

 <p>Mineral Community Hospital <i>Here when you need us</i></p>	<p>Original Effective Date: December 1, 2015 Last Revision Date: December 2015 Revision Effective Date: January 2016</p>	<p>Page 1 of 6</p>	<p>Policy Number 0.0</p>
<p>Subject: Financial Assistance Policy</p>	<p>Authorization: Director of Finance</p>		

Purpose:

Mineral Community Hospital owns and operates one hospital-based primary care clinic; Mineral Community Hospital Clinic (MCH Clinic). The purpose of this policy is to set forth MCH Clinic's Financial Assistance and Emergency Medical Care policies, which are designed to promote access to medically necessary care for those without the ability to pay, and to offer a discount from billed charges for individuals who are able to pay for only a portion of the costs of their care. These programs apply solely with respect to emergency and other preventative and primary medically necessary healthcare services provided by and at MCH Clinic. This policy and the financial assistance programs described herein constitute the official Financial Assistance Policy ("FAP") and Emergency Medical Care Policy for MCH Clinic.

Policy:

MCH is a healthcare organization guided by a commitment to its Mission and Core Values. It is both the philosophy and practice of MCH that primary medically necessary healthcare services are available to community members and those in emergent medical need, without delay, regardless of their ability to pay. For purposes of this policy, "financial assistance" includes charity care and other financial assistance programs offered by MCH.

1. MCH will comply with federal and state laws and regulations relating to emergency medical services, patient financial assistance, and charity care, including but not limited to Section 1867 of the Social Security Act and Section 501(r) of the Internal Revenue Code.
2. MCH will provide financial assistance to qualifying patients or guarantors with no other primary payment sources to relieve them of all or some of their financial obligation for medically necessary MCH healthcare services.
3. In alignment with its Core Values, MCH will provide financial assistance to qualifying patients or guarantors in a respectful, compassionate, fair, consistent, effective and efficient manner.
4. MCH will not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law when making financial assistance determinations.
5. In extenuating circumstances, MCH may at its discretion approve financial assistance outside of the scope of this policy. Uncollectible/presumptive charity is approved due to but not limited to the following: social diagnosis: homelessness, bankruptcy, deceased with no estate, history of non-compliance and non-payment of account(s). All documentation must support the patient/guarantors inability to pay and why collection agency assignment would not result in resolution of the account.
6. MCH with a dedicated emergency department will provide, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act (EMTALA)) consistent with available capabilities, regardless of whether an individual is eligible for financial assistance. MCH will provide emergency medical screening examinations and stabilizing treatment, or refer or transfer an individual if such transfer is appropriate in accordance with 42 C.F.R. 482.55. MCH prohibits any actions that would discourage individuals from seeking emergency medical care, such as by permitting debt collection activities that interfere with the provision of emergency medical care.

Providers Subject to MCH's FAP:

In addition to the MCH hospital facility, all physicians and other providers rendering care to MCH patients during a hospital stay or visit are subject to these policies unless specifically identified otherwise.

Financial Assistance Eligibility Requirements:

Financial assistance is available for both uninsured and underinsured patients and guarantors where such assistance is consistent with federal and state laws governing permissible benefits to patients. Financial assistance is available only with respect to amounts that relate to emergency, preventative, or other medically necessary primary care services as defined below. Patients or guarantors with gross family income at or below 220% of the Federal Poverty Level (FPL) may be eligible for financial assistance. **For preventative and primary care services provided at MCH Clinic, only family size and annual income will be used as criteria to determine eligibility for financial assistance.** For all other non-emergent, non-medically necessary services provided at Mineral Community Hospital, family size and annual income, as well as other financial resources and assets available to the patient/guarantor will be utilized to determine eligibility.

Financial assistance is secondary to all other financial resources available to the patient or guarantor, including but not limited to insurance, third party liability payors, government programs, and outside agency programs. In situations where appropriate primary payment sources are not available, patients or guarantors may apply for financial assistance based on the eligibility requirements in this policy and supporting documentation, which may include:

- Proof of application to Medicaid may be requested.

Financial assistance is granted for emergency, preventative primary care, and medically necessary services only. For MCH, "emergency and medically necessary services" means appropriate and medically necessary hospital based services. Medically necessary services under this policy are defined as those services which are reasonable and necessary to protect life, to prevent significant illness or significant disability. These are medically necessary services provided within the MCH hospital or in such other settings as defined by MCH. Patients who reside outside the MCH service area where services are provided are not eligible for financial assistance, except under the following circumstances:

- The patient requires emergency services while visiting in MCH's service area.
- The patient requires medically necessary primary care services at MCH Clinic, or the MCH Emergency Room.
- Medically necessary care provided to the patient is not available at a facility in the service area where the patient resides.
- Special Circumstances exist and prior approval is received from the Director of Finance and the CEO.

The MCH service area is defined as Mineral County, Missoula County, and Sanders County.

Eligibility for financial assistance shall be based on financial need at the time of application. All income of the family is considered in determining the applicability of the MCH sliding fee scale in Attachment B, as well as family size (and other resources and assets if applicable under this policy). Patients seeking financial assistance must provide any supporting documentation specified in the application for financial assistance, unless MCH indicates otherwise.

Basis for Calculating Amounts Charged to Patients Eligible for Financial Assistance

Once the patient is determined eligible for financial assistance, categories of available discounts and limitations on charges under this policy include:

- 100 Percent Discount/Free Care: Any eligible patient or guarantor whose gross family income, adjusted for family size, is at or below 130% of the current federal poverty level ("FPL") is eligible for a 100 percent discount off of total hospital charges for emergency or medically necessary care (as defined above), to the extent that the patient or guarantor is not eligible for other private or public health coverage sponsorship.
- Discounts Off Charges from 60 Percent to 96 Percent : Any eligible patient or guarantor whose gross family income, adjusted for family size, is between 131% and 220% of the current federal poverty level ("FPL") is eligible for discounts between 40 percent and 96 percent, (after adjustments for AGB), off of total hospital charges for emergency or medically necessary care (as defined above), and to the extent that the patient or guarantor is not eligible for other private or public health coverage sponsorship. Financial assistance may be offered to patients or guarantors with family income in excess of 221% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

Limitation on Charges for all Patients Eligible for Financial Assistance: No patient or guarantor eligible for any of the above-noted discounts will be personally responsible for more than the "Amounts Generally Billed" (AGB) percentage of gross charges, as defined in Treasury Regulation Section 1.501(r)-1(b)(2), by the applicable MCH hospital for the emergency or other medically necessary services received. MCH determines AGB by multiplying the hospital's gross charges for any emergency or medically necessary care by a fixed percentage which is based on claims allowed under Medicare plus an applicable percentage. This AGB calculation can be viewed below on Attachment A. Information sheets detailing the AGB percentages used by MCH, and how they are calculated, can be obtained by visiting the following website: www.mineralcommunityhospital.com or by calling: **1-406-822-4841** to request a paper copy. In addition, the maximum amount that may be collected in a 12 month period for emergency or medically necessary health care services to patients eligible for financial assistance is 20 percent of the patient's gross family income, and is subject to the patient's continued eligibility under this policy.

Method for Applying for Assistance and Evaluation Process:

Patients or guarantors may apply for financial assistance under this Policy by any of the following means: (1) advising MCH's patient financial services staff at or prior to the time of discharge that assistance is requested, and submitting an application form and any documentation if requested by MCH; (2) downloading an application form from MCH website, at: www.mineralcommunityhospital.com, and submitting the form together with any required documentation; (3) requesting an application form by telephone, by calling: **1-406-822-4841**, and submitting the form; or (4) any other methods specified in MCH's Billing and Collections Policy. MCH will display signage and information about its financial assistance policy at appropriate access areas. Including but not limited to the emergency department and all facility admission areas.

The hospital will give a preliminary screening to any person applying for financial assistance. As part of this screening process MCH will review whether the person has exhausted or is ineligible for any third-party payment sources. MCH may choose to grant financial assistance based solely on an initial determination of a patient's status as an indigent person. In these cases, documentation may not be required. In all other cases, documentation is required to support an application for financial assistance. This may include proof of family size and income and assets from any source, including but not limited to: copies of recent paychecks, W-2 statements, income tax returns. For preventative primary care, and medically necessary services provided at MCH Clinic, only family size and income verification will be required. For non-emergent and non-medically necessary services, additional information may be required such as, forms approving or denying Medicaid or state-funded medical assistance, forms approving or denying unemployment compensation, written statements from employers or welfare

agencies, and/or bank statements or other documents that depict other assets. If adequate documentation cannot be provided, MCH may ask for additional information.

A patient or guarantor who may be eligible to apply for financial assistance may provide sufficient documentation to MCH to support an eligibility determination until fourteen (14) days after the application is made or two hundred forty (240) days after the date the first post-disMCHrge bill was sent to the patient, whichever is later. Based upon documentation provided with the application, MCH will determine if additional information is required, or whether an eligibility determination can be made. The failure of a patient or guarantor to reasonably complete appropriate application procedures within the time periods specified above shall be sufficient grounds for MCH to determine the patient or guarantor ineligible for financial assistance and to initiate collection efforts. An initial determination of potential eligibility for financial assistance will be completed as closely as possible to the date of the application. MCH will notify the patient or guarantor of a final determination of eligibility or ineligibility within ten (10) business days of receiving the necessary documentation.

The patient may appeal a determination of ineligibility for financial assistance by providing relevant additional documentation to MCH within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the patient. The final appeal process will conclude within ten (10) days of the receipt of the appeal by MCH.

Other methods of qualifications for Financial Assistance may fall under the following:

- The legal statute of collection limitations has expired;
- The guarantor has deceased and there is no estate or probate;
- The guarantor has filed bankruptcy;
- The guarantor has provided financial records that qualify him/her for financial assistance; and/or
- Financial records indicate the guarantor's income will never improve to be able to pay the debt, for example with guarantors on lifetime fixed incomes, the patient has been previously qualified under preemptive eligibility and/or Medicaid.
- Special Circumstances as approved by the Director of Finance and CEO

Accounts deemed uncollectible will not receive further collection actions from MCH. These balances may be reclassified as Charity under the MCH Financial Assistance Policy or included in Medicare Bad Debt Logs when qualified as meeting the relevant criteria.

Billing and Collections: Any unpaid balances owed by patients or guarantors after application of available discounts, if any, will be referred to collections in accordance with MCH's uniform billing and collections policies. For information on MCH's billing and collections practices for amounts owed by patients or guarantors, please see MCH's Collections Policy, which is available free of charge at the MCH Hospital Billing Office window at 1208 6th Avenue East, Superior, MT 59872, at www.mineralcommunityhospital.com or which can be sent to you if you call: **1-406-822-5124**.

AUTHORIZATION:

By: _____ Date: _____
Stacy Conrow-Ververis, Director of Finance

By: _____ Date: _____
John S. McNeece, CEO

ATTACHMENT A
MCH's Charity Care Percentage Sliding Fee Scale

The full amount of hospital charges will be determined to be Charity care for any eligible guarantor whose gross household income and assets is at or below 130% of the current federal poverty guideline level, provided that such persons are not eligible for other private or public health coverage sponsorship.

For eligible guarantors with household income below 220% of the FPL the MCH sliding fee scale below applies.

Income as a percentage of Federal Poverty Guideline Level	Percent of discount (write-off) from original Charges based on income & family size	Percent of Discount After ABG is applied	Balance Billed to Guarantor
Up to 130%	100%	0%	0%
131% to 140%	90%	96%	4%
141% to 150%	80%	91%	9%
151% to 160%	70%	87%	13%
161% to 170%	60%	82%	18%
171% to 180%	50%	78%	22%
181% to 190%	40%	73%	27%
191% to 200%	30%	69%	31%
201% to 210%	20%	64%	36%
211% to 220%	10%	60%	40%
221% and Over	0%	0%	100%

MCH discounts are calculated using the most current published federal poverty guidelines.