

Administrative Manual of Policies and Procedures

Liberty County Hospital and Nursing Home

SUBJECT: Uncompensated Services (*Financial Assistance*)

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PURPOSE

Liberty Medical Center is committed to providing emergency and medically necessary care to all patients without regard to race, creed, sex, national origin, disability, age, sexual orientation or ability to pay. This policy sets forth the Liberty Medical Center policy and procedures to offer and provide financial assistance to all qualified patients receiving emergency and medically necessary care at Liberty Medical Center.

POLICY

Patients receiving emergency or medically necessary care and services at Liberty Medical Center have the opportunity to apply for financial assistance. For patients who meet the eligibility criteria established in this policy, Liberty Medical Center will offer financial assistance that can reduce their financial obligations for payment of these services. This program will be used for patient services at Liberty Medical Center departments only. This program will not aid in payment for other medical facilities, ambulances or (non-hospital) medications, but may aid in covering charges for the facility Patient Financial Assistance program. It strictly applies to Liberty Medical Center charges only (herein after described as facility charges). These facility charges will be what are deemed necessary by the Providers at Liberty Medical Center. Any services deemed as cosmetic or not medically necessary, will not be covered under Patient Financial Assistance.

DEFINITIONS

For purposes of this policy, the following definitions apply:

Emergency Care and Services: Individuals who present to emergency departments seeking emergency care shall receive a medical screening examination by a qualified medical person to determine if an emergency medical condition exists. An emergency medical condition is one manifesting symptoms, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, that the absence of immediate medical attention is likely to cause serious dysfunction or impairment to a bodily organ or function, or serious jeopardy to the health of the individual or unborn child. With respect to a pregnant

woman having contractions, an emergency medical condition also includes situations where there is not enough time to safely transfer the woman prior to the delivery, or a transfer would pose a threat to the individual or her unborn child.

Medically Necessary Care and Services: Medically necessary care and services include procedures and treatments necessary to diagnose and provide curative or palliative treatment for physical or mental conditions in accordance with professionally recognized standards of health care. The term “medically necessary” does not include for example cosmetic procedures, birth control or fertility treatments, gastric by-pass procedures, non-emergency dental services, experimental or non-traditional care, tests, or treatment, hearing aids, and retail services such as pharmacy, optical shop, or durable or home medical equipment. For purposes of this policy, Liberty Medical Center reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and standard of “medically necessary” for the purpose of eligibility for financial assistance.

Eligibility Criteria for Financial Assistance: Upon Liberty Medical Center’s determination that the patient’s care and services meet either the definition of “emergency care and services” or “medically necessary care and services” a patient is eligible to receive full or partial financial assistance subject to the following criteria:

1. A patient (or patient guarantor) with a household income of 100% or less of the Federal Poverty Level (FPL) is eligible for full financial assistance.
2. A patient (or patient guarantor) with a household income between 100% and 199% of the FPL is eligible for partial financial assistance on a sliding scale.
3. Eligibility for full or partial financial assistance is contingent upon the completion of a Financial Assistance Application and submission of sufficient documentation requested by Liberty Medical Center to demonstrate financial need. Exceptional circumstances may influence a patient’s (or guarantor’s) eligibility for financial assistance and may be considered on a case-by-case basis. These circumstances include, but are not limited to:
 - Family Size
 - Income Guidelines
 - Expenses
 - Terminal Illness
 - Employment Status
 - Third Party Coverage Status or Eligibility
4. **Eligibility:** Discounts will be based on income and family size only. Liberty Medical 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.

5. Information can be provided by individuals in the following forms of communication:
 - Written
 - Oral
 - Telephone
 - In person

6. A copy of LMC's most up to date sliding fee schedule can be found on last page of policy.
(EXHIBIT A)

PROCEDURE

Availability of Financial Assistance

1. Liberty Medical Center takes reasonable efforts to fully inform all patients and the public of the availability of financial assistance, including the following means of communication:
 - Posting of signs in all patient registration areas and in other public areas of the facility
 - Posting of information, including policies and the Financial Assistance Application on the libertymedicalcenter.org website
 - Providing written notification on patient billing statements
 - Mentioning the availability of financial assistance when discussing the bill over the telephone with patients or guarantors
 - Providing written notification in brochures and other information that is made available to the patient upon admission or discharge
 - Providing information to local social services agencies

2. Liberty Medical Center's Financial Assistance Policy, the Financial Assistance Application, and a plain language summary are available free of charge. Individuals may obtain these documents through the following means:
 - Hard copies can be provided in person or can be mailed to the patient upon request
 - Hard copies can be accessed, downloaded, and printed from the website (libertymedicalcenter.org)

3. Once Liberty Medical Center has provided emergency or medically necessary services, a patient or guarantor may submit a Financial Assistance Application. The right to apply for financial assistance consideration begins on the date of service and extends through the 240th day after the first billing statement is sent to the patient or guarantor. However, patients and guarantors are encouraged to submit their Financial Assistance Applications as soon as possible.

Process for Eligibility Determination

1. At the time of the initial patient interview, the Financial Service Representative will gather routine demographic information and information regarding all existing third-party coverage. In cases where a patient has limited or no third-party coverage, the Financial Service Representative will determine if the patient qualifies for medical assistance from other existing financial resources such as Medicare, Medicaid, crime victims compensation funds, Montana Marketplace, or other state and federal programs. The Financial Service Representative will be available to assist the patient with enrolling in any governmental payment programs that may be available. If the patient refuses to apply for or provide information necessary to the application process, he or she will be ineligible for financial assistance pursuant to this policy. If the application(s) to the above-mentioned medical financial assistance resource(s) is(are)

denied, not adequate, or was(were) previously denied, or if the Hospital has not received a response from the applicable medical financial assistance resource within 7 months of submission of a completed application, consideration for financial assistance will then be given. In cases where third-party coverage (including private insurance or payment by governmental program) is nonexistent or likely to be inadequate, the Financial Service Representative will inform the patient of the availability of financial assistance. However, in cases where third-party coverage is denied because the patient failed to comply with the insurer's stated precertification requirements and or coordination of benefit requirements, the patient will be ineligible for financial assistance pursuant to this policy.

2. Patients seeking financial assistance will be asked to complete the Financial Assistance Application. Copies of the application form are available from any Financial Service Representative and at <http://www.libertymedicalcenter.org>. Applications may be completed directly by the patient, by the patient's guarantor and/or other legal representative, or by a Financial Service Representative based on information derived from any of the foregoing through an interview either in person or by telephone, or reliable information provided in writing. If assistance is needed with gathering necessary information or materials requested as part of the financial assistance qualifying process, patients are encouraged to contact Patient Financial Assistance at 406-759-5181 ext. 5959.
3. Financial Assistance Applications will be considered if received at any time during the 240-day period following the first post-discharge billing statement issued by the Hospital to the patient for such care. Patients completing the Financial Assistance Application must return the signed form and required supporting materials through any of the following measures:
 - Hand deliver to Patient Financial Assistance at LMC
 - Mail to LMC, ATTN: Patient Financial Services, PO BOX 705, Chester, MT 59522
4. Eligibility for financial assistance is conditioned upon (i) the patient's provision of complete and accurate information on the Financial Assistance Application. (ii) The patient's participation in an education session with a Patient Service Representative regarding insurance options available through the Montana Insurance Marketplace (health insurance exchange), Montana HELP, and (iii) the patient's timely cooperation throughout the financial assistance application process. In connection with determining a patient's eligibility for financial assistance, although patients may voluntarily provide additional information that they believe to be pertinent to eligibility. If LMC contacts the patient to request missing information, the patient will have a period of 30 days to respond. Failure to respond within that 30-day period will result in the Application being suspended from further processing; the patient may re-activate the Application by providing the requested information at any time during the 240-day period following the first post-discharge billing statement issued by the Hospital to the patient for such care. If a patient provides information that is inaccurate or misleading, he or she may be deemed ineligible for financial assistance and, accordingly, may be expected to pay his or her bill in full.
5. In the event that the patient or guarantor applies for financial assistance after an unpaid account has been referred to an external collection agency, Liberty Medical Center will refrain from any extraordinary collection actions while the application remains incomplete and awaiting all required documents. However, in the event that a pending Financial Assistance Application is cancelled for a reason stated in the above paragraph, the unpaid account shall be subject to the terms and provisions of Liberty Medical Center's Collections Policy.

6. Upon receipt of a Financial Assistance Application that is deemed “complete”, Liberty Medical Center will:
 - Suspend all collection activity until such time that Liberty Medical Center makes a final determination on the eligibility for financial assistance
 - Make a determination of the eligibility for financial assistance within 30 days of receipt of a completed Financial Assistance Application
 - Notify the patient (or guarantor) by mail within 30 days of Liberty Medical Center’s determination to approve or deny the Financial Assistance Application
 - In cases where full or partial financial assistance is approved, make appropriate adjustments in the account to reflect the percentage and amount of financial assistance
7. Subject to Liberty Medical Center’s discretion, once a patient or guarantor has qualified for financial assistance, the eligibility can be extended up to a maximum of six months from the approval date to cover future qualified care or services. To be eligible for this extended term, Liberty Medical Center may require patients or guarantors to provide updated financial information.
8. Financial assistance can be granted solely for services and care performed by Liberty Medical Center’s providers. A list of the providers can be found at www.libertymedicalcenter.org. Locum medical providers providing care in the clinic or hospital will also be covered under this policy. Services provided by non-Liberty Medical Center employed or contracted physicians, providers, facilities or organizations are not eligible for financial assistance granted through this policy.
9. Liberty Medical Center shall maintain confidentiality for all Financial Assistance Applications and supporting documents and may share this information outside of Liberty Medical Center only upon written or verbal request from the patient or guarantor, or upon request by Liberty Medical Center external auditors, collection agencies, or law firms.

Granting Full or Partial Financial Assistance

1. For patients or guarantors who are deemed qualified for full financial assistance, Liberty Medical Center will send a written notification by mail within 30 days of that determination.
2. For patients (or guarantors) who are deemed qualified for partial financial assistance, Liberty Medical Center (or its external accounts receivable or collection agencies if the patient account has been referred to collections) will submit a bill to the patient or guarantor reflecting the discount for the partial financial assistance. In these cases, the amount accepted for payment for emergency or other medically necessary care will not exceed the amount Liberty Medical Center accepts as “payment in full” for the same services provided to patients who are insured by third party payers (including Medicare, Medicaid and all private health insurers).
 - “Payment in full” for insured patients has two components: the amount required to be paid by the third party insurer plus the amount required to be paid by the patient.
 - The “payment in full” amount is established by Liberty Medical Center by calculating the weighted average of discounts provided to Medicare, Medicaid and all private commercial health insurers. The “payment in full” calculation is established on a twelve

month basis by analyzing the actual claims paid to Liberty Medical Center by insured patients and their third party payers for the selected twelve month time period.

Collections Practices

Liberty Medical Center expects payment from patients and guarantors who have the ability to pay. In the event such patients or guarantors fail or refuse to fulfill their financial obligation, Liberty Medical Center may engage in collections action including the referral of unpaid accounts to external collections agencies. Liberty Medical Center will not engage in extraordinary collection actions before taking reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance.

Administration of this Policy

It is the responsibility of Liberty Medical Center to develop local operating procedures to administer this policy, including the following:

- Determination of local multi-lingual requirements for signage and other documents, and arrangements for interpreters if deemed necessary.
- Education and training of staff for communicating financial assistance availability for patients served in our facility.
- Tracking procedures and account adjustment codes for Liberty Medical Center.

EXHIBIT A

Family Size	Billed 0%	Billed 20% of Charges	Billed 40% of Charges	Billed 60% of Charges	Billed 80% of Charges	Billed 100% of FULL FEE
1	\$0 - \$12,760	\$12760 - \$15950	\$15950 - \$19140	\$19140 - \$22330	\$22330 - \$25520	\$25520 and Above
2	\$0 - \$17,240	\$17240 - \$21550	\$21550 - \$25860	\$25860 - \$30170	\$30170 - \$34480	\$34480 and Above
3	\$0 - \$21,720	\$21720 - \$27150	\$27150 - \$32580	\$32580 - \$38010	\$38010 - \$43440	\$43440 and Above
4	\$0 - \$26,200	\$26200 - \$32750	\$32750 - \$39300	\$39300 - \$45850	\$45850 - \$52400	\$52400 and Above
5	\$0 - \$30,680	\$30680 - \$38350	\$38350 - \$46020	\$46020 - \$53690	\$53690 - \$61360	\$61360 and Above
6	\$0 - \$35,160	\$35160 - \$43950	\$43950 - \$52740	\$52740 - \$61530	\$61530 - \$70320	\$70320 and Above
7	\$0 - \$39,640	\$39640 - \$49550	\$49550 - \$59460	\$59460 - \$69370	\$69370 - \$79280	\$79280 and Above
8	\$0 - \$44,120	\$44120 - \$55150	\$55150 - \$66180	\$66180 - \$77210	\$77210 - \$88240	\$88240 and Above
Add'l Family Member	\$ 4,480	\$ 5,600	\$ 6,720	\$ 7,840	\$ 8,960	\$ -

*Based on U.S. Federal Poverty Guidelines (aspe.hhs.gov/2019-poverty-guidelines)