



FINANCIAL ASSISTANCE POLICY

Shodair Children's Hospital is committed to providing care to the community, regardless of payment source. Providing financial assistance to families in need, via our ShoCare program, fits with our mission to Help, Heal and Inspire Hope.

PURPOSE

This policy clearly defines the criteria for qualifying for and obtaining financial assistance (ShoCare) for all levels of care offered at Shodair, and is intended to be a fair and consistent method of review.

SCOPE

All Medically Necessary Care provided by Shodair or its employees is included under this policy. This includes all rendering providers that practice here. Financial Assistance is only available after all other reimbursement options- including insurance, Medical Assistance, and other third-party liability claims, have been exhausted.

DEFINITIONS

Applicant- Adult patient, parent or other individual responsible for the balances on a patient's account who applies for financial assistance under this policy.

Medically Necessary Care- Healthcare Services that a prudent physician would provide to prevent, diagnose, or treat an illness, injury, disease, or its symptoms in a manner that is: (i) in accordance with generally accepted standards of practice; (ii) clinically appropriate; and (iii) not primarily for the convenience of the patient, family, or insurance company.

Required Documentation- Information needed to determine eligibility for ShoCare, which often includes, but is not limited to: pay stubs, bank statements, tax returns and/or W2's, and outstanding medical bills. Each family situation is unique, thus the required documentation will vary.

Self-Pay Balance- The amount owed after services are rendered and all payment options are exhausted.

ELIGIBILITY CRITERIA

To be considered eligible for Financial Assistance, an applicant must meet the following criteria:

1. The patient/family must cooperate fully with the application process.
2. The applicant/patient is either uninsured, or has a self-pay balance they are unable to pay.
3. The applicant must show evidence of application for Medical Assistance if there is a possibility of approval. If already insured, proof of financial hardship paying for deductibles/copays related to care received at Shodair.
4. The applicant must provide all required documentation in a timely manner.
5. The income limit for financial assistance consideration is 500% of the Federal Poverty Level for that year.
6. Patients who are eligible for any Medicaid and/or CHIP (Healthy Montana Kids) plan can be approved by the CFO without the full application process upon Business Office or Utilization Review staff member request.



Basis for Calculating the Amounts Charged to Patients

The amount that a patient is expected to pay and the amount of financial assistance offered depends on the patient's insurance coverage and income as set forth in the eligibility section of this Policy. The Federal Income Poverty Guidelines will be used in determining the amount of the write off and the amount charged to patients, if any, after an adjustment.

APPLICATION PROCESS

1. Complete an application and submit to the business office along with the required documentation.
2. The Financial Assistance application will be pended until a Medicaid determination is made, if there is a reasonable expectation of eligibility. If the family is ineligible for Medical Assistance, a review of available resources will determine the amount of assistance.
3. If the patient/family is approved for Medicaid, Shodair will bill Medicaid for services rendered. If the Medicaid application is denied (**excluding** denials for lack of sufficient information), the Federal Poverty Level guidelines listed below will be used to determine the level of assistance applied to the self-pay balance, once financial assistance eligibility is approved.

FEDERAL POVERTY LEVEL 2019	FAMILY SIZE	100% DISCOUNT MAX INCOME	60% MAX INCOME	40% MAX INCOME	20% MAX INCOME	INCOME MAX
\$12,490	1	\$24,980	\$37,470	\$49,960	\$62,449	\$62,450
\$16,910	2	\$33,820	\$50,730	\$67,640	\$84,549	\$84,550
\$21,330	3	\$42,660	\$63,990	\$85,320	\$106,649	\$106,650
\$25,750	4	\$51,500	\$77,250	\$103,000	\$128,749	\$128,750
\$30,170	5	\$60,340	\$90,510	\$120,680	\$151,849	\$150,850
\$34,590	6	\$69,180	\$103,770	\$138,360	\$172,949	\$172,950
\$39,010	7	\$78,020	\$117,030	\$156,040	\$195,049	\$195,050
\$43,430	8	\$86,860	\$130,290	\$173,720	\$216,149	\$217,150

4. Approved applications will remain active for a period of 90 days after the initial determination is made. Services received during this time will qualify for approved discounts.
5. Balances remaining after Financial Assistance is applied will go through our regular collections process.