



Policy and Procedure Manual:
Benefis Hospitals, Inc.
Benefis Community Hospitals, Inc.
Benefis Medical Group

Policy Code #
Title: Benefis Health System Financial Assistance Policy

Effective Date: 3/1/2024
Revision Date: 3/1/2024
Supersedes: 02/2023

Approved by:

Benefis Health System Boards of Directors

2/22/2024
Date

Forrest Ehlinger, Exec VP – System Business Operations

2/15/2024
Date

Bruce Houlihan, Sr. VP - Chief Financial Officer

2/15/2024
Date

I. Purpose:

Benefis Health System, Inc. and its affiliates (collectively, “Benefis”) are not-for-profit, tax-exempt entities with a charitable mission of providing emergency and medically necessary health care services to residents of Benefis service area regardless of their financial status and ability to pay. The purpose of this Financial Assistance Policy is to ensure that processes and procedures exist for identifying and assisting Benefis patients whose care may be provided without charge or at a discount commensurate with their financial resources and ability to pay. This Policy applies to:

- A.** Each hospital facility owned or operated by a Benefis affiliate, including without limitation all Benefis Hospital locations in Great Falls, Montana, Benefis Teton Medical Center in Choteau, Montana, and Benefis Missouri River Medical Center in Fort Benton, Montana (in each case, the “Hospital”).
- B.** Healthcare services at non-hospital locations, including clinics (*i.e.*, the professional services provided by Benefis Medical Group physicians and other providers), ambulatory care sites, hospice, senior services, and urgent care locations.¹

¹ This policy does not apply to home health services and durable medical equipment offered by Benefis Community Care, Inc., which maintains a separate financial assistance program specific to its patient offerings.

- C. Certain pharmaceuticals offered through Benefis's specialty pharmacy program to its patients.

II. Overview:

- A. In furtherance of its charitable mission, Benefis will provide both (i) emergency treatment to any person requiring such care; and (ii) medically necessary health care services to patients who are permanent residents of Benefis's service area (and others on a case-by-case basis) who meet the conditions and criteria set forth in this policy; in each case, without regard to the patients' ability to pay for such care.
- B. Benefis will provide financial assistance (care either for free or at discounted rates) to persons or families where: (i) there is limited, insufficient, or no health insurance available²; (ii) the patient fails to qualify for governmental assistance (for example, Medicare or Medicaid); (iii) the patient cooperates with the Benefis in providing the requested information demonstrating financial need, or other facts and circumstances readily demonstrate financial need; and (iv) the Benefis makes an administrative determination that financial assistance is appropriate based on the patient's ability to pay (as established by family income or based on criteria demonstrating presumptive eligibility) and the size of the patient's medical bills.
- C. After Benefis determines that a patient is eligible for financial assistance, Benefis will determine the amount of financial assistance available to the patient by utilizing the Financial Assistance Guidelines (set forth as **Exhibit 1**). The Guidelines reflect family income levels tied to the most recent Federal Poverty Guidelines, and establish corresponding discount percentages. The Guidelines are to be adjusted annually to reflect the annual update to the Federal Poverty Guidelines, and to adjust the corresponding discount percentages to ensure that, in all cases, a patient determined to be eligible for financial assistance will not be billed more than the amounts generally billed (AGB) by Benefis for the same emergency or medically necessary services to individuals who have insurance covering such care.
- D. Benefis will regularly review this Financial Assistance Policy to ensure that at all times it: (i) reflects the mission of Benefis; (ii) explains the decision processes of who may be eligible for financial assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to patients who are uninsured or otherwise eligible.

III. Nondiscrimination:

- A. Benefis will render health care services, inpatient and outpatient, to all Montana residents who are in need of emergency or medically necessary care, regardless of the

² Financial assistance is not available pursuant to this policy for individuals who have health insurance coverage but choose not to use it with respect to particular services obtained at Benefis.

ability of the patient to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistance pursuant to this policy.

- B. Benefis will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.
- C. **US Citizenship and Residency Requirement:** Applicants for charity care will need to provide Benefis with proof of US citizenship or legal residency on a visa. Applicants should provide Benefis with any of the identification documents listed in the identification section that contains the applicant's current residence address and a date from which Benefis can reasonably infer that the applicant has resided in the US during the time of service, has no residency in any other country, and has the intent to remain in the State. Benefis may accept an applicant's attestation that he or she is homeless. If an applicant is unable to provide these documents, Benefis staff will document why the applicant was unable to comply and issue a determination of ineligibility until the patient meets one of these requirements for proof of citizenship or legal residency.

IV. **Definitions:**

- A. **Assets:** Cash or any item of economic value owned by the patient that can be readily converted into cash. Examples are cash (in government legal tender or cryptocurrency), savings and checking accounts, certificates of deposit, treasury bills, stocks, bonds or other securities, accounts receivable, inventory, equipment, a house (other than primary residence), a car, and other property. For these purposes, assets do not include a primary residence, primary vehicle, or other property exempt from judgment under Montana law, or any amounts held in pension or retirement plans (although distributions and payments from such plans may be included as family income for purposes of this policy).
- B. **Bad Debt Expense:** Uncollectible accounts receivable (where reasonable attempts to collect have been made), excluding contractual adjustments, arising from the failure to pay by patients: (i) whose health care has not been classified as financial assistance care; or (ii) who have qualified for financial assistance in the form of discounted care but have failed to pay the remaining balances due after application of discounts pursuant to this policy.
- C. **Family:** The patient, his or her spouse (including a legal common-law spouse), domestic partner, any minor children supported by the patient, and any adults for whom the patient is legally responsible. In the case of a minor patient, family includes both parents, the spouse of a parent, minor siblings, and any adults for whom the

patient's guarantor is legally responsible. If a patient or guarantor has been abandoned by a spouse or parent, that spouse or parent shall not be included as a family member. A pregnant female counts as two family members.

- D. Family Income:** The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. Family income includes gross wages, salaries, dividends, interest, Social Security benefits, workers' compensation, veterans' benefits, training stipends, military allotments, regular support from family members not living in the household (other than child support), government pensions, private pensions, insurance, annuity payments, income from rents, royalties, estates, trusts, and other forms of income.
- E. Financial Assistance:** Either full or partial reduction in charges to patients for emergency or medically necessary care, in the case of patients who are Financially Eligible, Presumptively Eligible, or Medically Indigent, as those terms are defined in this policy. Financial assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, deductibles, or both.
- F. Financially Eligible:** A patient who meets both of the following criteria: (i) the patient's family income is at or below 400% of the Federal Poverty Guidelines or, in the case of patients seeking assistance with respect to their specialty pharmacy needs, at or below 500% of the Federal Poverty Guidelines, in each case as set forth in **Exhibit 1** hereto; and (ii) the patient's individual assets as of the date of service or of application do not exceed \$50,000, and the patient's family assets do not exceed \$100,000 as of the date of service or of application (this asset standard will not apply to patients seeking assistance with respect to their specialty pharmacy needs). In each case, the foregoing standards will be determined by Benefis based on factual information provided by the patient on the Financial Assistance Application and other relevant available information as determined by Benefis.
- G. Medically Indigent:** A patient who incurs catastrophic expenses for medically necessary services is classified as Medically Indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. Patients seeking assistance with their specialty pharmaceutical needs but who do not qualify as Financially Eligible may be deemed Medically Indigent.
- H. Medically Necessary:** Except as provided below, any medical service covered under Medicare or Medicaid, including pharmaceuticals or supplies provided to a Benefis patient in the course of their care and treatment, as well as specialty pharmaceuticals provided to patients currently participating in the Benefis specialty pharmacy program. Notwithstanding the foregoing, solely for purposes of this Policy, medically

necessary services do not include: (i) non-medical services such as social and vocational services; (ii) elective cosmetic surgeries (for these purposes, cosmetic plastic surgery procedures designed to correct appearance for personal reasons are not considered “elective”); (iii) gastric bypass surgeries; (iv) tubal ligations and/or vasectomies; (v) convalescent care; or (vi) gender-affirming health services.

- I. **Patient:** As applicable depending on context, either the patient or his or her guarantor, *i.e.*, the person having financial responsibility for payment of the account balance.

- J. **Presumptively Eligible:** A patient who has not submitted a completed Financial Assistance Application, but who nonetheless is subject to one or more of the following criteria:
 - Homeless
 - Deceased with no estate
 - Mentally incapacitated with no one to act on his or her behalf
 - Medicaid eligible, but not on the date of service or for non-covered services
 - Enrolled in one or more governmental programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Guidelines
 - Incarceration in a penal institution
 - Hospice patients who are Medicaid eligible but do not have coverage under Medicare
 - Other facts and circumstances identified by Benefis indicating that the patient is Financially Eligible

Benefis will assign trained financial service representatives to review the foregoing criteria with patients, before asking patients to complete the Financial Assistance Application. Benefis may also utilize other software programs or automated systems to determine Presumptive Eligibility. Patients who meet any of the foregoing criteria for Presumptive Eligibility may be deemed to be eligible for a 100% discount, and will not be required to submit a Financial Assistance Application.

V. Eligibility for Financial Assistance:

- A. Financial assistance will be given for emergency or medically necessary services to patients who are Financially Eligible or Medically Indigent (in both cases, based on information provided via the Financial Assistance Application attached as **Exhibit 2**), or to patients who have been determined to be Presumptively Eligible. In addition, financial assistance may be provided in other circumstances on a case-by-case basis as determined by the Benefis CFO in his or her discretion.

- B. A determination of qualification for financial assistance will cover charges for emergency or medically necessary services as described in this policy. For these purposes, the policy also covers the rendering of professional services by physicians and other providers listed on Exhibit 3; that list includes physicians and other providers employed Benefis, along with physicians and other providers who participate in the provision of emergency and/or medically necessary care at Benefis and have agreed to be covered by this policy. If care at Benefis includes care by any other physicians or providers, as listed on Exhibit 4, such care is not subject to this policy and, accordingly, each patient will be responsible for satisfaction or resolution of any bills issued by such physicians or providers for their professional services.
- C. Where possible, prior to the admission or rendering of service, a Benefis financial service representative will conduct an interview with the patient, the guarantor, and/or his other legal representative. If an interview is not possible prior to the admission or rendering of service, the interview will be conducted upon admission or as soon as possible thereafter. In the case of an emergency department visit, the interview will not take place until the required medical care has been provided.
- D. At the time of the initial patient interview, the Benefis financial service representative will gather routine demographic information and information regarding all existing third-party coverage. In cases where a patient has limited or no third-party coverage, Benefis will determine if the patient qualifies for medical assistance from other existing financial resources such as Medicare, Medicaid, crime victims compensation funds, Montana Marketplace, or other state and federal programs. The Benefis financial service representative will be available to assist the patient with enrolling in any governmental payment programs that may be available. If the patient refuses to apply for or provide information necessary to the application process, he or she will be ineligible for financial assistance pursuant to this policy. If the application(s) to the above-mentioned medical financial assistance resource(s) is(are) denied, not adequate, or was(were) previously denied, or if Benefis has not received a response from the applicable medical financial assistance resource within 7 months of submission of a completed application, consideration for financial assistance will then be given. In cases where third-party coverage (including private insurance or payment by governmental program) is nonexistent or likely to be inadequate, Benefis will inform the patient of the availability of financial assistance. However, in cases where third-party coverage is denied because the patient failed to comply with the insurer's stated pre-certification requirements and or coordination of benefit requirements, the patient will be ineligible for financial assistance pursuant to this policy.
- E. Patients seeking financial assistance will be asked to complete the Financial Assistance Application attached as Exhibit 2 to this policy. Copies of the application form are available from any Benefis financial service representative and at <https://www.benefis.org/patients-visitors/patients/billing-insurance/financial-assistance>. Applications may be completed directly by the patient if 18 years of age

or older, by the patient's guarantor and/or other legal representative, or by a Benefis financial service representative based on information derived from any of the foregoing through an interview either in person or by telephone, or reliable information provided in writing. In the case of a patient who is 18, but is still in High School, parents can apply on their behalf. If assistance is needed with gathering necessary information or materials requested as part of the financial assistance qualifying process, patients are encouraged to contact Benefis at 406-455-3557 to speak with one of its trained financial service representatives. Benefis financial service representatives may also assist patients with assessing their financial situations, gathering information requested by Benefis, and assisting with similar tasks.

- F. Patients completing the Financial Assistance Application must return the signed form and required supporting materials through any of the following measures:
- Hand-deliver to a financial service representative or to the Patient Financial Services Office at any of the following:
 - Benefis Hospitals, 1101 26th Street South, Great Falls, MT 59405
 - Benefis Teton Medical Center, 915 Fourth St. N.W., Choteau, MT 59422
 - Benefis Missouri River Medical Center, 1518 Chouteau St., Fort Benton, MT 59442
 - Any other Benefis care location
 - Mail to Benefis Health System, Attn: Patient Financial Services, Attn: FAP, 1101 26th Street South, Great Falls, MT 59405

Financial Assistance Applications will be considered if received at any time during the 240-day period following the first post-discharge billing statement issued by Benefis to the patient for such care.

- G. Eligibility for financial assistance is conditioned upon (i) the patient's provision of complete and accurate information on the Financial Assistance Application set forth as **Exhibit 2**, (ii) where requested, the patient's participation in an education session with a Patient Service Representative regarding insurance options available through the Montana Insurance Marketplace (health insurance exchange), Montana HELP, and (iii) the patient's timely cooperation throughout the financial assistance application process. In connection with determining a patient's eligibility for financial assistance, Benefis will not request information other than as described on **Exhibit 2**, although patients may voluntarily provide additional information that they believe to be pertinent to eligibility. If Benefis contacts the patient to request missing information, the patient will have a period of 30 days to respond. Failure to respond within that 30-day period will result in the Application being suspended from further processing; the patient may re-activate the Application by providing the requested information at

any time during the 240-day period following the first post-discharge statement issued by Benefis to the patient for such care. If a patient provides information that is inaccurate or misleading, he or she may be deemed ineligible for financial assistance and, accordingly, may be expected to pay his or her bill in full.

- H. Once a completed Financial Assistance Application is received, the Benefis financial service representative will review the application and forward it to the Benefis Patient Accounts Manager/Director for approval. Patients who are determined to be Presumptively Eligible will be processed for financial assistance without need for completion of the Financial Assistance Application or other additional information from the patient.
- I. Patients who are uninsured and who do not qualify for financial assistance may contact Benefis to discuss payment options, including the availability of a payment plan. Benefis financial service representatives will inform such patients of any other discounts that may be available under other Benefis policies.

VI. Determination and Notification Regarding Financial Assistance:

- A. **Applicable Discount:** In the case of patients who are determined to be Financially Eligible, patients with family income at or below 200% of the current Federal Poverty Guidelines will receive a 100% reduction in the patient portion of billed charges (*i.e.*, full write-off), as set forth on **Exhibit 1A**. Patients with family income between 201% and 400% of the current Federal Poverty Guidelines will receive a sliding-scale discount on the patient portion of the billed charges, as indicated on **Exhibit 1A**; *provided, however*, an uninsured patient will receive the greater of the 40% Self-Pay Discount (per the Benefis Health System Self-Pay Discount Policy) or the discount for which the patient qualifies under **Exhibit 1A** to this Policy.

As an exception to the above, patients who are seeking assistance in connection with their specialty pharmacy needs will be deemed Financially Eligible if their family income is at or below 500% of the current Federal Poverty Guidelines, as indicated on **Exhibit 1B**. In these cases, patients will receive a 100% waiver of applicable co-pays and deductibles associated with their specialty pharmaceutical needs.

Patients who are determined to be Medically Indigent will receive a 100% write-off of charges exceeding 30% of gross family income and/or an appropriate discount determined by the Director of Revenue Cycle and the Benefis CFO after review on a case by case basis of annual family income. The 30% threshold needs to be met only once per family in a 12-month period.

Patients who are determined to be Presumptively Eligible for financial assistance will receive a 100% reduction in charges (full write-off).

- B. Calculation of Amounts Due:** The applicable discount percentage from Exhibit 1 will be applied to the gross charges otherwise billable to the patient. Such discounts have been established in a manner intended to comply with applicable Federal law, which prohibits Benefis from billing a patient eligible for financial assistance more than the amounts generally billed (“AGB”) by Benefis to patients with third-party coverage. Benefis will calculate its AGB using the look-back method permitted under Federal law, considering amounts allowed by Medicare and commercial payors during a prior 12-month measurement period. The discount percentages set forth on Exhibit 1 may be adjusted periodically (and at least annually) to ensure that such percentages comply with the foregoing standards under Federal law; any such adjustments will be effectuated through the attachment of an updated Exhibit 1 to this Policy, which will be signed and dated by the Benefis CFO. Benefis will begin applying the adjusted discount percentages not later than 120 days after the end of the 12-month measurement period with respect to which the adjusted AGB has been calculated.
- C. Determination and Notice:** Within 15 business days after submission of a completed Financial Assistance Application, Benefis will determine whether the patient qualifies for financial assistance based on Financial Eligibility or Medical Indigence and will notify the patient in writing of such determination and the amount of the discount to be provided. If the patient is uninsured, the written notice will indicate that the financial assistance award is conditional upon meeting with a Benefis financial service representative to learn about insurance options available through the Montana Health Insurance Marketplace. Unless otherwise determined by the Benefis CFO, Benefis need not notify patients determined to qualify for financial assistance based on Presumptive Eligibility. In the event that Benefis determines a patient *not* to qualify for financial assistance, Benefis will notify the patient in writing of such determination, including the basis for the denial; the notice will state that the patient may reapply if the patient’s financial circumstances have changed so as to make the patient Financially Eligible in connection with future services.
- D. Effective Period for Eligibility:** Except as provided below, all determinations of qualification for financial assistance will be effective for a period commencing 8 months prior to the date of the completed Financial Assistance Application and continuing until the date that is 6 months following the date of the completed Financial Assistance Application. Accordingly, if a patient has qualified for financial assistance within the last 6 months and the patient’s financial circumstances, family size, and insurance coverage have not changed, the patient will be deemed to have qualified for financial assistance with respect to additional emergency or medically necessary care, without having to submit a new Financial Assistance Application. However, if a patient has qualified for financial assistance but then experiences a material change in his or her financial circumstances and/or insurance status that may impact his or her continued qualification for financial assistance, the patient will be expected to communicate that change to Benefis within 30 days or, in any event, prior to obtaining further healthcare services. Alternatively, Benefis may request an update

of the information provided on the Financial Assistance Application and, based on such updated information, may re-evaluate the patient's continued qualification.

As an exception to the above, determinations made with respect to patients seeking financial assistance in connection with their specialty pharmacy needs will be effective for a period commencing on the date of the completed Financial Assistance Application and continuing for 12 months immediately thereafter.

VII. Impact on Billing and Collection Process:

- A.** Patients qualifying for discounted, but not free, care will be notified in writing regarding any remaining balance due. The patient may be asked to schedule an appointment with a Benefis financial service representative to arrange payment terms. Any such remaining balances will be treated in accordance with Patient Accounts policies regarding self-pay balances. Payment terms will be established on the basis of disposable family income.
- B.** In the event that a patient qualifies for financial assistance but fails to timely pay the remaining balance due (including, if applicable, per the terms of the agreed-upon payment plan), Benefis may take any of the actions set forth in the *Benefis Health System Self Pay Billing and Collection Policy*. Consistent with the Self Pay Billing and Collection Policy, Benefis will not undertake any extraordinary collection actions (as defined in that Policy) without first making reasonable efforts to determine a patient's eligibility for financial assistance pursuant to this policy.

VIII. Publication:

- A.** The existence and terms of this Financial Assistance Policy will be made widely available to residents of Benefis's primary and secondary service areas. In furtherance of the foregoing, Benefis will utilize and widely distribute the plain-language summary attached as **Exhibit 5** to this Policy. Copies of such plain-language summary (i) will be included in patient registration materials and inpatient handbooks, (ii) will be offered to each patient as part of the intake or discharge process, and (iii) will be posted on Benefis's website, along with this Policy and the Financial Assistance Application, in a prominent and easily accessible location. This Policy, the plain-language summary, and the Financial Assistance Application will be available in English and any other language that is the primary language of the lesser of (i) 1,000 individuals, or (ii) 5% of the population within the Hospital's primary and secondary service areas. Notwithstanding the foregoing, the existence and availability of financial assistance with respect to specialty drugs will not be externally publicized or promoted, but rather will be communicated on a case-by-case basis to patients who are already enrolled in the Benefis specialty pharmacy program in connection with their care.

- B. Benefis will conspicuously post signage indicating the availability of financial assistance in Hospital Patient Admitting and Registration areas, Hospital Emergency Departments, and non-hospital sites of care. Such signage will include the following statement: *You may be eligible for financial assistance under the terms and conditions Benefis offers to qualified patients. For more information, ask your registration or patient service representative for more information.* Such signs will be in both English and, if applicable, any other language that is the primary language of the lesser of (i) 1,000 individuals, or (ii) 5% of the population within the Benefis's primary and secondary service areas. Such signage will be posted in other areas throughout Benefis facilities offering meaningful visibility.
- C. Benefis will cause each billing statement sent to a patient to include a conspicuous statement regarding the availability of financial assistance, including (i) a phone number for information about this policy and the application process, and (ii) a website address where this policy, the Financial Assistance Application, and the plain-language summary are available. As provided in the Billing and Collection Policy, if Benefis intends to undertake any extraordinary collection action (as defined in the Billing and Collection Policy), Benefis will ensure that at least one billing statement (the Pre-Collection Letter, as defined in the Billing and Collection Policy) includes a copy of the plain-language summary of this Financial Assistance Policy, as set forth on **Exhibit 5**, with such copy provided at least 30 days prior to undertaking the anticipated extraordinary collection action.

IX. Budgeting, Recordkeeping, and Reporting:

- A. The Benefis CFO will ensure that reasonable financial assistance, including both free care and discounted charges, is included in Benefis's annual operating budget. The budgeted amount will not act as a cap in providing financial assistance, but will serve as a projection to aid in planning for the allocation of resources.
- B. Benefis will cause completed Financial Assistance Applications (along with required supporting information) to be maintained in Patient Financial Services Office records. Such records will also reflect information as to whether such Applications were approved or denied.
- C. Financial assistance provided by Benefis pursuant to this Policy will be calculated and reported annually as required under applicable law. Except as otherwise specifically permitted based on context, Benefis will report its financial assistance provided to qualifying patients under this policy using the cost of services provided (not the charges for the associated services), with cost determined by applying the total cost-to-charge ratio derived from each hospital's Medicare cost report.

X. Confidentiality:

Benefis recognizes that the need for financial assistance may be a sensitive and deeply personal issue for patients. Confidentiality of information and preservation of individual dignity will be maintained for all who seek financial assistance pursuant to this Policy. No information obtained in the patient's Financial Assistance Application may be released except where authorized by the patient or otherwise required by law.

XI. Staff Information/Training:

- A.** Benefis will cause all employees in the Patient Financial Services Office and Patient Admitting and Registration areas to be fully versed in this Financial Assistance Policy, to have access to this Policy as well as the plain-language summary and Financial Assistance Application forms, and to be able to direct questions to the appropriate Benefis office or representative.
- B.** Benefis will cause all staff members with public and patient contact to be adequately trained regarding the basic information related to this Financial Assistance Policy and procedures. They will also be able to direct questions regarding this Policy to the appropriate Benefis office or representative.

XII. Other Related Policies:

- A.** Billing and Collection Policy
- B.** Self-Pay Discount Policy
- C.** Prompt-Pay Discount Policy

Attachments:

- Exhibit 1 Financial Assistance Guidelines and AGB Calculation
- Exhibit 2 Financial Assistance Application
- Exhibit 3 Physicians and Providers Covered by Policy
- Exhibit 4 Physicians and Providers Not Covered by Policy
- Exhibit 5 Plain-Language Summary of Financial Assistance Policy

EXHIBIT 1
Financial Assistance Guidelines and AGB Calculation

Exhibit 1A: Financial Assistance Income Guidelines – All Patients Other than Specialty Pharmacy

2024 Federal Poverty Guidelines:

Family or Household Size	100% FPL	200% FPL	250% FPL	300% FPL	350% FPL	400% FPL
	<i>Free Care</i>	<i>Free Care</i>	<i>80% Discount</i>	<i>70% Discount</i>	<i>60% Discount</i>	<i>56% Discount</i>
1	\$15,060	\$30,120	\$37,650	\$45,180	\$52,710	\$60,240
2	\$20,440	\$40,880	\$51,100	\$61,320	\$71,540	\$81,760
3	\$25,820	\$51,640	\$64,550	\$77,460	\$90,370	\$103,280
4	\$31,200	\$62,400	\$78,000	\$93,600	\$109,200	\$124,800
5	\$36,580	\$73,160	\$91,450	\$109,740	\$128,030	\$146,320
6	\$41,960	\$83,920	\$104,900	\$125,880	\$146,860	\$167,840
7	\$47,340	\$94,680	\$118,350	\$142,020	\$165,690	\$189,360
8	\$52,720	\$105,440	\$131,800	\$158,160	\$184,520	\$210,880

** For families/households with more than 8 persons, add (\$5,380 times the relevant FPG percentage) for each additional person.

The foregoing discounts will be applied to patients who are determined to be Financially Eligible for assistance. These discounts have been established in a manner intended to comply with applicable Federal law, which prohibits billing a patient eligible for financial assistance more than the amounts generally billed (AGB) to patients who have insurance covering their care. Benefis has calculated its AGB using the look-back method permitted by Federal law, which considers amounts paid by Medicare and commercial payors. Benefis recalculates its AGB periodically (at least annually) and, based thereon, will adjust the discounts set forth above. Any adjustments will be reflected through a revision to this Exhibit 1A, which will be signed by the Benefis CFO and dated accordingly.

Patients who are determined to be Medically Indigent will receive a 100% write-off of charges exceeding 30% of gross family income and/or an appropriate discount determined by the Director of Revenue Cycle and the Benefis CFO after review on a case-by-case basis of annual family income. The 30% threshold needs to be met only once per family in a 12-month period.

Patients who are determined to be Presumptively Eligible for financial assistance will receive a 100% reduction in charges (full write-off).

Exhibit 1B: Financial Assistance Income Guidelines – Specialty Pharmacy Patients

2024 Federal Poverty Guidelines:

Family or Household Size	500% FPG
	100% Waiver
1	75,300
2	102,200
3	129,100
4	156,000
5	182,900
6	209,800
7	236,700
8	263,600

** For families/households with more than 8 persons, add (\$5,380 times 500%) for each additional person.

Patients seeking financial assistance as part of the Benefis specialty pharmacy program will receive a 100% waiver of applicable co-pays and deductibles associated with their specialty pharmaceutical needs.

This Exhibit 1 has been certified as true and correct as of the date indicated below.

Signed: 

Bruce Houlihan, Chief Financial Officer Benefis Health System, Inc.

Date: 2/26/2024

EXHIBIT 2



Financial Assistance Application

FINANCIAL ASSISTANCE PROGRAM

As part of our mission, Benefis Health System is committed to providing access to quality health care for residents of the State of Montana, and to treating all our patients with dignity, compassion and respect.

Our Financial Assistance Program provides services without charge, or at significantly discounted prices, to eligible patients who cannot afford to pay for part or all of their care. Our Financial Assistance Program provides discounts up to 100% of charges to patients who meet certain financial eligibility guidelines. The Program covers emergency and/or medically necessary services at:

- Each hospital facility owned or operated by a Benefis affiliate, including without limitation all Benefis Hospital locations in Great Falls, Montana, Benefis Teton Medical Center in Choteau, Montana, and Benefis Missouri River Medical Center in Fort Benton, Montana.
- Non-hospital locations, including clinics (*i.e.*, the professional services provided by Benefis Medical Group physicians and other providers), ambulatory care sites, hospice, senior services, and urgent care locations.

The Program also covers certain pharmaceuticals offered through Benefis's specialty pharmacy program to its patients.

When applying for Financial Assistance, your cooperation is needed in providing the information and supporting documentation necessary for us to make a fair and timely decision. If complete and accurate information is not provided, your application may be rejected or denied without further review, in which case you will be expected to pay your bill in full.

Given the sensitive nature of these requests, all communication with the patient or family members will be handled in strict confidence and in a compassionate manner.

Thank you for selecting Benefis for your health care needs. We take pride in serving the health care needs of Montana residents!

This Financial Assistance Application is being provided to you for completion so that we can determine if you qualify for our Financial Assistance Program.

COMPLETING THIS FORM IS NOT A GUARANTEE OF ELIGIBILITY

If you do not complete this application packet or if you return it without the requested supporting documentation, we will be unable to determine whether you qualify for our Financial Assistance Program. In that case, you will be responsible for the full balance due on your account.

If you need help in completing this form or gathering the supporting materials, please contact a Benefis Financial Service Representative at 406-455-3557.

To determine if you qualify for our Financial Assistance Program, please return the following supporting documentation with this completed packet:

- ✓ A copy of a photo ID (state driver's license/state ID) or other identification documents (Social Security card, alien registry card, birth certificate, baptismal or marriage certificate, passport, visa, employee ID card, etc.).
- ✓ Last year's Form 1040 federal income tax return, and Forms W-2 and/or 1099.
- ✓ Last two weeks of paystubs with year-to-date totals, or last two months of paystubs without year-to-date totals (if paid in cash without paystubs, provide written verification from employer).
- ✓ Proof of income from all other sources such as unemployment compensation, disability income, rental income, pensions, annuities, interest payments, wage and earning statement from Social Security office, etc.
- ✓ If you are currently receiving Social Security benefits, a copy of your "benefit amount" letter, a copy of your monthly Social Security check, or copies of bank statements from three months prior showing direct deposit of the Social Security benefit.
- ✓ Copies of bank statements for checking, savings, certificates of deposit, etc. for the last two months.
- ✓ A copy of a current utility bill, telephone bill, or cable television bill from the dwelling at which you reside.
- ✓ If you are a student, a list of the current semester's credits/classes and a copy of your student ID.

☞ NOTE: The name shown on the patient's photo ID must be the same name shown on paystubs and tax forms.

☞ NOTE: Where parents of a minor patient are divorced or separated but share responsibility for the minor's medical care, each parent must complete a separate application.

Please return this completed application and the requested supporting documentation as soon as possible. An application will not be reviewed until all required supporting documentation has been provided



FINANCIAL ASSISTANCE APPLICATION

(PLEASE PRINT – BE SURE TO PROVIDE ALL REQUESTED INFORMATION)

I. PERSONAL INFORMATION

Personal information of applicant (or parent, if applicant is a minor):

Name _____ Date of Birth _____
Last First MI

Address _____
Street City State Zip Code

Living at Address Since _____ Phone # (____) _____ Social Security # _____

Marital Status: Single _____ Married _____ Divorced _____ Widow _____

Spouse's Name _____ Spouse's Social Security # _____ Date of Birth _____

List family members (including parents, patient, and natural or adoptive siblings) living at above address.

FAMILY MEMBER'S LEGAL NAME	DATE OF BIRTH	RELATIONSHIP TO PATIENT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

II. INSURANCE INFORMATION

	APPLICANT (OR PARENT, IF APPLICANT IS A MINOR)	APPLICANT'S SPOUSE OR DOMESTIC PARTNER
Do you have health insurance? (Y/N)		
If yes, name of health insurance plan:		
Medicare? (Y/N)		
Medicare Part D? (Y/N)		
Medicare Supplement? (Y/N)		
Medicaid? (Y/N)		
Veteran's Benefits? (Y/N)		



III. EMPLOYMENT AND INCOME INFORMATION

Employment information of applicant (or parent, if applicant is a minor):

Employer _____ Unemployed? (Y/N) _____ Date of Unemployment _____

Business Address _____
 Street City State Zip Code

Phone # (_____) _____ Does Employer Offer Health Insurance ? (Y/N) _____

Occupation / Position _____ Date of Hire _____

Student (Y/N) _____ Name of School _____ Number of Credits This Semester _____

MONTHLY SALARY			
GROSS	\$	NET	\$

HOURLY PAY	\$	HOURS WORKED WEEKLY	
------------	----	---------------------	--

Additional Source(s) of Income (per month):

- | | | | | | |
|--|----------|---|----------|--|----------|
| <input type="checkbox"/> Other wages | \$ _____ | <input type="checkbox"/> Child Support | \$ _____ | <input type="checkbox"/> Self Employment | \$ _____ |
| <input type="checkbox"/> Interest, Dividends | \$ _____ | <input type="checkbox"/> Pension/Ret'mt | \$ _____ | <input type="checkbox"/> SSI/Social Security | \$ _____ |
| <input type="checkbox"/> Rental Income | \$ _____ | <input type="checkbox"/> Worker's Comp | \$ _____ | <input type="checkbox"/> Veterans Benefits | \$ _____ |
| <input type="checkbox"/> Food Stamps | \$ _____ | <input type="checkbox"/> Unemployment | \$ _____ | <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> Alimony | \$ _____ | <input type="checkbox"/> Farm Income | \$ _____ | | |

Employment information of Spouse (if applicable):

Spouse's Employer _____ Unemployed ? (Y/N) _____ Date of Unemployment _____

Business Address _____
 Street City State Zip Code

Phone # (_____) _____ Does Employer Offer Health Insurance ? (Y/N) _____

Occupation / Position _____ Date of Hire _____

Student (Y/N) _____ Name of School _____ Number of Credits This semester _____

MONTHLY SALARY			
GROSS	\$	NET	\$

HOURLY PAY	\$	HOURS WORKED WEEKLY	
------------	----	---------------------	--

Additional Source(s) of Income (per month):

- | | | | | | |
|--|----------|---|----------|--|----------|
| <input type="checkbox"/> Other wages | \$ _____ | <input type="checkbox"/> Child Support | \$ _____ | <input type="checkbox"/> Self Employment | \$ _____ |
| <input type="checkbox"/> Interest, Dividends | \$ _____ | <input type="checkbox"/> Pension/Ret'mt | \$ _____ | <input type="checkbox"/> SSI/Social Security | \$ _____ |
| <input type="checkbox"/> Rental Income | \$ _____ | <input type="checkbox"/> Worker's Comp | \$ _____ | <input type="checkbox"/> Veterans Benefits | \$ _____ |
| <input type="checkbox"/> Food Stamps | \$ _____ | <input type="checkbox"/> Unemployment | \$ _____ | <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> Alimony | \$ _____ | <input type="checkbox"/> Farm Income | \$ _____ | | |



IV. MONTHLY EXPENSE INFORMATION

Indicate monthly amounts paid or owed on items below:

RENT / MORTGAGE		HOUSEHOLD BILLS	
Landlord Name		Heat / Utilities	\$
Landlord Phone #	()	Phone / Cell Phone	\$
Mortgage Lender		Cable TV / Internet	\$
Mortgage Amount	\$	Homeowner's Insurance	\$
		Auto Insurance	\$
LOANS		Health, Dental, Vision Insurance	\$
Auto Loans	\$	Life or Disability Insurance	\$
Personal Loans	\$	Other Insurance	\$
Student Loans	\$	Medical Bills (hospital / clinic)	\$
OTHER OBLIGATIONS		CREDIT CARDS	
Child Care	\$	Credit Card	\$
Child Support	\$	Credit Card	\$
Alimony	\$	Credit Card	\$
Other	\$		

TOTAL MONTHLY EXPENSES: \$ _____

V. ASSETS

Indicate current fair market value of any of the following:

BANK ACCOUNTS				REAL ESTATE OWNED	
Name of Bank		Value		\$	
Savings	\$	Street Address			
Checking	\$	City, State and ZIP			
VEHICLES OWNED				LIST OTHER ASSETS	
	Year/Make	Model	Value		\$
First			\$		\$
Second			\$		\$
Third			\$		\$

TOTAL ASSETS: \$ _____



VII. CERTIFICATION

I certify that the information I have provided in this application and the required supporting documentation is true and correct to the best of my knowledge. I will apply for any federal, state or local assistance for which I may be eligible to help pay for my medical care. I understand that the information provided may be verified by Benefis Health System (Benefis), and I authorize Benefis to contact third parties to verify the accuracy of the information I have provided including obtaining credit reports from applicable credit agencies as Benefis may determine. I understand that, if I knowingly provide inaccurate or incomplete information in this application, I may be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of my medical bills.

Applicant's Signature _____ Date of Request _____

Your completed application and supporting documentation may be returned by:

- Hand-delivering to a financial service representative or to the Patient Financial Services Office at any of the following:
 - Benefis Hospitals, 1101 26th Street South, Great Falls, MT 59405
 - Benefis Teton Medical Center, 915 Fourth St. N.W., Choteau, MT 59422
 - Benefis Missouri River Medical Center, 1518 Chouteau St., Fort Benton, MT 59442
 - Any other Benefis care location
- Mailing to Benefis Health System, Attn: Patient Financial Services, Attn: FAP, 1101 26th Street South, Great Falls, MT 59405

***** To ensure timely processing, please be sure to include all the required information from the checklist on the first page of this application *****

Applicants will be notified within 15 business days after submission of a complete application with all required supporting documentation

EXHIBIT 3

Physicians and Other Providers Covered by Policy

For a list of physicians and other providers covered under this Policy, please see:

www.benefis.org/patients-visitors/patients/billing-insurance/provider-financial-assistance-status

EXHIBIT 4

Physicians and Providers Providing Care NOT Covered by this Policy

Physicians and other providers not employed by Benefis may participate in your care at Benefis locations but are not subject to this Financial Assistance Policy. Providers not covered under this policy may have their own Financial Assistance Policy and eligibility requirements. Please contact those providers directly if you have questions or concerns regarding their bills for professional services.

EXHIBIT 5

Plain-Language Summary of Financial Assistance Policy

Benefis Health System will provide emergency and medically necessary healthcare services for free or at discounted rates to certain patients who are uninsured or have limited insurance available. These services include those provided at:

- All Benefis Hospital locations in Great Falls, Montana, Benefis Teton Medical Center in Choteau, Montana, and Benefis Missouri River Medical Center in Fort Benton, Montana.
- All non-hospital locations, including clinics (*i.e.*, the professional services provided by Benefis Medical Group physicians and other providers), ambulatory care sites, hospice, senior services, and urgent care locations.³

Generally speaking, patients eligible for discounted charges must have family incomes under 400% of the Federal Poverty Guidelines, while patients eligible for free care must have family incomes under 200% of the Federal Poverty Guidelines. In both cases, patients must not have available assets above established thresholds. Financial assistance may also be available in other limited circumstances, depending on the size of the patient's medical bills and whether the patient meets certain other criteria for eligibility.

Patients seeking financial assistance may apply by completing a Financial Assistance Application. Copies of the Financial Assistance Application, as well as Benefis Health System's Financial Assistance Policy and Billing and Collection Policy, are available at:

<https://www.benefis.org/patients-visitors/patients/billing-insurance/billing-insurance>.

Patients may also request free copies of the Application and these policies by mail, by calling 406-455-3557, or in person at the Patient Financial Services Office at any of the following:

- Benefis Hospitals, 1101 26th Street South, Great Falls, MT 59405
- Benefis Teton Medical Center, 915 Fourth St. N.W., Choteau, MT 59422
- Benefis Missouri River Medical Center, 1518 Chouteau St., Fort Benton, MT 59442
- Any other Benefis care location

Completed Financial Assistance Applications and required supporting materials may be submitted by:

- Hand-delivering to a financial service representative or to the Patient Financial Services Office at any of the locations indicated above.
- Mailing to Benefis Health System, Attn: Patient Financial Services, Attn: FAP, 1101 26th Street South, Great Falls, MT 59405

Persons seeking more information or needing assistance in completing the Financial Assistance Application may contact one of Benefis's trained financial service representatives in the Patient Financial Services Office at 406-455-3557.

A patient qualifying for financial assistance under Benefis Health System's Financial Assistance Policy will not be charged more than the amounts generally billed by the Hospital for the same services to individuals who have insurance covering such care.

³ This program currently does not cover home health and DME services, which are subject to separate financial assistance arrangements – details are available upon request.