

Rosebud Health Care Center
Forsyth, MT 59327

Department: Business Office	Policy No: BO 201-1
Policy: Financial Assistance	Administrative approval: <i>K. W. [Signature]</i>
Effective Date: October 19, 2016	Medical Staff review: <i>[Signature]</i>
Revised:	Mid-level provider review: <i>[Signature]</i>
Tag:	Outside professional review: <i>Dorothy [Signature]</i>

Policy:

Rosebud Health Care Center provides inpatient and outpatient health care to eligible patients at a reduced rate under this policy.

Eligible patients include all parties regardless of age, race, religion, creed or national origins who meet the financial guidelines, set forth in the current year Federal Poverty Guidelines, and are not covered under the Montana Medicaid Program.

Patients are encouraged to contact the business office for an application.

Procedure:

Application for Charity Care coverage may be requested at anytime. However, approved charity care coverage will only be retroactive for twelve months prior to the receipt of the completed application in the hospital business office. All information is considered strictly confidential.

Completed forms include:

1. Financial statement signed and dated
2. Recent pay stubs from current employer(s) last three months
3. Most recent tax return
4. Any other documentation to support financial need

Once the completed forms have been submitted to the business office, a decision on the application will be made within ten (10) business days. Staff authorized to approve applications will be the CEO, CFO or Finance Committee. Applicants will be notified by letter or phone of the decision. Applicants may request a review of denials or partial denials within 30 days of the notice.

Charity Care eligibility must be established with each visit.

Once an application is approved, all accounts will be adjusted according to the benefits granted. The account must be adjusted using the "Charity Care" adjustment code to credit the account. Charity Care applications should be confidentially retained in the business office for future reference.

Basis Eligibility Criteria:

1. Determination by the business office that the patient has used all available resources.
 - The patient should be referred to the nearest county agency for a public assistance application.
 - i. In the situations where appropriate primary payment sources are not available, patients shall be considered for charity care.

The total amount of charity care will be determined by the operating budget of Rosebud Health Care Center on an annual basis.

2. The following federally funded program exclusions which RHCC will follow are:

- Personal effects or household goods with a total equity value of \$2000
- The market value of a vehicle under \$1500
- Non liquid assets under \$1000
- Funds designated for burial expenses: \$2000 per person \$3500 per couple

All other assets, liquid or non-liquid, are identified as disposable income, to be used over the short or long term, for payment of balances to RHCC.

Charity care requested may not be classified as Bad Debt. *See Business Office Policy Bad Debt BO 101-1.* Bad debt may include but is not limited to:

- Moved with no forwarding address or phone number
 - Payment plan default
 - No response to inquiries for information/payment
 - Failure to complete applications for aid
 - Prior history of bad debt
 - Administrative decision
3. All responsible parties with family income equal to or below the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the amount determined by the guidelines.
 4. Those accounts that qualify for financial assistance less than 100% forgiveness will be set up on a payment plan that will comply with the guidelines of RHCC. Final approval will be given when the first payment of the payment plan is received by RHCC.
 5. Any application that is submitted with false information will be denied and future applications will also be denied for a period of one (1) year.