



Community Caring Program Policy

It is the policy of the Linton Regional Medical Center to provide medically necessary healthcare to all patients, without regard to the patient's financial ability to pay, at each facility that is required by state to be licensed, registered, or similarly recognized as a hospital. The Linton Regional Medical Center prohibits engaging in any action that discourages individuals from seeking emergency medical care.

The Linton Regional Medical Center (LRMC) community caring program policy applies to all of LRMC's facilities, including any outpatient clinics. This includes, but is not limited to, the Linton Hospital, Campbell County Clinic, Hazelton Clinic, and the Linton Clinic. LRMC's community caring program policy applies to the entirety of the emergency department and critical access hospital (CAH). LRMC's community caring program does not exclude patients with Medicare, Medicaid, or any other private insurance.

Purpose

As a healthcare provider and tax-exempt organization, the Linton Regional Medical Center is called to meet the needs of patients, regardless of their financial abilities to pay for services provided.

In addition, the Linton Regional Medical Center is designated as a charitable (i.e., tax-exempt) organization under Internal Revenue Code (IRC) Section 501(c)(3). Pursuant to IRC Section 501(r), in order to remain tax-exempt, each tax-exempt hospital is required to adopt and widely publicize its financial assistance policy.

The purpose of this policy is to outline the circumstances under which the Linton Regional Medical Center will provide free or discounted care to patients who are unable to pay for services and to address how the Linton Regional Medical Center calculates amounts charged to patients. A financial assistance eligible patient cannot be charged more than the amount generally billed to an individual with insurance coverage.

Definitions

Medical Necessity is defined as any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative, or less costly course of treatment available.

Medically Indigent Patients are those whose health insurance coverage, if any, does not provide full coverage for all the medical expenses, in relationship to their income, and would make them indigent if they were forced to pay fully for their medical care.

Eligibility Criteria

After an assessment of medical necessity and financial ability, the Linton Regional Medical Center may provide free or discounted care to patients who qualify for financial assistance under this policy. Approved applications are valid for one (1) year, at which point a new application by the patient would need to be approved for continued eligibility. The Linton Regional Medical Center will follow standard procedures in determining eligibility for financial assistance and in collecting on delinquent patient accounts based on income and family size only. The Census Bureau definitions of each:



- A. **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
- B. **Income** includes earnings, unemployment compensation, workers' compensation, social security, supplemental security income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) **do not** count.

Provider List

All the Linton Regional Medical Center's Physicians and Providers provide emergency or other medically necessary care in our facility and are covered by our Community Caring Program.

Medical Necessity

A. Emergency Medical Treatment and Active Labor Act (EMTALA)

Any patient seeking urgent or emergent care [within the meaning of section 1867 of the Social Security Act (42 U.S.C. 13955dd)] at Linton Regional Medical Center shall be treated without discrimination and without regard to a patient's ability to pay for care. The Linton Regional Medical Center shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment, and transfer requirements under the federal EMTALA. The Linton Regional Medical Center should consult and be guided by their emergency services policy, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the processes to be followed with respect to each.

B. Other Medically Necessary Services

In addition to services provided pursuant to EMTALA, the Linton Regional Medical Center will extend free or discounted care to eligible individuals for all other medically necessary services.

Financial Ability

A. Discounts

Financial assistance for medically necessary services is available on a sliding scale of up to 100% of charges, and up to a full waiver of co-payments after third-party insurance proceeds based on indigence. Discounts apply through 200% of the Federal Poverty Guideline.

B. Nominal Fee

Patients will not be required a nominal fee.

C. Medical Indigence



Patients may also be extended a discount based upon medical indigence. A determination as to a patient's medical indigence takes into consideration significant and/or catastrophic medical bills not covered by insurance, in addition to the patient's income level and liquid assets. For example, a patient suffering from a catastrophic illness may have a reasonable level of income, but a low level of liquid assets that the payment of the medical bills would be seriously detrimental to the patient's basic financial (and ultimately physical) well-being and survival.

Such a patient may be extended discounted or free care, based upon the facts and circumstances.

Linton Regional Medical Center's Community Caring Program Committee has discretion as to whether to extend a discount related to patient accounts that do not clearly qualify under the basic financial ability criteria (i.e., those to be considered for financial assistance on the basis of medical indigence). Extension of financial assistance based on medical indigence will be based upon the committee's review of documents in addition to those evidencing income. Those documents may include, but are not limited to:

1. Letter from physician confirming medical necessity of services provided.
2. Copies of unpaid patient/guarantor medical bills.
3. Information related to patient/guarantor drug costs.
4. Evidence of multiple instances of high-dollar patient-guarantor co-pays, deductibles, etc.
5. Other evidence of high-dollar amounts related to health care costs.
6. Information concerning available insurance coverage.
7. Information concerning available liquid assets.

Hospital Facility Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.

Hospital Facility Methodology

An established financial assistance assessment methodology, applied consistently, shall be adopted by Linton Regional Medical Center. The methodology shall consider patient's household income and family size.

- A. Each facility shall utilize the Linton Regional Medical Center Community Caring Application form, adapting it by adding any additional requirements necessary to accommodate local programs and circumstances.
 1. See the Linton Regional Medical Center Community Caring Application Form.
 2. To allow the Linton Regional Medical Center to properly evaluate financial assistance eligibility, documents provided by patients to the Hospital shall be written in or translated into English.



Applying for Financial Assistance

- A. Upon registration, and after all EMTALA requirements are met, hospital patients without Medicare/Medicaid, other local health care financial assistance, or adequate health insurance shall receive either a packet of information that addresses the financial assistance policy and procedures or immediate financial counseling assistance from staff, including the presentation of the application for financial assistance (if requested).
- B. In general, patients requesting financial assistance will be required to complete the Linton Regional Medical Center Community Caring Application Form to establish eligibility. In certain situations, the financial assistance application process may be instituted by the facility. See the Linton Regional Medical Center Community Caring Application for specific documentation and verification requirements and procedures.
- C. All available financial income shall be evaluated before determining financial assistance eligibility. The Linton Regional Medical Center shall consider financial income not only of the patient, but also of other persons having legal responsibility to provide for the patient (e.g., the parent of a minor child or patient's spouse).
- D. Eligibility for discounts is based on income and family size and no other factor(s) (e.g., assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type).

Approved Financial Assistance

The Linton Regional Medical Center patients/guarantors will be notified when the hospital determines the amount of financial assistance they are eligible for. Patients/guarantors shall be advised that such eligibility does not include services provided by non-facility employees or other independent contractors (i.e., independent physicians, anesthesiologists, radiologists, pathologists, etc. depending on the circumstances). The patient/guarantor shall be informed that periodic verification of financial status shall be required in the event of future services.

Denied Financial Assistance

Linton Regional Medical Center patients/guarantors shall be informed in writing if financial assistance is denied and a brief explanation shall be given for the determination. All denials must be credible and determined with the highest integrity; the Linton Regional Medical Center needs to be comfortable with their reasons for determining that patients are not eligible for financial assistance.

Charges / Self-Pay Discount

Charges for medical care provided to uninsured patients will be limited to not more than the amounts generally billed to those individuals who have insurance.

Publicizing the Availability of Financial Assistance

- A. The Linton Regional Medical Center will clearly post signage in English to advise patients of the availability of financial assistance. Signs shall be posted in other languages in instances where 5% or more of the local population speaks a foreign language. Every effort will be made to ensure that, for



patients speaking languages other than those for which the charity guidelines are printed, the policies are clearly communicated.

- B. The Linton Regional Medical Center is required to maintain packets of information explaining that the Hospital provides care, without regard to ability to pay to individuals with limited financial resources and shall explain how patients can apply for financial assistance. In instances in which there are a significant number of patients not proficient in reading and writing, additional assistance shall be made available to complete necessary forms. The Linton Regional Medical Center will prepare informational notices in each of language that accounts for 5% or more of the population.
- C. The Linton Regional Medical Center will publish this policy to its website, along with a link to the Community Caring Program Application Form.

Application of Procedures

- A. Detailed procedures implementing this policy are set forth in Linton Regional Medical Centers billing procedures and may be amended from time to time by Management.
- B. The Linton Regional Medical Center billing team along with leadership are responsible for the implementation of this policy in accordance with the detailed procedures set forth in the Linton Regional Medical Center billing policy.
- C. Careful records shall be kept by the Linton Regional Medical Center of all community caring assistance transactions.
- D. The provision of hospital community caring assistance may now or in the future be subject to federal, state, or local law. Such law governs to the extent it imposes more stringent requirements than this policy.



Linton Regional Medical Center

Linton Regional Medical Center
PO Box 850 - 111 Elm Ave W
Linton, ND 58552
Phone: 701-254-4511
Fax: 701-254-0112
