



**PIONEER MEDICAL CENTER**

P.O. Box 1228, Big Timber, MT  
406-932-4603 Fax: 406-932-5468

<b>POLICY and PROCEDURE</b>	
<b>Title</b>	Patient Financial Assistance
<b>Manuals</b>	CAH-O
	RHC-O
<b>Approved By</b>	Date: <u>5/24/2017</u> By: <u>Mike Hammer</u> Title: <u>Interim CEO</u>

**Highlights**

**Availability**

**Review**

**Evaluation**

**Requests**

**Policy Statement**

Financial Assistance will be provided to Pioneer Medical Center Critical Access Hospital and Rural Health Clinic patients who meet specified financial criteria and request such assistance. A Notice of Availability of the Financial Assistance Program will be posted on the bulletin board in the hospital waiting room (next to the patient registration desk) and in the waiting room at the Rural Health Clinic. A copy of the Patient Financial Services Policy and Procedure will be provided to patients upon request.

**Purpose**

It is the policy of Pioneer Medical Center to provide financial assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance.

Financial assistance may be extended when a review of a patient’s individual financial circumstances has been conducted and documented. This should include a review of the patient’s existing (including any accounts having gone to bad debt within 3 months of application date) and projected medical expenses.

Financial assistance will be re-evaluated every six (6) months as necessary.

**Procedure**

A. An evaluation for financial assistance can be started in several ways.

For example:

- ✓ a patient with a self-pay balance due notifies the PMC Business Office that he/she cannot afford to pay the bill and requests assistance
- ✓ a patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services
- ✓ a Physician or other medical provider (Nurse Practitioner or Physician Assistant) refers a patient for a charity care evaluation for potential admission to the hospital

B. The Finance Director is the designated person at PMC who will be responsible for financial assistance applications.

C. When a patient requests financial assistance, the staff member who receives the request will refer the patient to a Patient Accounts representative, who will meet with the patient. An assessment will be done to determine if the patient meets preliminary criteria for assistance.



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<b>Criteria</b>	<p>D. The following criteria must be met in order for a patient to apply for a financial assistance adjustment:</p>
<b>Application Requirements</b>	<ul style="list-style-type: none"><li>(1) The patient must apply for medical assistance (Medicaid), unless the Patient Accounts Manager can readily determine that the patient would fail to meet the requirements.</li><li>(2) Review viability of offering a payment plan agreement.</li><li>(3) All insurance benefits must have been exhausted.</li></ul>
<b>Eligibility</b>	<p>E. The patient is required to provide the following:</p> <ul style="list-style-type: none"><li>(1) A completed Financial Assistance Application</li><li>(2) A copy of their most recent Federal Income Tax return (if married and filing separately, then also a copy of the spouse's tax return)</li><li>(3) A copy of the three (3) most recent pay stubs (if employed) or other evidence of income (and spouse's, if applicable)</li><li>(4) A Medical Assistance Notice of Determination, if applicable</li><li>(5) Proof of U.S. citizenship or permanent resident status</li><li>(6) Proof of disability income, if applicable</li><li>(7) Reasonable proof of other declared expenses</li></ul> <p>F. A patient can qualify for financial assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Finance Director will review and analyze the application based on PMC guidelines. If the application is determined to be complete and appropriate, the Finance Director will recommend the patient's level of eligibility.</p>
<b>Financial Commitments</b>	<p>G. Pioneer Medical Center has the option to designate certain elective procedures for which no financial assistance will be given.</p> <p>H. Once a patient is approved for financial assistance, it is expected that the patient will continue to meet his/her required financial commitments to PMC. If a patient is approved for a percentage allowance due to financial hardship and the patient does not make the required initial payment within 60 days towards their part of the bill, the financial assistance allowance will be revoked and the patient will owe the entire amount. It is recommended that the patient make a good faith payment at the beginning of the financial assistance period, unless the patient is awarded a 100% write off of the amount owed PMC.</p> <p>I. Any payment schedule developed through this policy will ordinarily not exceed two (2) years in duration. In extraordinary circumstances, a payment schedule may extend to three (3) years in duration, with the approval of the Chief Executive Officer (CEO).</p>
<b>Payment Schedule</b>	<p style="text-align: center;"><b>APPENDIX A FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES</b></p>
	<p>A. Notice of Availability of the Pioneer Medical Center Financial Assistance Program will be posted on the bulletin board in the hospital waiting room (next to the patient registration desk) and in the waiting room at the Rural Health Clinic. A copy of the Patient Financial Services Policy and Procedure will be provided to patients upon request.</p> <p>B. Any person requesting financial assistance must complete a PMC Financial Assistance Application.</p>



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- C. Proof of income must be provided with the Financial Assistance Application. Acceptable proofs include:
  - (1) Prior year tax return
  - (2) Current pay stubs
  - (3) Letter from employer
  
- D. An individual will be eligible for financial assistance if the maximum family income (for both husband and wife, if applicable) level does not exceed PMC's standard related to the Federal poverty guidelines and the applicant (and his/her family) do not own liquid assets which would be available to satisfy their PMC bills.
  
- E. All financial resources must be used before financial assistance can be applied. This includes insurance, medical assistance and all other entitlement programs for which the patient may be qualified.
  
- F. Financial assistance is not applicable for non-essential services such as cosmetic surgery and convenience items. Non-PMC charges remain the responsibility of the patient. In the event a question arises as to whether an admission is "elective" or "medically necessary", the patient's admitting medical provider shall be consulted. Questions as to "medical necessity" may be directed to the Pioneer Medical Center Chief of Staff.
  
- G. PMC will determine eligibility for financial assistance within thirty (30) business days of satisfactory completion and return of an application.
  
- H. Documentation of the eligibility determination shall be made on all open-balance patient accounts. A determination notice will be sent to the patient.
  
- I. A determination of eligibility for financial assistance will remain valid for a period of three (3) months for all necessary PMC hospital and clinic services provided based on the initial date of the determination letter. For recurring outpatient therapeutic services, patients may qualify for financial assistance for up to six (6) months on the basis of a single application.
  
- J. All determinations of eligibility for financial assistance shall be solely at the discretion of PMC.

Definitions

**Current Medical Debt:** Self responsible portion of current inpatient account(s). Depending on circumstances, accounts related to the same spell of illness may be combined for evaluation. Collection agency accounts are considered.

**Liquid Assets:** Cash/Bank Accounts, Certificates of Deposit, bonds, stocks, Cash Value Life Insurance policies, pension benefits.

**Living Expenses:** Per person allowance based on the Federal Poverty Guidelines. Allowance will be updated annually when guidelines are published in the Federal Register.

**Projected Medical Expenses:** Patient's significant, on-going annual medical expenses



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which are reasonably estimated to remain as not covered by insurance. For example, drugs, co-pays, deductibles and payments for durable medical equipment.

Take Home Pay: Patient's and/or responsible party's wages, salaries, earnings, tips, interest and dividend income, corporate distributions, net rental income before depreciation, retirement/pension income, social security benefits and other income as defined by the Internal Revenue Service (IRS) after taxes and other deductions.

Spell of Illness: Medical encounters/admissions for treatment of medical condition, disease or illness in the same Diagnostic Related Group (DRG) occurring within a 120 day period.

Supporting Documentation: Pay stubs; W-2's; 1099's; workers compensation, social security or disability award letters; bank or brokerage documents; tax returns; life insurance policies; real estate assessments and credit bureau reports.

Exceptions: Pioneer Medical Center has the right to refuse treatment for elective procedures which may result in catastrophic medical debt.

Attachments: Financial Assistance Form, Financial Assistance Guidelines

Regulatory Reference Sources	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers (optional)	