



<b>Policy Title: Patient Financial Assistance</b>	
<b>Policy Number: OFS-008</b>	
<b>Effective Date: 01/01/2016</b>	<b>Revision Date: 11/3/2020</b>
<b>Manual/Section: O/FS</b>	
<b>Applicable Catalogs: RHC</b>	

**Purpose:**

This policy allows Livingston HealthCare to determine eligibility for financial assistance (F/A) for patients who meet the established eligibility criteria. Financial assistance is approved only for *medically necessary* services. The Financial Assistance program is intended to be the last payment resort after exhausting all other options. 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’s policies concerning protection of confidential information.

**Policy Statement**

This policy outlines the process for providing financial assistance to individuals in need of medical care who are not eligible for other assistance programs, for those individuals who are uninsured, or underinsured, or for those individuals with a remaining balance after insurance that exceeds their financial means. Patients who choose not to bill their insurance **are not** eligible for financial assistance.

Financial assistance is available for the portion of the patient care services provided by Livingston HealthCare of which a third-party payer is not responsible, and the patient has demonstrated the inability to pay. Financial assistance **will not** be provided for accounts that are more than 240 days from first billing statement.

**Definitions**

**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 recent published federal income poverty guidelines for a household, which shall be revised and attached to this policy annually as they are published by United States Health and Human Services agency.

**Legal Guardian:** A recognized legal surrogate for the patient regarding 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:** Emergency medical services provided in an emergency department setting. Non-elective services provided in response to life-threatening circumstances in a non-emergency department setting or services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.

**Responsible Party:** The patient or any individual legally obligated to pay for 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 – will be considered the "responsible party" for purposes of this policy, without regard to the income of the other relatives living in the household (except a spouse).

**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.

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

**Presumptive Eligibility:** Medicaid eligibility is an indication that an individual qualifies for financial assistance under presumptive eligibility. (79 Fed. Reg. 78992) Livingston HealthCare will apply presumptive eligibility for line item charges that are considered non covered services by Medicaid. Soft Touch credit check through TransUnion may qualify patient for presumptive eligibility.

**Amount Generally Billed:** AGB to patients who have insurance covering emergency 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.

## **Procedure**

### **A. Services Eligible Under This Policy:**

1. Eligible services will be considered for financial assistance up to 240 days from first billing statement. (Some services can be considered beyond the 240 days if determined to be special circumstances by Livingston HealthCare). F/A Approval is valid for one year from the date of determination. This one-year time span may go 6 months back and 6 months forward from determination date based on the patient's circumstances. Livingston HealthCare reserves the right to re-determine eligibility based on a change in circumstances.

2. 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. Livingston HealthCare has the option to specify certain additional elective procedures for which no financial assistance options will be given.

**B. Persons considered under this policy must meet all the following criteria:**

1. The patient must be a resident of Montana or be an established patient of Livingston HealthCare.
2. Must have exhausted all insurance benefits.
3. The maximum family income (husband and wife) does not exceed Livingston HealthCare's standard related to the Federal Poverty Guidelines.

**C. Initiation of Financial Assistance:**

**1. Financial Assistance may be initiated in several ways:**

- a) A patient with a self-pay balance due notifies Patient Financial Services representative that he/she cannot afford to pay the bill and requests assistance.
- b) A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
- c) A physician or other clinician refers a patient for financial assistance evaluation.
- d) A financial assistance application is offered to patients as part of the financial counseling process.
- e) May qualify for presumptive eligibility by soft touch verification through TransUnion.
- f) Livingston HealthCare will follow 501 (r) regulation guidelines providing reasonable efforts to determine financial assistance eligibility.

**D. Application Process**

1. 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.
2. **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) A copy of the past three months bank statements (savings and checking).

**E. Eligibility Determination**

1. The instructions required to complete the Financial Assistance application will be furnished to the patient and/or the Responsible Party. Livingston HealthCare will provide personnel to assist patient and/or Responsible Party in understanding the criteria for eligibility and how to fill out the application.
2. 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 first billing statement to complete and return the Financial Assistance application.

3. Once a patient has submitted all the required information, a Financial Counselor will review and analyze the application based on Livingston HealthCare guidelines. If the application is complete and appropriate, the Financial Counselor will recommend the patient's level of eligibility and process for Patient Financial Services Manager's final authorization.
4. If Livingston HealthCare determines that any material documentation or information submitted is untrue or falsified, the application will be denied.

#### **F. Basis for Determination of Patient Responsible Amount:**

1. Livingston HealthCare will determine "Amount Generally Billed" (AGB), by using the Medicare method as described in CFR Section 1.501(r)-5(b) of the final regulations for all 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 and the Medicare physician fee schedule will be used to calculate the AGB. The AGB discount will be figured on Gross Charges.
2. Assistance will 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.
3. Sliding scale percentage of assistance for Livingston HealthCare Rural Health Clinic services will start at 100% discount on income that is 100% or less of the Federal Poverty guidelines, discount increments will be given for families with income up to 200% of Federal Poverty Guidelines.
4. Nominal fees will be waived for services where the patient qualifies for 100% or less of the Federal Poverty guidelines.

#### **G. Communication of Financial Assistance**

1. Communication of the availability of financial assistance from Livingston HealthCare shall be provided by various means, which may include, but are not limited to, notification on patient statements, posted notices in registration sites within the facility and patient financial service areas, and on the Livingston HealthCare website.

#### **H. Miscellaneous**

1. 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 is approved for a financial assistance percentage allowed and does not make the expected payment for their remaining patient responsibility within the collection cycle, the normal collection process will be followed. Livingston HealthCare Billing and Collections Policy is available upon request by contacting PFS office at 406-823-6414 or may be viewed or downloaded from our website.
2. A **Community Health Partners** referred patient's account will be calculated on the CHP slide for clinic specialty visits, x-rays, lab and rehab services and all other medically necessary services. A copy of Community Health Partners referral will be kept on file. Additional patient information (according to the LHC Financial Assistance policy) may be requested for adjusted patient charges totaling more than \$8,000 annually. If additional information is requested and not provided or provided and the financial need is not verified, then the patient loses eligibility prospectively.

3. **Minor Children of Divorced Parents** – for minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents will be required to complete a Financial Assistance application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information for all responsible parties, information from responsible parties residing in the same household of the minor child/children will be used to make the determination.
4. **Collection Agency Accounts** – Accounts assigned to an outside collection agency will be eligible for financial assistance up to 240 days from first billing statement. To comply with 501 (r) regulations, these accounts will be called back from Collection Agency if a financial assistance application is received.
5. **Appeals** – The patient and/or responsible party may appeal a denial of eligibility for financial assistance by providing additional information to Patient Financial Services/Financial Counselor within 14 days of receipt of notification of denial. All appeals will be reviewed by the Patient Financial Services Manager for final determination. If the final determination affirms the previous denial of financial assistance, written notification will be sent to the patient, legal guardian, and/or responsible party.
6. **Life Changing Events** – If a patient currently receiving financial assistance from Livingston HealthCare experiences a life changing event (i.e. death of family member, extended illness) that directly impacts the previously stated family income, the patient may re-apply for financial assistance based on the current family income and the percentage of assistance may then be recalculated