

Policy Title: Patient Financial Assistance	
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Folder: O/FS	Scope: CAH, RHC, UCC, HCHO, SWB
Author: Director of Revenue Cycle	Approved By: Chief Executive Officer

Policy Statement

Livingston HealthCare provides emergency and medically necessary care to all patients, regardless of their ability to pay. The organization does not engage in actions that discourage individuals from seeking emergency care, including requiring payment before treatment or delaying care because of outstanding balances.

This Financial Assistance Policy explains how patients and community members may apply for financial assistance and outlines the eligibility requirements. Financial assistance is available to individuals who need emergency or medically necessary care and who do not qualify for other financial support programs.

Financial assistance is intended as a last resort after all other payment options have been exhausted. Services that are not emergency or medically necessary* are not eligible under this policy. All Elective* and cosmetic procedures* are not eligible for financial assistance. Patients who elect not to bill their insurance are also not eligible.

Financial assistance is provided without regard to race, color, creed, religion, national origin, gender, gender identity, sexual orientation, age, marital status, genetic information, or disability.

Livingston HealthCare complies with IRS Section 501(r) requirements related to financial assistance, emergency medical care, and billing and collection practices. Extraordinary collection actions (ECAs) will be suspended while the application is pending and during the response period. Livingston HealthCare will not engage in ECAs before making reasonable efforts to determine Financial Assistance Policy eligibility.

Scope

This policy applies to all emergency and medically necessary inpatient and outpatient services provided by Livingston HealthCare. Eligibility determinations apply to hospital services and professional services provided by employed or contracted providers listed in the Providers Providing Care Exhibit A. This policy applies only to services billed by Livingston HealthCare and does not include services billed separately by other providers.

Patients who qualify for financial assistance will not be charged more than the Amount Generally Billed*.

Accounts older than 240 days from the first post-discharge billing statement that have been referred to collections are not eligible for financial assistance. Livingston HealthCare will accept and process a complete Financial Assistance Application submitted within the application period required by applicable law.

Definitions

Amount Generally Billed (AGB) refers to the maximum amount charged to patients who have insurance covering emergency or other medically necessary care, as defined under Section 1.501(r)-5(b) of the Code of Federal Regulations. Livingston HealthCare calculates AGB using the Prospective Medicare Method. The AGB percentage or calculation methodology will be updated in accordance with applicable law and maintained by Patient Financial Services.

Cosmetic Procedure: A procedure or service performed primarily to alter, enhance, or improve an individual's appearance without treating a medical condition or restoring function. Cosmetic procedures are generally considered not medically necessary.

Elective: A procedure or service that is planned in advance and does not require immediate or urgent intervention to address a medical condition. An elective procedure may be medically necessary but can be scheduled at a time that is determined based on clinical considerations, patient preference, and available resources.

FPL (Federal Poverty Level): Federal income guidelines used to determine eligibility.

Financial Assistance: Charity care available to eligible patients.

Medically Necessary: Services, treatments, procedures, or supplies that are clinically appropriate and necessary to diagnose, treat, or prevent a medical condition or its associated symptoms, and that are consistent with generally accepted standards of medical practice.

Uninsured/Underinsured: Patients who do not have insurance coverage or whose insurance coverage is insufficient to meet their medical expenses.

Procedure

1. Patient Eligibility Criteria

To qualify for financial assistance, patients must meet all applicable requirements below:

- a. Household income must fall within the applicable Federal Poverty Level (FPL).
 - i. Households at 200% of FPL or below qualify for a 100% discount.
 - ii. Households at 201% to 300% of FPL qualify for a 75% discount.
 - iii. Households at 301% to 400% of FPL qualify for a 50% discount.
 - iv. Households above 400% of FPL are not eligible under the standard financial assistance criteria.
- b. The patient must have insufficient liquid assets (for example, cash, checking, or savings) to pay the balance.

- i. Assets greater than 200% of FPL that are easily convertible to cash (such as savings, stocks, or bonds) and not used in the production of income may be considered in determining eligibility.
- 1.) If liquid assets exceed 200% of the FPL, payment for services is required until the balance is paid in full or the patient's liquid assets are reduced to 150% of FPL.
- c. All insurance and third-party payment sources must be exhausted.
 - d. The patient must apply for any available public assistance programs, such as Medicaid.
 - e. The financial assistance application must be submitted within 240 days of the first post-discharge billing statement, unless the account remains in good standing with Livingston HealthCare.
 - f. Eligibility may be reassessed if significant life events affect the patient's financial status.

2. Presumptive Eligibility Criteria

A completed Financial Assistance Application is not required when one or more of the following conditions applies:

- a. The patient is homeless, as confirmed by patient or caregiver attestation.
- b. The patient is deceased and has no estate.
- c. The patient is mentally incapacitated and has no legally authorized representative or other person available to act on their behalf.
- d. The patient qualifies for Medicaid, including out-of-state Medicaid.
- e. The patient is enrolled in one or more public assistance programs for low-income individuals, with proof of eligibility for at least one program.
- f. The patient is currently incarcerated in an institution.
- g. Eligibility is approved at the discretion of the Chief Financial Officer or Director of Revenue Cycle.

Livingston HealthCare may waive income requirements, documentation, and verification when eligibility for financial assistance is obvious. The organization may also exercise discretion in cases involving significant social or health-related circumstances. In such situations, Livingston HealthCare will obtain signed statements from the patient or caregiver before making a final determination, if applicable.

3. Catastrophic Financial Assistance

Patients who do not meet the standard eligibility criteria may still qualify for catastrophic financial assistance if both of the following apply:

- a. Household income exceeds 400% of FPL.

- b. For an episode of care, Medical expenses exceed 30% of annual household income.

If approved, the patient's balance will be reduced so that it does not exceed 30% of annual household income.

4. Application Process

Applicants must submit the following documentation, as applicable:

- a. A completed Financial Assistance Application.
- b. The most recent federal income tax return, including a spouse's return if applicable.
- c. Recent pay stubs or other proof of income for the last three months.
- d. Bank statements for the last three months.
- e. Financial information for both parents when the applicant is a minor and the parents are separated.
- f. Proof of identity and residency, if available.
- g. Documentation of public assistance determinations, if applicable.

Minor Children of Divorced or Separated Parents

When both parents or legal guardians are financially responsible for a minor child, financial information from both parties is required to complete the Financial Assistance Application. If, after reasonable efforts, the applicant is unable to obtain information from all responsible parties, Livingston HealthCare may use the financial information from the responsible party or parties residing in the same household as the minor child to make an eligibility determination.

Submission

Patient Financial Services

320 Alpenglow Lane

Livingston, MT 59047

For assistance, patients may contact a Patient Financial Counselor at (406) 823-6414.

All information will be handled in accordance with Livingston HealthCare's privacy policies.

5. Application Review

Applications are reviewed within 30 days of receipt.

Eligibility is determined in accordance with this Financial Assistance Policy and applicable Federal Poverty Level guidelines.

Incomplete or inaccurate applications may be denied. If an application is missing information or documentation, the applicant will be provided written notice describing the additional materials required and given 10 days to respond.

Applicants may appeal a denial, and appeals will be reviewed by the Revenue Cycle Director.

6. Determination and Billing

- a. Patients will receive a written determination letter and an updated bill (if applicable).
- b. Patients approved for a partial reduction must either pay the remaining balance or enroll in a payment plan.
- c. Billing and collection activities, including any extraordinary collection actions, will be conducted in accordance with Livingston HealthCare's Billing and Collections Policy. Livingston HealthCare will not initiate ECAs before making reasonable efforts to determine whether the individual is eligible for financial assistance under this policy.
- d. A 30-day notice will be provided before an account is referred to collections.
- e. Eligibility remains valid for up to one year, although it may be reviewed at any time. Financial assistance extensions require updated income and assets verification.

7. Public Availability and Widely Publicized:

Livingston HealthCare ("LHC") will widely publicize this Financial Assistance Policy within the community it serves, in accordance with Internal Revenue Code §501(r). The following documents will be made publicly available at no charge: (1) this Financial Assistance Policy (2) the Financial Assistance Application Form, and (3) a Plain Language Summary ("PLS") of the Financial Assistance Policy.

These documents will be made available through multiple channels to ensure broad community access, including:

- a. Website Availability: The Financial Assistance Policy, Application Form, and PLS are available on Livingston HealthCare's website at www.livingstonhealthcare.org.
- b. Paper Copies: Paper copies are available upon request by mail or in person at identified locations, including Patient Access/Registration areas, the Emergency Department, and Customer Service/Patient Financial Services areas.
- c. Requests for Copies: Requests may be made by calling Patient Financial Services Customer Service at (406) 823 6414 or by visiting 320 Alpenglow Lane, Livingston, MT 59047.

Livingston HealthCare will also publicize the availability of financial assistance through conspicuous notices in public locations, including the Emergency Department, registration areas, and Customer Service locations, as well as through billing statements, monthly statements, and collection letters (including those sent beginning 120 days after post discharge billing).

Financial assistance information may also be communicated through physician referrals, community outreach activities, including community health fairs and farmers markets, and Community HealthPartners (“CHP”).

If translated versions of the Financial Assistance Policy, Application, and PLS are required under applicable regulations, Livingston HealthCare will make such translations available and will provide information and/or support on how to obtain language assistance services.

References

Internal Revenue Code Section 501(r)

26 CFR 1.501(r)-5(b)

Social Security Act Section 1867

IRS Notice 2015-46

U.S. Department of Health and Human Services

Livingston Healthcare Billing and Collections Policy – OFS-006

Attachments

Livingston Healthcare Plain Language Summary of the Financial Assistance

Livingston Healthcare Financial Assistance Application

Exhibit A — Providers Covered and Not Covered by the Financial Assistance