

Policy: Beartooth Billings Clinic (BBC) mission and values encourage reaching out to people in the community we serve to provide care to all persons, including individuals and families with financial limitations. BBC will identify candidates for financial assistance based upon financial need and using criteria established in this policy. BBC's policy is to offer financial assistance to persons in need as early as they can reasonably identify those persons, as provided in this policy with due regard to each person's financial privacy.

The BBC Financial Assistance Program is not a substitute for personal responsibility. Patients are expected to cooperate with BBC's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay. BBC established the following provisions in order to manage financial resources in a responsible manner and to assist the most persons in need.

Purpose: Beartooth Billings Clinic (BBC) will identify patients who qualify for financial assistance. It establishes criteria for the Financial Assistance Program. The policy does not provide assistance to persons with sufficient financial means who refuse to pay for the services rendered to them or their family members. The financial assistance program is intended to be the last payment resort after exhausting all other options. The policy also identifies steps BBC will take to communicate about the availability of financial assistance. Any information gathered by BBC during this process will be subject to BBC's policies on protection of confidential information.

Definitions:

1. Amount Generally Billed (AGB) – Patients determined to be eligible for financial assistance are not charged more than AGB for emergency or other medically necessary care. Eligible patients with insurance coverage are not personally responsible to pay more than AGB after all payments by the health insurer have been applied. Beartooth Billings Clinic uses the look-back method to determine the Amounts Generally Billed to individuals who have insurance covering emergency or other medically necessary care. The AGB percentage is applied by the 120th day after the end of the 12-month July-June period the hospital used in calculating the AGB percentage. The AGB percentages were calculated using all claims allowed by Commercial and Medicare insurers for inpatient and outpatient services over a 12-month period. Total expected payment from allowed claims was divided by the total billed charges for the same claims. The AGB percentages are updated annually. The current Beartooth Billings Clinic percentage is 59.5%.
2. Assets – Property of all kinds, real and personal, tangible and intangible that is legally subject to the payment of the patient's debts, including, but not limited to, cash on hand, checking and savings accounts, vehicles, mineral rights, stocks, mutual funds, and any other investments; provided, however, that "income" as defined herein, shall not be included in determination of assets.

3. Financial Assistance – Health care services that have or will be provided but are never expected to result in cash inflows. Financial Assistance results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.
4. Extraordinary Collection Action (ECA) – Any action against the patient related to obtaining payment of a patient balance, where such action requires a legal or judicial process. By way of example, ECAs include most types of liens, foreclosure on real estate, attachment or seizure of bank accounts or personal property, commencing a civil action, causing arrest or a writ of body attachment, or garnishment of wages or other income. The term ECA also includes the reporting of a patient debt to a credit bureau or agency. However, ECAs do not include liens asserted by Beartooth on the proceeds of a personal injury judgment, settlement or compromise, nor the filing of a claim in a bankruptcy proceeding.
5. Family – Defined by the Census Bureau as a group of two or more people who reside together and who are related by birth, marriage or adoption. According to Internal Revenue Service's rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
6. Family Income – Income is the total annual cash receipts before taxes from all sources which includes, but is not limited to, wages and salaries before deductions, net receipts from non-farm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensation, workers compensation benefits, veteran's payments, public assistance payments, Supplemental Security Income (SSI), Social Security Disability Income, alimony, child support, military allotments, private pensions, government pensions, annuity payments, college or university scholarships, grants, fellowships, dividends, interest net rental income, net payments, net gambling or lottery winnings, assistance from outside the household and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.
7. Federal Income Poverty Guidelines – The most recently published federal income poverty guidelines for a household, which shall be revised as they are published by the U.S. Government.
8. Legal Guardian – A recognized legal surrogate for the patient with regard to medical and financial decisions, who would be authorized under Montana law to receive confidential health care information on the patient. This includes parents who are legally responsible for their minor children, close family members who are recognized by the patient or Montana law as having the legal ability to act on the patient's behalf with regard to medical and/or financial decisions, or a legal guardian under Montana law.
9. Responsible Party – The patient or any individual legally obligated to pay for the patient's debts for medical care, excluding third party payers. An adult patient living in the household other than a spouse – including an adult, unmarried child living at home – will be considered the "responsible party" for purposes of this policy, without regard to the assets and income of the other relatives living in the household (except a spouse).
10. Third party payer – Any financial agent or entity, such as an insurance carrier, HMO, employee benefit plan, or government payer, with a legally enforceable obligation to pay for services billed to a patient by BBC. (Responsible parties, as defined herein, are not considered third party payers).

11. Underinsured – The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
12. Uninsured – The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Practice:

A. Services Eligible under This Policy

1. Emergency medical services provided in an emergency room setting.
2. Services for a condition which, if not promptly treated would lead to an adverse change in the health status of an individual.
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
4. Medically necessary services, evaluated on a case-by-case basis at Beartooth Billings Clinic's discretion.
5. To access a list of providers, contact a Patient Financial Specialist at 406-446-0646 or access it on the Beartooth Billings Clinic website; www.beartoothbillingsclinic.com.

B. Billing and Collection Process

Anytime during the billings and collection process, (Billing and Collection Policy is available on website) patients may apply for financial assistance to become eligible. Patients will first be offered a 12 month interest free payment arrangement or an extended payment arrangement through the Beartooth Billings Clinic loan program. This can occur anytime during the cycle of the billings and collection process.

1. Accounts with Self Pay balances will have a minimum of 120 days in the collection process.
2. During that time, numerous collection attempts are made with multiple contact attempts made by a series of letters; and a minimum of 3 telephone calls or more depending on the status of the account.
3. All Beartooth Billings Clinic communications include information about the Financial Assistance program, a number to call, a webpage address for an application, for the plain-language summary of the Financial Assistance Policy (FAP) and the actual Financial Assistance Policy.

C. Application Process:

1. All patients (or their legal guardians) desiring consideration for BBC's Financial Assistance Program must apply for assistance in writing and must disclose financial information that BBC considers pertinent to the determination of the patient's eligibility for financial assistance. Financial assistance is available only to cover charges billed to patients by BBC. If a patient qualifies under the presumptive financial eligibility criteria outlined in E below, no application in writing will be required to be furnished by the patient.
2. Patients (or their legal guardians) requesting financial assistance must authorize BBC to make inquiries of employers, banks, credit bureaus, and other institutions for the purpose of verifying information BBC requires in order to determine eligibility for financial assistance.
3. The completed Financial Assistance Application must be accompanied by legible and accurate photocopies any of the following documents as needed for purposes of verifying eligibility:

- a. Complete IRS tax returns for the most recently completed calendar year of all responsible parties.
 - b. Payroll check stubs or other documentation of monthly income sources reflecting income of all responsible parties for at least the three months prior to the application.
 - c. Written verification from public assistance agencies, such as Medicaid or county medical, reflecting denials for eligibility (upon request) and as appropriate.
 - d. Written verification of denial for unemployment or worker's compensation benefits (upon request) and as appropriate.
4. If an application has been made for Financial Assistance at another healthcare facility, BBC will accept a copy of the documentation from the other facility as long as there is sufficient information to verify eligibility.
 5. Income will be annualized, when appropriate, based upon documentation provided.
 6. Confidentiality of information will be maintained for all who seek and/or receive assistance, as required by BBC policy and federal and state law. Copies of the supporting documents will be kept with the application form.
 7. BBC may request additional documentation and/or information that is needed to verify eligibility for assistance to complete the processing of the application.

D. Eligibility Criteria

1. Financial assistance under this policy is available without regard to the patient's race, creed, color, national origin, age, disability, handicap status, health care condition or marital status.
2. Patient care which is not medically necessary, including elective, cosmetic or other care deemed to be generally non-reimbursable by traditional insurance carriers and governmental payers shall not be considered eligible for financial assistance.
3. Minor children/Divorced parents – For the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents will be required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information from the other parent,

Information from responsible parties residing in the same household of the minor child will be used to make the determination.

4. Financial assistance provided by BBC under this policy is secondary to all other third parties and financial resources available to the patient. This includes, but is not limited to:
 - a. Group or individual medical insurance plans
 - b. Employee benefit plans
 - c. Worker's Compensation plans
 - d. Medicaid, State of County Medical programs
 - e. Other state, federal, or medical programs
 - f. Third parties adjudged to be legally liable for a patient's medical expenses (e.g., auto accidents or personal injury claims).

- g. Any other persons or entities who have a legal responsibility to pay for the medical service.
 - H. Crime Victims eligible for the Victim's Compensation Program
 - i. Medical care costs covered by government programs of other countries.
5. To the extent that charges for medically necessary services provided by BBC are not paid by third-party coverage, a 100% financial assistance reduction may be provided to cover BBC's charges for patients who satisfy the following conditions:
- a. The net available assets of the responsible parties are no greater than two times the Federal Income Poverty Guidelines, adjusted for household size, and
 - b. Gross income of the responsible parties is at or less than the 110% Federal Income Poverty Guidelines, adjusted for household size.
6. Partial financial assistance may be provided if the following conditions are met:
- a. If net available assets of the responsible parties are no greater than two times the Federal Income Poverty Guidelines, adjusted for household size, and
 - b. The gross income of the responsible parties is between 110% and 300% of the Federal Income Poverty Guidelines as adjusted for household size.
7. Partial assistance will be determined as a percentage of the amount owed to BBC based upon where the applicant falls on the Federal Income Poverty Guidelines between 100% and 300% of income. **Sliding scale used to determine level of assistance is attached at the end of this policy.**
8. Applicants who do not otherwise qualify for financial assistance under this policy or who qualify for a lower level of assistance than they feel they need, may request assistance at higher level than otherwise established in this policy. BBC will consider the following circumstances and other similar circumstances in evaluation of that request:
- a. Catastrophic medical debt will be defined as medical debt which is <25% of the annual income of the patient's family. All BBC debt in excess of the 25% would be adjusted off to charity.
 - 1. For uninsured patients, the time frame calculation for the annual income cap will be based on a 12 month period.
 - 2. For underinsured patients, the time frame calculation for the annual income cap will be based on the 12 month calendar year (January – December).
9. Furthermore, other circumstances may compellingly show that full payment of outstanding medical expenses could cause serious social and financial hardship to the patient or the household. These circumstances may warrant that an exceptional financial assistance reduction be considered.

E. Eligibility Determination

1. When considering a financial assistance application, BBC may request the patient first pursue other sources of payment, including but not limited to Medicaid, county or state medical assistance, crime victims, Supplemental Social Security Income or Disability Income (SSI or SSDI), or other third-party payers as appropriate. If the patient is unwilling to pursue

other potential third-party payer payment sources in a timely manner, BBC is not obligated to consider the patient's request for financial assistance.

2. The instructions required to complete the Financial Assistance Application will be furnished to patients, their legal guardians, or any persons authorized to act on behalf of the patient. BBC will provide personnel to assist patients/legal guardians in understanding the criteria for eligibility and how to fill out the application.
3. The patient and/or responsible party will be given twenty (20) business days from receipt of an application to complete and return the Financial Assistance Application. Special circumstances may warrant an extension of the twenty (20) business days allocated to complete the Financial Assistance Application.
4. The instructions required to complete the Financial Assistance Application will be furnished to patients, their legal guardians, or any person authorized to act on behalf of the patient. BBC will provide personnel to assist patients/legal guardians in understanding the criteria for eligibility and how to fill out the application.
5. Financial assistance may be determined at the time of application or will occur within 45 days after a completed application has been submitted. Approved applications are good for 6 months from the date of submittal at which time applicants will need to reapply.
6. If BBC determines that any material documentation or information submitted is untrue or falsified, the application will be denied. BBC will not reconsider an application if it determines that the applicant has intentionally misrepresented material information related to eligibility criteria or documentation.

F. Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for Financial Assistance but there is no financial assistance form on file due to lack of supporting documentation. Often there is adequate information provided by patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance, BBC could use outside agencies in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs.
2. Homeless or received care from a homeless clinic.
3. Participation in Women, Infants and Children programs (WIC).
4. Food stamp eligibility.
5. Subsidized school lunch program eligibility.
6. Low income/subsidized housing is provided as a valid address.
7. Patient is deceased with no known estate.
8. Energy assistance program.

G. Asset Exclusions

1. BBC may exclude the following assets from the net available household asset computation without affecting eligibility for the Financial Assistance Program.
 - a. A home which is the primary residence with a value up to \$130,000 shall be exempt.
 - b. Personal property for use in the home.

- c. Vehicle(s) up to a combined value of \$15,000 with value based on the current blue book appraisal amount (excludes motorhomes, RV's)
- d. Liquid assets including cash, savings, stocks, bonds, etc. up to \$1000 for one person \$2,000 for two people and \$500 for each additional person in the household.
- e. Other assets directly related to the earning and livelihood of the household are exempt if deemed necessary and reasonable to the continued ability to earn a livelihood.

H. Liability Limitations

1. BBC may exclude the following liabilities from the net available household asset computation:
 - a. Credit cards debt of up to \$1500 unless documented for medical expenses.
 - b. Any portion of the home or vehicle used as an asset exclusion will be exempted as a liability up to the outstanding amount due or the maximum asset limitation amount.

I. Communication of the Financial Assistance Policy to Patients and the Public

Notification about Financial Assistance availability from BBC, which shall include a contact number, shall be disseminated by BBC by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, urgent care centers, admitting and registration departments, and patient financial services offices that are located on facility campus, and at other public places as BBC may elect. Information shall also be included on facility websites and in the Conditions of Admission form. Such information shall be provided in the primary languages spoken by the population serviced by BBC. Referral of patients for Financial Assistance may be made by any member of the BBC staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, Chaplin's and religious sponsors. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

This policy will be made available to government and not-for-profit social service agencies that request it. Information on the program's availability and how to apply, as well as educational materials about the program will be available to patients through the admission process. As soon as a patient indicates that he/she may not be financially able to pay for services, he/she will be referred to a Patient Financial Representative to be considered for eligibility for the Financial Assistance Program. BBC will provide personal assistance in understanding the program and applying for assistance to any patient/legal guardian who requests assistance.

J. Notification

1. BBC will notify the patient, patient's legal guardian, and/or responsible party in writing of the final determination within forty-five (45) calendar days of BBC's receipt and determination of completed application. The notification will include a determination of the amount for which the patient and/or responsible party will be financially accountable. Denials will be written and include instructions for appeal or reconsideration.

K. Appeals

1. The patient and/or responsible party may appeal a denial of eligibility for financial assistance by providing additional information to the Finance Department within 14 calendar days of receipt

of notification of denial. All appeals will be reviewed by the Controller and/or CEO for a final determination. If the final determination affirms the previous denial of financial assistance, written notification will be sent to patient, legal guardian and/or responsible party.

2. If an appeal is filed within 14 calendar days of final determination, any collection efforts will be suspended pending the final outcome of the appeals process.

L. Collection Agency Accounts

1. Accounts assigned to an outside collection agency or attorney will not be eligible for financial assistance. However, in unusual situations where a patient's circumstances have changed after an account is assigned to an outside collection agency or attorney, BBC will consider exceptions to this provision of this policy. The Director of Patient Financial Services, Controller and/or CEO has the authority to grant exceptions.

M. Policy Administration

1. This policy shall be supervised by the Director of Patient Financial Services and Controller who shall be responsible for administering the program and assuring that determinations for financial assistance meet the requirements of this policy. The Patient Financial Representatives shall direct the Patient Financial Representatives to notify the patient and/or responsible party of the final determination.

Family Size	Percent of Poverty Level - 2022 Poverty Guidelines																				
	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	210%	220%	230%	240%	250%	260%	270%	280%	290%	300%
1	13,590	14,949	16,308	17,667	19,026	20,385	21,744	23,103	24,462	25,821	27,180	28,539	29,898	31,257	32,616	33,975	35,334	36,693	38,052	39,411	40,770
2	18,310	20,141	21,972	23,803	25,634	27,465	29,296	31,127	32,958	34,789	36,620	38,451	40,282	42,113	43,944	45,775	47,606	49,437	51,268	53,099	54,930
3	23,030	25,333	27,636	29,939	32,242	34,545	36,848	39,151	41,454	43,757	46,060	48,363	50,666	52,969	55,272	57,575	59,878	62,181	64,484	66,787	69,090
4	27,750	30,525	33,300	36,075	38,850	41,625	44,400	47,175	49,950	52,725	55,500	58,275	61,050	63,825	66,600	69,375	72,150	74,925	77,700	80,475	83,250
5	32,470	35,717	38,964	42,211	45,458	48,705	51,952	55,199	58,446	61,693	64,940	68,187	71,434	74,681	77,928	81,175	84,422	87,669	90,916	94,163	97,410
6	37,190	40,909	44,628	48,347	52,066	55,785	59,504	63,223	66,942	70,661	74,380	78,099	81,818	85,537	89,256	92,975	96,694	100,413	104,132	107,851	111,570
7	41,910	46,101	50,292	54,483	58,674	62,865	67,056	71,247	75,438	79,629	83,820	88,011	92,202	96,393	100,584	104,775	108,966	113,157	117,348	121,539	125,730
8	46,630	51,293	55,956	60,619	65,282	69,945	74,608	79,271	83,934	88,597	93,260	97,923	#####	#####	111,912	116,575	121,238	125,901	130,564	135,227	139,890

Percentage to be written off to charity care

100%	100%	100%	90%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	20%	15%	15%	10%	10%
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For UNINSURED minimum discount will be 30% if they qualify
if they do NOT qualify - still given 10% discount