



<b>Subject: Providence Financial Assistance (Charity Care) Policy Montana</b>	<b>Policy Number:</b> PSJH RCM 002 MT	
<b>Department:</b> Revenue Cycle Management	<input checked="" type="checkbox"/> Revised <input type="checkbox"/> New <input type="checkbox"/> Reviewed	<b>Date:</b> 6/1/2022
<b>Executive Sponsor:</b> Kimberly Sullivan, SVP Chief Revenue Cycle Officer	<b>Policy Owner:</b> Executive Director Financial Counseling	
<b>Approved by:</b> SVP Chief Revenue Cycle Officer	<b>Implementation Date:</b> 7/1/2022	

Providence is a Catholic not-for-profit healthcare organization guided by a commitment to its Mission of serving all, especially those who are poor and vulnerable, by its Core Values of compassion, dignity, justice, excellence, and integrity, and by the belief that healthcare is a human right. It is the philosophy and practice of each Providence hospital that emergent and medically necessary healthcare services are readily available to those in the communities we serve, regardless of their ability to pay.

**SCOPE:**

This policy applies to all Providence Montana hospitals in the state of Montana, and to all emergency, urgent and other medically necessary services provided by Providence hospitals in Montana (with exception of experimental or investigative care). A list of Providence hospitals covered by this policy can be found in Exhibit A Covered Facilities List.

This policy shall be interpreted in a manner consistent with Section 501(r) of the Internal Revenue Code of 1986, as amended. In the event of a conflict between the provisions of such laws and this policy, such laws shall control.

**PURPOSE:**

The purpose of this policy is to ensure a fair, non-discriminatory, effective, and uniform method for the provision of Financial Assistance (charity care) to eligible individuals who are unable to pay in full or part for medically necessary emergency and other hospital services provided by Providence hospitals.

It is the intent of this policy to comply with all federal, state, and local laws. This policy and the financial assistance programs herein constitute the official Financial Assistance Policy ('FAP') and Emergency Medical Care Policy for each hospital owned, leased, or operated by Providence.

**POLICY:**

Providence will provide free or discounted hospital services to qualified low income, uninsured and underinsured patients when the ability to pay for services is a barrier to accessing medically necessary emergency and other hospital care and no alternative source of coverage has been identified. Patients must meet the eligibility requirements described in this policy to qualify.

Providence hospitals with dedicated emergency departments will provide, without discrimination, care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act) consistent with available capabilities, regardless of whether an individual is eligible for financial assistance. Providence 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.



Providence hospitals will provide emergency medical screening examinations and stabilizing treatment or refer and transfer an individual if such transfer is appropriate in accordance with 42 C.F.R 482.55. Providence prohibits any actions, admission practices, or policies that would discourage individuals from seeking emergency medical care, such as permitting debt collection activities that interfere with the provision of emergency medical care.

**List of Professionals Subject to Providence FAP:** Each Providence hospital will specifically identify a list of those physicians, medical groups, or other professionals providing services who are and who are not covered by this policy. Each Providence hospital will provide this list to any patient who requests a copy. The provider list can also be found online at the Providence website: [www.providence.org](http://www.providence.org).

**Financial Assistance Eligibility Requirements:** Financial assistance is available to both uninsured and insured patients and guarantors where such assistance is consistent with this policy and federal and state laws governing permissible benefits to patients. Providence hospitals will make a reasonable effort to determine the existence or nonexistence of third-party coverage which may be available, in whole or part, for the care provided by Providence hospitals, prior to directing any collection efforts at the patient. Uninsured patients may receive an uninsured discount. Eligible Financial Assistance balances include but are not limited to the following: Self pay, charges for patients with coverage from an entity without a contractual relationship, coinsurance, deductible, and copayment amounts related to insured patients. Deductible and coinsurance amounts claimed as a Medicare bad debt will be excluded from the reporting of charity care.

Patients seeking financial assistance must complete the standard Providence Financial Assistance Application and eligibility will be based upon financial need at that time. Reasonable efforts will be made to notify and inform patients of the availability of Financial Assistance by providing information during admission and discharge, on the patient's billing statement, in patient accessible billing areas, on Providence hospital's website, by oral notification during payment discussions, as well as on signage in high volume inpatient and outpatient areas, such as admitting and the emergency department. Providence will retain information used to determine eligibility in accordance with its recordkeeping policies.

**Applying for Financial Assistance:** Patients or guarantors may request and submit a Financial Assistance Application, which is free of charge and available at the Providence ministry or by the following means: advising patient financial services staff at or prior to the time of discharge that assistance is requested and submitted with completed documentation; by mail, or by visiting [www.providence.org](http://www.providence.org), downloading and submitting the completed application with documentation. A person applying for financial assistance will be given a preliminary screening, which will include a review of whether the patient has exhausted or is not eligible for any third-party payment sources.

Each Providence hospital shall make designated personnel available to assist patients in completing the Financial Assistance Application and determining eligibility for Providence financial assistance or financial assistance from government-funded insurance programs, if applicable. Interpretation services are available to address any questions or concerns and to assist in the completion of the Financial Assistance Application.

A patient or guarantor who may be eligible to apply for financial assistance may provide sufficient documentation to Providence to support eligibility determination at any time upon learning that a party's income falls below minimum FPL per the relevant Federal and State regulations.

**Individual Financial Situation:** Income, monetary assets and expenses of the patient will be used in assessing the patient's individual financial situation. Monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Code nor non-qualified deferred compensation plans. Monetary assets will not be used for determination of eligibility if a patient's or guarantor's income is at or below 200% of the federal poverty standard.

**Income Qualifications:** Income criteria, based on Federal Poverty Level (FPL), may be used to determine eligibility for free or discounted care. Please see Exhibit B for details.

**Determinations and Approvals:** Patients will receive notification of FAP eligibility determination within 30 days of submission of the completed Financial Assistance application and necessary documentation. Once an application is received, extraordinary collections efforts will be pended until a written determination of eligibility is



sent to the patient. Providence will not make a determination of eligibility for assistance based upon information which the hospital believes is incorrect or unreliable.

**Dispute Resolution:** The patient may appeal a determination of ineligibility for financial assistance by providing relevant additional documentation to Providence within 30 days of receipt of the notice of denial. All appeals will be reviewed and if the review affirms the denial, written notification will be sent to the guarantor and State Department of Health, where required, and in accordance with the law. The final appeal process will conclude within 10 days of receipt of the denial by Providence. An appeal may be sent to Providence Regional Business Office, P.O. Box 3268, Portland, OR 97208-3395.

**Presumptive Charity:** Providence may approve a patient for a charity adjustment to their account balance by means other than a full Financial Assistance application. Such determinations will be made on a presumptive basis using an industry-recognized financial assessment tool that evaluates ability to pay based on publicly available financial or other records, including but not limited to household income, household size, and credit and payment history.

**Other Special Circumstances:** Patients who are eligible for FPL-qualified programs such as Medicaid and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Financial Assistance when the programs deny payment and then deem the charges billable to the patient. Patient account balances resulting from non-reimbursed charges are eligible for full charity write-off. Including but not limited to medically necessary services related to the following:

- Denied inpatient stays
- Denied inpatient days of care
- Non-covered services
- Prior Authorization Request Denials
- Denials due to restricted coverage

**Catastrophic Medical Expenses:** Providence, at its' discretion, may grant charity in the event of a catastrophic medical expense. These patients will be handled on an individual basis.

**Times of Emergency:** Financial assistance may be available at Providence's discretion in times of a national or state emergency, independent of assistance for catastrophic expenses.

**Limitation on Charges for all Patients Eligible for Financial Assistance:** No patient who qualifies for any of the above-noted categories of assistance will be personally responsible for more than the "Amounts Generally Billed" (AGB) percentage of gross charges, as defined below.

**Reasonable Payment Plan:** Once a patient is approved for partial financial assistance, but still has a balance due, Providence will negotiate a payment plan arrangement. The reasonable payment plan shall consist of monthly payments that are not more than 10 percent of a patient's or family's monthly income, excluding deductions for Essential Living Expenses that the patient listed on their financial assistance application.

**Billing and Collections:** Any unpaid balances owed by patients or guarantors after application of available discounts, if any, may be referred to collections. Collection efforts on unpaid balances will cease pending final determination of FAP eligibility. Providence does not perform, allow, or allow collection agencies to perform any extraordinary collection actions prior to either: (a) making a reasonable effort to determine if the patient qualifies for financial assistance; or (b) 120 days after the first patient statement is sent. For information on Providence billing and collections practices for amounts owed by patients, please see Providence hospital's policy, which is available free of charge at each Providence hospital's registration desk, or at: [www.providence.org](http://www.providence.org).

**Patient Refunds:** In the event that a patient or guarantor has made a payment for services and subsequently is determined to be eligible for free or discounted care, any payments made related to those services during the FAP-eligible time period which exceed the payment obligation will be refunded, in accordance with state regulations.



**Annual Review:** This Providence Financial Assistance (Charity Care) Policy will be reviewed on an annual basis by designated Revenue Cycle leadership.

**EXCEPTIONS:**

See Scope above.

**DEFINITIONS:**

For the purposes of this policy the following definitions and requirements apply:

1. Federal Poverty Level (FPL): FPL means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.
2. Amounts Generally Billed (AGB): The amounts generally billed for emergency and other medically necessary care to patients who have health insurance is referred to in this policy as AGB. Providence determines the applicable AGB percentage for each Providence hospital 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 or commercial payors. Information sheets detailing the AGB percentages used by each Providence hospital, and how they are calculated, can be obtained by visiting the following website: [www.providence.org](http://www.providence.org) or by calling 1-866-747-2455 to request a copy.
3. Extraordinary Collection Action (ECA): ECAs are defined as those actions requiring a legal or judicial process, involve selling a debt to another party or reporting adverse information to credit agencies or bureaus. The actions that require legal or judicial process for this purpose include a lien; foreclosure on real property; attachment or seizure of a bank account or other personal property; commencement of a civil action against an individual; actions that cause an individual's arrest; actions that cause an individual to be subject to body attachment; and wage garnishment.

**REFERENCES:**

<i>Internal Revenue Code Section 501(r); 26 C.F.R. 1.501(r)(1) – 1.501(r)(7)</i>
<i>Emergency Medical Treatment and Labor Act (EMTALA), 42 U.S.C. 1395dd</i>
<i>42 C.F.R. 482.55 and 413.89</i>
<i>American Hospital Associations Charity Guidelines</i>
<i>Providence Commitment to the Uninsured Guidelines</i>
<i>Provider Reimbursement Manual, Part I, Chapter 3, Section 312</i>



**Exhibit A – Covered Facilities List**

<b>Providence Hospitals in Montana</b>	
Providence St. Patrick Hospital	Providence St. Joseph Medical Center

**Exhibit B - Income Qualifications for Providence Hospitals in Montana**

<b>If...</b>	<b>Then ...</b>
Annual family income, adjusted for family size, is at or below 300% of the current FPL guidelines,	The patient is determined to be financially indigent and qualifies for financial assistance 100% write-off on patient responsibility amounts.
Annual family income, adjusted for family size, is between 301% and 400% of the current FP guidelines,	The patient is eligible for a discount of 75% from original charges on patient responsibility amounts.
If annual family income, adjusted for family size, is at or below 400% the FPL <u>AND</u> the patient has incurred total medical expenses at Providence hospitals in the prior 12 months in excess of 20% of their annual family income, adjusted for family size, for services subject to this policy,	The patient is eligible for 100% charity benefit on patient responsibility amounts.