

Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY

DEPARTMENT: Mountrail County Medical Center Billing Office

SUBJECT: Mountrail County Medical Center, Indigent Care, Uninsured, and Underinsured Guideline (Mountrail County Medical Center Financial Assistance Program)

GUIDELINE & PROCEDURE

POLICY SUMMARY:

Mountrail County Medical Center is committed to providing medically necessary health care to all patients. The Mountrail County Medical Center Financial Assistance Program establishes procedures for identification of participants, determination of eligibility and to offer/provide financial assistance to all qualified patients for their health care services. Mountrail County Medical Center facilities covered under this guideline include Mountrail County Medical Center Campus.

SCOPE:

Mountrail County Medical Center will offer financial assistance programs to all patients who are a legal resident of The United States of America and are living within our service area, without regard to race, creed, sex, national origin, disability, age, or ability to pay, who present for care at Mountrail County Medical Center.

PURPOSE:

This program is designed to provide financial assistance which can reduce a qualified patient's financial obligations for payment of emergency and medically necessary care received at Mountrail County Medical Center..

POLICY:

1. A patient qualifying for financial assistance is a person who is uninsured or underinsured and receives care from Mountrail County Medical Center, having made required efforts to pursue potential third party eligibility coverage and has been verified to be ineligible for any other form of financial care payment coverage.
2. To be eligible for assistance under the financial assistance guidelines, a person's household income shall be below 200% of Federal Poverty Income Guidelines.
3. Mountrail County Medical Center will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for financial assistance. The poverty income guidelines are published in the *Federal Register* and for the purposes of this policy will become effective the first day of the month following the month of publication.

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

Definitions:

For the purpose of this policy, the following definitions apply:

Emergency Care and Services: As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd) an **emergency medical condition** is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in : (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

Emergency Medical Treatment and Active Labor Act (EMTALA): An act of the United States Congress passed in 1986. It requires hospital Emergency Departments that accept payments from Medicare to provide an appropriate medical screening examination (MSE) to individuals seeking treatment for a medical condition. Participating hospitals may not transfer or discharge patients needing emergency treatment except with the informed consent or stabilization of the patient or when their condition requires transfer to a hospital better equipped to administer the treatment.

Medical Necessity: Medically Necessary or Medical Necessity shall be defined as any necessary health care services that a physician or other healthcare provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, diagnosing, evaluating, or treating a significant illness, injury or disease which:

- Causes acute suffering
- Endangers life
- Threatens significant patient harm, injury or negative health outcome

Medically necessary services are not primarily for the convenience of the patient, physician, or other health care provider, and are not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's significant illness, injury or disease.

Extraordinary Collection Actions (ECAs): Especially aggressive efforts to encourage individuals to pay a liability, as defined in Reg. 1.501(r)-6(b). In general, extraordinary collection actions include selling a debt to another party; reporting adverse information about an individual to a consumer credit reporting agency or credit bureau; deferring or denying medically necessary care because of nonpayment of a previous liability; requiring payment before providing medically necessary care because of nonpayment of a previous liability; and actions that require a legal or judicial process (including liens, foreclosures, attachments, seizures, civil actions, arrests, writs of body attachment, and garnishments).

Household Income: Income of any working adult, living within a household no matter what the relationship; however, will not include any working teenager or working college student under the age of 26.

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

Amounts Generally Billed (“AGB”) Limit: The average amount collected by Mountrail County Medical Center for providing emergency and other medically necessary health care services to individuals who have insurance covering that service, as defined in Reg. 1.501 (r)-1(b)(1).

Service Area: Mountrail County Medical Center’s service area includes: Stanley, Lostwood, White Earth, Ross, Palermo, Blaisdell, Belden, New Town, Parshall, Plaza, and Wabek.

PROCEDURE:

I. To qualify for the Mountrail County Medical Center Financial Assistance Program, the following must be met:

A. A ratio is developed by dividing the individual’s income by the Federal Poverty Guidelines.

**2023 Poverty Guidelines for 48 Contiguous States
and the District of Columbia**

Persons in Family	Poverty Guideline	200% Of the Federal Poverty Guideline
1	\$14,580	\$31,225
2	\$19,720,	\$49,300
3	\$24,860	\$62,150
4	\$30,000	\$75,000
5	\$35,140	\$87,850
6	\$40,280	\$100,700
7	\$45,420,	\$113.550
8	\$50,560	\$126.400

The ratio is matched to the following chart to determine the amount eligible for financial assistance:

Ratio	Assistance Percentage
0% - 200%	100%
201%-Over	0%

B. The following factors will be considered in determining the eligibility for financial assistance:

1. Proof of Income (to include one or more of the following):
 - a. Adjusted Gross Income if self-employed and all schedules from the most current tax form
 - b. Employment status and future earning capacity

2. Number of Dependents

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

3. Other financial obligations

II. Services Eligible under this Policy

A. For purposes of this policy, Mountrail County Medical Center reserves the right to determine, on a case-by-case-basis, whether the care and services meet the definition “medically necessary” for the purpose of eligibility for financial assistance. Emergent procedures will be considered Medically Necessary. All non-emergent care and elective care will be subject to review. Medical necessity will be reviewed by Mountrail County Medical Center Physician or other Healthcare Provider. The Physician and CFO will make the final decision on medical necessity.

B. Some examples of non-medically necessary services:

1. Exercise Physiology (i.e. sports kinetics, etc.)
2. Infertility work-ups and injections
3. Retail Services (i.e. optical shop, pharmacy, and hearing assistive devices)
4. Routine and Preventative Office visits
5. Non-emergency dental services
6. Durable Medical Equipment
7. Experimental Treatments
8. Services considered non-covered by most carriers
9. Routine Eye Exams
10. Ground ambulance that is not to or from Mountrail County Medical Center

Note: This listing may not be inclusive

C. See Attachment A for a list of providers who operate within Hospital. Attachment A identifies those providers whose services are not eligible for charity care under this policy. Attachment A shall be updated at least quarterly to maintain accuracy.

III. Eligibility Criteria

- A. Residency: “Resident” shall mean a person who is a legal resident of the United States and who has been a legal resident of Mountrail County Medical Center’s service area for at least six months at the time services are provided and has the intent to remain in the state in which medical services are sought for at least six months after services are provided.
- B. Every applicant must provide two (2) forms of valid identification; one must be a photo ID. Acceptable forms of identification are the following:
- State issued ID/Driver’s License/ Military ID
 - Alien registration/Green Card/Permanent resident card
 - Government issued photo ID
 - Birth Certificate

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

- Social Security Card
 - Passport
 - Certificate of Citizenship
 - Official document that includes name, address, social security number
- C. Documentation provided as proof of residency must have applicant's full name and physical address. At least two of the following items must be provided:
- Current Utility Bill
 - Current Homeowners/Auto Insurance Policy or Bill
 - Property Tax Bill
 - Rental/Lease/Mortgage Agreement
 - Voters Registration Card
 - Vehicle Registration
 - Official mail received at home of residency within 60 days
 - Proof of children enrolled in School District
- D. **Other Medical Coverage:** Charity care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, workers compensation, Medicare, Medicaid or medical assistance programs, other state, federal or military programs, or any other situation in which another person or entity may have a legal or financial responsibility to pay for the cost of medical services.
- E. **Annual Gross Household Income/Assets:** In those situations where appropriate primary payment sources are not available, patient shall be considered for charity care under this policy. All income of the household is considered in determining the applicability of the financial assistance approval.
1. An individual is not eligible for financial assistance if their household's combined Adjusted Gross Income (AGI) greater than 200% of Federal Poverty Guidelines (FPG).
 2. An individual with AGI below this threshold qualifies for 100% financial assistance.

IV. Process for Application

- A. Mountrail County Medical Center shall use an application for determining eligibility for Mountrail County Medical Center Financial Assistance Program. However, Mountrail County Medical Center may presumptively determine an individual's eligibility for charity care under this policy without a completed application based on information in section IV. D. 2. of this policy.
- B. When submitted for consideration, a Mountrail County Medical Center Financial Assistance program application shall be accompanied by the following documentation if applicable:

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

1. Completed and signed Financial Assistance application
2. Approval/Denial Letter from Medicaid if applicable
3. Copy of most recent Federal Tax Return (Form 1040 or equivalent), including all schedules.
4. Two months of complete bank statements for checking and saving accounts for all household members.
5. Verification of current income, if applicable: examples include the two most recent pay stubs, pension and retirement benefits, Social Security benefits, unemployment compensation, Workers Compensation, Veterans benefits, etc.

In the event that the responsible party is not able to provide any of the documentation provided above, Mountrail County Medical Center shall rely upon written and signed statements from the responsible party for making a final determination of eligibility of charity care.

C. Completed applications and documentation should be submitted to the Billing Office. Acceptable methods of submission include:

1. Mail to: PO Box 399, Stanley, ND 58784 Attn: Billing Office
2. Deliver in Person to: Mountrail County Medical Center Billing Office,
615 6th St. SE, Stanley, ND 58784
3. Fax to: 701-628-3990, Attn: Billing Office

D. Failure to Provide Appropriate Information:

If a responsible party submits an incomplete Financial Assistance Application, Mountrail County Medical Center shall take the following steps to encourage them to complete the application:

1. The Billing Office will send the patient a letter asking for additional documentation when needed. The additional documentation should be returned to the Billing Office within 14 days from the date of the letter. Failure to provide necessary information to complete a financial assessment may result in a negative determination, but the account may be reconsidered upon receipt of the required documentation.
2. The account may also be submitted for approval if Mountrail County Medical Center has been able to verify income information from a reliable third party, i.e. Social Security, Medicaid, etc.

Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY

3. A determination of eligibility for financial assistance may be made without a completed assessment form by the Revenue Cycle Director if the patient or information is not reasonably available and eligibility is warranted under the circumstances.

E. Documentation of Eligibility Determination

1. While a Financial Assistance Application is pending final eligibility determination, Mountrail County Medical Center will not initiate collection efforts or requests for deposits, provided the responsible party is cooperative with Mountrail County Medical Center's efforts to reach a determination, which includes the responsible party returning the application and supporting documentation within 14 days of receiving the application.

2. Following the initial request for financial assistance, Mountrail County Medical Center may pursue other sources of funding, including Medicaid, Indian Health Services, State Hospital Assistance Program, etc. Hospital may delay processing a Financial Assistance Application until after the individual's Medicaid eligibility has been determined.

3. All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.

4. Once an eligibility determination has been made, Mountrail County Medical Center will notify the responsible party within 14 days of receipt of a completed charity care application and all necessary supporting documentation. The results of the determination will be noted in the comments sections of the billing record. The patient will receive a letter from the Billing Office stating the eligibility determination.

5. The financial assistance approval **can be** extended up to a maximum of six months from the approval date to cover future qualified care or services and will consider balances on services which occurred within the last 240 days only. To be eligible for this extended term, Mountrail County Medical Center may require patients or guarantors to provide updated financial information.

6. If Mountrail County Medical Center denies an individual's application for financial assistance, Mountrail County Medical Center will notify the individual in writing of the denial and the basis for the denial.

7. If the financial situation changes, it is the responsibility of the patient to notify the Mountrail County Medical Center Billing Office. Mountrail County Medical Center reserves the right to request additional documentation if the financial situation has changed and to reassess the financial assistance approval at any time during the approval timeframe.

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

8. The Revenue Cycle Director will keep on file all approved accounts for review by Management or other third parties.
9. For those accounts disallowed for financial assistance, the patient will be notified in writing and further collection efforts will be considered according to pre-established Business Services Procedures.

V. Process for Amounts Generally Billed (AGB)

- A. Any individual who is determined to be eligible for financial assistance under this policy shall not be required to pay more for emergency medical care and other appropriate medical services than the amounts generally billed to individuals who have health insurance covering such care.
- B. This AGB limit shall be used by Mountrail County Medical Center to determine the maximum amount that an individual may be liable to pay after such individual is determined to be eligible for financial assistance under this policy.
- C. Mountrail County Medical Center shall use the “Prospective Method” as described in Regulation 1.501(r)(5).
- D. Attachment B contains information about the currently applicable AGB limit and how it was calculated.

VI. Process for Communication

- A. The Billing Office at Mountrail County Medical Center shall provide information about the Mountrail County Medical Center Financial Assistance policy and/or provide assistance with the Financial Assistance Application process. The Billing Office is located at: 615 6th Street SE, Stanley, ND 58784 and is available by phone at: 701-628-2424, Monday- Friday 8am-5pm.
- B. Mountrail County Medical Center will notify and inform individuals about the availability of charity care in the following ways:
 1. Mountrail County Medical Center shall set up conspicuous public displays that notify and inform patients about the financial assistance program. Such displays shall be located in the emergency room and all admissions areas. Such displays shall include the following information:
 - a. A statement that Mountrail County Medical Center offers financial assistance to eligible individuals.
 - b. Information about how or where to obtain information about the Mountrail County Medical Center Financial Assistance Policy and application process.

Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY

- c. Information about how or where to obtain copies of this Financial Assistance Policy, a Plain Language Summary of this Financial Assistance Policy and the Financial Assistance Application.
2. Mountrail County Medical Center will offer a paper copy of the Plain Language Summary of this Financial Assistance Policy to patients as part of the intake and/or discharge process.
3. Mountrail County Medical Center will include the following information on all billing statements:
 - a. Financial assistance is available under the Mountrail County Medical Center Financial Assistance Policy.
 - b. The telephone number of a Mountrail County Medical Center office or department that can provide information about the Mountrail County Medical Center Financial Assistance Policy and process.
 - c. The direct website address (<http://www.stanleyhealth.org/resources>) on which this Mountrail County Medical Center Financial Assistance Policy, a Plain Language Summary of this policy, and the Financial Assistance Application are available.
4. Paper copies of this Financial Assistance Policy, a Plain Language Summary, and the Financial Assistance Application shall be made available upon request and without charge. These paper copies shall be available by mail, in Mountrail County Medical Center's emergency room, and all other admissions areas of Mountrail County Medical Center.
5. Mountrail County Medical Center shall take reasonable efforts to notify and inform members of the community about this Financial Assistance Policy in a manner that is reasonably calculated to reach those community members who are most likely to need financial assistance from Mountrail County Medical Center.
6. Mountrail County Medical Center will make reasonable efforts to help overcome any language or disability barrier that may serve as an impediment to informing patients and guarantors about the availability of financial assistance, including:
 - a. Multi-lingual signs in English and any other language that constitutes the primary language of at least 5% of the population in the community where the facility is located.
 - b. Providing interpreters upon request of the patient or patient companion/caretaker to accommodate either language or disability needs.

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

VII. Process for Collections

A. See Attachment C for a list of actions that may be used by Mountrail County Medical Center to collect liabilities from individuals, including extraordinary collection actions. Attachment C also provides a general timeframe for these actions.

B. Mountrail County Medical Center prohibits the use of all extraordinary collection against individuals other than actions listed in Attachment C. This prohibition applies to Mountrail County Medical Center and to all parties acting on behalf of Mountrail County Medical Center.

C. If an individual submits a Financial Assistance Application, Mountrail County Medical Center shall cease all collection efforts until a determination of eligibility has been made.

D. If Mountrail County Medical Center or another authorized party has already begun an extraordinary collection action against an individual, when that individual submits a Financial Assistance Application, the ECA shall be suspended. Suspending an action means that no new ECA actions are initiated and no further steps are taken on a previously existing ECA.

E. Mountrail County Medical Center may not take any ECA against an individual for an episode of care within 120 days of the date the first post-discharge billing statement is sent to the individual.

F. At least 30 days prior to taking any ECA against an individual to obtain payment for an episode of care, Mountrail County Medical Center or its agents shall provide the individual with a written notice that includes the following information:

1. Financial assistance is available for eligible individuals.
2. The ECA that Mountrail County Medical Center or another authorized third party intends to initiate against the individual to obtain payment for the care.
3. Deadline after which such ECA may be initiated. The written notice shall include a copy of the Plain Language Summary of this Financial Assistance Policy. Mountrail County Medical Center or another authorized third party shall also make reasonable efforts to orally notify the responsible party about this Financial Assistance Policy and how the individual may obtain assistance with the financial assistance process.

G. The Billing Office shall have the final authority and responsibility to determine whether Mountrail County Medical Center has made reasonable efforts to determine whether an individual is eligible for financial assistance under this policy and may therefore engage in ECAs against that individual.

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

H. If an individual has made partial payment, and the individual is subsequently determined to qualify for financial assistance under this policy, any payments in excess of their newly calculated remaining liability shall be refunded to the patient within 60 days of the financial assistance eligibility determination.

Attachment A

I. Providers Not Subject to the Financial Assistance Policy:

- Providers who maintain privileges at Mountrail County Medical Center and T.H. Reiarson Rural Health Clinic who are not employed or contracted by Mountrail County Medical Center and T.H. Reiarson Rural Health Clinic are not subject to this Financial Assistance Policy and will bill patients directly.
- Providers who may deliver services at the above locations and are not subject to this Financial Assistance Policy include:
 - **Dr. David Amsbury**
 - **Dr. Tyson Williams**

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

Reviewed By: Heather Lee
Date: June 22, 2016

Attachment B

Mountrail County Medical Center uses the “Prospective Method” as defined in Reg. 1.501(r)-5(b) to calculate the amount generally billed (AGB) to individuals who have insurance covering medically necessary care. Any individual who is determined to be eligible for financial assistance under this policy shall not be required to pay more than the amounts generally billed to individuals who have insurance covering such care.

1. Mountrail County Medical Center will use the Medicaid Fee for Service on the following Services:

- Swing bed Services

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

2. Mountrail County Medical Center will use the Medicare Fee for Service on the following Services:

- Hospital Inpatient Services
- Hospital Outpatient Services
- Mountrail County Medical Center Rural Health Clinic

Reviewed By: Rockford Zastoupil, CEO
Date: May 13, 2016

Attachment C

Mountrail County Medical Center Collection Actions

1. This attachment identifies the actions taken by Mountrail County Medical Center to encourage patients and other responsible parties to pay a liability owed to Mountrail County Medical Center for the provisions of appropriate hospital-based medical care, including extraordinary collection actions. It identifies the general timeline used by Mountrail County Medical Center in taking these actions:

- Mountrail County Medical Center sends a billing statement upon determining the remaining balance after any insurance. This initial billing statement is referred to as the “first post-discharge billing statement.” This billing statement will inform the patient of a possible prompt pay discount, payment plan options and financial assistance.

Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY

- Approximately 30 days from the initial billing statement, a letter is sent.
- Approximately 30 days later, a second letter is sent.
- Approximately 30 days later, a third letter is sent with a notice of intended actions (final notice statement). This letter will advise the patient of financial assistance options, a plain language summary, and a notice of possible placement with a collection agency.
- General collection activities may include follow-up calls on statements and letters, including manual and autodialed calls to a home, work, or cell phone.
- Between 14 and 30 days later, the account is sent to an outside collection agency.
- While the account is with the collection agency, the collection agency attempts to contact the individual by phone.
- Within a week of the receipt of account, the collection agency sends a letter encouraging payment and informing the individual of actions that may be taken.
- Approximately 30 days later, the collection agency may begin charging interest fees.
- Approximately 90 days later, the collection agency reports the account to a consumer credit reporting agency.
- After reporting the account to a consumer reporting agency, the collection agency may commence legal action against the individual. Mountrail County Medical Center limits allowable legal actions to garnishment of wages, lawsuits, and liens.

2. If a patient has an outstanding balance for previously provided care, Mountrail County Medical Center may engage in the ECA of deferring, denying, or requiring payment before providing additional medically necessary (but non-emergent) care only when the following steps are taken:

- a. Mountrail County Medical Center provides the patient with an FAP application and a plain language summary of the Financial Assistance Policy.
- b. Mountrail County Medical Center provides a written notice indicating the availability of financial assistance and specifying any deadline after which a completed application for assistance for the previous care episode will no longer be accepted. The deadline must be at least 30 days after the final notice date or 240 days after the first post-discharge billing statement for prior care, whichever is later.
- c. Mountrail County Medical Center processes on an expedited basis any FAP applications for previous care received within the stated deadline.
- d. The Revenue Cycle Director is ultimately responsible for determining whether Mountrail County Medical Center has made reasonable efforts to determine whether an individual qualifies for financial assistance and may therefore initiate an ECA.

Mountrail County Medical Center prohibits the use of all extraordinary collection actions other than the actions listed here. This prohibition applies to Mountrail County Medical Center and to all other parties on behalf of Mountrail County Medical Center.

While the timeline above is generally accurate, any step may fluctuate. However, in no event shall Mountrail County Medical Center or an authorized third party take any extraordinary collection actions within 120 days of sending the first post-discharge billing statement to a responsible party.

**Mountrail County Medical Center
FINANCIAL ASSISTANCE POLICY**

Reviewed By: Rockford Zastoupil, CEO
Date: June 22, 2016