

Approved by: Board of Directors

Effective Date: 1/1/08

Revised: 06/28/16

MARCUS DALY MEMORIAL HOSPITAL Hospital Wide Policy

Financial Assistance Policy

Purpose: Consistent with the mission of Marcus Daly Memorial Hospital to provide quality, accessible, personalized healthcare to the Bitterroot Valley, Marcus Daly Memorial Hospital is committed to provide free or discounted care to uninsured and underinsured individuals who are in need of emergency or other medically necessary treatments.

Definitions:

Amounts Generally Billed: The average amount billed to an individual who has insurance covering their emergency medical care and other medically necessary care. This “AGB limit” is calculated as explained in this policy.

Cosmetic Services: Services provided to reshape normal structures of the body in order to improve the patient’s appearance and self-esteem.

Family: The definition of family or household includes a group of two or more persons related by birth, marriage or adoption who live together. If a household has more than one family living together the FPG are applied separately to each family however the household expenses need to be allocated to each family. For a student age 18 or older to be considered as part of the family he/she must qualify as a dependent on the parent’s income tax return for the current year.

Family Income: All income attributable to all members of the family in the defined residence, excluding amounts earned by family members less than twenty-one (21) years of age.

Income: Includes salaries, wages, self-employment income, payment from Social Security, Supplemental Security Income, public assistance, veteran’s payments, survivor benefits, disability payments, unemployment income, workers’ compensation, pension or retirement benefits, child support, alimony, interest earnings, dividends, rents, royalties, income from trusts, educational assistance, assistance from outside the household, and income from other sources.

Medically Necessary Services: Services that are reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of malformed body member. Screening services are excluded from the category of medically necessary services. Services that are excluded and are deemed not medically necessary: sports physicals, Department of Transportation physicals, elective procedures, cosmetic services, and eye glasses.

Policy

An individual must have limited income to qualify for financial assistance. Hospital's criteria for financial assistance will follow the Federal Poverty Guidelines ("FPG") issued by the United States Government. See Attachment A for the currently applicable Federal Poverty Guidelines. Attachment A will be updated at least annually to maintain accuracy.

- If an individual's total income is less than or equal to 100% of the FPG, the individual will qualify for 100% financial assistance. The individual's remaining liability will be \$0.
- If an individual's total income is greater than 100% of the FPG but less than 200% of FPG, the individual will qualify for partial assistance. The individual's discount will be the Amounts Generally Billed discount.
- If an individual's total income is greater than 200% of FPG, they do not qualify for financial assistance.

Free or discounted care is provided only when care is deemed medically necessary and after uninsured patient has been found to meet all financial criteria.

All other sources of funding should be exhausted before approval of charity care (such as Medicaid, Crime Victims or other programs).

Uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so in order to ensure healthcare accessibility.

Financial Assistance is not considered an entitlement and each determination of eligibility stands on its own. Past acceptance of an account for financial assistance does not guarantee future accounts will also be accepted.

Eligibility

Marcus Daly Memorial Hospital will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients.

A financial assistance application must be completed to determine eligibility.

When determining eligibility Marcus Daly Memorial Hospital does not take into account race, gender, age, sexual orientation, religious affiliation, and social or immigrant status.

Household must demonstrate inability to work if patient or spouse is not working full time such as proof of disability.

Balances within 240 days of first billing statement will be considered eligible for financial assistance including those that have been turned to collections.

If the patient/household owns assets in excess of the amount being requested for financial assistance it may be used to offset all or a portion of the allowed amount. Assets that will be included personal residence, rental properties, vehicles, and recreational vehicles. These situations will be assessed on an individual and case by case basis.

If Marcus Daly Memorial Hospital determines any documentation or information provided is untrue the application will be denied.

The patient must be a resident of Ravalli County unless the services were for emergency care.

Patients identified as transients with no permanent address or means of support will qualify for full financial assistance.

A financial assistance application will be considered complete if it includes all of the following documents:

1. A completed and signed Financial Assistance Application
2. Copy of the most recent Form 1040, 1040A or 1040EZ
3. Proof of all income including current 3 months of pay stubs, and any other sources of income such as unemployment, workers compensation, child support, pension, social security and disability income, etc
4. Current copy of the most recent bank statements for all checking and savings account
5. Current copy of statements for all other assets includes Stocks, Bonds, IRA, and Retirement accounts
6. Documentation of Medicaid application including denial or approval

Completed financial assistance applications including required documents should be submitted to
Marcus Daly Memorial Hospital
Attention: Patient Financial Services
1200 Westwood Drive
Hamilton, MT 59840

If a patient needs help filling out an application or for questions they may contact Patient Financial Services at 406-375-4444 or in person at the Hospital Main Entrance adjacent to the Switchboard.

Determination of Discount Amount (Amounts Generally Billed)

Marcus Daly Memorial Hospital will give financial assistance eligible uninsured patients a discount on gross charges for medically necessary or emergency care to reduce the amounts they owe to that of which patients with insurance typically pay.

Marcus Daly Memorial Hospital will calculate this percentage once a year after year end June 30 based on the previous 12 months data. To calculate this amount, Marcus Daly Memorial Hospital will use the Look Back Method as described in Regulation 1.501(r)-5(b)(3). Attachment B contains information about the currently applicable AGB limit and how it was calculated.

Application Process

1. To apply for financial assistance, patients must submit an application including supporting documents to Patient Financial Services, 1200 Westwood Drive, Hamilton, MT 59840 either in person or by mail.

Applications are available free of charge from the Patient Financial Services department, by mail

(phone request 406-363-3228) or online at: <http://www.mdmh.org/FinancialAssistance>

1. Any missing information or documentation on the application must be supplied before a determination can be made.
2. Additional information that may be requested include: bank statements, proof of income for applicant and spouse (if applicable) such as 3 recent pay stubs, unemployment payment stubs or prior year tax return.
3. External sources may be used to validate information such as credit scores, State of Montana property information (<http://svc.mt.gov/msl/mtcadastral>).
4. For a minor child with divorced parents, household information from both parents must be received.
5. For patients who are separated but not divorced financial information from both parties is required.
6. Gross Annual income will be used to determine eligibility
7. Applications will be valid for a period of three (3) months. Updated documentation will be requested if necessary. If the patient has services that require additional financial assistance and the application is more than three months old a new application must be completed.
8. If an incomplete application is received a letter will be sent to the patient requesting the missing or incomplete information and given 30 days to submit the missing or incomplete information for reconsideration. A description of the collection action that may be taken if the information is not received will be included in the letter.

Actions in the Event of Non-Payment

Marcus Daly Memorial Hospital may take collection actions if financial assistance application and/or payment are not received. The collection efforts are described in the Billing and Collection Policy. If an incomplete application is received a letter will be sent to the applicant requesting the additional information and include a description of the collection action that may occur if the information is not received. If an applicant is determined to be financial assistance eligible and has already been sent to collections the account(s) will be cancelled from the collection agency and Marcus Daly Memorial Hospital will make every effort to reverse any extraordinary collection actions that may have been taken. A copy of the Billing and Collection policy may be obtained by contacting the Patient Financial Services Department inside the main entrance of the hospital, by calling 406-375-4498 or on the website at www.mdmh.org/FinancialAssistance

Decision Process

The decisions on a financial assistance application will be made by a committee. This committee shall consist of the Chief Financial Officer (chair), Director of Patient Financial Services, a designee appointed by the CEO and others as determined by the chair of the committee.

The committee will make a decision based on majority agreement of the decision.

Notification

The committee meets on a monthly basis. The committee will notify the applicants within 2 weeks of the meeting of their determination.

Applications must be received in the prior month to be considered in the current months meeting. The notification will include a determination of the amount for which the patient will be financially responsible and how that amount was determined.

Participating Providers and Exclusions

This policy relates only to Marcus Daly Memorial Hospital and Marcus Daly Memorial Hospital owned medical clinics. A list of participating providers is included in Attachment C. A list of non-participating providers is also included in Attachment C. Attachment C will be updated on a quarterly basis.

Accountability

The Marcus Daly Memorial Hospital board of directors will approve the Financial Assistance Policy and any substantive changes to the policy. The Marcus Daly Memorial Hospital board of directors grants authority to the Chief Financial Officer to maintain Attachments A, B and C.

Attachments

Attachment A – Federal Poverty Guidelines (current year)

Attachment B – Amounts Generally Billed

Attachment C – List of Participating Providers, List of Excluded Providers

Attachment D – Billing and Collection Policy

Attachment A
Federal Poverty Guidelines for 2018

Federal Poverty Guidelines (“FPG”) are published in the Federal Register by the U.S. Department of Health and Human Services. This information is available online at <https://aspe.hhs.gov/poverty-guidelines>.

HHS POVERTY GUIDELINES FOR 2019

The 2018 poverty guidelines are in effect as of January 13, 2018.

See also the [Federal Register notice of the 2018 poverty guidelines](#), published January 18, 2018

FEDERAL POVERTY GUIDELINES (COVERAGE YEAR 2019)							
# in Household	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$12,140	\$16,753	\$18,210	\$24,280	\$30,350	\$36,420	\$48,560
2	\$16,460	\$22,715	\$24,690	\$32,920	\$41,150	\$49,380	\$65,840
3	\$20,780	\$28,676	\$31,170	\$41,560	\$51,950	\$62,340	\$83,120
4	\$25,100	\$34,638	\$37,650	\$50,200	\$62,750	\$75,300	\$100,400
5	\$29,420	\$40,600	\$44,130	\$58,840	\$73,550	\$88,260	\$117,680
6	\$33,740	\$46,561	\$50,610	\$67,480	\$84,350	\$101,220	\$134,960
7	\$38,060	\$52,523	\$57,090	\$76,120	\$95,150	\$114,180	\$152,240
8	\$42,380	\$58,484	\$63,570	\$84,760	\$105,950	\$127,140	\$169,520

Last Updated: January 25, 2019

Approved by: Donja C. Erdman, Chief Financial Officer

Attachment B

Amounts Generally Billed Calculation

Hospital uses the “look-back method” as defined in Reg. 1-501(r)-5(b)(3) to calculate the amount generally billed (“AGB”) to individuals who have insurance covering medically necessary care. An individual who is determined to be eligible for charity care under this policy shall not be required to pay more than the amounts generally billed to individuals who have insurance covering such care.

Hospital calculates a single AGB limit to apply to all individuals who qualify for charity care. The AGB limit current in effect is 54%.

The AGB limited was calculated using the following formula.

Total Allowed Claims and Other Payments

Gross Charges

In the AGB calculation, “Total Allowed Claims” are those claims that have been submitted by Hospital and were allowed by Medicare, Medicaid and all private health insurers over a specified 12-month period. Hospital uses all claims for medical care in this calculation, rather than just those allowed for emergency and other appropriate hospital-based medical services.

“Other payments” are co-payments, co-insurance, deductibles and any other payments made in relation to a claim included in Total Allowed Claims

“Gross Charges” are the total charges of the services for those claims included in Total Allowed Claims.

Hospital’s most recent calculation of the AGB limit was for the period that began 03/01/16 and ended 02/28/17. The AGB limit was calculated by the Fiscal Services Department and reviewed and approved by the Chief Financial Officer.

Last Updated: 12/22/17

Approved: Donja C. Erdman, Chief Financial Officer

Attachment C

Providers Included for Marcus Daly Memorial Hospital and Marcus Daly Memorial Hospital Clinics

Bitterroot Physicians Clinic

Sharon Colchin, FNP-BC
Emily Denney, DO
Mandi Griffin, MD
Sarah Gabriel, FNP
Allen W. Jones, Jr., MD
Jennifer Krueger, PA-C
John Moreland, MD
Robert Smith, MD
Anne Weinberger, ANP

Bitterroot Physicians Clinic – South

Katherine Herczeg, FNP

Bitterroot Physicians Clinic – North

Rebecca Conroy, MSN, FNP-BC

Convenient Care

Carol Calderwood, MD
Robin Yeargan, FNP

Corvallis Family Medicine

Yvonne Courchesne, MD
April Weinberger, MD
Courtney Shanahan, FNP

Bitterroot General & Vascular Surgery

Frederick Ilgenfritz, MD

Bitterroot Orthopedics and Sports Medicine

Michael Dolecki, MD
Timothy Woods, MD

Bitterroot Valley Eye Associates

Mark Calderwood, MD

Hamilton General Surgery

Luke Channer, MD

Hamilton Obstetrics & Gynecology

Mary Camden, MD
Ann Kimmel, MD
James Zubernis, DO

Rocky Mountain Neurosurgery Center

Richard Day, MD
Jennine Brogan, FNP
Nicholas V. Hensley, PA-C, MPAS

Emergency Services

Clint Adkins, DO
Kenneth Eckstein, MD
Kevin Gurney, DO
Frank McHugh, MD
Bret Pearce, DO
Bristol Schmitz, MD
Samuel Urso, DO
Ben Watters, MD

Hospitalists

Lawrence Brouwer, MD
Romi Coolidge, DO
John Courchesne, MD
Yvonne Courchesne, MD
Emily Denney, DO
Mandi Griffin, MD
H. Brett Heath, MD

Allen W. Jones, Jr., MD
Brenda Kirkland, MD
Paul Shingledecker, MD
Robert Smith, MD
Carson King, MSN, RN, APRN
Sarina Wilson, AG-ACNP

Marcus Daly Sleep Center

Rolf Holle, MD
Jennifer Krueger, PA-C

Marcus Daly Hospice

Walker Ashcraft, MD

Marcus Daly Anesthesia

James Ellis, CRNA
Janet Isaacs, CRNA
Robert Ward, CRNA
Michael Wiencek, CRNA

Providers Excluded from Financial Assistance under this Policy

Imaging

Lance Pysher, MD

Bitterroot Cosmetic & Reconstructive Surgery

Robert Alexander, MD

Bitterroot Foot & Ankle Clinic

Chad Dickemore, DPM

Bitterroot Neurology

Stuart Kieran, MD

Family Medicine Center of the Bitterroot

H. Brett Heath, MD
Brenda Kirkland, MD
Randy Stewart, MD
Nicolett Weston, FNP

Lifespan Family Medicine Specialists

Gabriel Charbonneau, MD
Angela Haugo, DO

Ravalli Family Medicine

Lawrence Brouwer, MD
Kathleen Harder-Brouwer, MD
Allisun Jenson, PA-C
Shaun Lalonde, PA-C

Ravalli Orthopedics & Sports Medicine

Gregory Behm, MD
David Nolan, PA-C

Sapphire Health

Brett Bender, MD
Melanie Goodnight, RN, NP
Susan Devine, APRN
Lauren Fowler APRN

Storybrook Medicine

Kirk Crews, MD

International Heart Institute

Anthony Navone, MD
Bradley Berry, MD
Deborah Sybrant, PA-C
Michael Yerkey, MD
Michael Reed, MD

Pathology Consultants of Western Montana

Christopher Sjostrom, MD

Specialty Clinic

Oncology – John Linford, MD

Pain Services – Patrick Danaher, DO and Steve Kemple, DO

Podiatrist - Karl Mangold, DPM, AACFAS

Pulmonology – Eric Stern, MD

Surgical Arts Centre

John Holtzen, DMD

Updated 01/25/19