

## **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 provide all required documentation in a timely manner.
4. The income limit for financial assistance consideration is 500% of the Federal Poverty Level for that year.
5. 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 staff member request.
6. Any Shodair Children's Hospital medical provider, business office staff, department director, or utilization review staff may request a review for assistance based on the

patient's care situation and not just on their financial need. These requests will be reviewed by the Business Office Manager and/or CFO on a case-by-case basis.

7. To prevent unexpected medical billing, any balances that have not been billed to the family 6 months after date of discharge and/or insurance payment will be processed as ShoCare.

### **APPLICATION PROCESS**

1. Complete an application and submit to the business office along with the required documentation.
2. 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.
4. Approved applications will remain active for a period of 365 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.