

NORTHEAST MONTANA HEALTH SERVICES, INC. d.b.a. Poplar Community Hospital and Wolf Point Hospital

PATIENT ACCOUNTING

FINANCIAL ASSISTANCE POLICY (CHARITY CARE)

Policy Approval Date: | September 27th 2018

PURPOSE

Northeast Montana Health Services, Inc. (NEMHS) is committed to providing access to emergency and medically necessary affordable healthcare to all patients regardless of their ability to pay. NEMHS intends, with this policy, to establish a process for use in circumstances in which Financial Assistance, compliant with federal, state and local laws, shall be offered to those receiving services. This policy addresses:

- Patient Notification of Financial Assistance Availability
- Financial Assistance Eligibility Criteria
- Instructions for Applying for Financial Assistance
- Determination and Patient Notification
- The method of calculating amounts charged to individuals who qualify for assistance under this policy
- Measures to widely publicize the policy

SCOPE

- This policy applies to all emergency and medically necessary inpatient and outpatient services provided to patients who qualify for assistance in accordance with the terms and conditions listed in this policy. A determination of qualification of Financial Assistance will cover services provided by NEMHS on an inpatient and outpatient basis. For these purposes, the policy also covers the rendering of professional services by physicians and other providers employed or contracted by NEMHS, as listed on the “Providers Providing Care at NEMHS Covered by this Policy” document. Any other physician or provider of care at NEMHS are not subject to this policy and each patient will be responsible for satisfaction or resolution of any bills issued by such physicians or providers for their professional services.
- NEMHS will provide health care services to individuals that are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether such patients may qualify for Financial Assistance under this policy.
- NEMHS will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other

areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

- Any services that are deemed as not Medically Necessary are not eligible for Financial Assistance.

DEFINITIONS:

Medically Necessary Health Care Services: Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Medicare. Non-elective services provided in response to life threatening situation in a non-emergency room setting evaluated on a case-by-case basis. Medically necessary services do not include, but are not limited to: (i) non-medical services such as social and vocational services; or (ii) elective cosmetic surgeries (for these purposes, plastic surgery procedures designed to correct disfigurement caused by injury, illness, or congenital defect or deformity are not considered “elective”).

Amounts Generally Billed (AGB): The amounts generally billed for emergency or Medically Necessary Health Care Services provided to patients who have insurance. AGB percentage is determined annually by using a 12 month measurement period utilizing the look back method. The AGB percentage is calculated by all claims allowed by insurers and Medicare divided by gross charges for those claims. The AGB for services provided at Northeast Montana Health Services, Inc., will be determined utilizing the prospective method for the first year of operation and each subsequent year the look back method will be utilized.

Look-Back Period: The 12 month look-back measurement period currently in effect is: July 1st through June 30th each year and the start date for the new calculation will be October 1st of each year.

Completed Application: A completed Financial Assistance Application form must be signed and dated with supporting proof of income and confirmation of Medicaid denial.

Eligibility Period: The period during which NEMHS will accept and process Financial Assistance applications. This period will be from the date of service until 240 days after NEMHS provides the patient with the first billing statement for the care provided.

Financial Assistance: Either full or partial reduction in charges to patients for emergency or Medically Necessary Health Care Services, in the case of patients who have qualified for Financial Assistance, Medically Indigent, or are Presumptively Eligible as those terms are defined in this policy. Financial Assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, deductibles, or both.

Extraordinary Collection Actions: Those actions that NEMHS may take in the event of non-payment following the expiration of the notification period. These may include referral to an external collection agency, the reporting of adverse information about the individual to consumer credit reporting agencies or credit bureaus, garnishment of an individual’s wages, and/or commencement of a legal civil action against an individual.

Notification Period: The period of time during which NEMHS will make every reasonable effort to

inform the patient of the availability of financial assistance under this policy prior to initiating extraordinary collection actions. This period shall be from the date of service until 120 days after NEMHS provides the patient with the first billing statement for the care provided.

Patient(s): The person who NEMHS provides services and/or the person who is legally responsible for payment for such services.

Medically Indigent: A Patient not eligible for Medicaid or Medicare with medical or hospital bills after payment by a third-party payer exceeding 50% of the patient's annual family income, and who is financially unable to pay the remaining bill. A patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system.

Presumptively Eligible: A patient who has not submitted a completed Application for Financial Assistance, but who nonetheless is subject to one or more of the following criteria:

- Homeless
- Deceased with no estate
- Mentally incapacitated with no one to act on his or her behalf
- Medicaid eligible, but not on the date of service or for non-covered services
- Subsidized school lunch program
- Dual Eligible: Medicare beneficiaries who receive Medicaid assistance, including those who receive the full range of Medicaid benefits and those who are Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI).
- Enrolled in one or more governmental programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Guidelines. (SNAP/WIC)
- Incarceration in a penal institution

POLICY:

I. Patient Notification: NEMHS will make all reasonable efforts to notify a patient regarding the availability of Financial Assistance under this policy by:

1. Attempting to determine whether a patient has third-party coverage for any part of the emergency or Medically Necessary Health Care service provided.

a. If a patient does not have third-party coverage, the Business Office Director will review all inpatient cases and any outpatient cases exceeding \$1,000 in total charges to determine if the patient qualifies for third-party funding.

b. If a patient does not have or qualify for third-party funding the Business Office Director will explain the Financial Assistance Policy, provide an Application for Financial Assistance, and provide assistance with completing the Application, if desired.

2. Offering the Patient a plain language summary of the Financial Assistance available under this policy at the time of admission or before discharge from NEMHS.

3. Providing the information during the Notification Period about the availability of Financial Assistance on at least three (3) billing statements and all other written communications to the patient;

4. Informing patients during the Notification Period about the availability of Financial Assistance during oral communications regarding the amount due for the care that occurred;

5. Providing the patient with at least one written notice informing the patient about the Extraordinary Collection Actions that NEMHS may take if the patient does not submit an Application for Financial Assistance or pay the amount due by at least thirty days following the date of the notice. The notice will not be mailed or delivered to a patient earlier than 30 days prior to the end of the Notification Period; and

6. NEMHS will not engage in any Extraordinary Collection Actions against a patient until such time as it determines the patient's eligibility for Financial Assistance under this policy during the 120 day Notification Period and has provided the patient with the notice as described above.

II. Patient Eligibility Criteria: Financial Assistance will be given for emergency or Medically Necessary Health Care services to patients who qualify based on information provided via the Application for Financial Assistance or to patients who have been determined to be Presumptively Eligible. In addition, Financial Assistance may be provided in other circumstances on a case-by-case basis as determined by the NEMHS Business Office.

1. The Business Office Director will oversee the Financial Assistance application process. Financial Assistance under this policy is a resource of last resort and is provided to patients with a demonstrated inability to pay. If a patient provides information that is inaccurate or misleading, the patient may be deemed ineligible for Financial Assistance and, accordingly, may be expected to pay their bill in full.
2. Determination of eligibility of a patient for the Financial Assistance shall be applied regardless of the source of referral and without discrimination as to race, color, creed, national origin, age, handicap status, or marital status.
3. Patients desiring consideration under the NEMHS Financial Assistance Policy must apply for Financial Assistance and are required to complete NEMHS's Application for Financial Assistance to the fullest extent possible disclosing the required financial

information. It is preferred that a request for charity care and determination of financial need occur prior to services being rendered, but not required.

- a. Exceptions:
 - i. If a patient has been previously approved for Financial Assistance under this policy, they shall be deemed eligible for six (6) months following the date of service for which the application is submitted. Patients must re-apply for Financial Assistance every six (6) months, except as otherwise determined.
 - ii. If a patient has been determined to be Presumptively Eligible for Financial Assistance under this policy.
- b. Application for Financial Assistance can be obtained from the following locations:
 - i. www.nemhs.net;
 - ii. by e-mail request to mhoversland@nemhs.net;
 - iii. or in person at the Business Office at Trinity Hospital, 315 Knapp St, Wolf Point, MT 59201; at the Front Desk of Poplar Community Hospital, 211 H St E, Poplar, MT 59255.
- c. Patients needing assistance for completing the Application for Financial Assistance should contact the NEMHS Business Director at:
 - i. 406-653-6530 or 406-653-6500;
 - ii. by e-mail to mhoversland@nemhs.net;
 - iii. or in person at the Business Office at 315 Knapp St, Wolf Point, MT 59201
- d. Patients seeking Financial Assistance under this policy may be required to apply and may request assistance in applying for Medicaid or other government programs prior to submitting an Application for Financial Assistance.
- e. Completed applications for Financial Assistance must be returned during the Eligibility Period in any of the following ways:
 - i. In person at the Business Office at 315 Knapp St, Wolf Point, MT or;
 - ii. In person at the Poplar Hospital Front Lobby at 211 H St E, Poplar, MT 59255; or

iii. by mail to NEMHS, ATTN: NEMHS Business Office, 315 Knapp St, Wolf Point, MT 59201; or

iv. by FAX to ATTN: Business Office at (406) 653-6593.

III. Patient Application Process:

1. Completed Applications: In the event that NEMHS receives a completed Application for Financial Assistance during the Eligibility Period, NEMHS will suspend any Extraordinary Collection Actions that may be in effect for no more than 30 days. The application must be complete and be accompanied by the following types of documentation:

a. IRS tax return and W-2 forms from the 3 past years OR other documentation to be used to identify an applicant's income, assets and liabilities.

b. Payroll check stubs or proof of other monthly income sources for the last 3 months

c. Failure to provide this information may result in the denial of Financial Assistance under this policy.

d. NEMHS may not deny a patient assistance under this policy for the failure to provide information that was not required to be submitted in either this policy or the Application for Financial Assistance.

2. Incomplete Applications: In the event that NEMHS receives an incomplete Application for Financial Assistance during the Eligibility Period, NEMHS will suspend any Extraordinary Collection Actions that may be in effect, while the following takes place for no more than 30 days:

a. Provide the patient with a written notice that:

i. describes the additional information required to make a determination of eligibility and a plain language summary of this policy;

ii. informs the patient about the Extraordinary Collection Actions that NEMHS may initiate or resume if the Application for Financial Assistance is not completed; and

iii. allows the patient 30 days to respond to the written notice.

b. If after the written notice as provided above, the patient fails to complete the Application for Financial Assistance within 30 days, NEMHS may initiate or resume Extraordinary Collection Actions.

IV. Patient Notification of Determination: The patient shall be notified of the determination within thirty (30) working days of receipt of the completed application and NEMHS will suspend any Extraordinary Collection Actions for at least 30 days. The notification will include the following:

1. If approved for Financial Assistance under the provision of this policy:
 - a. Discount gross charges to the AGB as described in the “Method of Charging” section of this policy;
 - i. Financial Assistance discounts will then be applied to the AGB in accordance with the Discount of AGB Charges Schedule described in the “Discounts” section this policy
 - b. Provide patient with a billing statement that indicates the amount patient owes, if they are not eligible for free care;
 - c. Refund any excess payments made by the individual beyond the AGB on eligible accounts, if necessary and
 - d. Take all reasonably available measures to reverse any Extraordinary Collection Actions that occurred.
 - e. The remaining self-pay balance will be set up on a monthly payment plan not to exceed 24 months.
 - f. The Business Office Director reserves the right to re-determine a patient’s eligibility for Financial Assistance based on changed circumstances, or changes in the terms or conditions of this policy.
2. If not approved for Financial Assistance under the provision of this policy:
 - a. Provide the patient with instructions on how to set up a payment plan and deadline to avoid NEMHS from initiating any Extraordinary Collection Actions;
 - b. Provide the patient with a written notice of the Extraordinary Collection Actions NEMHS may take or resume in the event of non-payment of the amount(s) owing and
 - c. Include instructions for appeal or reconsideration.

V. Method of Charging: If a patient is determined to qualify for Financial Assistance under this policy, the patient’s billed charges will be no more than the same Amounts Generally Billed (AGB) for emergency or other Medically Necessary Health Care Services as patients who have insurance coverage.

VI. Financial Assistance Discounts:

1. Federal Poverty Guidelines Discount:

a. The Patient’s annual household income is compared to the most current published “Annual Update of the HHS Poverty Guidelines” that are in effect. NEMHS’s AGB charges for inpatient and outpatient services will be discounted by the following percentages in relation to poverty guidelines:

Income Level of FPL		Percentage Reduction
Below 100%		100%
101% to	132%	95%
133% to	137%	90%
138% to	149%	80%
150% to	199%	65%
200% to	249%	40%
250% to	299%	20%
300% to	400%	10%
401%+		Full Charge

2. Medically Indigent Discount:

a. Available to patients who have a large balance remaining after all third party payments have been taken into account. The balance under consideration is that amount which is deemed to be the patient’s financial responsibility.

b. This Financial Assistance is available to patients without respect to Federal Poverty Guidelines but they must follow the same process as all other patients seeking Financial Assistance based upon Federal Poverty Guidelines.

c. Nothing in this policy shall prevent NEMHS from offering reduced or more favorable Financial Assistance based upon the circumstances. All decisions regarding the interpretation and application of Financial Assistance offered under this policy are the sole discretion of NEMHS and are subject to review by the Chief Financial Officer to ensure compliance.

VII. Appealing A Financial Assistance Determination: The patient may appeal a denial of eligibility for Financial Assistance by providing additional verification of income or family size to the Business Office Director within 30 calendar days of receipt of notification. The Business Office Director will review all appeals for final determination. Written notification of the final determination will be sent to the patient.

VIII. Community Notification:

1. This policy, Application for Financial Assistance form, a plain language summary of the policy, and any notices or publications regarding the policy will be made available on NEMHS's website in pdf form in English and in any other language spoken by the lesser of 1,000 or 5% of the residents of the community served by NEMHS as determined using the most current data published by the Census Bureau.

2. This policy, Application for Financial Assistance form and plain language summary shall be available upon request, without charge at the Trinity Hospital Business Office, the Poplar Hospital Front Desk, Registration Areas, and by mail.

3. A plain language summary shall be conspicuously displayed in NEMHS patient waiting areas, Emergency Department, and in the Business Office in a manner that is reasonably calculated to attract visitor's attention.

4. A plain language summary of this policy will be offered to all patients upon admission or discharge at NEMHS.

6. NEMHS will publish the plain language summary of the policy on the NEMHS Facebook Page on at least an annual basis and may publicize the policy using other media at the option of NEMHS Marketing Department.

Northeast Montana Health Services, Inc.	
ELIGIBLE FOR FAP	NOT ELIGIBLE FOR FAP
TRINITY HOSPITAL POPLAR HOSPITAL TRINITY HOSPITAL-EMERGENCY POPLAR HOSPITAL-EMERGENCY TRINITY HOSPITAL- OUTPATIENT POPLAR HOSPITAL- OUTPATIENT TRINITY HOSPITAL- LAB POPLAR HOSPITAL- LAB TRINITY HOSPITAL- RADIOLOGY POPLAR HOSPITAL- RADIOLOGY EMERGENCY MEDICAL SERVICES AMBULATORY SERVICES NON-ELECTIVE SERVICES MEDICALLY NECESSARY SERVICES- BASED ON NEED	NON- MEDICAL SERVICES ELECTIVE SERVICES BIRTHDAY SPECIALS PATIENT DIRECTED TESTING NON EMERGENT SERVICES MEDICAL SCREENINGS Listerud's Clinic* Riverside Family Clinic* *FINANCIAL ASSISTANCE FOR RURAL HEALTH CLINICS MUST BE DETERMINED UNDER THE SLIDING FEE SCHEDULE.*

NORTHEAST MONTANA HEALTH SERVICES

Amounts Generally Billed (AGB) Information

AGB Percentage

Northeast Montana Health Services, Inc. AGB percentage is **67%** of gross charges for inpatient and outpatient services which was calculated using the Look-Back Method for a 12 month period based on Medicare and all private health insurers allowed amounts divided by the gross charges for those claims. The measurement period is July 1st through June 30th of each year, and the start date for the new calculation will be October 1st of each year.