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Patient’s services that have been, or may be, paid for by a first or third party payer such as an automobile insurance company or worker’s compensation. As allowed by the States of Iowa, when a Patient presents for services following an accident or injury, BMC may place a hospital lien against the third party settlement, and the lien is not an ECA.

c. The filing of a claim in any bankruptcy proceeding is not an ECA.

F. **Plain Language Summary:** A document that provides a summary of BMC’s Community Care Program and Catastrophic Financial Assistance Policy A-1006.

G. **Post-Discharge Billing Statement:** Billing statement provided to a Patient after the patient has received health care services and has left the Hospital.

H. **Application Period:** The period beginning on the date of care provided to the Patient and ending on the later of (1) 240 days after the first Post-Discharge Billing Statement; (2) the deadline indicated in the notice provided to the Patient as described at Section IV.B.a.i of this policy, or (3) the deadline for providing additional information has passed.

#### IV. PROCEDURE

A. Broadlawn's Medical Center will provide reasonable options for Patients who are making a good faith effort to pay their bills. However, BMC expects Patients to pay the amounts due for health care services provided, and will pursue collections when necessary.


B. BMC will not engage in Extraordinary Collection Actions against a Patient to obtain payment for care until making Reasonable Efforts to make the Patient aware of the availability of Financial Assistance and the process for applying for Financial Assistance.

a. Reasonable Efforts include all of the following actions by the Hospital:

i. Providing written notice (and attempting to provide oral notice) to the Patient that Financial Assistance is available, providing a Plain Language Summary, identifying the ECAs that the Hospital may take if needed, and stating a deadline after which ECAs may be initiated that is no earlier than 30 days after the date when the written notice is provided.


ii. Notifying a Patient who submits an incomplete Financial Assistance application about how to complete it properly, and giving the Patient a reasonable opportunity to do so. The Hospital must provide this notification in writing and must provide contact information for resources in assisting the Patient with completing the application.

iii. Making a determination regarding Financial Assistance eligibility if the Patient submits a complete Financial Assistance application during the Application Period.

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- b. If BMC defers or denies care based on outstanding bills for prior care, then Reasonable Efforts requirements differ. BMC must provide the Patient with a FAP application form and a written notice that Financial Assistance may be available, and state the deadline for submitting this FAP application for the previous care. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date of the first Post-Discharge Billing Statement for the previously provided care. If a complete FAP application is submitted within these timeframes, then BMC must process the application on an expedited basis.
  
- C. BMC will not attempt to collect from Patient assets that are exempt from such collection activities under state or federal regulations.
  
- D. If a Patient submits a complete Financial Assistance application and BMC believes that the Patient may qualify for Medicaid, BMC may postpone making an eligibility determination until after the Patient applies for Medicaid and a determination has been made regarding such Medicaid eligibility.
  
- E. If a Patient's eligibility for Financial Assistance is undetermined, then BMC will refrain from initiating Extraordinary Collection Actions for 100 days from the date of the Patient's first Post Discharge Billing Statement, plus the any additional deadline provided to the Patient in the notice described at Section IV.B.a.i of this policy.
  - a. If the Patient submits a complete Financial Assistance application at any time within the Application Period, then the Hospital must suspend any ECAs, determine the Patient's eligibility for Financial Assistance, and notify the Patient whether Financial Assistance is available.
    - i. If the Patient is eligible for Financial Assistance but not eligible for free care, then the Hospital must provide the Patient with a statement indicating the amount that the Patient owes.
    - ii. If the Patient is eligible for Financial Assistance, the Hospital must reverse any previously taken ECAs.
  
  - b. If the Patient submits an incomplete Financial Assistance application within the Application Period, the Hospital must suspend any ECAs until either the Patient completes the Financial Assistance application and the Hospital determines whether the patient is eligible for Financial Assistance, OR until the Patient has failed to provide additional information up to a maximum of 240 days from the date of the first Post Discharge Billing Statement, the deadline provided to the Patient in the notice described at Section IV.B.a.i of this policy, and the deadline for responding to a presumptive determination of ineligibility for full Financial Assistance.
  
  - c. The Hospital may initiate ECAs if the Patient has not submitted a complete Financial Assistance application for 240 days from the date of the Patient's first Post Discharge Billing Statement and if the notification requirements have been met.
  
- F. For Patients who have had multiple episodes of care at BMC, the Hospital may satisfy the notification requirements under this Policy simultaneously. If BMC aggregates a Patient's outstanding bills for multiple episodes of care, it may not initiate the ECA(s) until after the Application Period for the most recent episode of care.

Approved by the Board of Trustees on June 18, 2019

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Jody Jenner, Chief Executive Officer