

Rosebud Health Care Center
Forsyth, MT 59327

Department: Business Office	Policy No: BO 201-3
Policy: Financial Assistance Program	Administrative approval:
Effective Date: October 19, 2016	Medical Staff review:
Revised: 1/19, 3/19	Mid-level provider review:
Tag:	Outside professional review:

Policy:

Rosebud Health Care Center provides inpatient and outpatient health care to eligible patients at a reduced rate under this policy.

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Rosebud Health Care Center will offer a Financial Assistance Program to all who are unable to pay for their services. Rosebud Health Care Center will base program eligibility on a person's ability to pay and will not discriminate based on age, gender, race, sexual orientation, gender identity, creed, religion, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

Patients are encouraged to contact the Business Office for an application.

Procedure:

The following guidelines are to be followed in providing the Financial Assistance Program.

1. **Notification:** Rosebud Health Care Center will notify patients of the Financial Assistance Program by:
 - Financial Assistance Packets will be available to all uninsured or underinsured patients at the time of service. The packets will include financial assistance information and application.
 - Financial Assistance application will be included with collection notices sent out by Rosebud Health Care Center.
 - Rosebud Health Care Center places notification of Financial Assistance Program in the clinic waiting area and on their website.
2. All patients seeking healthcare services at Rosebud Health Care Center are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained from the Front Desk and the Business Office.

4. **Administration:** The Financial Assistance Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Financial Assistance Program policy and procedure will be provided, and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.
6. **Basis for Calculating Amounts Charged to Patients:** RHCC will not charge patients eligible for Financial Assistance under this policy for emergency or other medically necessary care more than the Amounts Generally Billed (AGB) to individuals who have insurance. Individuals may request the AGB percentage in effect at any particular time by contacting the Business Office. RHCC will use the look back method to calculate the AGB percentage at least annually by dividing the sum of all claims that have been paid in full by Medicare and all private health insurers together as the primary payer of those claims during the prior twelve (12)-month period by the sum of the associated gross charges for those claims.
7. **Completion of Application:** The patient/responsible party must complete the Financial Assistance Program application in its entirety. By signing the Financial Assistance Program application, persons authorize Rosebud Health Care Center access in confirming income as disclosed on the application form. Providing false information on a Financial Assistance Program application will result in all Financial Assistance Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Financial Assistance Program.

8. **Eligibility:** Discounts will be based on income and family size only. Rosebud Health Care Center uses the Census Bureau definitions of each.
 - **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
 - **Income** includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count.*
9. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. **Self-declaration of Income** may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to Rosebud Health Care Center's CEO or his/her designee for review and final determination as to the sliding fee percentage. Self-

declared patients will be responsible for 100% of their charges until management determines the appropriate category.

10. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by Rosebud Health Care Center's CEO or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
12. **Applicant notification:** Once the completed application and requested documents have been submitted to the business office, a decision on the application will be made within 10 business days. Staff authorized to approve applications will be the CEO or Financial Assistance Committee. The Financial Assistance Program determination will be provided to the applicant(s) in writing and will include the percentage of Financial Assistance Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Rosebud Health Care Center. Financial Assistance Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Financial Assistance Program application.
13. **Actions in the event of Non-Payment:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the Financial Assistance Program application will be sent with the notice. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Rosebud Health Care Center can explore options including, but not limited to, offering the patient a payment plan, waiving of charges, or referring the patient to collections efforts.
14. **Record keeping:** Information related to Financial Assistance Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, to preserve the dignity of those receiving free or discounted care.
 - Applicants that have been approved for the Financial Assistance Program will be logged in a password protected document on Rosebud Health Care Center shared directory, noting names of applicants, dates of coverage and percentage of coverage.
 - The Business Office Manager will maintain an additional monthly log identifying Financial Assistance Program recipients and dollar amounts. Denials will also be logged.
15. **Policy and procedure review:** Annually, the amount of Financial Assistance Program provided will be reviewed by the CEO and/or Financial Assistance Committee. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
16. **Budget:** During the annual budget process, an estimated amount of Financial Assistance Program service will be placed into the budget as a deduction from revenue. Board approval for Financial Assistance Program will be sought as an integral part of the annual budget.

Provider Eligibility Under the Financial Assistance Policy

Any provider contracted to provide medically necessary healthcare services at and billed by Rosebud Health Care Critical Assess Hospital or Rural Health Clinic.

- Dr. Hunter Crose, MD
- Shelley Rickett, FNP-C, PMHNP-BC
- Lorraine Ackerman, FNP-BC
- Brady Ruff, PA-C
- Kristina Kleinow, PA-C
- Roger Derrick Woods, PA-C
- Kristi Toennis, FNP-C

Excluded Providers from FAP

- Leszek Jaszczak, MD
- Rosebud County Ambulance Services
- Hearing Aid Institute
- Non RHCC Providers of care via Telemedicine
- Or any other visiting specialist not directly contracted by RHCC.

