



# Community Hospital of Anaconda

<b>TITLE: Financial Assistance Policy</b>	<b>POLICY</b>
	<b>RELEVANT REFERENCES:</b>
<b>DEPARTMENT:</b>	<b>ORIGINATION</b>
	<b>DATE: 12/2015</b>
	<b>Revision: 01/2016; 11/2022</b>
<b>SCOPE: Patient Financial Services</b>	

**Purpose:**

The purpose of this policy is to set forth Community Hospital of Anaconda's (CHA)'s Financial Assistance and Emergency Medical Care policies, which are designed to promote access to medically necessary care for those without the ability to pay, and to offer a discount from billed charges for individuals who are able to pay for only a portion of the costs of their care. These programs apply solely with respect to emergency and other preventative and primary medically necessary healthcare services provided by CHA This policy and the financial assistance programs described herein constitute the official Financial Assistance Policy ("FAP") and Emergency Medical Care Policy. This policy is reviewed annually.

**Policy:**

CHA is a healthcare organization guided by a commitment to its Mission and Core Values. It is both the philosophy and practice of CHA that primary medically necessary healthcare services are available to community members and those in emergent medical need, without delay, regardless of their ability to pay. For purposes of this policy, "financial assistance" includes charity care and other financial assistance programs offered by CHA.

1. CHA will comply with federal and state laws and regulations relating to emergency medical services, patient financial assistance, and charity care, including but not limited to Section 1867 of the Social Security Act and Section 501(r) of the Internal Revenue Code.
2. CHA will provide financial assistance to qualifying patients or guarantors with no other primary payment sources to relieve them of all or some of their financial obligation for medically necessary CHA healthcare services.
3. In alignment with its Core Values, CHA will provide financial assistance to qualifying patients or guarantors in a respectful, compassionate, fair, consistent, effective, and efficient manner.
4. CHA will not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law when making financial assistance determinations.



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5. In extenuating circumstances, CHA may at its discretion approve financial assistance outside of the scope of this policy. Uncollectible/presumptive charity is approved due to but not limited to the following: social diagnosis: homelessness, bankruptcy, deceased with no estate, history of non-compliance and non-payment of account(s). All documentation must support the patient/guarantors inability to pay and why collection agency assignment would not result in resolution of the account.

6. CHA with a dedicated emergency department will provide, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act (EMTALA)) consistent with available capabilities, regardless of whether an individual is eligible for financial assistance. CHA will provide emergency medical screening examinations and stabilizing treatment or refer or transfer an individual if such transfer is appropriate in accordance with 42 C.F.R. 482.55. CHA prohibits any actions that would discourage individuals from seeking emergency medical care, such as by permitting debt collection activities that interfere with the provision of emergency medical care.

### **Providers Subject to CHA's FAP:**

In addition to the CHA hospital facility, all physicians and other providers rendering care to CHA patients during a hospital stay or visit are subject to these policies unless specifically identified otherwise.

Attachment A indicates where patients may obtain the list(s) pertaining to all Providers who render care in the CHA hospital departments, and whether or not they are subject to the CHA Financial Assistance Policy. This list can be accessed online at [www.communityhospitalofanaconda.org](http://www.communityhospitalofanaconda.org), and is also available in paper form by request to the Patient Account Representative at the Hospital, located at 401 West Pennsylvania, in Anaconda, Montana.

### **Financial Assistance Eligibility Requirements:**

Financial assistance is available for both uninsured and underinsured patients and guarantors where such assistance is consistent with federal and state laws governing permissible benefits to patients. Financial assistance is available only with respect to amounts that relate to emergency, preventative, or other medically necessary primary care services as defined below. Patients or guarantors with gross family income at or below 220% of the Federal Poverty Level (FPL) may be eligible for financial assistance. For eligible services provided at Community Hospital of Anaconda, family size and annual income will be utilized to determine eligibility.



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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. Community Hospital of Anaconda will also accept non-related household members when calculating family size.

Financial assistance is secondary to all other financial resources available to the patient or guarantor, including but not limited to insurance, third party liability payors, government programs, and outside agency programs.

Financial assistance is granted for emergency, preventative primary care, and medically necessary services only. For CHA, "emergency and medically necessary services" means appropriate and medically necessary hospital-based services. Medically necessary services under this policy are defined as those services which are reasonable and necessary to protect life, to prevent significant illness or significant disability. These are medically necessary services provided within the CHA hospital or in such other settings as defined by CHA Patients who reside outside the CHA service area where services are provided are not eligible for financial assistance, except under the following circumstances:

- The patient requires emergency services while visiting in CHA's service area.
- The patient requires medically necessary primary care services while visiting in CHA's service area.
- Medically necessary care provided to the patient is not available at a facility in the service area where the patient resides.
- Special Circumstances exist and prior approval is received from the Vice President of Finance and the President/CEO.

The CHA service area is defined as Anaconda Deer Lodge County, Powell County, Granite County, and Silver Bow County.

Eligibility for financial assistance shall be based on financial need at the time of application. All income of the family is considered in determining the applicability of the CHA sliding fee scale in Attachment B, as well as family size. Patients seeking financial assistance must provide any supporting documentation specified in the application for financial assistance, unless CHA indicates otherwise. Eligibility for financial assistance is assessed annually from the initial date of approval.



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### **Basis for Calculating Amounts Charged to Patients Eligible for Financial Assistance:**

Once the patient is determined eligible for financial assistance, categories of available discounts and limitations on charges under this policy include:

- **100 Percent Discount/Free Care:** Any eligible patient or guarantor whose gross family income, adjusted for family size, is at or below 130% of the current federal poverty level ("FPL") is eligible for a 100 percent discount off of total hospital charges for emergency or medically necessary care (as defined above), to the extent that the patient or guarantor is not eligible for other private or public health coverage sponsorship.
- **Discounts Off Charges from 60 Percent to 96 Percent :** Any eligible patient or guarantor whose gross family income, adjusted for family size, is between 131% and 220% of the current federal poverty level ("FPL") is eligible for discounts between 60 percent and 196 percent, {after adjustments for AGB}, off of total hospital charges for emergency or medically necessary care (as defined above), and to the extent that the patient or guarantor is not eligible for other private or public health coverage sponsorship. Financial assistance may be offered to patients or guarantors with family income in excess of 221% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

**Limitation on Charges for all Patients Eligible for Financial Assistance:** No patient or guarantor eligible for any of the above-noted discounts will be personally responsible for more than the "Amounts Generally Billed" {AGB} percentage of gross charges, as defined in Treasury Regulation Section 1.501(r)-1(b)(2), by the applicable CHA hospital for the emergency or other medically necessary services received. CHA determines AGB by multiplying the hospital's gross charges for any emergency or medically necessary care by a fixed percentage which is based on claims allowed under Medicare plus an applicable percentage. This AGB calculation can be viewed below on Attachment B. Information sheets detailing the AGB percentages used by CHA, and how they are calculated, can be obtained by visiting the following website: [www.communityhospitalofanaconda.org](http://www.communityhospitalofanaconda.org) or by calling: **1-406-563-8536** to request a paper copy. In addition, the maximum amount that may be collected in a 12 month period for emergency or medically necessary health care services to patients eligible for financial assistance is 20 percent of the patient's gross family income, and is subject to the patient's continued eligibility under this policy.



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### Method for Applying for Assistance and Evaluation Process:

Patients or guarantors may apply for financial assistance under this Policy by any of the following means: (1) advising CHA's patient financial services staff at or prior to the time of discharge that assistance is requested, and submitting an application form and any documentation if requested by CHA; (2) downloading an application form from CHA website, at: [www.communityhospitalofanaconda.org](http://www.communityhospitalofanaconda.org), and submitting the form together with any required documentation; (3) requesting an application form by telephone, by calling: **406-563-8536**, and submitting the form; or (4) any other methods specified in CHA's Collections Policy. CHA will display signage and information about its financial assistance policy at appropriate access areas, including but not limited to the emergency department and all facility admission areas. An explanation of CHA's financial assistance policy and application form are also available on the CHA website listed above.

The hospital will give a preliminary screening to any person applying for financial assistance. As part of this screening process CHA will review whether the person has exhausted or is ineligible for any third-party payment sources. CHA may choose to grant financial assistance based solely on an initial determination of a patient's status as an indigent person. In these cases, documentation may not be required. In all other cases, documentation is required to support an application for financial assistance. This may include proof of family size and income from any source, including but not limited to: copies of recent paychecks, W-2 statements, income tax returns. Additional information may be required such as, state-funded medical assistance, forms approving or denying unemployment compensation, written statements from employers or welfare agencies, and/or bank statements. If adequate documentation cannot be provided, CHA may ask for additional information.

A patient or guarantor who may be eligible to apply for financial assistance may provide sufficient documentation to CHA to support an eligibility determination until fourteen (14) days after the application is made or two hundred forty (240) days after the date the first post-discharge bill was sent to the patient, whichever is later. Based upon documentation provided with the application, CHA will determine if additional information is required, or whether an eligibility determination can be made. The failure of a patient or guarantor to reasonably complete appropriate application procedures within the time periods specified above shall be sufficient grounds for CHA to determine the patient or guarantor ineligible for financial assistance and to initiate collection efforts. An initial determination of potential eligibility for financial assistance will be completed as closely as possible to the date of the application. CHA will notify the patient or guarantor of a final determination of eligibility or ineligibility within ten (10) business days of receiving the necessary documentation.



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The patient may appeal a determination of ineligibility for financial assistance by providing relevant additional documentation to CHA within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the patient. The final appeal process will conclude within ten (10) business days of the receipt of the appeal by CHA.

Other methods of qualifications for Financial Assistance may fall under the following:

- The legal statute of collection limitations has expired;
- The guarantor has deceased and there is no estate or probate;
- The guarantor has filed bankruptcy;
- The guarantor has provided financial records that qualify him/her for financial assistance; and/or
- Financial records indicate the guarantor's income will never improve to be able to pay the debt, for example with guarantors on lifetime fixed incomes, the patient has been previously qualified under preemptive eligibility.
- Special Circumstances as approved by the Vice President of Finance and President CEO

Accounts deemed uncollectible will not receive further collection actions from CHA. These balances may be reclassified as charity under the CHA Financial Assistance Policy or included in Medicare Bad Debt Logs when qualified as meeting the relevant criteria.

### **Billing and Collections:**

Any unpaid balances owed by patients or guarantors after application of available discounts, if any, will be referred to collections in accordance with CHA's uniform collections policies. For information on CHA's collections practices for amounts owed by patients or guarantors, please see CHA's Collections Policy, which is available free of charge at the Patient Account Representatives desk at 401 West Pennsylvania, Anaconda, MT 59711, at: [www.communityhospital.org](http://www.communityhospital.org); or which can be sent to you if you call: **406-563-8536**.



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## ATTACHMENT A

### Hospital-Based Providers Not Subject to CHA's Financial Assistance Policy and Associated Discounts

A list is available of all Providers who render care in the CHA Hospital and Hospital Based Clinics, and whether or not they are subject to the CHA Financial Assistance Policy. This list can be accessed online at [www.communityhospitalofanaconda.org](http://www.communityhospitalofanaconda.org), and is also available in paper form by request to the Patient Account Representative at the Hospital. If a Provider is not subject to the Financial Assistance Policy then that Provider will bill patients separately for any professional services that that provider provides during a patient's hospital stay or visit, based on the Provider's own applicable financial assistance guidelines, if any.



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## ATTACHMENT B

### CHA's Charity Care Percentage Sliding Fee Scale

The full amount of hospital charges will be determined to be charity care for any eligible guarantor whose gross household income is at or below 130% of the current federal poverty guideline level, provided that such persons are not eligible for other private or public health coverage sponsorship.

For eligible guarantors with household income below 220% of the FPL the CHA sliding fee scale below applies.

Income as a percentage of Federal Poverty Guideline Level	Percent of discount (write-off) from original charges based on income & family size	Percent of Discount After ABG is applied	Balance Billed to Guarantor
Up to 130%	100%	100%	0%
131% to 140%	90%	96%	4%
141% to 150%	80%	91%	9%
151% to 160%	70%	87%	13%
161% to 170%	60%	82%	18%
171% to 180%	50%	78%	22%
181% to 190%	40%	73%	27%
191% to 200%'	30%	69%	31%
201% to 210%	20%	64%	36%
211% to 220%	10%	60%	40%
221% and Over	0%	0%	100%

CHA discounts are calculated using the most current published federal poverty guidelines.