

NORTHERN MONTANA HEALTH CARE POLICY AND PROCEDURE

NUMBER (S):	FIS-102
DEPARTMENT OF ORIGIN:	Finance
SUBJECT/TITLE:	NMH Financial Assistance
DATE OF ORIGIN:	10/97
DATE OF PRIOR REVISION:	12/14
DATE OF CURRENT REVISION/ EFFECTIVE DATE:	11/17
DATE OF LAST REVIEW:	08/06
CMS/REGULATORY REFERENCE:	
FORM REFERENCE:	BUS 0158e; BUS 0159e

POLICY: It shall be the policy of Northern Montana Hospital to provide emergency care and medically necessary primary health care services to inpatients and outpatients, regardless of ability to pay. The Hospital fulfills its legal responsibilities to provide services without charge or at reduced charges as required. Also, within the limits of its means, Northern Montana Hospital makes other arrangements to provide highly specialized services to needy patients. Financial assistance will be granted to all persons regardless of race, color, sex, religion, age or national origin.

PURPOSE:

PROCEDURE:

I. Description of Eligibility Criteria

Financial assistance is generally secondary to all other financial resources available to the patient, including group or individual medical plans, workers' compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In those situations where appropriate primary payment sources are not available, patients shall be considered for financial assistance under this hospital policy based on the following criteria as calculated for the 12 months prior to the date of request:

- A. The full amount of hospital charges will be determined to be financial assistance for any patient whose gross family income is at or below 125% of the current federal poverty level.
- B. The schedule in Appendix A (BUS 0159e) shall be used to determine the amount which shall be written off for patients with incomes between 125% and 225% of the current federal poverty level.
- C. Available assets may be used to determine eligibility for financial assistance if family income is greater than 200% of the federal poverty level. These assets are determined by having the patient fill out a financial assistance application (BUS 0158e) and attach the appropriate documentation for verification.

Catastrophic Financial Assistance: The Hospital may also write off as financial assistance amounts for patients with family income in excess of 225% of the federal poverty level when circumstances indicate severe financial hardship or personal loss as determined by the Hospital.

II. Process for Eligibility Determination

A. Identification of Potential Financial Assistance Patients:

1. Initial Determination

During the patient registration or collection process, the Hospital will make an initial determination of eligibility based on verbal or written application for financial assistance. Pending final eligibility determination, the Hospital will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with the Hospital's efforts to reach a determination of status, including return of application and documentation required by the Hospital within fourteen (14) days of receipt.

The Hospital shall use an application process for determining initial interest in and qualification for financial assistance. Should patients not choose to apply for financial assistance, they shall not be considered for financial assistance unless other circumstances or intent become known to the Hospital. If the Hospital becomes aware of factors which might qualify the patient for financial assistance under this policy, it shall advise him/her of this potential and make an initial determination that such account is to be treated as financial assistance.

2. Final Determinations

Prima Facie Write-Offs: The Hospital may choose to grant financial assistance based solely on the initial determination. In such cases, the Hospital will not complete full verification or documentation of any request.

Financial assistance application and instructions shall be furnished to patients when financial assistance is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether indicated by the patient or the Hospital, shall be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income.

- a. W-2 withholding statements for all employment during the relevant time period;
- b. Pay stubs from all employment during the relevant time period;
- c. An income tax return from the most recently-filed calendar year;
- d. Forms approving or denying eligibility for Medicaid and/or state-funded Medical Assistance;
- e. Forms approving or denying unemployment compensation; or
- f. Written statements from employers or welfare agencies.

3. Time Frame for Final Determination and Appeals

The Hospital shall provide final determination within thirty (30) days of receipt of all application and documentation material.

4. Denials

Denials will be written and include instructions for appeal or reconsideration as follows. The patient/guarantor may appeal the determination of eligibility for financial assistance by providing additional verification of income and family size to the Director of Business Services within fourteen (14) days of receipt of notification. All appeals will be reviewed by the Vice President of Business Operations, Director of Business Services and the Vice President of Finance. If this determination affirms the previous denial of financial assistance, written notification will be sent to the patient/guarantor.

III. Documentation and Records

- A. Confidentiality: All information relating to the application will be kept confidential. Copies of the documents that support the application will be kept with the application form.
- B. Documents pertaining to financial assistance shall be retained for seven (7) years.

IV. Notification

- A. Public Notification
The Hospital's financial assistance policy shall be publicly available through the posting of a sign and the distribution of written materials indicating the policy to patients, at their request.

SIGNATURES:

CEO: _____

VP: _____

DEPT DIRECTOR: _____

PHYSICIAN: _____