



**Sheridan  
Memorial**

Origination 11/1/2016  
Last Approved 12/28/2022  
Effective 12/28/2022  
Last Revised 12/28/2022  
Next Review 12/28/2023

Owner **Connie Anderson:**  
**Executive Director, Sheridan Health Care Foundatio**  
  
Policy Area **Administration**  
  
References **501R and NHSC compliant, BIL 2.0**

## Financial Assistance Program

### PURPOSE:

This policy outlines the criteria used to determine a patient's eligibility for Sheridan Memorial Hospital Association's Financial Assistance Program.

### DEFINITION:

Financial Assistance shall be defined as the patient's demonstrated inability to pay, whereas, bad debt results from the unwillingness of a patient to pay.

### POLICY:

It is the policy of Sheridan Memorial Hospital Association (SMHA) as a non-profit organization to provide care for all persons in need of care, regardless of their ability to pay. SMHA will identify patients eligible for Financial Assistance based upon information submitted by the patient or patient's representative and the criteria listed in this policy. Financial Assistance will be provided to all eligible patients.

### FINANCIAL ASSISTANCE DISCOUNT POLICY & PROCEDURES:

Sheridan Memorial Hospital Association certifies and demonstrates that it will not exclude any person from services on the grounds that such person is unable to pay for needed services because of poverty or employment. Sheridan Memorial Hospital Association defines services as, non-elective, medically necessary services requiring care from one of Sheridan Memorial's medical providers. These services

include ambulance, emergent, outpatient, inpatient, clinical and ancillary care. This care will be available to each person admitted without charge or at a charge below reasonable cost, which does not exceed such person's ability to pay.

Patients are encouraged to apply for Financial Assistance within 30 days of receipt of an initial bill, after all insurances or other payers have paid. Sheridan Memorial will accept and process an application for financial assistance for 240 days after the date of service. Patient's qualifying for Financial Assistance do not qualify for Credit Care discount. Financial Assistance awarded to employees will be adjusted after their 20% employee discount is applied.

## **ELIGIBILITY CRITERIA:**

1. Determination of eligibility of a patient for Financial Assistance shall be applied regardless of the source of referral and without discrimination as to race, color, creed, national origin, age, handicap status, health care condition or marital status.
2. Only charges not covered by a third party payment source shall be considered for financial assistance discount.  
This includes but is not limited to:
  - a. Group or individual medical insurance plans
  - b. Employee benefit plans
  - c. Workers Compensation plans
  - d. Medicaid, State, or County Medical programs
  - e. Other state, federal, or military programs
  - f. Third party liability situations (e.g. auto accidents or personal injury claims)
  - g. Any other persons or entities that may have a legal responsibility to pay for the medical service.
  - h. Crime victims eligible for financial assistance
  - i. Medical care cost covered by government programs of other countries
3. Only charges billed by Sheridan Memorial Hospital Association will qualify for assistance to include Sheridan Memorial provider charges.
4. Patients eligible for financial assistance will be comprised of those deemed to be under financial hardships, considering income and household size. Such consideration will include a review of gross income as calculated for the twelve (12) month period and household size.
5. Assistance will be determined based on "household" information. A household is comprised of head of household, legal guardian, spouse and/or common law partner, step-parent, as well as any dependent children. A "live-in" boyfriend or girlfriend's income will not be counted towards the patient's application UNLESS a child is shared among the two. In this case they will be considered as a member of the "household" and their income information will be requested. All other "live-in" will not be considered as part of the "household".
6. Excluded household incomes are incomes made by children up to age 18 who attend school (K-12) and children age 19 to 23 who attend school (college, vo-tech, trade etc.).

7. Any special hardships or unusual circumstances, including catastrophic hospitalization costs, will be considered and constitute justification for extending assistance to patients not meeting the additional criteria.
8. Assistance is not allowed for the following:
  - a. Medicaid Spend Downs
  - b. Any elective procedures to include but not limited to Med Spa, Weight Management, non-Emergent ERs, DME supplies purchased without a providers script.
9. A sliding fee schedule shall be used to determine the amount, which may be written off for patients with incomes between 100% and 400% of the current federal poverty guidelines. This schedule is updated annually according to the federal poverty guidelines. If guidelines change while assistance is being determined the schedule that was in place during date of service will be used.
10. Individuals may apply for Financial Assistance on behalf of:
  - a. A natural, step or adoptive child who resides in the household and is claimed as a dependent on their income taxes
  - b. A child for whom the individual has legal guardianship of
  - c. Him or Herself

## **PROCESS FOR ELIGIBILITY DETERMINATION:**

1. During patient registration process, the admission clerk will issue a Conditions of Admission form that explains the availability of financial assistance. In addition posters of payment/ financial assistance options will be posted throughout the facility and a reminder about financial assistance will be printed on every statement mailed to the patient.
2. After Financial Assistance is issued the patient has another 30 days to return an application and all requested information to Sheridan Memorial's Financial Assistance Representative. Until the completed application is received the patient is responsible to Sheridan Memorial Business Office and the regular payment agreement.
3. The patient is responsible for their bill in its entirety until financial assistance eligibility is determined.
4. If the facility becomes aware of information, which might qualify the patient for financial assistance under this policy, the facility will advise the patient of their potential eligibility.
5. Financial Assistance Program forms, instructions and written applications shall be furnished to patients when financial assistance is requested, when need is indicated, or when financial screening indicates potential need. Applications, whether indicated by the patient or the facility should be accompanied by documentation to verify income amounts included on the application form. Legible and accurate photocopies of the following types of documentation may be acceptable for verifying income:
  - a. Payroll check stubs or other monthly income sources for the last three (3) months. This means 3 months back from the date you apply for assistance.
  - b. W-2 withholding statements for all employment during relevant period.

- c. Employer signed and dated statement of income.
  - d. If Self-employed, a copy of your most recent Income Statement.
  - e. Notice of unemployment or workers compensation benefits, SSI or SSDI if applicable.
  - f. Copy of most recent completed IRS tax forms.
  - g. Written statement explaining hardship and/or need.
  - h. Any other data requested which may be necessary to determine eligibility.
6. Patients (or their legal guardians) requesting financial assistance must sign the authorization agreement on the application. This allows SMHA to make inquiries from employers, banks, credit bureaus, and other institutions for the purpose of verifying information and to determine eligibility for financial assistance.
7. If SMHA determines that any documentation or information submitted is untrue or falsified, the application will be denied. SMHA will not reconsider an application if SMHA determines that the application has intentionally misrepresented material information related to eligibility criteria or documentation.
8. Following receipt of an application and all required documentation, the application will be reviewed and denied or approved according to the criteria in this policy and the Sliding Fee Schedule.
9. If additional information is needed to make a determination a letter will be sent to the patient requesting that information. A written statement or requested information must be received within 14 days of the date of the letter. If information is not received the application will be denied for financial assistance.
10. Denials will be noticed in writing and include instructions for appeal and reconsideration as follows:
  - a. The patient or guarantor may appeal the determination of non-eligibility for Financial Assistance by providing additional verification of income or family size within fourteen 14 days of date on the denial letter. The Financial Assistance Representative will review all appeals with the Director of Revenue Cycle. If this determination affirms the previous denial, written notification will be sent to the patient/guarantor.
11. The financial obligations which remain after the application of the financial assistance discount may be payable in monthly installments over a reasonable period of time, and is consistent with the established monthly payment plan guidelines.
12. Those who qualify for financial assistance may also apply for the Credit Care Program; however the discount for applying for that program will not be applied.
13. If patient is approved for financial assistance that same approved percentage *may* be applied for any bills incurred within the next 3 months/90 days without the patient having to complete a new application. The 90 days begins from date the initial application was approved. This financial assistance adjustment will be provided only to qualifying bills *only* if patient requests financial assistance within the 90 day period.
14. All information relating to the application will be kept confidential. Copies of documents that

support the application will be kept with the application form.

15. Documents pertaining to Financial Assistance Program will be retained for three (3) years.

## COMMUNICATION OF PROGRAM TO PUBLIC:

Notifications about Sheridan Memorial Hospital Association's Financial Assistance program shall include a contact number, shall be distributed by various means, which may include, but are not limited to, the publication of notices in patient bills and posting notices in emergency rooms, admitting and registration departments. Information shall also be included on the facility websites and in the Conditions of Admission form. Such information shall be provided in the primary languages spoken by the population serviced by SMHA. Referral of patients for financial assistance may be made by any member of the SMHA staff or medical staff, including physicians, nurses, financial workers, social workers, etc. A request for financial assistance may be made by the patient or a family member, close friend, or associate for the patient, subject to applicable privacy laws.

## APPROVAL/DENIAL NOTIFICATION:

SMHA 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 the receipt of a completed application. The notification will include a determination of the amount for which the patient and/or responsible party will be financially responsible. Denials will be written and include instructions for appeal or reconsideration.

Sheridan Memorial provides assistance with the application process. SMHA will provide personnel to assist patients/legal guardians in understanding the criteria for eligibility and how to fill out the application. Patient may contact the Financial Assistance Representative at 406-765-3700 or at 440 West Laurel Avenue, Plentywood, Montana.

## All Revision Dates

12/28/2022, 8/2/2018, 1/4/2018, 11/1/2016

## Approval Signatures

Step Description	Approver	Date
Adopted by the Board of Directors	Kathy Tangedal: RN/CNO/ Director of Quality	12/28/2022
Patient Care Policy Committee	Kathy Tangedal: RN/CNO/ Director of Quality	12/28/2022
	Kody Nelson: CEO	12/21/2022

Connie Anderson: Executive  
Director, Sheridan Health Care  
Foundatio

12/12/2022

COPY