-in areas) stating that the hospital/physician practice offers charity care and describing how to obtain more information about financial assistance.
- Placing a note on the healthcare bill and statements regarding how to request information about financial assistance.
- Designating departments or individuals who can explain the provider's financial assistance policy.
- Staff who interact with patients will be instructed to direct questions regarding the financial assistance policy to the Patient Financial Counselor.
- Provide a link on the website to notify patients/family of the financial assistance policy, guidelines and application.
- This policy will be communicated to all outside collection agencies utilized by Boys Town National Research Hospital for adherence to the policy content and guidelines.

PLEASE NOTE: Any BTNRH physician/clinic services that are medically necessary will fall under this policy and eligible patients will receive "equal" charity discounts.