



Policy Title: Patient Financial Assistance Policy Critical Access Hospital	
Policy Number: OFS-007	
Effective Date: 01/01/2016	Revision Date: 11/25/2025
Manual/Section:	
Applicable Catalogs: CAH, SWG	

Policy Statement

The purpose of Livingston HealthCare’s Financial Assistance Policy is to provide our Patients and the Community we serve with information and contacts to help our Patients complete the application process to determine eligibility. This policy outlines the process of providing Financial Assistance to eligible individuals in need of Emergent or Medically Necessary health care, who are not eligible for other assistance programs. Financial Assistance is intended to be the payment of last resort after exhaustion of all other payer options. Patients who choose not to bill their insurance **are not** eligible for Financial Assistance under this program. Livingston HealthCare will provide Emergent and Medically Necessary Health Care to our patients regardless of their financial status or ability to pay. The policy also identifies steps that Livingston HealthCare will take to communicate the availability of Financial Assistance. Any information gathered by Livingston HealthCare during this process is subject to Livingston HealthCare policy concerning protection of confidential information. Livingston HealthCare is a tax-exempt, non-profit entity. We follow and are compliant with the IRS Section 501 r-4 rules that include instruction on Financial Assistance, Emergency Medical Care, and Collection Policies and Process timelines.

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 on an inpatient and outpatient basis. For these purposes, the policy also covers the rendering of professional services by physicians and other employed or contracted providers, as listed on the "Providers Providing Care" attachment to this policy. Livingston HealthCare is covered by this Policy document. Any other physician or providers of care is 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. Health care services will be provided to those 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. Actions that discourage individuals from seeking emergency medical care are not engaged, 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 not Emergent, or not Medically Necessary are not eligible for Financial Assistance.

Definitions:

Catastrophic Financial Assistance: Catastrophic Financial Assistance for eligible patients, or their guarantors, with household income greater than 250% of the Federal Poverty level when their hospital balance, for a specific episode of care, exceeds 30% of their household income per 12-month period.

ECA’s: Extraordinary collection actions against an individual taken after reasonable efforts have been made to determine whether individual is eligible for assistance under Livingston HealthCare’s FAP and 120 days from Post discharge statement has been met.

Emergency Medical Care: Emergency Medical Care for conditions that the hospital facility is required to provide patients without discrimination and the patient's ability to pay and discouraging individuals from seeking emergency care by asking for payment, before delivering that care as defined in *Section 1867 of the Social Security Act. (EMTALA) and CFR title 42.*

FAP: Financial Assistance Policy

Family: Defined by the Census Bureau as a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service's rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purposes of the provision of financial assistance.

Family income: Income is the total annual cash receipts before taxes from all sources which may include, but is not limited to, wages and salaries before deductions, net receipts from non-farm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensation, workers compensation benefits, veteran's payments, and public assistance payments, Supplemental Security Income, Social Security Disability Income, alimony, child support, military allotments, private pensions, government pensions, annuity payments, rental income, net payments, net gambling or lottery winnings. Noncash benefits (such as food stamps and housing subsidies) do not count as income.

Federal Income Poverty Guidelines: The most recently published federal income poverty guidelines for a household. These annual guidelines are used to update our sliding fee schedules and are posted on our website along with this Financial Assistance Policy. Annual federal poverty guidelines are published by *United States Health and Human Services agency.*

Financial Assistance: Financial Assistance is also referred to as Charity Care. Financial Assistance is commonly understood to be an unrecovered cost written off by providers that results from providing care to individuals who are uninsured, underinsured or who are otherwise unable to pay for the emergent or medically necessary health care services they receive at Livingston HealthCare.

Legal Guardian: A recognized legal surrogate for the patient with regard to medical and financial decisions, who would be authorized under Montana law to receive confidential health care information on the patient. This includes parents who are legally responsible for their minor children, close family members who are recognized by the patient or Montana law as having the legal ability to act on the patient's behalf with regard to medical and/or financial decisions, or legal guardian under Montana law.

Medically Necessary: Non-elective services provided in response to life-threatening circumstances in a non-emergency department or services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual. Emergency medical services provided in an emergency department setting.

Reasonable efforts : Actions taken to determine whether an individual is eligible for Livingston HealthCare's FAP per 501 r-6 regulations after collections efforts during the timeline of 120 days "notification period" from first "post-discharge" billing statement.

Responsible Party: The patient, guarantor, or any individual that is legally obligated to pay the patient's debts for medical care, excluding third party payers. An adult patient, living in the household of the relative other than a spouse – including an adult, unmarried child living at home – may be considered the "responsible party" for purposes of this policy.

Plain Language summary of FAP: A written statement that notifies an individual that Livingston HealthCare offers financial assistance under an FAP and that provides additional information in language that is clear, concise, and easy to understand and readily available.

Third Party Payer: Any financial agent or entity, such as an insurance carrier, HMO, employee benefit plan, or government payer, with a legally enforceable obligation to pay for services billed to the patient by Livingston HealthCare. (Responsible parties, as defined herein, are not considered third party payers.)

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. Patients have Catastrophic Medical Debt. Which would mean Patient's Medical Debt is more than 30% of annual income calculated in a 12-month period.

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Presumptive Eligibility: Medicaid eligibility may be an indication that an individual qualifies for financial assistance under presumptive eligibility (79Fed. Reg. 78992) Livingston HealthCare may apply presumptive eligibility for charges that are considered non-covered services by Medicaid or Out of State, Out of Network Medicaid payers.

Provider list: Hospital FAP list of covered providers other than the hospital facility itself, delivering emergency or medically necessary care

Amount Generally Billed: AGB to patients who have insurance covering emergencies or other medically necessary care. *Section 1.501(r)-5(b) of the CFR final regulations.* Livingston HealthCare will be calculating the AGB on the “**Prospective Medicare Method**”. Individuals who have been determined to be eligible for financial assistance cannot be charged more than AGB.

Patient Eligibility Criteria:

The maximum family income (husband and wife) does not exceed Livingston HealthCare’s standard related to the Federal Poverty Guidelines and there are not sufficient liquid assets.(cash on hand, checking and savings accounts) to satisfy charges owed to Livingston HealthCare.

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 Livingston HealthCare’s PFS Manager or CFO.

Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual. In the event a question arises as to whether the “condition” fits these criteria, the patient’s physician shall be consulted. Health care services, including elective, cosmetic, or other care deemed to be generally non-reimbursable by traditional insurance carriers and government payers shall not be considered eligible for financial assistance.

Patients desiring consideration under the Financial Assistance Policy must apply for Financial Assistance and are required to complete the Application for Financial Assistance to the fullest extent possible by disclosing the required financial information. Under this policy, eligibility is for 1 year from date of approval. This time period can be 6 months back and 6 months forward from date of approval if this is the chosen method then patient would need to re-apply in 6 months from date of approval. Eligible services will be considered for financial assistance up to 240 days from date of “first post discharge” billing statement. (Some services can be considered beyond the 240 days if determined to be special circumstances)

The patient must be a resident of Montana, or be an established patient of Livingston HealthCare, and must have exhausted all insurance benefits, and all other third party and financial resources available. This may include applying for coverage through Montana Medicaid program.

Patients referred to Livingston HealthCare for services by Community Health Partners (CHP) shall go by MOU agreement between Livingston HealthCare and CHP to determine if LHC accepts CHP sliding scale or if patient has to apply for LHC’s FAP. FAP packets have been provided to CHP to give to patients in this case. A CHP provider’s order has to be in the patient chart for LHC to apply CHP’s slide.

The Financial Counselor/ Customer Service Team 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.

Professional Services received in the Emergency Department and other dept’s of the hospital are covered under this policy, when the Provider is employed by Livingston HealthCare. A current list of Providers will be maintained as an attachment to this policy.

Application Process

A Financial Counselor is a designated person at Livingston HealthCare who will be responsible for taking financial assistance applications. Anyone requesting financial assistance should be referred to a Financial Counselor for an initial screening for eligibility.

The patient and/or Responsible Party is required to provide the following:

- a) A completed, legible financial assistance application
- b) A copy of patient’s recent federal income tax return. If married and filing separately, the patient should also supply the spouse’s tax return
- c) A copy of the three (3) most recent pay stubs if employed or other evidence of income (and spouse’s if applicable).
- d) Copy of the past three months bank statements (savings and checking)
- e) Proof of US citizenship or permanent residence status (utility bill, driver license)
- g) Written verification from public assistance agencies, such as Medicaid, reflecting denials for eligibility (upon request) and as appropriate
- h) Written verification of denial for unemployment or worker’s compensation benefits (upon request) and as appropriate
- i) Reasonable proof of other declared expenses

Procedure :

1. When considering a financial assistance application, Livingston HealthCare may request the Responsible Party first pursue other sources of payment, including but not limited to applying for Montana Medicaid

coverage. Supplemental Social Security Income or Disability Income (SSI or SSDI) or other Third-Party Payers as appropriate. If the patient is unwilling to pursue other potential Third-Party Payer sources in a timely manner, Livingston HealthCare will not consider the patient's request for financial assistance. Financial Assistance is considered payer of last resort.

2. The instructions required to complete the Financial Assistance application will be furnished to the patients and/or the Responsible Party. Livingston HealthCare's Customer Service and Patient Financial counselors will provide instructions to assist patients and/or Responsible Party in understanding the criteria for eligibility and how to fill out the financial assistance application.

3. The patient or the Responsibility Party will be asked to bring in completed application and requested documentation within 15 business days from receipt of an application for timely processing but realize that per 501(r) regulations has up to 240 days from date the first "post-discharge" billing statement is provided to apply for Financial Assistance.

4. Once a patient has submitted all the required information, a Financial Counselor will review and analyze the application based on Livingston HealthCare FAP guidelines. If the application is complete and appropriate, the Financial Counselor will recommend the patient's level of eligibility per the FAP application and the Federal Poverty guideline sliding fee schedule the application will be processed for final authorization.

5. Catastrophic Financial Assistance will be considered for FAP coverage If a patient has applied for Financial Assistance yet does not meet traditional qualifications. Livingston HealthCare will review Catastrophic Financial Assistance potential. Financial Assistance for eligible patients, or their guarantors, with household income greater than 250% of the Federal Poverty level when their hospital balance, for a specific episode of care, exceeds 30% of their household income. For patients that meet this criterion for catastrophic eligibility, they will have their balance, for that specific episode of care, reduced to an amount equal to 30% of the household income.

6. Reasonable efforts will be made as defined in the final regulations to provide 120-day "notification period" and 240-day "application period" both beginning on the "post discharge billing statement for that episode of care. Final regulations consider facility has made a reasonable effort to determine if an individual is FAP-eligible if collection processes have been completed and the episode of care or encounter is 120-days from "post discharge" statement.

7. Under EAC regulations from final rule; Facility is considered responsible for any collection process that is initiated by debt collectors that the facility has turned the encounter to for any debt collection action. The act of turning an encounter to a self-pay debt collector or a collection agency is considered an EAC on the individual so the notes on the encounter should show that LHC collectors followed the collection process and collection letter was sent out 30 days prior to turning the encounter to another agency for collection and following the 120-day "notification period" and 240-day "application period" Livingston HealthCare's collection policy states that EAC's will not be taken until reasonable efforts to determine FA eligibility and collection procedures have been completed.

Note: another important EAC action against patients is If a hospital facility requires payment before providing medically necessary care to an individual with one or more outstanding bills, such a payment requirement is presumed to be because of the individual's nonpayment of the outstanding bills.

8. Livingston HealthCare will determine "Amount Generally Billed"(AGB), by using the Medicare Prospective method as described in CFR Section 1.501(r)-5(b) of the final regulations. For all Emergent and Medically Necessary patient accounts deemed eligible for financial assistance under this policy. Individuals who have been determined to be eligible for financial assistance cannot be charged more than AGB. The most current CMS Medicare rates calculated on cost for Livingston HealthCare. The AGB discount will be figured out on Gross Charges. Partial assistance may be provided as a percentage of the AGB based upon where the application falls on the Federal Poverty Guidelines between 100% and 200% of income.

9. Services referred by CHP providers that are applied to CHP slide are Clinic specialty visits, x-rays, lab and rehab services and may include other medically necessary services up to a cap of 8,000.00 Annually. If additional information is requested, patients will be required to apply for Livingston HealthCare's Financial Assistance Program. If additional information is requested and not provided or provided and the financial need is not verified then the patient loses eligibility prospectively.

10. Livingston Healthcare will send an FAP determination letter and invoice showing patient's discount and self-pay responsibility per encounter or episode of care. Once a patient is approved for financial assistance, it is expected that the patient will continue to **meet his/her required financial commitments** to Livingston HealthCare. If the patient does not make the expected payment for their remaining patient responsibility, the account will go through the collection process, as outlined in Livingston HealthCare Billing and Collections Policy, which is available on our web site www.livingstonhealthcare.org or upon request by contacting Patient Financial Services Customer Service phone line at 406-823-6414.

11. If a patient has a "Life Changing Event" Livingston HealthCare will allow patient or responsible individual to apply or re-apply for Financial Assistance. A life changing event (i.e. death of family member, extended illness) that directly impacts the previously stated family income. The patient or responsible individual may apply for or re-apply for financial assistance based on the current family income and the percentage of assistance may then be recalculated.

12. Minor Children/Divorced parents- for minor children of divorced parents, when both parents/legal guardians, or responsible parties, information regarding both parents will be required to complete a Financial Assistance Application.

13. The patient and/or Responsible Party may appeal a denial of eligibility for financial assistance by providing additional information to Patient Financial Services Counselors to send to Patient Financial Services Manager for final determination. Written notification will be sent to patients, or responsible individuals with determination of the appeal

14. Assets are directly related to the earnings and livelihood of the household and may be exempt such as a savings account set aside for end-of-life expenses, interest proceeds on certificate of deposit where the interest proceeds provide the sole income.

15. If Livingston HealthCare determines whether any material, documentation, or information submitted is untrue or falsified, the application will be denied.

Initiation of Financial Assistance:

Financial Assistance may be initiated in a number of ways:

Communication regarding the availability of financial assistance from Livingston Healthcare shall be provided by various means, which may include collection letters, sent 120 days after post discharge billing, Monthly Statements, posted notices in the Emergency Room and at each registration site within the facility as well as Customer Service Sites at Livingston HealthCare 320 Alpenglow Lane Livingston, Mt. 59047. FAP policy and plain language letters are also available on the Livingston HealthCare website. www.Livingstonhealthcare.org. By Physician referral, community Health Fairs and Farmers Markets, and Community Health Partners.

Community HealthPartners (CHP) Providers may refer or order services for patients that may qualify for the CHP slide per LHC's and CHP's agreement.

Request for Financial Assistance Policy and Application can be obtained on the Livingston HealthCare website www.Livingstonhealthcare.org or by calling Patient Financial Services Customer Service at (406)-823-6414

A copy of Livingston HealthCare's FAP or application may also be obtained in person at any Patient Access desk, Emergency room. or Customer service area onsite at 320 Alpenglow Lane Livingston, Mt. 59047

Patients needing assistance to complete the Application for Financial Assistance should contact the Patient Financial Counselors and Customer Service staff at: (406)-823-6414

Patients seeking Financial Assistance under this policy may be required to apply for Montana Medicaid. Patients or individuals may request assistance in applying for Medicaid or other government programs by contacting Livingston HealthCare's Patient Financial Counselors they will be happy to assist with this application process. Please contact our Patient Financial Counselors by calling (406)-823-6414 to make an appointment.

Completed applications for Financial Assistance must be returned during the 240-day "application period" in any of the following ways: In person or by Mail to Patient Financial Services Customer Service at 320 Alpenglow Lane Livingston, Mt. 59047

References

79Fed. Reg. 78992
 Internal Revenue section 501- r- 4 Policy for charitable Hospitals
 Social Security Act section 1867 (42 U.S.C 1395dd)
 CFR Section 1.501(r)-5(b) of the final ruling
 Notice 2015-46
 United States Health and Human Services agency.

Attachments:

List of Providers Per Reg Sec 1.504 r -4-b-1-iii-Fand Notice 2015-46 This list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers

Exhibit "A" Financial Assistance policy #OFS-007
 list of Covered and Non-Covered Providers
 Revised 11-25-2025

Hospital Financial Assistance Policy
 Financial Assistance list of covered
 Providers

Providers not covered under LHC financial
 assistance policy

Name	Provider type	Provider name
Alderman, Daniel F.	MD	Billings Clinic providers
Arnet, Krista L.	DO	Bozeman HealthCare providers
Arnet, Kyle L.	MD	Bozeman Billings Clinic providers
Bell, Douglas	MD	Bridger Ortho providers
Benson, Timothy M.	PA-C	Alpine Ortho providers
Beretta, Kallie C.	CRNA	Medical Eye Specialists
Bland, Zachary M.	MD	Reference labs such as but not limited to Mayo clinic, Billings Clinic
Bowman-Seitz, Tara S.	MD	
Boyer, Cassidy J.	CRNA, MSN	
Braaksma, Amy S.	FNP	
Brandon, John S.	MD	
Bruschwein, Dean A.	MD	
Buniel, Maria C.	MD	
Burbach, Brynn E.	CRNA	
Burnett, Elizabeth B.	FNP-C	
Coleman, D. Scott	MD	
Coleman, Paula J.	CPNP	
Comte, Lindsay A.	NP	
Cross, Gregory H. Jr.	MD	
D'Ardenne, Katie Kidwell	MD	
DeBoer, Mark T.	MD	
Delavan, Joshua A.	MD	

Dupea, Hannah	MD	
Flook, Benjamin N.	MD	
Gale, Heather I.	MD	
Goulet, Christopher C.	MD	
Graybeal, Troy B.	MD	
Gross, Yvette M.	DO	
Guercio, Brian R.	MD	
Hatch, Megan M.	MD	
Hopkins, Claire M.	PA-C	
Hughes, Kelsey L.	PA-C	
Hunt, Paul F.	MD	
Hurd, Emily A.	FNP	
Jenkins, Jasmine B.	NP	
Jones, Denis E.	CRNA	
King, Carson D.	NP	
Knight, George	MD	
Kolupaeva, Shannon M.	CRNA	
Kubiak, Michal J.	MD	
Lange, Stefanie K.	MD	
Lee, Christopher J.	MD	
Lindenbaum, Jeffry O.	MD	
Linehan, Niamh E.	PA-C	
Marsik, Julia E.	PA-C	
McMaster, Mary Bethany Lenora	MD	
Meyer, Susan I.	PA-C	
Myers, David	CRNA	
Nguyen, Trinh T.	DO	
Nix, Taylor E.	CRNA	
Oyler, Courtney M.	PA-C	
Paulsen, Scott R.	MD	
Pihl, Caroline L.	MD	
Pinango, Henry H.	MD	
Pinango, Kyra B.	MD	
Reid, Genevieve K.	MD	
Rice, Andrew H.	DPM	
Righetti, Alyson D.	MD	
Righetti, Johnathan W.	MD	
Roberts, Justin K.	MD	
Rogers-Stevane, Jennifer R	MD	
Roll, Bonnie S.	MSN, CNM, WHNP	
Saari, Russell E.	PA-C	
Sillery, John C.	MD	
Sipp, Libby R.	PA-C	
Spencer, Stephanie C.	FNP	
Spromberg, Christopher L.	Psy.D	

Stevenson, Rae L.	MD	
Stilwill, Sarah E.	MD	
Strand, Mette P.	MD	
Sullivan, Kelsey G.	PA-C	
Swarny, Bruce R.	MD	
Tanbakuchi, Daniel	DO	
Thelen, Jarett C.	MD	
Toussaint, Jean-Paul J.	MD	
Turcer, Phillip	MD	
Wadle, Douglas P.	MD	
Wasko, Cary A.	NP	
White, Mariah L.	MD	
Wilkinson, Benjamin R.	DO	
Willmann, Erin N.	CRNA	
Wise, Gretchen M.	FNP-BC	
Wright, Raymond M. III	MD	
Young, David B.	DO	