



AN ASSOCIATION OF  
MONTANA HEALTH  
CARE PROVIDERS

## **MHA Billing, Collection, Financial Assistance & Charity Care Policy**

**(Applies to all MHA member hospitals.)**

- Financial Assistance for the Uninsured of Limited Means
  - MHA members are expected to provide financial assistance and counseling for uninsured people of limited means, without regard to race, ethnicity, gender, religion or national origin.
  - Financial assistance provided by organizations to uninsured people of limited means should in no way substitute for state efforts to provide or expand coverage to the uninsured.

State Medicaid programs should be required, at a minimum, to sustain a “maintenance of effort,” keeping programs’ eligibility at least at their current levels.

Further, state Medicaid programs also should be required to expand coverage to all individuals at or below the poverty level.

Until that time, **facilities should have policies to provide services to uninsured patients below 100 percent of the federal poverty level at no charge.**

Existing clinical and geographical criteria used by facilities to determine eligibility for certain services would apply. (E.g. certain typical eligibility criteria for admission to services – like the three-day stay for SNF, homebound status for home health, a terminal diagnosis for hospice – wouldn’t change.)

- MHA members are expected to provide **financial assistance to all uninsured patients between 100 and 200 percent of the federal poverty level.**
  - For these patients, facilities may provide discounts on a sliding scale that takes into consideration the patient’s income, other liquid assets and other special.
  - The discounts should be similar to those extended to public and private insurers.

Facilities may choose to provide greater assistance such as extended payment schedules, limiting charges to a percentage

*1720 Ninth Avenue PO Box 5119  
Helena, Montana 59604-5119  
406-442-1911 (phone) 406-443-3894  
(fax)*

- MHA members may offer financial assistance to uninsured patients with incomes **in excess of 200 percent of the federal poverty level at their discretion.**
- Financial assistance is contingent on the cooperation of a patient in providing the information necessary for a facility to qualify that patient for its programs of assistance or for public or other coverage or assistance that may be available. Patients receiving financial assistance from facilities shall have a responsibility to pay according to the terms of that policy.
- Cosmetic surgery and other non-medically necessary services are exempt.
- MHA members will make information about a facility's financial assistance policy easily available to the public.
- Facilities that have financial assistance policies that meet or exceed those above shall have immunity from related class action lawsuits.
- **Ensuring Fair Debt Collection Policies (Applies to all Members)**
  - If using outside debt collection organizations, MHA member organizations will obtain written assurances that the organization complies with the Fair Debt Collection Practices Act and the ACA International's Code of Ethics and Professional Responsibility.
  - MHA member organizations will have written policies as to when and under whose authority a patient account is advanced for collection. If a patient has completed a facility's application for financial assistance, that account should not be advanced for collection pending determination of eligibility.
  - MHA member organizations will have written policies as to when and under whose authority a lien can be placed on a patient's primary residence.