TITLE: FINANCIAL ASSISTANCE POLICY	**NUMBER:** PFS-700
EFFECTIVE DATE: 06/18/2025	**APPROVAL DATE:** 06/12/2025
SCOPE: ALL DEPARTMENTS	
OWNER: BUSINESS OFFICE MANAGER	**TYPE:** BUSINESS OFFICE

PURPOSE:

A. Vista Plains Health's mission and values support providing high quality healthcare to people in the community. We serve to provide care to all persons, including individuals and families with financial limitations**.**

B. The purpose of this Financial Assistance Policy is to ensure that processes and procedures exist for identifying and assisting Vista Plains Health patients who qualify for a discount based upon on their financial resources and ability to pay. Vista Plains Health is a not-for-profit, tax exempt entity with a charitable mission of providing emergency care, medications, and medically necessary health care services to residents of Vista Plains Health Health System service area regardless of their financial status and ability to pay.

C. Vista Plains Health's Financial Assistance Program, administered by Billings Clinic (Billing Agent), is not a substitute for personal responsibility. Patients are expected to cooperate with the Billing Agent's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay. Vista Plains Health established the following provisions to manage financial resources in a responsible manner and to assist persons in need. This policy allows the Billing Agent, on behalf on Vista Plains Health, to determine eligibility for financial assistance for patients who meet the established eligibility criteria. This policy does not apply to patients with sufficient financial means who refuse to pay for the medical services rendered to them or to their family members. The Financial Assistance Program is intended to be the last payment resort, but approval is not contingent on receiving a denial from any other governmental programs. The policy also identifies steps the Billing Agent takes to communicate the availability of financial assistance. Any information gathered by the Billing Agent during this process is subject to the Billing Agent's policies on protection of confidential information.

D. Vista Plains Health provides both emergency treatment and medically necessary health care services without regard to the patients' ability to pay for such care.

E. Vista Plains Health's billing agent the Billing Agent makes an administrative determination that financial assistance is appropriate based on the patient's ability to pay utilizing the Federal Poverty Income Guideline that includes family income, and size; and/or based on criteria demonstrating presumptive eligibility and the size of the patient's medical bills

F. The Billing Agent billing agent for Vista Plains Health determines that a patient is eligible for financial assistance by utilizing the family income levels tied to the most recent Federal Poverty Guidelines and established corresponding discount percentages. The Federal Poverty Guidelines are adjusted annually and align to discount percentages Vista Plains Health utilizes. The Billing Agent ensures in all cases, a patient determined to be eligible for financial assistance will not be billed more than the amounts generally billed (AGB) by the Hospital for the same emergency or medically necessary services to individuals who have insurance covering such care

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G. Vista Plains Health and the Billing Agent regularly review their Financial Assistance Policies to ensure they comply with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to patients who are uninsured or otherwise eligible. In addition, the policies reflect Vista Plains Health and the Billing Agents mission and vision and explain the decision-making process of who may be eligible for Vista Plains Health Financial Assistance programs and the amounts awarded.

NONDISCRIMINATION:

A. Vista Plains Health renders health care services, and inpatient and outpatient services to all who need emergency or medically necessary care regardless of the inability of the patient to pay and regardless of whether and to what extent patients may qualify for financial assistance.

B. Vista Plains Health does not encourage or engage in any actions that would keep individuals from seeking care that is emergent. This includes demanding patients presenting in the emergency department to pay before receiving treatment; or by permitting debt collections activities in in the emergency department; or any other areas of the hospital that may interference with the provision of emergency care on a non-discriminatory basis.

DEFINITIONS:

A. 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.

B. Assets: Property of economic value such as but not too limited to, cash on hand, checking and savings accounts, certificates of deposit, vehicles, mineral rights, stocks, mutual funds, CDs, retirement funds and any other investments; provided. Assets will not be considered in the granting of financial assistance.

C. Bad Debt: Patient balances that are uncollected after reasonable attempts to collect. Balances may include remaining balances due after Financial Assistance has been applied according to the policy

D. 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 the Hospital on the proceeds of a personal injury judgment, settlement, or compromise, nor the filing of a claim in a bankruptcy proceeding.

E. 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. Per 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.

F. Family Income: Income is the total annual cash receipts before taxes from all sources which includes, but is not limited to, gross wages and salaries before deductions, net receipts from nonfarm self-employment income, net receipts from farm self-employment, social security payments, railroad

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retirement, unemployment compensation, workers compensation benefits, veteran's payments, public assistance payments, Supplemental Security Income, Social Security Disability Income, alimony, child support, military allotments, private pensions, government pensions, annuity payments, fellowships, dividends, interest, net rental income, 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 as income.

G. Federal Income Poverty Guidelines (FPG): The most recent published federal income poverty guidelines for a household, which is revised and attached to this policy when they are published by the U.S. government.

H. Financial Assistance: Full or partial discounts for emergency and medically necessary care for patients determined eligible under this policy.

I. Legal Guardian: A recognized legal surrogate for the patient regarding 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 regarding medical and/or financial decisions, or a legal guardian under Montana law.

J. Medically Indigent: A patient who incurs catastrophic medical expenses is classified as Medically Indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system.

K. . Medically Necessary: Any inpatient or outpatient, including pharmaceuticals or supplies covered under Medicare. Medically necessary services do not include: any anesthesia services, elective cosmetic surgeries (for these purposes, cosmetic plastic surgery procedures designed to correct appearance for personal reasons are not considered "elective"); gastric bypass surgeries; tubal ligations and/or vasectomies and In Vitro Fertilization (IVF) services.

L. Presumptively Eligible: A completed Financial Assistance Application has not been submitted, but is eligible for financial assistance due to one or more of the following criteria:

- Homeless, including attestation from the patient that he or she is homeless
- Deceased with no estate
- Mentally incapacitated with no one to act on his or her behalf
- Any patient who qualifies for Medicaid may be eligible for Financial Assistance This includes out of state Medicaid patients enrolled in one or more public assistance programs for low-income individuals having proof of eligibility in one program.
- Incarceration in a penal institution
- Third party presumptive financial assistance scoring.

M. Responsible Party: The patient or any individual legally obligated to pay for the patient's debts for medical care, excluding third party payers.

N. Third Party Payer: Any financial agent or entity, such as an insurance carrier, HMO, employee benefit

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plan, or government payer, with a legally enforceable obligation to pay for services billed to patient by Vista Plains Health. (Responsible parties, as defined herein, are not considered third party payers.)

O. 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.

P. Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

POLICY:

This is a general 2-year review another required review/ approval is the Board of Directors, 1/18/2024

PROCEDURE:

A. Services Eligible Under Process Under this Policy

a. Determination for financial assistance qualifications includes inpatient and outpatient services. The policy covers professional services by physicians and other providers employed directly by Vista Plains Health or who have been contracted to provide services at Vista Plains Health.

b. The following medically necessary health care services are eligible for financial assistance:

i. Emergency medical services provided in an emergency room setting.

ii. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.

iii. Non-elective services provided in response to life-threatening circumstances in a nonemergency room setting.

iv. Medically necessary services, evaluated on a case-by-case basis at Vista Plains Health's discretion.

c. Services NOT eligible for financial support include the following

i. Elective procedures not Medically Necessary including, and not limited to, cosmetic services. (See definition of Medically Necessary)

ii. Other care providers not billed through Vista Plains Health (i.e. independent physician services, private-duty nursing, ambulance transport, transportation, pharmacy, hotel accommodations. Patients are responsible for contacting the service provider directly to inquire about potential financial assistance and available payment options.

iii. Services performed with Out of Network coverage whereby the patient knowingly elects to pursue services regardless of non-coverage benefits or penalty.

B. Billing and Collection Process

a. Anytime during the billing and collection process, 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 loan program. This can occur anytime during the cycle of the billing and collections process.

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i. Accounts with Self Pay Balances will have a minimum of 120 days in the collection process.

ii. During that time, numerous collection attempts are made with multiple contact attempts made by a series of letters (120 Day Accounts receive up to 3 letters and possibly more dependent on status of their account); and a minimum of 3 telephone calls or more depending on status of the account.

iii. All Billing Agent communications include information about the Financial Assistance Program, a number to call, a webpage address for an application, and a plain-language summary of the Financial Assistance Policy (FAP) and the actual Financial Assistance Policy.

C. Eligibility Criteria

a. When eligible Financial Assistance is determined, patients with a family income at or below 200% of the current Federal Poverty Guidelines receives a 100% adjustment patient owed portion of the billed charges (full write-off).

i. Patients with a family income between 201% and 400% of the current Federal Poverty Guidelines receive an adjustment as established by Vista Plains Health.

ii. Financial assistance under this policy is available without regard to the patient's race, color, creed, religion, national origin, gender, gender identity, sexual orientation, age, marital status genetic information or disability.

iii. Patient care, which is not medically necessary, including elective, cosmetic, or other care deemed to be generally non-reimbursable by traditional insurance carriers and government payers, is not considered eligible for financial assistance.

iv. Minor Children/Divorced Parents – for the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents are required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information for all responsible parties, information from responsible parties residing in the same household of the minor child/children are used to make the determination.

v. Financial assistance provided by Vista Plains Health under this policy is secondary to all Third-Party Payers and other financial resources available to the patient. This includes, but is not limited to:

1. Group or individual medical insurance plans

2. Employee benefit plans Vista Plains Health Policy & Procedures 5

3. Workers Compensation plans iv. Medicaid, state, or county medical programs v.Other state, federal or medical programs

4. Third party adjudged to be legally liable for a patient's medical expenses (i.e., auto accidents or personal injury claims)

5. Any other persons or entities that have a legal responsibility to pay for the

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medical services

6. Crime victims eligible for financial assistance

7. Medical care cost covered by government programs of other countries

b. To the extent that charges for medically necessary services provided by Vista Plains Health not paid for by a Third-Party Payer, a 100% financial assistance reduction may be provided to cover Vista Plains Health's charges for patients whose gross income of the Responsible Parties is up to 200% of the Federal Income Poverty Guidelines as adjusted for household size.

c. Partial financial assistance may be provided if gross income of the Responsible Parties is between 200% and 400% of the Federal Income Poverty Guidelines as adjusted for household size.

d. Partial assistance is determined as a percentage of the amount owed to Vista Plains Health, based upon where the applicants fall on the Federal Income Poverty Guidelines.

e. The Billing Agent considers the following circumstances and other similar circumstances in evaluating applicants who do not otherwise qualify for financial assistance under this policy.

i. Catastrophic medical debt is defined as medical debt which is more than 25% of the annual income of the patient's family. Vista Plains Health debt in excess of the 25% is adjusted off to financial assistance.

1. For both Uninsured patients and Underinsured patients, the time frame calculation for the annual income cap is based on the 12-month calendar year (January – December).

f. For Underinsured patients, 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.

D. Application Process

a. Patient inquiring about financial assistance is asked to complete the Financial Assistance Application with all necessary documentation as explained in application instructions on Financial Assistance Application. In unique situations where all of the documentation may not be available, a special review of the information provided may be completed and documentation may be accepted.

b. Where and when possible, a Financial Counselor or designated staff conducts an interview with the patient, the guarantor, and/or his other legal representative prior to the admission or rendering of service. If an interview is not possible prior to the admission or rendering of service, the interview is conducted upon admission or as soon as possible thereafter. In the case of an emergency admission, the evaluation of payment alternatives take place after medical care is provided.

c. The application process may be waived if the Billing Agent elects to utilize other software programs or third-party financial assistance scoring system. A copy of the Financial Assistance

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application is available online at www.wheatlandmemorial.org/resources/financial-assistance/ or from Patient Financial Services Department at Vista Plains Health. A Financial Counselor for the billing agent may be called at (406) 238-2601 for assistance in completing the application or to answer questions.

i. Persons requesting financial assistance, authorize Billing Agent to make inquiries of employers, banks, credit bureaus, and other institutions for the purpose of verifying information required in order to determine eligibility for financial assistance.

ii. The completed Financial Assistance application accompanied by legible and accurate photocopies of the following documents for purposes of verifying eligibility are requested:

1. Complete IRS tax returns for the most recently completed calendar year of all responsible parties.

2. 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.

3. For self-employed individuals, a profit and loss statement for the current year to determine current income.

d. Income is annualized, when appropriate, based upon documentation provided.

e. Confidentiality of information is maintained for all who seek and/or receive assistance, as required by Vista Plains Health policy and federal and state law. Copies of the supporting documents are kept with the application form.

f. The Billing Agent may request additional documentation and/or information, which, in the exercise of reasonable discretion, the Billing Agent determines is, needed to verify eligibility for financial assistance and to complete the processing of the application.

g. Financial Assistance Applications are considered if received at any time during the 240-day period following the first post-discharge billing statement issued by Vista Plains Health to the patient for such care.

i. Third party presumptive financial assistance scoring occurs automatically and does apply any automatic discount awarded to the date of service scored

E. Eligibility Determination Process

a. Once a completed Financial Assistance Application is received, the Billing Agent Financial Services Counselors review the application and forward approved applications to Patient Financial Services Director and or Patient Financial Services Manager per the Policy Administration section; page 12 of this document for final approval. Patients who are determined to be Presumptively Eligible may be processed for financial assistance without need for completion of the Financial Assistance Application or other additional information from the patient.

b. Upon the first patient interview via telephone or in person, the Patient Financial Services Counselor gathers or shares the need for information regarding all existing third-party

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coverage. The Financial Services Counselor or designated vendor staff assists patients with eligibility for available programs. If the requested information is not provided or patient refuses, he or she is ineligible for financial assistance pursuant to this policy. If the financial assistance application is denied, or not adequate, patient is notified, and information is retained for submission if additional information is submitted. In cases where third-party coverage (including private insurance or payment by governmental program) is nonexistent or likely to be inadequate, the Financial Services Counselor informs the patient of the availability of financial assistance. However, in cases where third-party coverage is denied because the patient failed to comply with the insurer's stated pre-certification requirements and or coordination of benefit requirements, the patient will be ineligible for financial assistance pursuant to this policy.

c. Granting financial assistance is based upon the patient supplying a completed and accurate Financial Assistance Application. The Responsible Party is 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.

d. The Billing Agent will request information as listed on the application although the Billing Agent may request additional information and patients may voluntarily provide additional information that they believe to be pertinent to eligibility. When the Billing Agent contacts the patient to request missing information, the patient is given 15 calendar days to respond. This is also the case when appealing a final determination. Failure to respond will result in the application being suspended from further processing; the patient may re-activate the application by providing the requested information at any time during the 240-day period following the first post-discharge statement issued by Vista Plains Health to the patient for such care. If a patient provides information that is inaccurate or misleading, he or she may be deemed ineligible for financial assistance and, accordingly, may be expected to pay his or her bill in full.

e. Patients who are uninsured and who do not qualify for financial assistance may contact the Billing Agent to discuss payment options, including the availability of a payment plan. Financial Services Counselors informs such patients of any other discounts that are available under other Vista Plains Health or the Billing Agent policies.

F. Presumptive Financial Assistance Eligibility

a. There are instances when a patient may appear eligible for financial assistance discounts, but there is not a financial assistance form on file due to lack of supporting documentation. If adequate information is provided by a patient or Responsible Party or through other sources that could provide sufficient evidence to provide the patient with financial assistance, the Billing Agent may rely on information provided by outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write-off from the account balance. Presumptive eligibility may be determined based on the qualification for one or more of the following.

i. State-funded low-income prescription programs

ii. Patient is deceased with no known estate

iii. Homeless, or receiving care from a homeless clinic.

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iv. Supplemental Nutrition Assistance Program (SNAP), also called Food Stamps

v. Women, Infants and Children programs (WIC)

vi. Subsidized/low-income housing assistance

vii. Low Income Energy Assistance Program (LIEAP);

1. To demonstrate presumptive eligibility, the patient or Responsible Party will provide proof of eligibility with a current copy of confirmation (such as a letter of approval or other evidence of current coverage or participation in the program).

viii. Any patient who qualifies for Medicaid may be eligible for Financial Assistance. This includes out of state Medicaid patients.

b. The Billing Agent may use other software programs and/or a third-party financial assistance scoring system to determine presumptive financial assistance. The third-party financial assistance scoring may be applied to any patient account upon initial visit or anytime during the billing cycle.

c. Financial data includes the following data elements when scoring an account (household Size, income, percent of federal poverty level).

d. If Financial Assistance is awarded through third party financial assistance scoring; this discount will be applicable for all visits for the guarantor and family for a 2-month time frame starting with the date of service scored. All adjustments will be electronic without notification to the guarantor.\

e. Data elements are derived from both credit and public record data sources without credit reporting.

G. Communication of the Financial Assistance Program to Patients and the Public. Vista Plains Health publicizes the availability of financial assistance, including contact information, using various means, which may include, but are not limited to, publishing notices in patient bills; posting or distributing notices in public areas on facility campus, and at other organizations as Vista Plains Health may elect; on the website; and in the Conditions of Admission and/or Conditions of Registration documentation. Such information shall be provided in the primary languages spoken by the population serviced by Vista Plains Health. Referral of patients may be made by any member of the Vista Plains Health staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, 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.

H. Notification

Billings Clinic notifies the patient and/or Responsible Party in writing of the final determination within forty-five (45) calendar days of Billings Clinic's receipt of a completed application. The notification includes a determination of the amount for which the patient and/or Responsible Party are financially accountable. Denials are written and include instructions for appeal or reconsideration. The Billing Agent may pursue collection actions against patients found ineligible for financial assistance, patients who received discounted care or medical hardship discounts but are no longer cooperating in good faith to pay the remaining balance, or patients who have established payment plans but are not in accordance with the payment plan. All collection practices follow the Fair Debt Collection Practice Act.

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I. Appeals

1. The patient and/or Responsible Party may appeal a denial of eligibility for financial assistance by providing additional information to the Patient Accounts Department within 14 calendar days of receipt of notification of denial. Appeals are reviewed by the Patient Accounts Manager or designated counselor staff for a final determination. If the final determination affirms the previous denial of financial assistance, written notification is sent to patient, legal guardian, and/or responsible party.

2. If an appeal is filed within 12 calendar days of final determination, any collection efforts are suspended pending the outcome of the appeals process.

J. Extraordinary Collection Action (ACA)

1. Accounts assigned for Extraordinary Collection Actions (ACA) or attorney are not eligible for financial assistance if the Financial Assistance Application is not received within 240-day period following the first post-discharge billing statement date. However, in unusual situations where a patient's circumstances have changed after an account is assigned for Extraordinary Collection Actions (ACA) or attorney, the Billing Agent will consider exceptions to this provision of this policy. The Patient Accounts Supervisor, Patient Accounts Manager, Patient Financial Services Billing Director, Patient Financial Services Director, and Chief Financial Officer have the authority to grant exceptions.

K. Policy Administration

1. This policy is supervised by the Director of Patient Financial Services who is responsible for administering the program, assuring that determination for financial assistance meets the requirements of this policy, and notifying the patient and/or responsible party of the final determination. The Patient Financial Services Manager approves applications for $7,500-$15,000. Applications over $15,000 require the approval of the Director of Patient Financial Services. In implementing this Policy, Vista Plains Health management and facilities comply with all other federal, state and local laws, rules and regulations that apply to activities conducted pursuant to this Policy

2. Additional information about the Financial Assistance Program, the application form, or information about our billing and collections policy: www.wheatlandmemorial.org/patient-information/paymentinformation/ or by request to Patient Financial Services at (406)632-5566 or 1-833-707-4300

3. Patients completing the Financial Assistance Application must return the signed form and required supporting materials through any of the following measures:

4. Hand-deliver to Vista Plains Health or Mail to Patient Financial Services Office P.O. Box 35100 Billings, Mt 59107

ATTACHED/APPLIED/REFERENCED:
-26 C.F.R. §1.501(r)-1

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