

Purpose:

SCL Health System (SCL Health) is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically-necessary care based on their household financial situation. Consistent with its mission to deliver compassionate, high-quality, affordable health care services and to advocate for those who are poor and vulnerable, SCL Health strives to ensure that the financial ability of people who need health care services does not prevent them from seeking or receiving care.

SCL Health will provide, without discrimination, care of emergency medical conditions to individuals regardless of their ability to pay or their eligibility for financial assistance or for government assistance.

Financial assistance shall be provided to patients who meet program qualifications and reside within one of SCL Health service areas. Financial assistance shall be provided, without discrimination, to patients from outside the SCL Health service areas, who otherwise qualify for the program, and who present with an urgent, emergent or life-threatening condition.

SCL Health will use the most current Federal Poverty Guidelines to determine eligibility under its financial assistance policy. Patients qualifying for financial assistance may receive fully discounted care or pay a discounted fee under this policy. A medical hardship provision extends financial assistance to patients with incomes above the financial assistance eligibility threshold and medical bills that exceed a threshold percentage of the patient's household income.

This financial assistance policy complies with applicable federal, state, and local laws. Financial assistance is extended with the expectation that patients will cooperate with SCL Health procedures for applying for such financial assistance or other forms of payment. They will also contribute to the cost of their care according to their ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. Access to insurance or Medicaid coverage has expanded significantly through the federal and state Health Exchanges. It is expected that any uninsured patient cooperate with SCL Health in determining the availability of Medicaid or insurance coverage.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance – fully or partially discounted care.
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy.
- Describes the method by which patients may apply for financial assistance.
- Describes the methods to be used to widely publicize the policy within the communities served by SCL Health care sites.
- Limits the amounts that SCL Health will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance. The limit will be based upon the average rate generally approved of by Medicare.

Scope:

This policy applies to all persons working for or on behalf of SCL Health. This policy applies to all SCL Health hospital facilities including but not limited to:

- Good Samaritan Medical Center – Lafayette, CO
- Lutheran Medical Center – Wheat Ridge, CO
- Saint Joseph Hospital – Denver, CO
- St. Mary's Medical Center – Grand Junction, CO
- St. Vincent Healthcare – Billings, MT
- Holy Rosary Healthcare – Miles City, MT
- St. James Healthcare – Butte, MT
- Platte Valley Medical Center- Brighton, CO
- SCL Health Employed Providers

In order to manage its resources responsibly and to allow SCL Health to provide the appropriate level of assistance to persons in need, the SCL Health Board of Directors establishes the following financial aid guidelines.

Definitions:

For the purpose of this policy, the following terms are defined:

Discounted Care — financial assistance that provides care at a discounted fee to eligible patients with annualized family incomes between amounts equal to or greater than 200% but less than or equal to 400% of the Federal Poverty Guidelines. This type of financial assistance waives the patient financial obligation, with the exception of amounts that may be due after applicable discounts have been applied for medical services provided by SCL Health. The Discounted Care amounts are outlined in Financial Assistance Patient Responsibility Matrix - Attachment B.

Eligibility Determination Period — for purposes of determining financial assistance eligibility, SCL Health will review annual family income from the prior three-month period and/or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be

determined by annualizing the year-to-date family income, taking into consideration the current earnings rate.

Eligibility Qualification Period — patients determined to be eligible shall be granted financial assistance for a period of twelve months. Financial assistance will also be applied to eligible accounts incurred for services received prior to the financial assistance application date.

Emergency Medical Conditions — as defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd), SCL Health treats persons from outside of an SCL Health service area if there is an emergent, urgent, or life-threatening condition.

Family — as defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage or adoption. If a patient claims a dependent on their income tax return, according to the Internal Revenue Service rules, that individual may be considered a dependent for the purposes of determining eligibility. Any and all resources of the household are considered together to determine eligibility under the SCL Health financial assistance policy.

- Family Income: Family Income is determined using the U.S. Census Bureau definition when determining eligibility based on the Federal Poverty Guidelines.
- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, disability payments, pension or retirement income, interest, dividends, rents, royalties, income from estates and trusts, educational assistance, alimony, child support, financial assistance from outside the household, and other miscellaneous sources;
- Non-cash benefits (i.e. Medicare, Medicaid, and Supplemental Nutrition Assistance Program (SNAP) benefits, heat assistance, school lunches, housing assistance, need-based assistance from non-profit organizations, foster care payments, or disaster relief assistance) are not counted as income for making an eligibility determination for financial assistance;
- Capital gains or losses;
- Determined on a before-tax basis; A person's family income includes the income of all adult family members. For patients under 18 years of age, family income includes that of the parents and/or step-parents, unmarried or domestic partners, or caretaker relatives.

Federal Poverty Guidelines — Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of

Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at <https://aspe.hhs.gov/POVERTY/>. SCL Health updates its federal poverty table annually on April 1st.

Financial Assistance — assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medically-necessary services provided by SCL Health and who meet the eligibility criteria for such assistance.

Fully Discounted (No Charge) Care — a 100% waiver of patient financial obligation resulting from medical services provided by SCL Health. Uninsured and underinsured patients with annualized family incomes not in excess of 200% of the Federal Poverty Guidelines will be eligible for fully discounted care.

Gross Charges — the total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Guarantor — an individual other than the patient who is responsible for payment of the patient's bill.

Medical Hardship — financial assistance that provides a discount based on a sliding scale, to eligible patients with annualized family income in excess of 400% of the Federal Poverty Guidelines, but not exceeding \$200,000, and financial obligations resulting from medical services provided by any SCL Health entity or provider that exceed 20% of annualized family income.

Medically Necessary — as defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

Presumptive Charity — determination of eligibility for financial assistance based upon socioeconomic information specific to the patient that is gathered from market sources.

Reasonable Payment Plan — an extended payment plan that is negotiated between SCL Health and patient for any patient out-of-pocket fees. The payment plan shall take into account the patient's income and assets, the amount owed and any prior payments.

Uninsured Patient — an individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP

and CHAMPUS), Worker's Compensation, or other third party assistance to assist with meeting his/her payment obligations.

Underinsured Patient — an individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by SCL Health.

Policy:

Eligible Services

Services and goods eligible under this financial assistance policy include the following:

1. Trauma and emergency medical services provided in an emergency setting. Care will continue until the patient's condition has been stabilized prior to any determination of payment arrangements;
2. Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient;
3. Non-elective services provided in response to life-threatening circumstances in a non- emergency room setting; and/or
4. Other medically necessary services scheduled in advance and assessed and approved at the discretion of SCL Health.

Services not eligible for financial support include the following:

1. Elective procedures not medically necessary including, and not limited to, cosmetic services.
2. Other care providers not billed through SCL Health (e.g. independent physician services, private-duty nursing, ambulance transport, etc.). Patients must contact the service providers directly to inquire about assistance and negotiate payment arrangements with these practices.

Eligibility and Assistance Criteria

Financial assistance shall be extended to patients, or a patient's guarantor, in accordance with the SCL Health mission and values. Eligibility for financial assistance shall be considered for those individuals who are uninsured, underinsured and unable to pay for their care, based upon a determination of financial need in accordance with this Policy. When determining patient eligibility, SCL Health does not take into account race, gender, age, sexual orientation, religious affiliation, social or immigrant status, or age of the patient's account.

SCL Health shall provide financial assistance to patients, or a patient's guarantor, in compliance with federal, state and local laws. Financial assistance shall be based on financial need and shall not take into account race, ethnicity, religion, creed, gender, age, social or immigration status, sexual orientation or insurance status.

Applicants for financial assistance are responsible for applying to public programs for available coverage. They are also expected to pursue public or private health insurance coverage for care provided by SCL

Health. The patient's, or a patient's guarantor's, cooperation in applying for applicable programs and identifiable funding sources, including COBRA coverage (a federal law allowing for a time-limited extension of health care benefits), shall be required. If SCL Health determines that COBRA coverage is possible, and the patient is not a Medicare or Medicaid beneficiary, the patient or patient's guarantor, shall provide SCL Health with information necessary to determine the monthly COBRA premium. They will be expected to cooperate with SCL Health staff to determine whether they qualify for SCL Health COBRA premium assistance, which may be offered for a limited time to assist in securing insurance coverage.

Patients, or patients' guarantors, who do not cooperate in applying for programs that may pay for their health care services such as Medicaid, may be denied financial assistance. SCL Health shall make affirmative efforts to assist a patient or patient's guarantor, apply for public and private programs.

In accordance with FEDERAL EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA) regulations, no patients shall be screened for financial assistance or payment information prior to the rendering of services in emergency situations.

The Federal Poverty Guidelines shall be used for determining a patient's eligibility for financial assistance. Eligibility for financial assistance will be based on a combination of family income and assets.

Fully Discounted (No Charge) Care: For eligible services, fully discounted care will be provided to a patient, or patient's guarantor, meeting the following criteria:

1. Uninsured and underinsured patients meeting other eligibility criteria and with annual family incomes not in excess of 200% of the Federal Poverty Guidelines, and
2. All other payment options have been exhausted for the patient including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties.

Discounted Care: For eligible services, care will be discounted and a patient, or patient's guarantor will receive a discount provided that they meet the following criteria:

1. Uninsured and underinsured patients meeting other eligibility criteria and whose annualized family incomes fall between amounts in excess of 200% but less than or equal to 400% of the Federal Poverty Guidelines, and All other payment options have been exhausted for the patient including

private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties.

Discounts are outlined in the Financial Assistance Patient Responsibility Matrix - Attachment B.

Medical Hardship: While financial assistance is typically provided in accordance with the established criteria, it is recognized that there may occasionally be a need for granting additional support based on extenuating circumstances.

For eligible services, discounted care will be provided to a patient, or patient's guarantor, meeting the following criteria:

1. Patient, or patient's guarantor, has annual family income in excess of 400% of the Federal Poverty Guidelines, but less than \$200,000, and
2. Patient, or patient's guarantor, has exhausted all other payment options including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties; and
3. The out-of-pocket, patient obligations resulting from medical services provided by SCL Health providers exceed 20% of annual family income.

Patient, or patient's guarantor, meeting eligibility criteria for medical hardship shall have their SCL Health charges adjusted to 20% of their annual family income. This charge adjustment will apply for all medical services qualified under this provision during a calendar year.

Uninsured Discount: Patients ineligible for financial assistance and having no third-party coverage for medically-necessary services provided by SCL Health will be considered for a discount as covered by the SCL Health Uninsured Discount Policy.

Payment Plans: A reasonable payment plan will be established between SCL Health and the patient, or patient's guarantor, for any balance remaining after the cost of care has been discounted under the financial assistance policy.

Emergency Medical Services

SCL Health care sites shall provide individuals requesting emergency care, or those for whom a representative has made a request if the patient is unable, a medical screening examination to determine whether an emergency medical condition exists. SCL Health care sites will not delay examination and treatment to inquire about methods of payment or insurance coverage, or a patient's citizenship or legal status.

SCL Health care sites shall treat an individual with an emergency medical condition until the condition is resolved or stabilized and the patient is able to provide self-care following discharge, or if unable, can receive needed continual care. Inpatient care will be provided at an equal level for all patients, regardless of ability to pay. SCL Health care sites will not discharge a patient with an emergency medical condition

prior to stabilization if the patient's insurance is canceled or otherwise discontinues payment during course of stay.

If a SCL Health hospital does not have the capability to treat the emergency medical condition, it will make an appropriate transfer of the patient to another hospital with such capability.

Basis for Calculating Amounts Charged to Patients

SCL Health will not charge patients eligible for Financial Assistance under this policy for emergency or other medically necessary care more than the Amounts Generally Billed (AGB) to individuals who have insurance. Individuals may request the AGB percentage in effect at any particular time by contacting the Financial Counseling Department or the Billing office at the addresses and phone numbers listed in Attachment A.

SCL Health will use the look back method to calculate the AGB percentage at least annually by dividing the sum of all claims that have been paid in full by Medicare and all private health insurers together as the primary payer of those claims during the prior twelve (12)-month period by the sum of the associated gross charges for those claims.

Applying for Financial Assistance

Financial assistance eligibility determinations will be made based on the SCL Health policy and an assessment of financial need by the Financial Counseling Department. Uninsured and underinsured patients will be informed of the financial assistance policy and the process for submitting an application. Patients, or patients' guarantors, have a responsibility to cooperate in applying for financial assistance by providing information and documentation on family size, income and assets.

SCL Health will first make reasonable efforts to explain the benefits of Medicaid and other available public and private programs to patients, or patients' guarantors, and make available to them information on those programs that may provide coverage for services. SCHLS will make affirmative efforts to help patients, or a patients' guarantors, apply for public programs, private programs and COBRA coverage,

for which they may qualify and that may assist them in obtaining and paying for health care services. Patients identified as potentially eligible will be expected to apply for such programs.

Information on external coverage and the financial assistance policy of SCL Health will be communicated to patients in a manner that is easy to understand, culturally appropriate and in the most prevalent languages used in their communities.

Application and Documentation: All applicants must complete the SCL Health Financial Assistance application form and provide requested documents when applying for financial assistance (see #3 below). Documentation may include:

1. Income information such as recent pay stubs, supporting documentation for self-employment income, the most recent income tax return and bank statements;
2. Monthly expense details (as outlined on the financial assistance application form.); and/or
3. Asset information as required in the SCL Health policy and on the financial assistance application form.

This SCL Health policy provides for the protection of a minimum of \$10,000 in cash and investments, equity in a primary residence, one automobile per licensed family member living within the applicant's household, retirement plan accounts including IRA, 401k and 403b balances, irrevocable trusts for burial purposes, and/or Federal and State administered college savings plans.

All other assets will be considered available for payment

Reference SCL Health Hospital Locations - Attachment A for a listing of all SCL Health hospital locations

Requests for financial assistance shall be processed promptly, and SCL Health shall notify the patient or applicant in writing within 30 days of receipt of a completed application. If denied eligibility for any of the financial assistance offered by SCL Health, the patient may re-apply whenever there has been a change of income or status. A financial assistance application may also be re-submitted at subsequent times of service if the most recent financial assistance determination was made more than one year prior.

Presumptive Eligibility

SCL Health recognizes that not all patients, or patients' guarantors, are able to complete the financial assistance application or provide requisite documentation. Financial counselors are available at each care site to assist any individual seeking application assistance. For patients, or patients' guarantors, who are unable to provide required documentation but meet certain financial need criteria, SCL Health may grant financial assistance. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or one who received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spenddown);
7. Low income/subsidized housing is provided as a valid address; and/or
8. Patient is deceased with no known estate.

For patients, or their guarantors, who are non-responsive to the SCL Health application process, other sources of information may be used to make an individual assessment of financial need. This information will enable SCHLS to make an informed decision on the financial need of non-responsive patients.

For the purpose of helping financially needy patients, SCL Health may utilize a third-party to review a patient's, or the patient's guarantor, information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical financial assistance approvals for the SCL Health. The predictive model enables SCL Health to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process.

Information from the predictive model may be used by SCL Health to grant presumptive eligibility to, or relax some of, the documentation requirements for patients or their guarantors. In cases where there is

an absence of information provided directly by the patient, and after efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

In the event a patient does not qualify under the presumptive rule set, the patient may still provide requisite information and be considered under the traditional financial assistance application process.

Patient accounts will be reviewed individually and may be granted presumptive eligibility. These accounts will be reclassified under the financial assistance policy. The discount provided to these accounts will not be sent to collection and will not be included in SCL Health bad debt expense.

Presumptive screening provides a community benefit by enabling SCL Health to systematically identify financially needy patients, reduce administrative burdens and provide financial assistance to patients and the guarantors, some of whom not have been responsive to the financial assistance application process.

Financial Assistance Approvals

Financial assistance determinations will be made according to the approved policy and in a manner that reflects financial stewardship and social responsibility. Adjustments will follow the levels as established in the SCL Health policy.

Timeline for Establishing Financial Eligibility

Every effort will be made to determine a patient's, or patient's guarantor's, eligibility. Determination for financial support can be made during any stage of the patient's stay after stabilization of medical condition or during the collection cycle.

Determination for SCL Health financial assistance will be made after all efforts to qualify the patient for other public or private programs have been exhausted. If other avenues of financial support are being pursued, SCL Health will communicate with the patient, or patient's guarantor, regarding the process and expected timeline for determination and shall not attempt collection efforts while such determination is being made.

Requests for financial assistance shall be processed promptly, and SCL Health shall notify the patient or applicant in writing within 30 days of receipt of a completed application. If eligibility is approved, the patient will be granted financial assistance for a period of twelve months. Financial assistance will also be applied to all eligible accounts incurred for services received six months prior to application date.

If denied eligibility for any of the financial assistance offered by SCL Health, a patient, or patient's guarantor, may re-apply whenever there has been a change of income or status. A financial assistance application may also be re-submitted at subsequent times of service if the most recent financial assistance determination was made more than one year prior.

Notification about Financial Assistance

SCL Health will make information readily available on its financial assistance policies or programs. Such information will be posted on the SCL Health and care site websites. Notices on the availability of financial assistance will be posted in emergency departments, urgent care centers, admitting and registration departments and patient financial services offices that are located on facility campuses, and at other locations that SCL Health deems appropriate. The notices in the care sites will be posted conspicuously.

The signs and other information on financial assistance will be in English and in any other language that is the primary language of at least 5% of the patients served annually by the specific care site.

In addition to the methods noted above, SCL Health will make financial assistance policies or program summaries available to appropriate community health and human services agencies and other organizations that assist people in need. Financial assistance information, including a contact number, shall be included in patient bills and through oral communication with uninsured and potentially underinsured patients. Notification about financial assistance will also be included in the SCL Health Conditions of Admission form. SCL Health will provide financial counseling to patients about their SCL Health bills and will make the availability of such counseling known. It is the responsibility of the patient or the patient's guarantor to schedule assistance with a financial counselor.

Information on the SCL Health financial assistance policy will be made available to care site staff. SCL Health will educate associates who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections) about financial assistance and collection policies and practices. Referral of patients for financial assistance may be made by any SCL Health associate or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors.

A request for financial assistance may be made by a patient, a patient's guarantor, a family member, close friend or associate of the patient, subject to applicable privacy laws. SCL Health will also respond to any oral or written requests for more information on the financial assistance policy made by a patient or any interested party.

Appeals and Dispute Resolution

Patients may seek a review from SCL Health in the event of a dispute over the application of this financial assistance policy. Patients denied financial assistance may also appeal their eligibility determination.

Disputes and appeals may be filed by contacting the care site's Leadership Charity Indigent Care Program. The basis for the dispute or appeal should be in writing and submitted within six months of the

patient's experience giving rise to the dispute or notification of the decision on financial assistance eligibility.

Refer to SCL Health Hospital Locations - Attachment A for a listing of SCL Health hospital locations for the submission of any disputes or appeals.

Record Keeping

SCL Health will document any and all financial assistance, whether fully discounted (no charge) care, discounted care or medical hardship in order to maintain proper controls and meet all internal and external compliance requirements.

Actions in the Event of Non-Payment

SCL Health will make certain efforts to provide uninsured patients with information about our financial assistance policy, such as including a summary of it with billing statements, before SCL Health or our collection vendors take certain actions to collect payment.

No extraordinary collection actions will be pursued against any patient within 150 days of issuing the initial bill or without first making reasonable efforts to determine whether that patient is eligible for financial assistance. Reasonable efforts shall include, but not be limited to, validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed SCL Health. Reasonable efforts also include a prohibition on collection actions pursued against an uninsured patient (or one likely to be underinsured) until the patient has been made aware of the care site's financial assistance policy and has had the opportunity to apply for it or has availed themselves of a reasonable payment plan. The care sites will refrain from extraordinary collection actions against a patient if s/he provides documentation that s/he has applied for health care coverage under Medicaid, or other publicly-sponsored health care programs.

The SCL Health policy regarding care for emergency medical conditions prohibits demanding payment prior to receiving services or permitting collection activities that could interfere with provision of emergency medical care.

The SCL Health policy requires that information on financial assistance be included in all statements sent to patients informing them of any outstanding balance due. Additionally, the care sites and/or care sites business associates shall contact non-responsive patients, using oral and written means of communication, to inform them of outstanding balances owed and to discuss eligibility for financial assistance or reasonable payment options.

As outlined in separate billing and collection policy, SCL Health may pursue collection actions against patients found ineligible for financial assistance, patients who received discounted care or medical hardship discounts but are no longer cooperating in good faith to pay the remaining balance, or patients who have established payment plans but are not in accordance with the payment plan. All collection

practices of SCL Health follow the Fair Debt Collection Practice Act as amended by Public Law 104-208, 110 Stat. 3009.

Regulatory Requirements

In implementing this policy, SCL Health management and facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Exclusions

The following care sites are not covered by this policy:

- Mount Saint Vincent

Policy Approval

The SCL Health financial assistance policy is subject to periodic review. Any changes to the policy must be approved by the SCL Health Board of Directors.

References:

- None

Related Policies:

- None

Supporting Documents:

- SCL Health Contact Information, Hospital and Provider Locations - Attachment A
- Financial Assistance Patient Responsibility Matrix - Attachment B

Monitoring:

- None

ATTACHMENT A

Requests for financial assistance, questions, disputes and appeals may be filed by contacting the care site's Leadership Charity Indigent Care Program, located at SCL Health Revenue Service Center:

SCL Health Revenue Service Center

Attention: Charity Indigent Care Program

500 Eldorado Blvd.

Broomfield, CO 80021

303-272-0967

855-821-0124 toll free

<http://www.sclhealthsystem.org/customer-service/financial-assistance-and-charity/charity-policy/>

Good Samaritan Medical Center

200 Exempla Circle

Lafayette, CO 80026

Lutheran Medical Center

8300 W. 38th Avenue Wheat

Ridge, CO 80030

Saint Joseph Hospital

1375 East 19th Avenue

Denver, CO 80218

St. Mary's Medical Center

2635 N. 7th Street

Grand Junction, CO 81501

St. Vincent Healthcare

1233 N. 30th Street

Billings, MT 59101

Holy Rosary Healthcare

2600 Wilson Street Miles

City, MT 59301

St. James Healthcare

200 S. Clark Street

Butte, MT 59701

Platte Valley Medical Center

1606 Prairie Center Parkway, Ste 270

Brighton, CO 80601

SCL Health Employee Providers

CCL-Clinic-Duchesne
Cardiothoracic Surgeon
Clinic Endocrinology
ECL-CLH-Administration
ELH-Palliative Care
ER Physicians
ESS-Employee Health Services
EWP-Administration
FPC-Brewster Place
FPC-Lake Shawnee Clinic
Hospitalist
HRH-ER Physicians
HRH-Family Practice Int Med
HRH-Pediatrics
HRH-Surgical Services Clinic
HRH-Women's Health
LMCLP-Radiation Therapy
LMCLP-Spine Center
LMC-Oncology-Chemotherapy
Marian Clinic
MCT Dental Clinic
Mrlc Clr-Dental
Mrlc Clr-Dental Pediatrics
Mrlc Clr-Team 1
Mrlc Clr-Team 2
Neonatal Prof Services
Oncology-Chemotherapy
Pain Treatment Program
Pediatric Clinics
Physiatrists
Physicians Clinic 3
SCLP-Belmar Family Med
SCLP-Bluestone Trauma Surgery
SCLP-GSMC-Bluestone Surgery
SCLP-GSMC-Ex Thorton Med Ctr
SCLP-GSMC-Firestone Fam Prac
SCLP-GSMC-Int Med of Lafayette
SCLP-GSMC-Lafayette Family Prc
SCLP-GSMC-Larkridge Fam & Occ
SCLP-GSMC-Northwest Medical Ct
SCLP-GSMC-RMCVA EGSMC
SCLP-GSMC-RMCVA North
SCLP-GSMC-Zuni Family Medicine
SCLP-LMC-Clear Creek Fam Prac
SCLP-LMC-CV Surgeons
SCLP-LMC-Diabetes & Endocr Svc
SCLP-LMC-Family Practice Spec

SCLP-LMC-Green Mtn Med Ctr
 SCLP-LMC-Hematology-Oncology
 SCLP-LMC-Mtn States Urogynecol
 SCLP-LMC-Orthopedic Surgery
 SCLP-LMC-Plast Recon & Aesthet
 SCLP-LMC-RMCVA ELMC
 SCLP-LMC-RMCVA Union
 SCLP-LMC-Union Family Medicine
 SCLP-LMC-Wellmore Family Pract
 SCLP-LMC-Wheat Ridge Occ Med
 SCLP-Med Ser Flt Pool-Tele Mon
 SCLP-SJ Diabetes & Endocrine
 SCLP-SJD-Comprehen Breast Care
 SCLP-SJD-Denver Medical Assoc
 SCLP-SJD-Denver Sports Med
 SCLP-SJD-Fam Med Stapleton Cln
 SCLP-SJD-Front Range CTS
 SCLP-SJD-Gynecologic Oncology
 SCLP-SJD-Mtn States Urogynecol
 SCLP-SJD-Oasis
 SCLP-SJD-RMCVA ESJH
 SCLP-SJD-Stapleton OB-GYN
 SCLP-SJD-Structural Heart Clin
 SCLP-SJD-Surgery
 SCL-SJD-Essential Women's Care
 SJB-Anesthesiology Physicians
 SJB-Clinic Cardiology
 SJB-Clinic-OB GYN
 SJB-Clinic-Radiation Oncology
 SJB-Clinic-Surgery
 SJB-ER Physicians
 SJB-ER Physicians
 SJB-Medical Oncology Phys
 SJB-SJPG Rocky Mountain Clinic
 SJB-Urology
 SJD-Administration
 SJD-Family Practice Residency
 SJD-Med Ed-Internal Medicine
 SJD-Med Ed-Obstetrics
 SJD-Med Ed-Surgery
 SJD-Surg Oncology Physicians
 SMG Neonatal Professional Ser
 SMG-Clinic Endocrinology
 SMG-Clinic Neurosurgeons
 SMG-Clinic-Neurology
 SMG-Clinics-Infectious Disease
 SMG-Clinics-Lung & Sleep Ctr
 SMG-Clinics-Wound
 SMG-Family Practice Residency

SMG-Hospital Based Clinics-Br
SMG-Hospital Based Clinics-Ca
SMG-Hospital Based Clinics-Hi
SMG-Hospital Based Clinics-Ne
SMG-Hospital Based Clinics-Oc
SMG-Hospitalist
SMGJ-Clinical IS
SMG-Palliative Care
SMG-Radiation Therapy
SMG-Rehab Professional Serv
SMG-Rheumatology
St. Francis Womens Center
SVB Big Horn Basin Rad Onc Ctr
SVB IP Neurology
SVB-Broadwater
SVB-Broadwater Walk In Clinic
SVB-Cardiovascular Surgery
SVB-Clinic GI Lab
SVB-Dermatology & MOHS Surgery
SVB-FCC-OP Radiation Oncology
SVB-Hardin Medical Clinic
SVB-Heights Family Prac Clinic
SVB-ICU Intensivist
SVB-Internal Med-Diabet Clinic
SVB-Laurel Medical Center
SVB-Maternal-Fetal Medicine
SVB-Montana Heart
SVB-Mountain View MC Clinic
SVB-Neurosurgery
SVB-Seeded Physicians OB GYN
SVB-Sr Bruner Clinic
SVB-SVPN Respiratory
SVB-SVPN-Big Sky OB-GYN
SVB-SVPN-North Shiloh
SVB-SVPN-OP Neurology
SVB-SVPN-Seated Nephrologist
SVB-West Grand Fam Med Clinic
SVB-Wound Care Clinic
SVB-Yellowstone Urology

Financial Assistance Patient Responsibility Matrix

Attachment B

| 2019 | | | | | | | | | | | | | | | | |
|----------------------------------|---|----|----------|----------|---------|-----------|-----------|----|-----------|-----------|---------|-----------|-----------|----|-----------|-------------------|
| Sizes of Household | Percentage of Federal Poverty Guideline | | | | | | | | | | | | | | | |
| | 0% | | 200% | 201% | to | 250% | 251% | to | 300% | 301% | to | 350% | 351% | to | 400% | 401% + |
| 1 | \$ - | to | \$24,980 | \$24,981 | to | \$31,225 | \$31,226 | to | \$37,470 | \$37,471 | to | \$43,715 | \$43,716 | to | \$49,960 | Self-pay Discount |
| 2 | \$ - | to | \$33,820 | \$33,821 | to | \$42,275 | \$42,276 | to | \$50,730 | \$50,731 | to | \$59,185 | \$59,186 | to | \$67,640 | |
| 3 | \$ - | to | \$42,660 | \$42,661 | to | \$53,325 | \$53,326 | to | \$63,990 | \$63,991 | to | \$74,655 | \$74,656 | to | \$85,320 | |
| 4 | \$ - | to | \$51,500 | \$51,501 | to | \$64,375 | \$64,376 | to | \$77,250 | \$77,251 | to | \$90,125 | \$90,126 | to | \$103,000 | |
| 5 | \$ - | to | \$60,340 | \$60,341 | to | \$75,425 | \$75,426 | to | \$90,510 | \$90,511 | to | \$105,595 | \$105,596 | to | \$120,680 | |
| 6 | \$ - | to | \$69,180 | \$69,181 | to | \$86,475 | \$86,476 | to | \$103,770 | \$103,771 | to | \$121,065 | \$121,066 | to | \$138,360 | |
| 7 | \$ - | to | \$78,020 | \$78,021 | to | \$97,525 | \$97,526 | to | \$117,030 | \$117,031 | to | \$136,535 | \$136,536 | to | \$156,040 | |
| 8 | \$ - | to | \$86,860 | \$86,861 | to | \$108,575 | \$108,576 | to | \$130,290 | \$130,291 | to | \$152,005 | \$152,006 | to | \$173,720 | |
| * For each additional person add | | | \$4,420 | | \$4,420 | | \$4,420 | | \$4,420 | | \$4,420 | | \$4,420 | | \$4,420 | |
| IPI/OP Discount | | | 100% | | 95% | | 90% | | 80% | | 78% | | | | SP Disc | |

*Patient responsibility per visit will not exceed 20% of household annual income for patient with incomes greater than 400% of the Federal Poverty Level who qualify for a Medical Hardship

**Effective April 1, 2019