



BRONSON CORPORATE FINANCIAL ASSISTANCE POLICY

PURPOSE

For the purposes of keeping with their tax-exempt mission and commitment to the surrounding communities, Bronson Healthcare Group hospital facilities (Bronson Battle Creek Hospital, Bronson Lakeview Hospital, Bronson Methodist Hospital and Bronson South Haven Hospital, collectively, "the Hospitals") each acknowledge that all individuals are not equally capable of paying for their healthcare services. Bronson and its employed physicians strive to ensure that the financial capacity of individuals does not prevent them from seeking or receiving medically necessary care. The Hospitals each recognize their responsibility to offer care for persons in need, and therefore provide and promote access to emergency or medically necessary services without regard to ability to pay.

POLICY

The Bronson Financial Assistance Policy ("FAP") has been developed to ensure that financial assistance for emergency or medically necessary services is provided to eligible individuals. Regardless of eligibility determination, confidentiality of the information submitted and dignity shall be maintained for all that seek financial assistance. The policy was created with the purpose of satisfying requirements outlined in Section 501(r) of the Internal Revenue Code regarding financial assistance and compliance with emergency medical care policies. It is also meant to satisfy additional requirements associated with 501(r) regulations including reasonable notification efforts around the availability of financial assistance, limitations on patient financial responsibility, and billing and collection practices for those eligible under the financial assistance policy. Patients are expected to cooperate with the Hospital's procedures for obtaining financial assistance, and to contribute to the cost of their care based on their individual ability to pay. This policy is contingent upon cooperation from the patient and return of requested information in order to make an evaluation of eligibility. The policy is based on the regulations under Section 501(r) in existence as of the effective date of this policy.

Bronson reserves the right to amend this policy in the event of any changes made to the regulations. In order to manage its responsibility and provide the appropriate level of assistance to the patient populations in need, Bronson Healthcare Group establishes the following policy in order to best serve the community financial needs.

This policy will address the following:

- Eligibility criteria in order to be considered for financial assistance
- Methods for applying for financial assistance
- Limitations on patient financial responsibility for those eligible for financial assistance
- Billing and collection practices in the case of non-payment



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- Efforts to widely publicize the financial assistance policy

DEFINITIONS

The definitions section serves to provide clarification around the terms used within this policy.

Amounts Generally Billed (AGB)

The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

Family

Based on the U.S. Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of financial assistance.

Family Income

Determined using the Census Bureau definition, which considers the following sources as income in relation to the federal poverty guidelines:

- Earnings, unemployment, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and any income from other miscellaneous sources.

Federal Poverty Level (FPL)

A measure of income issued every year by the Department of Health and Human Services. Federal Poverty Levels are used to determine eligibility for programs and benefits such as Medicaid.

Financial Assistance

Program designed to aid in the payment of medical services deemed as emergent or medically necessary and a demonstrated inability to pay for services based on income guidelines and eligibility criteria outlined in this policy.

Medical Necessity

Emergency medical services provided and services for conditions which, if not promptly treated, would lead to an adverse change in the health status as determined by a qualified healthcare provider.

Open AR



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For purposes of this policy, Open AR is considered to be accounts that currently reside with Bronson and are not yet placed with an outside agency.

Uninsured

Also referred to as "self-pay", patients that have no insurance coverage or third party assistance to meet the payment obligations for the provided medical services

Underinsured

The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

ELIGIBILITY

Eligibility for Bronson's financial assistance program shall be considered for patients that are uninsured, insured or underinsured, and unable to pay for their medically necessary care, based upon a determination of financial need in accordance with this policy. Patients are eligible to receive financial assistance after insurance payment(s) on balances (such as deductibles, co-pays and coinsurance) if they meet the eligibility requirements as described in this policy. Eligible services are those that are medically necessary as determined by a qualified provider, including emergency medical services provided in an emergency room setting, and services for conditions which, if not promptly treated, would lead to an adverse change in the health status. A listing of providers that participate with this policy in providing emergent or medically necessary services is maintained in a separate document and can be obtained free of charge by calling or submitting a request in writing to the Bronson Billing Department (see Appendix A for contact information).

In order to be considered for financial assistance, a patient must submit an accurate and complete Bronson Financial Assistance Application by the required due date (i.e., no later than the 240th day after Bronson provides the patient with the first billing statement for services received). This policy is intended to apply to those patients who reside in the service area of Michigan, Ohio, Illinois or Indiana. Bronson Financial Counselors are available to provide assistance in applying for Michigan Medicaid coverage for eligible patients, and if determined eligible there is an expectation that patients will cooperate in applying for such coverage. Bronson Medical Financial Assistance eligibility will be determined based on the application date. The financial assistance determination will be valid for medically necessary services for 6 months from the date of the signed application. Adjustments on prior service dates will be considered if determined to be emergent or medically necessary and account is in Open AR not already placed with an agency.



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The following FPL-based eligibility scales have been created in accordance with the Section 501(r) regulation requirements that those approved for financial assistance shall not be responsible for more than AGB for applicable services. Family income as a percentage of FPL and the associated discount percentage are outlined in the tables below:

Financial Assistance Eligibility Scale – Bronson Battle Creek Hospital, Bronson Lakeview Hospital, Bronson Methodist Hospital, and Bronson South Haven Hospital

Family Income as a Percentage of FPL	Discount Percentage
Up to 200%	100%
Up to 250%	90%
Up to 300%	80%
Up to 350%	75%

2018 Federal Poverty Level (FPL) Guidelines Reference

Family Size	Yearly Income
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

Catastrophic circumstances may be considered by request if both of the following situations are met: 1.) The patient applies and already qualifies for financial assistance within the current FPL discount scale with less than a 100% discount. 2.) A single admission results in at least \$10,000 in patient responsibility. If both conditions are met, the account would be reviewed for a 100% adjustment.

Determination of qualifying financial assistance is subject to change if it is discovered that information was withheld or circumstances change at any time within the eligibility period. If information provided as part of the eligibility determination is later determined to be inaccurate, Bronson shall have the right to hold the patient accountable to provide payment



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for services received. Failure to complete the requested information or return necessary documentation can result in ineligibility for financial assistance.

APPLYING FOR FINANCIAL ASSISTANCE

Efforts shall be made to evaluate financial assistance eligibility for those that are uninsured and deemed potentially eligible by Bronson Financial Counselors at the Hospitals during or in advance of services, but determination may also be made after the billing cycle has begun. Patients that present with insurance for their services shall not be targeted for proactive screening by a Bronson Financial Counselor as they are not immediately identified as potentially eligible, but are eligible to apply and receive the same financial assistance offered to those that are uninsured. In addition to self-referral, referral of patients seeking financial assistance may be made by any member of the Bronson staff, including physicians, nurses, financial counselors, social workers, case managers, and chaplains.

The return of requested information shall be deemed necessary to make an eligibility determination. The ability to pay, including income and assets for the patient and their spouse, shall be taken into account when determining eligibility and adjustment amount. In addition to completing the Bronson Financial Assistance Application based on the instructions provided, the following supporting documents will be needed to make an eligibility determination:

- Pay stub(s) displaying YTD (Year to Date) income, or income verification letter from employer on company letterhead
 - At least 4 weeks of recent income must be documented on pay stub(s), or additional supporting income documentation must be submitted.
 - If YTD income is not able to be determined from pay stub(s) provided, additional pay stub(s) or an income verification letter are required to document YTD income.
- If self-employed, prior year's personal tax return and tax return for the individual's business including all schedules
- If unemployed, all year to date unemployment check stubs or a print-out from state website showing year to date income, or verification of denial showing ineligibility for unemployment benefits
- If receiving Social Security Benefits, a check stub, bank statement showing direct deposit, or copy of letter showing monthly benefit
- Documentation of additional income sources such as child support, pension, rental income, educational income or any other source of income as outlined in the Bronson



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Financial Assistance Application must be included in order to make an accurate eligibility determination.

Bronson reserves the right to request additional documentation before making a final financial assistance determination, including, but not limited, to a Medicaid denial letter, bank statements, proof of assets, driver's license or state ID, and disclosure of claims and/or income from personal injury and/or accident related claims.

In the case of an incomplete application, the patient shall be notified detailing additional information necessary to consider the application complete. The patient shall be allowed 10 business days (if notice provided via mail, from post-marked date; if notice provided in person or electronically, from date notice provided) to return the requested information or the application shall be considered incomplete and a denial can be issued. If the patient needs additional clarification or assistance with understanding what is expected of them, contact must be made within this timeframe in order for an extension to be considered.

For completed applications, an evaluation shall be made based on all application data, dependency status, and supporting documentation. Bronson Patient Financial Assistance staff shall make an eligibility determination within 30 business days following the receipt of the completed Bronson Financial Assistance Application with requested documentation. Bronson shall provide notification to patients of the determination as well as the basis for the decision.

PRESUMPTIVE ELIGIBILITY

Presumptive methods may be used in some instances to determine financial assistance eligibility. Methods may include previously submitted application data, external publically available data sources that provide information on the patient's ability to pay (such as credit scoring), or other program enrollment resources if patient lacks documentation that supports eligibility. For example, eligibility may be determined presumptively for homeless patients, those who already receive assistance in a state or federally-funded program, those residing at an address that indicates subsidized housing, or for deceased patients with no known estate. In the case that presumptive eligibility is used and results in less than a 100% discount, patients shall be made aware of more generous discounts that are available.

Based on the agreement in place with Family Health Services and Grace Health, financial assistance determinations previously made by the named facilities in accordance with their own eligibility criteria may be presumed valid for medically necessary services provided at the Hospitals, and financial assistance may be granted if applicable.

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EXCLUSIONS

The following scenarios or services will be excluded from consideration for financial assistance eligibility:

- Coverage of services such as cosmetic surgery, elective procedures, and any encounters unrelated to an emergent or medically necessary service.
 - TeleHealth, or Virtual Visits are excluded from Financial Assistance
- Patients who have another available coverage option, such as Medicaid, automobile, worker's compensation, liability etc., and do not take the necessary steps to secure the coverage:
 - Patients who decline to apply for Medicaid when they are eligible under the state guidelines.
 - The patient was injured as a direct result of an accident involving his/her motor vehicle and who did not maintain the required insurance on the motor vehicle
 - Self-employed patients who do not have worker's compensation insurance and are injured on the job (self-employed LLC).
- Patients with insurance who failed to follow the insurance company's rules for pre-certification, or who seek treatment at a Bronson facility when Bronson is not the preferred provider for the insurance plan (except in emergency situations).
 - Managed Medicaid plans and Medicare Advantage plans are eligible despite no participation.
- The patient shows evidence of at least \$100,000 in checking and/or savings and the balance of the patient's eligible Bronson accounts equals no more than 50% of the amount in the bank accounts.
- Charges as a result of collection agency referral such as court costs, filing fees, interest, and/or attorney fees.

EMTALA

In coordination with each of the Bronson Hospital's emergency medical care policies and the Emergency Medical Treatment and Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C. 1395dd), Bronson is committed to provide without discrimination care for emergency medical conditions regardless of ability to pay. The Hospitals are committed to ensure the patient's ability to pay for services provided has no bearing on the delivery of stabilizing treatment in situations where emergency care is required.

LIMITATIONS ON PATIENT FINANCIAL RESPONSIBILITY



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In accordance with Section 501(r) (5) of the Code, in no case shall an FAP-eligible individual be responsible for more than amounts generally billed (AGB) for emergency and other medically necessary care. The AGB for the purposes of this policy was determined using the look-back method.

The AGB for the Hospitals shall be re-calculated on at least an annual basis and any updates shall be reflected in the policy. Additional information on the specific AGB percentages or calculation methods can be obtained free of charge by calling or submitting a request in writing to the Bronson Billing Department (see Appendix A for contact information).

Additionally, in accordance with Michigan Law (Public Act 107), for uninsured patients with family income up to 250% of the federal poverty level, the maximum payment required is 115% of the Medicare rate for such services.

BILLING & COLLECTIONS

In the event of non-payment after proper notification of the availability of financial assistance, actions may be taken to collect on balances owed. Reasonable efforts shall be made to determine eligibility and provide notification of available financial assistance in accordance with 501(r) regulations prior to collection agency placement or extraordinary collection action (ECA) initiation. ECAs may include reporting to credit agencies, and judicial or legal actions such as liens or garnishments. At least three (3) statements delivered by mail or electronically will be issued to the responsible party if there is an outstanding balance before consideration for collection agency referral.

Prior to initiation of any ECAs, at least one statement will include notice of collection agency referral and potential ECAs. Such statement will be provided at least 30 days before the initiation of any ECA, and the Bronson Financial Assistance Policy Summary will accompany this notification. It is expected that the patient's address provided to Bronson is valid; if notice is provided to the address on file, reasonable efforts to provide notification in accordance with Section 501(r) (5) of the Code will have been met. Credit reporting may take place as soon as 90 days from collection agency list date (at least 210 days from first billing statement for services received), and additional judicial or legal actions as soon as 120 days from collection agency list date (at least 240 days from first billing statement for services received).

If ~~a request~~ **an application** for financial assistance is made on an account that is with the collection agency no later than the 240th day after Bronson provides the patient with the first billing statement for services received, collection activity shall be suspended for **15** ~~days in order to allow the patient reasonable time to submit an application. If the patient~~



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~~submits an application during this hold period, Bronson Financial Assistance staff will notify the agency to suspend any further collection actions for up to 30 business days until an eligibility decision has been reached. If the application submitted is incomplete or additional documentation is required, the patient will be notified and allowed 10 business days from provided date to return requested documentation in order to continue to evaluation process.~~

ECAs may be reversed if they have already been initiated. If the evaluation results in a partial adjustment, a determination will be sent indicating the new balance and ECAs may be reversed if already initiated. If the patient does not provide completed application information or is not eligible for financial assistance based on evaluation, a denial will be issued and the agency will resume collection activity.

The Bronson Financial Assistance staff and management are responsible for ensuring reasonable efforts have been met on applicable accounts prior to any ECA initiation. Bronson and their external collection agencies shall be authorized to report unpaid accounts to credit agencies, and to file litigation, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection. Bronson and authorized external collection agencies may also take other actions, including, but not limited to, telephone calls, emails, texts, mailing notices, and skip tracing to obtain payment for medical services provided.

PUBLICATION

The following measures are taken with the intent to make reasonable efforts to inform and widely publicize the availability of Bronson's FAP to patients and the public in accordance with Section 501(r) requirements:

- Information will be displayed in emergency, admitting and financial counseling departments' waiting areas referencing the availability of financial assistance.
- The Bronson Financial Assistance Policy Summary will be offered as part of the discharge or intake process for those patients receiving services at the Hospitals.
- Free paper copies of financial assistance documents (Bronson Financial Assistance Policy, Bronson Financial Assistance Application and the Bronson Financial Assistance Policy Summary) can be obtained from the emergency, admitting and financial counseling departments within the Hospitals or can be requested by mail from the Bronson Billing Department (see Appendix A for contact information).
- Reference to the availability of financial assistance will be included on each of Bronson's billing statements, and notification of ECAs Bronson or an authorized collection agency may intend to take shall be made at least 30 days prior to initiation.
- The Bronson Financial Assistance Policy, Bronson Financial Assistance Application and Bronson Financial Assistance Policy Summary will be posted on Bronson's



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website in English, Spanish, Arabic and Burmese

(<https://www.bronsonhealth.com/financialassistance>)

- Oral notification of the availability of financial assistance.
- Notifying the community of the availability of financial assistance, in a manner reasonably expected to reach those members of the community who are most likely to require financial assistance from the Hospitals, and any other methods of publication or distribution as determined by Bronson to widely publicize the policy.

APPENDIX A

Bronson Financial Assistance Website

Visit our website at <https://www.bronsonhealth.com/financialassistance> for more information including contact information as well as free and printable copies of the Financial Assistance Summary, Bronson Financial Assistance Policy and Bronson Financial Assistance Application in English, Spanish, Arabic and Burmese.

Bronson Billing Department

1-800-699-6117 Monday – Friday 8:30 a.m.-5:30 p.m.

Bronson Financial Assistance Mailing Address

Bronson Healthcare Group
Patient Accounting Attn: SP
601 John St - Box J
Kalamazoo, MI 49007-5341

Bronson Financial Counseling Departments

For patients needing financial assistance while at the hospital facilities or who require help completing the application, financial counselors are available on-site to provide assistance. Hours: Monday – Friday 8:30 a.m. – 4:30 p.m.

- **Bronson Battle Creek Hospital** – 269-245-8124
300 North Avenue, Battle Creek, MI
Financial Counselors are located in the Registration Department to the right, past the Greeter Desk. Enter through the Outpatient Center entrance, parking lot entrance off Emmett Street.
- **Bronson Lakeview Hospital** – 269-657-1532
408 Hazen Street, Paw Paw, MI
Financial Counselors are located on 1st Floor, North Entrance in the Outpatient Registration area.
- **Bronson Methodist Hospital** – 269-341-6120



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601 John Street, Kalamazoo, MI

Financial Counselors are located in the Financial Services office on the 1st Floor Main Campus directly behind the main Information Desk.

- **Bronson South Haven Hospital** – 269-639-2865

955 South Bailey Avenue, South Haven, MI

Financial Counselors are located in the Cashier's Office on the 1st floor across from the Gift Shop. Enter through the door marked Main Entrance and turn to the left.