

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

**DEPARTMENT: PATIENT ACCOUNTING**

**FINANCIAL ASSISTANCE POLICY**

Policy Approval Date: 4/04/2024

**PURPOSE:**

Northeast Montana Health Services, Inc. (NEMHS) is committed to providing access to emergency and medically necessary affordable healthcare services 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 all federal, state, and local laws shall be offered to those receiving services. The policy addresses:

- Patient Notification of Financial Assistance
- 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 Financial Assistance in accordance with the terms and conditions listed in this policy. For these purposes, the policy also covers the rendering of professional services by eligible physicians and other providers employed or contracted by NEMHS for hospital services performed, as listed on Appendix C of this policy. Any other physicians or providers 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:

1. **Medically Necessary Health Care Services:** Emergency medical services provided in an emergency setting, services for which, if not promptly treated, would lead to an adverse change in the health status of an individual. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting, and medically necessary services, evaluated on a case-by-case basis at NEMHS's discretion. Appendix C of this policy includes a listing of eligible and non-eligible services and providers.
2. **Amounts Generally Billed (AGB):** Amounts Generally Billed (AGB) means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. AGB percentage is determined annually by using a 12 month measurement period utilizing the look back method. The AGB percentage is all hospital and clinic claims allowed by Medicare and all private health insurers divided by gross charges for those claims. The measurement period is July 1 through June 30 of each year and the start date for the new calculation will be October 1 of each year which is within the 120 day requirement. Currently the AGB percentage for NEMHS does not need to be calculated annually, since patients approved for financial assistance pay 0% of their financial responsibility for eligible hospital and professional services, which is clearly less than the amounts generally billed to individuals who have insurance covering such care.
3. **Completed Application:** A completed Financial Assistance Application (FAA) form, signed and dated, and supporting proof of income.
4. **Eligibility Period:** The period during which NEMHS will accept and process FAAs. This period shall be from the date of service until 240 days after NEMHS provides the patient with the first billing statement for the care provided.
5. **Extraordinary Collection Actions:** Those actions that NEMHS may take in event of nonpayment 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.
6. **Financial Assistance:** Full reduction in charges to patients for emergency or Medically Necessary Health Care Services, in the case of patients who have qualified for Financial Assistance, are Medically Indigent, or are Presumptively Eligible as those terms are defined in this policy. Financial Assistance does not include contractual shortfalls from government programs, but may include insurance co-payments, deductibles, or both.
7. **Medically Indigent:** A Patient not eligible for Medicaid or Medicare whose gross annual income falls outside of the matrix for financial assistance, but their medical expenses in relation to their income would cause undue financial hardship to the family support system, Financial Assistance may still be considered at the Business Office Director's discretion. NEMHS may pull a credit report or request supplemental information to confirm data provided on the application as long as there is a signature under the certification portion of the application.
8. **Notification Period:** The period 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.
9. **Patient(s):** The person to whom NEMHS provides services and/or the person who is legally responsible for payment for such services.
10. **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).

**11. Presumptively Eligible:** There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. There might be adequate information provided by the patient through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for charity care, NEMHS could use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- a. Homeless
- b. Deceased with no estate
- c. Mentally incapacitated with no one to act on his or her behalf
- d. Medicaid eligible, but not on the date of service or for non-covered services
- e. 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). Discount dependent on level of Medicaid coverage in relation to current discount scale.
- f. 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).
- g. Incarceration in a penal institution

## **POLICY:**

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

- a. Attempting to determine whether a patient has third-party coverage for any part of the emergency or Medically Necessary Health Care service provided.
  - i. If a patient does not have third-party coverage, the Business Office Director may contact patients to determine if they qualify for third party funding.
  - ii. 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.
- b. 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.
- c. Providing the information during the Notification Period about the availability of Financial Assistance on or with at least three (3) billing statements and all other written communications to the patient.
- d. Informing patients during the Notification Period about the availability of Financial Assistance during oral inquiries regarding the amount due for the

- care that occurred.
- e. 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 prior to the end of the Notification Period giving the patient 30 days to respond.
  - f. 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.

**2. 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.

- a. 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 who are uninsured, or underinsured, and are unable to pay for their care based upon a determination of financial need in accordance with this Policy. Determination of eligibility of a patient for 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. 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.
- b. Patients desiring consideration under the NEMHS FAP must apply for Financial Assistance and are required to complete NEMHS's Application for Financial Assistance to the fullest extent possible and to disclose the required financial information. It is preferred that a request for Financial Assistance and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be made at a later point in the collection cycle.
  - i. Exceptions:
    - 1. 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.
    - 2. If a patient has been determined to be Presumptively Eligible for Financial Assistance under this policy.
  - ii. Application for Financial Assistance can be obtained from the following locations:
    - 1. Website at [www.nemhs.net](http://www.nemhs.net);
    - 2. By e-mail to [mhoversland@nemhs.net](mailto:mhoversland@nemhs.net); or

3. In person at the Business Office at the Wolf Point Hospital, 315 Knapp St, Wolf Point, MT 59201;
  4. In person at the Front Lobby of Poplar Community Hospital, 211 H St E, Poplar, MT 59255.
- iii. Patients needing assistance for completing the Application for Financial Assistance should contact NEMHS's Business Office Director at:
1. 406-653-6530 or 406-653-6500
  2. By e-mail to [mhoversland@nemhs.net](mailto:mhoversland@nemhs.net); or
  3. In person at the Business Office at the Wolf Point Hospital, 315 Knapp St. Wolf Point, MT 59201.
- iv. 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 or as soon as it is identified that the patient may be eligible for another program.
- v. Completed applications for Financial Assistance must be returned during the Eligibility Period in any of the following ways:
1. In person at the Business Office at the Wolf Point Hospital, 315 Knapp St. Wolf Point, MT 59201; or
  2. In person at the Front Lobby of Poplar Community Hospital, 211 H St E, Poplar, MT 59255; or
  3. By mail to NEMHS, ATTN: Business Office, 315 Knapp St, Wolf Point, MT 59201
  4. By FAX to ATTN: Business Office at 406-653-6593.

### 3. Patient Application Process:

- a. **Completed Applications:** In the event 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:
- i. Most recent IRS tax return with all schedules of the individual/household, and any additional tax return where the individual is claimed as a dependent, any operating note, K-1, or other documentation to be used to identify an applicant's income.
  - ii. Paystubs or proof of other monthly income sources for the last 90 days. This could include, but is not limited to, Social Security Income and Pension Benefits.
  - iii. Communal living organizations tax returns.
  - iv. Failure to provide this information may result in the denial of Financial Assistance under this policy.
  - v. NEMHS may not deny 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.

**b. Incomplete Applications:**

- i. Provide the patient with a written notice that:
  1. Informs the patient about the Extraordinary Collection Actions that NEMHS may initiate or resume if the Application for Financial Assistance is not completed; and
  2. Allows the patient 30 days to respond to the written notice.
- ii. 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.

**4. 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:

- a. If approved for Financial Assistance under the provision of this policy:
  - i. Discount gross charges as described in the “Method of Charging” section of this policy.
  - ii. Refund any excess payments made by the individual if necessary.
  - iii. Take all reasonably available measures to reverse any Extraordinary Collection Actions that occur.
  - iv. NEMHS management reserves the right, in its discretion, to re-determine a patient’s eligibility for Financial Assistance based on changed circumstances, or changes in the terms or conditions of this policy.
- b. If not approved for Financial Assistance under the provision of this policy:
  - i. Provide the patient with instructions on how to set up a payment plan and deadline to avoid NEMHS from initiating any Extraordinary Collection Actions.
  - ii. 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.
  - iii. Include instructions for appeal or reconsideration.

**5. Method of Charging:** All patients are billed gross charges. Gross charges are discounted based on income levels, dual eligibility, and the medical necessity of the service. Therefore, gross charges are used as a starting point to calculate discounts to those eligible for financial assistance. If a patient is determined to qualify for Financial Assistance under this policy, the patient’s billed charges that qualify for financial assistance will be 100% written off, so the patient will never be charged more than the same Amounts Generally Billed (AGB) for emergency or other Medically Necessary Health Care Services as patients who have insurance coverage. The calculation for AGB is defined above in the definition section of this policy and further information regarding AGB is shown in Appendix B of this policy.

**6. Financial Assistance Free Care:**

- a. Federal Poverty Guidelines:

- i. 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 gross charges for medically necessary inpatient and outpatient services will be free if household income is at or below 200% of the poverty guidelines as shown in Appendix A, and if there is no other source of payment.
  - ii. The Poverty Guideline can be found at <http://aspe.hhs.gov/poverty> and is updated annually at the beginning of each calendar year when the government poverty guideline is updated.
- b. Medically Indigent Discount:
  - i. 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.
  - ii. 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.
  - iii. 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 at the sole discretion of NEMHS and are subject to review by the Chief Financial Officer to ensure compliance.

**7. Collection Practices:** NEMHS's management shall develop policies and procedures for internal and external collection practices which include the following:

- a. Actions may be taken in the event of nonpayment (i.e., collections action and reporting to credit agencies).
- b. Take into account the extent to which the patient qualifies for financial assistance.
- c. A patient's good faith effort to apply for a governmental program or for financial assistance from NEMHS.
- d. NEMHS will not impose extraordinary collections actions such as wage garnishments, liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this FAP. Reasonable efforts shall include:
  - i. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital.
  - ii. Documentation that NEMHS has offered or has attempted to offer the patient the opportunity to apply for financial assistance pursuant to this policy and that the patient has not complied with the hospital's application requirements.
- e. In implementing this Policy, NEMHS's management shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

**8. Appealing a Financial Assistance Determination:** The patient may appeal a denial of eligibility for Financial Assistance by providing additional verification of income, medical debt, or family size to the NEMHS Business Office Director within 30 calendar days of receipt of notification. The Business Office Director will review all appeals for a final determination.

Written notification of the final determination will be sent to the patient.

**9. Community Notification:**

- a. 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 the NEMHS as determined using the most current data published by the Census Bureau.
- b. This policy, Application for Financial Assistance form and plain language summary shall be available upon request without charge at the Trinity/Wolf Point Hospital Business Office, the Poplar Hospital Front Desk, Registration Areas, or Emergency Departments, and by mail.
- c. A plain language summary shall be conspicuously displayed in NEMHS patient waiting areas, Emergency Departments, and in the Business Office in a manner that is calculated to attract visitor's attention.
- d. A plain language summary of this policy will be offered to all patients upon admission or discharge at NEMHS.
- e. A plain language summary is included with patient billing statements.
- f. NEMHS will provide the plain language summary of the policy to local service organizations to ensure those that are most likely to require Financial Assistance are aware of NEMHS's policy.
- g. Discuss Financial Assistance with patients when they call about their bill.
- h. Contact information for the Business Office Director can be found in the Application for Financial Assistance form on the hospital website [www.nemhs.net](http://www.nemhs.net).

## Appendix A

### Federal Poverty Guidelines

Federal Poverty Guidelines ("FPG") are published annually in the Federal Register by the U.S. Department of Health and Human Services. This information is available online at <http://aspe.hhs.gov/poverty>.

This table is applicable for Calendar Year 2024.

<b>Family Size</b>	<b>100% of FPG</b>	<b>200% of FPG</b>
1	\$15,060	\$30,120
2	\$20,440	\$40,880
3	\$25,820	\$51,640
4	\$31,200	\$62,400
5	\$36,580	\$73,160
6	\$41,960	\$83,920
7	\$47,340	\$94,680
8	\$52,720	\$105,440
For each additional person, add:	\$5,380	\$10,760

## **Appendix B**

### **Amounts Generally Billed Calculation**

An individual who qualifies for a Financial Assistance discount will not be required to pay more for emergency medical conditions and other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (the "AGB percentage").

NEMHS uses the "look-back method", as described in Reg. 1 .501(r)-5(b)(3). The AGB calculation is based on the total composite Medicare and all private insurance paid claims. The AGB Limit is calculated by dividing the sum of the allowed claims and the remaining patient responsibility (including co-pays, co-insurance and deductibles) by the gross charges related to those claims. The calculation will be for the 12-month period from July 1 to June 30 of each year and will include all allowed claims during that period. The start date for the new calculation will be October 1st of each year.

Currently, the AGB percentage for NEMHS does not need to be calculated annually, since patients approved for financial assistance pay 0% of their financial responsibility for eligible hospital and provider services, which is clearly less than the amounts generally billed to individuals who have insurance covering such care.

## Appendix C

### Providers and Services Eligible for Financial Assistance Program

<b>Financial Assistance Policy (FAP) - Providers that operate within NEMHS</b>	
<p style="text-align: center;"><b><u>Eligible for FAP</u></b></p> <ul style="list-style-type: none"> <li>• Trinity Hospital in Wolf Point</li> <li>• Poplar Community Hospital</li> <li>• Listerud Clinic in Wolf Point</li> <li>• Riverside Family Clinic in Poplar</li> </ul>	<p style="text-align: center;"><b><u>Not Eligible for FAP</u></b></p> <ul style="list-style-type: none"> <li>• Faith Lutheran Home</li> <li>• Wolf Point Retail Pharmacy</li> <li>• Poplar Retail Pharmacy</li> <li>• Telemedicine/telehealth providers from other organizations</li> <li>• Radiologist</li> <li>• Physical Therapists</li> <li>• Occupational Therapists</li> <li>• Non-NEMHS Physicians or Midlevel providers</li> </ul>
<b>Financial Assistance Policy (FAP) - Services</b>	
<p style="text-align: center;"><b><u>Eligible for FAP</u></b></p> <ul style="list-style-type: none"> <li>• Emergency medical services</li> <li>• Medically necessary services that are non-elective, evaluated on a case by case basis</li> </ul>	<p style="text-align: center;"><b><u>Not Eligible for FAP</u></b></p> <ul style="list-style-type: none"> <li>• Services that are neither emergency medical services nor considered to be medically necessary services</li> <li>• Swing Bed long-term care services</li> <li>• Nursing Home Services</li> <li>• Assisted Living Services</li> <li>• Retail Pharmacy products &amp; services</li> <li>• Telemedicine/Telehealth services from other organizations</li> <li>• Radiologist professional services</li> <li>• Physical and Occupational Therapy services</li> <li>• Non-medical services such as vocational and social services</li> <li>• Elective, cosmetic, or experimental services</li> <li>• Durable Medical Equipment</li> <li>• Patient Directed Testing</li> <li>• Laboratory Health Fair Tests and Birthday Specials</li> <li>• Services provided by Non-NEMHS providers</li> </ul>