Policies & Procedures Financial Assistance Policy (FAP)	Department **Finance**
	Number
	Date of Prior Issue 5/19/11, 5/24/11, 4/23/13, 11/25/14, 4/26/16, 1/23/18, 1/23/24, 4/2/25
	Effective Date **2-6-2026**

PURPOSE

Roosevelt Medical Center (RMC) is committed to providing access to emergency and medically necessary affordable healthcare services to all patients regardless of their ability to pay. RMC intends, with this policy, to establish a process for use in circumstances in which Financial Assistance, compliant with all federal, state and local laws, shall be offered to those receiving services who have an inability to pay. The policy addresses:

- Patient Notification of Financial Assistance.
- Financial Assistance Eligibility Criteria.
- Instructions for Applying for Financial Assistance.
- Determination and Patient Notification.
- The method of calculating amounts charged to individuals who qualify for assistance under this policy.
- Measures to widely publicize the policy.

SCOPE

This policy applies to all emergency and medically necessary inpatient and outpatient services provided to patients who qualify for assistance in accordance with the terms and conditions listed in this policy. A determination of qualification of Financial Assistance will cover services provided by RMC on an inpatient and outpatient basis. For these purposes, the policy also covers the rendering of professional services by physicians and other providers employed or contracted by RMC, as listed on the "Providers Providing Care at RMC Covered by this Policy" document. Any other physician or provider of care at RMC are not subject to this policy and each patient will be responsible for satisfaction or resolution of any bills issued by such physicians or providers for their professional services.

RMC will provide health care services to individuals that are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether such patients may qualify for Financial Assistance under this policy.

RMC will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

Any services that are deemed as not Medically Necessary are not eligible for Financial Assistance.

DEFINITIONS

Medically Necessary Health Care Services: Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Medicare. Medically necessary services do not include but are not limited to: (i) non-medical services such as social and vocational services; (ii) elective cosmetic surgeries (for these purposes, plastic surgery procedures designed to correct disfigurement caused by injury, illness, or congenital defect or deformity are not considered "elective"); or (iii) Long Term Care.

Amounts Generally Billed (AGB): The amounts generally billed for emergency or Medically Necessary Health Care Services provided to patients who have insurance. AGB will be determined annually by using a 12-month measurement

period utilizing the look back method.

Eligibility Period: The period during which RMC will accept and process Financial Assistance applications. This period will be from the date of service until 240 days after RMC provides the patient with the first billing statement for the care provided.

Extraordinary Collection Actions: Those actions that RMC may take in the event of non-payment following the expiration of the notification period. These may include referral to an external collection agency, the reporting of adverse information about the individual to consumer credit reporting agencies or credit bureaus, garnishment of an individual's wages, and/or commencement of a legal civil action against an individual.

Financial Assistance: Either full or partial reduction in charges to patients for emergency or Medically Necessary Health Care Services, in the case of patients who have qualified for Financial Assistance, Medically Indigent, or are Presumptively Eligible as those terms are defined in this policy. Financial Assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, deductibles, or both.

Medically Indigent: A Patient who's medical or hospital bills after payment by a third-party payer exceed 50% of the patient's annual family income, and who is financially unable to pay the remaining bill. 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.

Notification Period: The period of time during which RMC will make every reasonable effort to inform the patient of the availability of financial assistance under this policy prior to initiating extraordinary collection actions. This period shall be from the date of service until 120 days after RMC provides the patient with the first billing statement for the care provided.

Patient(s): The person who RMC provides services and/or the person who is legally responsible for payment for such services.

Presumptively Eligible: A patient who has not submitted a completed Application for Financial Assistance, but who nonetheless is subject to one or more of the following criteria:

- Homeless
- Deceased with no estate.
- Mentally incapacitated with no one to act on his or her behalf.
- Medicaid eligible, but not on the date of service or for non-covered services
- Incarceration in a penal institution

RMC's business office staff or CFO will routinely review the foregoing criteria with patients, before asking patients to complete the Application for Financial Assistance. RMC may also utilize other software programs or automated systems to determine presumptive eligibility.
Patients who meet any of the foregoing criteria for presumptive eligibility will be deemed to be eligible for a 100% discount and will not be asked or required to submit an Application for Financial Assistance.

POLICY

Patient Notification: RMC will make all reasonable efforts to notify a patient regarding the availability of Financial Assistance under this policy by:

1. Attempting to determine whether a patient has third-party coverage for any part of the emergency or Medically Necessary Health Care service provided.
    a. If a patient does not have or qualify for third-party funding the Business Office Staff will explain the Financial Assistance Policy, provide an Application for Financial Assistance, and provide assistance with completing the Application, if desired.
2. Offering the Patient a plain language summary of the Financial Assistance available under this policy at the time of

admission or before discharge from RMC.

3. Providing the information during the Notification Period about the availability of Financial Assistance on at least three (3) billing statements and in all other written communications in reference to financial records to the patient.
4. Informing patients during the Notification Period about the availability of Financial Assistance during oral communications regarding the amount due for the care that occurred.
5. Providing the patient with at least one written notice informing the patient about the Extraordinary Collection Actions that RMC may take if the patient does not submit an Application for Financial Assistance or pay the amount due by at least thirty days following the date of the notice. The notice will not be mailed or delivered to a patient earlier than 30 days prior to the end of the Notification Period; and
6. RMC will not engage in any Extraordinary Collection Actions against a patient until such time as it determines the patient's eligibility for Financial Assistance under this policy during the 120-day Notification Period and has provided the patient with the notice as described above.

Patient Eligibility Criteria: Financial Assistance will be given for emergency or Medically Necessary Health Care services to patients who qualify based on information provided via the Application for Financial Assistance or to patients who have been determined to be Presumptively Eligible. In addition, Financial Assistance may be provided in other circumstances on a case-by-case basis as determined by RMC Business Office.

The CFO will oversee the Financial Assistance application process. Financial Assistance under this policy is a resource of last resort and is provided to patients with a demonstrated inability to pay. If a patient provides information that is inaccurate or misleading, the patient may be deemed ineligible for Financial Assistance and, accordingly, may be expected to pay their bill in full.

Patients desiring consideration under the RMC Financial Assistance Policy must apply for Financial Assistance and are required to complete RMC's Application for Financial Assistance to the fullest extent possible by disclosing the required financial information.

1. Exceptions:
    a. If a patient has been previously approved for Financial Assistance under this policy, they shall be deemed eligible for twelve (12) months following the date of service for which the application is submitted. Patients must re-apply for Financial Assistance every twelve (12) months, except as otherwise determined.
    b. If a patient has been determined to be Presumptively Eligible for Financial Assistance under this policy.
2. Application for Financial Assistance can be obtained from the following locations:
    a. www.rooseveltmedical.org:
    b. by e-mail request to information@roosmem.org:
    c. or in person at Roosevelt Medical Center 818 2nd AveE Culbertson, MT in the Business Office, Financial Services office or emergency department
3. Patients needing assistance for completing the Application for Financial Assistance should contact RMC Business office or CFO at:
    a. 406-787-6401.
    b. by-mail toinformation@roosmem.org:
    c. or in person at Roosevelt Medical Center.
4. Patients seeking Financial Assistance under this policy may be required to apply and may request assistance in applying for Medicaid or other government programs prior to submitting an Application for Financial Assistance.
5. Completed applications for Financial Assistance must be returned during the Eligibility Period in any of the following ways:
    a. In person at Financial Services Roosevelt Medical Center 818 2nd Ave. East Culbertson, MT
    b. In person at the Business Office Roosevelt Medical Center 818 2nd Ave. East Culbertson, MT; or
    c. by mail to Roosevelt Medical Center, ATTN: CFO PO Box419 Culbertson ,MT 59218; or
    d. by FAX to ATTN: CFO at (406) 787-6501.

Patient Application Process:

1. **Completed Applications:** In the event that RMC receives a completed Application for Financial Assistance during the Eligibility Period, RMC will suspend any Extraordinary Collection Actions that may be in effect for no more than 30 days. The application must be complete and be accompanied by the following types of documentation:
    a. IRS tax return and W-2 forms from the previous year or other documentation to be used to identify an applicant's income.
    b. Payroll check stubs for the last 3 months.
    c. Failure to provide this information may result in the denial of Financial Assistance under this policy.
    d. RMC may not deny a patient assistance under this policy for the failure to provide information that was not required to be submitted in either this policy or the Application for Financial Assistance.
2. **Incomplete Applications:** In the event that RMC receives an incomplete Application for Financial Assistance during the Eligibility Period, RMC will suspend any Extraordinary Collection Actions that may be in effect, while the following takes place for no more than 30 days:
    a. Provide the patient with a written notice that:
        i. describes the additional information required to make a determination of eligibility and a plain language summary of this policy.
        ii. informs the patient about the Extraordinary Collection Actions that RMC may initiate or resume if the Application for Financial Assistance is not completed; and
        iii. allows the patient 30 days to respond to the written notice.
    b. If after the written notice as provided above, the patient fails to complete the Application for Financial Assistance within 30 days, RMC may initiate or resume Extraordinary Collection Actions.

Patient Notification of Determination: The patient shall be notified of the determination within thirty (30) working days of receipt of the completed application and RMC will suspend any Extraordinary Collection Actions for at least 30 days. The notification will include the following:

1. If approved for Financial Assistance under the provision of this policy:
    a. Discount gross charges to the AGB as described in the "Method of Charging" section of this policy.
        i. Financial Assistance discounts will then be applied to the AGB in accordance with the Discount of AGB Charges Schedule described in the "Discounts" section of this policy.
    b. Provide patient with a billing statement that indicates the amount patient owes, if they are not eligible for free care.
    c. Refund any excess payments made by the individual beyond the AGB on eligible accounts, if necessary and
    d. Take all reasonably available measures to reverse any Extraordinary Collection Actions that occurred.

2. If not approved for Financial Assistance under the provision of this policy:
    a. Provide the patient with instructions on how to set up a payment plan and deadline to avoid RMC from initiating any Extraordinary Collection Actions.
    b. Provide the patient with a written notice of the Extraordinary Collection Actions RMC may take or resume in the event of non-payment of the amount(s) owing and
    c. Include instructions for appeal or reconsideration.

Method of Charging: If a patient is determined to qualify for Financial Assistance under this policy, the patient's billed charges will be no more than the same Amounts Generally Billed (AGB) for emergency or other Medically Necessary Health Care Services as patients who have insurance coverage.

RMC will determine the AGB by using the Internal Revenue Services prescribed "look back method" by multiplying full charges for medically necessary care provided to an eligible patient by the AGB percentage.

The AGB percentage is calculated annually as follows:

- Sum of all allowed (including payment from beneficiaries and insurers) by Medicare, Medicaid, and private payers during a prior 12-month period divided by the sum of gross charges for those claims.
- The AGB percentage for a 12-month period will be applied no later than 120 days following the end of the 12-month measurement period.

If you wish to obtain information on RMC's AGB percentage and how the percentage is calculated, you may

- Visit our Corporate website: www.rooseveltmedical.org
- Contact: Chief Financial Officer at (406) 787-6401

Financial Assistance Discounts:

1. **Federal Poverty Guidelines Discount:**
    a. The Patient's annual household income is compared to the most current published "Annual Update of the HHS Poverty Guidelines" that are in effect. RMC's AGB charges for inpatient and outpatient services will be discounted by the following percentages in relation to poverty guidelines:

Financial Assistance Guidelines	
Income Level (of FPL)	Discount of AGB Charges
100%	100%
101%-150%	75%
151%-199%	50%
200%	25%
>200%	00%

2. **Medically Indigent Discount:**
    a. Available to patients who have a large balance remaining after all third-party payments have been taken into account. The balance under consideration is that amount which is deemed to be the patient's financial responsibility. If the patient's financial responsibility is greater than 50% of the family's gross annual household income and the patient is otherwise unable to pay, the excess amount will be treated as Catastrophic Financial Assistance discount and written off of the patient's account.
    b. This Financial Assistance is available to patients without respect to Federal Poverty Guidelines, but they must follow the same process as all other patients seeking Financial Assistance based upon Federal Poverty Guidelines.

Nothing in this policy shall prevent RMC from offering reduced or more favorable Financial Assistance based upon the circumstances. All decisions regarding the interpretation and application of Financial Assistance offered under this policy are the sole discretion of RMC and are subject to review by the Financial Assistance Committee to ensure compliance.

Appealing A Financial Assistance Determination: The patient may appeal a denial of eligibility for Financial Assistance by providing additional verification of income or family size to the CFO within 30 calendar days of receipt of notification. The Financial Assistance Committee will review all appeals for final determination. Written notification of the final determination will be sent to the patient.

Community Notification:

1. This policy, Application for Financial Assistance form, a plain language summary of the policy, and any notices or

publications regarding the policy will be made available on RMC's website English and in any other language spoken by the lesser of 1,000 or 5% of the residents of the community served by the RMC as determined using the most current data published by the Census Bureau.

2. This policy, Application for Financial Assistance form and plain language summary shall be available upon request, without charge at Roosevelt Medical Center Business Office, the Financial Services Office, Emergency Department and by mail.
3. A plain language summary shall be conspicuously displayed in RMC patient waiting areas and in the Emergency Department, in a manner that attracts a visitor's attention.
4. A plain language summary of this policy will be offered to all patients upon admission or discharge at RMC.
5. RMC will publish the plain language summary of the policy in the Healthy Neighbors newsletter on at least an annual basis and may publicize the policy using other media at the option of RMC administration.

Providers at Roosevelt Medical Center Covered by Financial Assistance Policy

Roosevelt Medical Center- Critical Access Hospital (CAH)
Roosevelt Medical Center - Rural Health Clinic (RHC)

Other provider and services are not subject to the Financial Assistance Policy including but not limited to: Long Term Care, St. Vincents Mammography and Tele Health Providers.

Roosevelt Medical Center
Amounts Generally Billed (AGB) Information Sheet

AGB Percentage:

Roosevelt Medical Center's AGB percentage is 95.13% of gross charges for inpatient and outpatient services.

This percentage is based on all claims allowed for Roosevelt Medical Center's emergency and other medically necessary inpatient and outpatient services by Medicare, Medicaid, and private payers over a 12-month period divided by the associated gross charges for those claims.

Look Back Period:

The 12-month look-back period measurement period currently in effect is:

January 1, 2025 - December 31, 2025

This AGB will be applied starting January 1, 2026 and continuing until December 31, 2026.