

Department: Business Office	Page
Subject: Financial Assistance	Policy #:
	CoP Tag#:
Orig. Effective Date:	Review/Revised Date:
Owner:	
Affected Dept:	Approval:
Replaces:	

POLICY:

A financial assistance program is available to help ease financial burden for those who qualify based on family size and income.

PROCEDURE:

The following steps need to be taken to apply for this assistance:

1. All other payment sources must be exhausted, including insurances and Medicaid.
2. The patient must request applications from the business office or registration. Patients must complete separate applications for the Ruby Valley Medical Center and the Rural Health Clinics but a single set of income verification documents will suffice for both applications.
3. The completed application should be submitted accompanied by proof of income.
4. The financial assistance committee then has 30 days to review the application, make a determination and respond to the patient in writing. A patient will qualify for 0-100% discount on their bill, depending on family size and income. The discounts are based on the federal poverty guidelines for the current year. (See sample of scale below.)
5. If the patient has a balance remaining, a payment plan will be set up at this time, using guidelines for private pay patients.
6. The financial assistance will be in effect for all non-elective type charges for 6 months after the determination is made.
7. All information relating to the application for financial assistance will be kept confidential.

A copy of the financial assistance program is given below.

Patient Financial Assistance Application
Ruby Valley Medical Center and Rural Health Clinic

Ruby Valley Medical Center and Rural Health Clinic provides, within the limits of its resources primary, secondary and long term care regardless of race, religion, age sex, or ability to pay.

Financial assistance is available based upon ability to pay.

Ability to pay is determined based on published Federal Poverty Guidelines (FPG). For individual or families with income at or below the FPG, 100% discount may be available. Discounts up to 25% are available for individuals and families with income up to 199% of the FPG level. A 10% prompt payment discount on service not paid by Medicare and other third-party insurance coverage is available to everyone with income in excess of 200% of the FPG. FPG guidelines are updated in February of each year. Individuals eligible for financial assistance will not be charged more than the amounts generally billed for emergency or other medically-necessary care.

Financial assistance from The Ruby Valley Medical Center is applied after consideration of all other potential third party sources, including Medicaid. If an applicant appears to be eligible for Medicaid, the Medicaid expansion or other governmental assistance, the applicant may be required to submit an application to those programs for assistance. If other assistance is denied, then the patient's financial assistance application will be reviewed for eligibility by management. A written denial from that agency will qualify as additional support for The Ruby Valley Medical Center providing financial assistance coverage.

Qualification for financial assistance from The Ruby Valley Medical Center is determined from an application completed by the patient or responsible guarantor. A completed application with required documentation will be promptly reviewed by the Assistance Committee of The Ruby Valley Medical Center. Applicants will be notified in writing or by phone if they are eligible within 31 days after their application is submitted. The notification will include what percentage of their account will be credited. While your case is pending review, you should continue to make monthly payments on your accounts. Any special considerations will be taken into account on a case by case basis.

The providers covered by the financial assistance program and available for emergency and medically-necessary care include:

Dr. Roman Hendrickson	Jamy Kraai, MPT
Dr. Molly Biehl	Jessi Kleinsasser, DPT
Chris Hartsfield, APRN, FNP-BC	Kristin Tezak, DPT
Paula Christensen, APRN, FNP-BC	Jana Butler, PT
Scott Rigdon, CRNA	Kathryn Hatch, PT

The following services are not subject to financial assistance:

- Professional fees or services charged by providers that are not billed by The Ruby Valley Medical Center.
- Radiology professional fee. This is the fee paid for the interpretation of diagnostic radiology images.

Notifications for the financial assistance program are on display in the emergency room area, registration, in-patient rooms and on the website at www.rvmc.org.

To determine if you might qualify for financial assistance, please refer to The Ruby Valley Medical Center assistance qualification matrix (below). Find your family size in the first column and your annual family income in that row. The discount you may be eligible for is found at the top of the column in which your annual income is found. For example, a family of four with an annual income of \$42,000 could qualify for a 50% discount on their portion of the qualify service charges at The Ruby Valley Medical Center.

Copies of the Financial Assistance Policy, the Financial Assistance Application and the Financial Assistance Plain Language information sheet are available from at the Ruby Valley Medical Center's registration desk and the business office located at 321 Madison Street, Sheridan, Montana, 59749, the Twin Bridge Clinic located at 104 S. Madison Street, Twin Bridges, Montana, 59754 and the Patient Resources page of the Ruby Valley Medical Center's website at <https://www.rvmc.org/patient-resources>. All documents are only available in English.

To apply for financial assistance, please complete the Financial Assistance Application and include the appropriate proof of income documentation. If you need help in completing the application process, a member of our Business Office Staff will be glad to assist you. Your completed application can be accepted by any member of the Business Office Staff located at 321 Madison Street, Sheridan, Montana, 59749 or mailed to Ruby Valley Medical Center, Business Office, P.O. Box 336, Sheridan, Montana, 59749.

All approved applications are subject to update and review every six months.

Please include the following applicable documentation with your application:

- Copy of your most recent filed federal income tax return
- Current year to date pay records or written verification of wages from your employer
- Social Security Income, including SSI payments for dependents
- Child support payments received for the current year
- Bank statements for the last 3 months (savings, checking, brokerage, etc.)
- Evidence of any unemployment or worker's compensation payments received in current year
- Written verification from public assistance approving or denying assistance.

Account balances not covered by insurance or financial assistance are due within 30 days of the date of service or 30 days after receiving the first billing statement. For balances over \$75, you can request a monthly payment plan but it is your responsibility to initiate this arrangement. If no payment is received within 30 days, your account will be sent to a third party vendor with the objective of setting up a payment plan. If no payment is received or you fail to comply with the terms of the payment plan for ninety days, your account will be forwarded to a collection agency to obtain payment.

Any questions regarding the Ruby Valley Medical Center Financial Assistance Program may be directed to the Business Office Staff at 406-842-5453.

You must fall within the poverty income guidelines established by the federal government as shown below. *For example: a four-person family with an income of \$42,000 could qualify for 50% assistance.*

2021 Federal Poverty Guidelines					
Family Size	100%	50%	25%	0%	
Income	1	\$19,320	\$22,540	\$25,759	\$25,760
	2	\$26,130	\$30,485	\$34,839	\$34,840
	3	\$32,940	\$38,430	\$43,919	\$43,920
	4	\$39,750	\$46,375	\$52,999	\$53,000
	5	\$46,560	\$54,320	\$62,079	\$62,080
	6	\$53,370	\$62,265	\$71,159	\$71,160
	7	\$60,180	\$70,210	\$80,239	\$80,240
	8	\$66,990	\$78,155	\$89,319	\$89,320
For each additional family member add	\$6,810	\$7,945	\$9,080		
%FPG	150%	151% to 175%	176% to 199%	Above 199%	