Pembina County Memorial Hospital
Wedgewood Manor

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| **SUBJECT:** Financial Assistance aka Healing Hands | **REFERENCE** #2000 |
| **DEPARTMENT:** Business Office | **PAGE:** 1 **OF:** 8 |
| | **EFFECTIVE:** 1/1/2016 |
| **APPROVED BY:** Janet Johnson, Hospital Office Manager & Taylor Brown, CFO | **REVISED** 11/4/2026 |

**Purpose:**

Pembina County Memorial Hospital ("Hospital") desires to provide the steps necessary in recognizing patients who for economic and financial reasons cannot meet the requirements of the facility in paying bills incurred for service.

**Definitions:**

- Amounts Generally Billed: The amount billed to an individual who has insurance covering them emergency medical care and other medically necessary care. This "AGB limit" is calculated as explained in this policy.

- Annual Gross Income: The estimated annual income of an individual and all immediate family members who reside with them. Estimated annual income is calculated based on the most recently filed Form 1040, 1040A, or 1040EZ, pay stubs for the most recent 3-month period, and bank statements from the most recent 3-month period. This calculation will be adjusted if an individual provides evidence that their current and future income is substantially lower than indicated in those documents. Hospital reserves the right to adjust this calculation if Hospital obtains evidence that an individual's current and future income is substantially higher than indicated in those documents.

- Emergency Medical Care: Treatment of an emergency medical condition. Emergency medical conditions are defined in section 1867(e)(1) of the Social Security Act as "a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in
    - Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
    - Serious impairment to bodily functions, or
    - Serious dysfunction of any bodily organ or part.

  Or with respect to a pregnant woman who is having contractions,
    - that there is inadequate time to affect a safe transfer to another hospital before delivery, or (b) that transfer may pose a threat to the health or safety of the woman or the unborn child."
- Medically Necessary Care: A medical treatment that is deemed to be necessary by the patient's examining physician.

- Community: Hospital's primary and secondary service area, generally defined as Pembina County and Cavalier County, North Dakota.

**Policy:**

Hospital's criteria for financial assistance aka Healing Hands Policy will follow the Federal Poverty Guidelines. See Attachment A for the currently applicable Federal Poverty Guidelines. Attachment A will be updated at least annually to maintain accuracy.

- The full amount of an individual's liability will be forgiven as Healing Hands discount if their annual gross income is less than or equal to 100% of Federal Poverty Guidelines. The patient's remaining liability will be $0.00.
- 70% of an individual's remaining liability will be forgiven as Healing Hands discount if their annual gross income is greater than 100% of FPG but less than or equal to 150% of FPG.
- 40% of an individual's remaining liability will be forgiven as Healing Hands discount if their annual gross income is greater than 150% of FPG but less than or equal to 200% of FPG.

An individual will not qualify for Healing Hands discount if their annual income is greater than 200% of FPG.

All Hospital charges related to emergency medical conditions and other medically necessary care are eligible for Healing Hands. The Healing Hands discount will apply to the remaining unpaid individual liability. See Attachment B for further information about those providers whose services are eligible for Healing Hands discount under this policy. Attachment B will be updated at least quarterly to maintain accuracy.

A Healing Hands application will be considered complete if it includes the following documents:

1. Most recently filed IRS Form 1040, 1040A or 1040-EZ
2. Completed Healing Hands Application
3. Bank statements for the most recent 3-month period
4. Paycheck stubs for the most recent 3-month period
5. Or proof of income in the form of social security award letter if paycheck stubs are no available

**Rural Health Clinic (RHC) Exception:** For financial assistance applications related to RHC services, three months of bank statements are **not required** as supporting documentation. RHC eligibility will be determined based on income and family size.

Healing Hands applications may be submitted by the patient, a guarantor, or a person acting on behalf of a patient or guarantor.

Hospital will only use information provided by these parties to make determinations about an individual's Healing Hands eligibility. Hospital does not use third-party information to make presumptive determinations of financial assistance aka Healing Hands eligibility.

Completed Healing Hands applications and other documents should be submitted to the Business Office Manager. Acceptable methods of submission are:

- Mail – "Attention: Business Office Manager", PO Box 380, Cavalier, ND 58220
- In-person delivery – Business Office, 301 Mountain Street East, Cavalier, ND 58220
- Email – janet.johnson@cavalierhospital.com
- Fax – "Attention: Hospital Business Office Manager", (701) 265-6379

If Hospital has reason to believe that information in the Healing Hands application is unreliable or incorrect or that the information was obtained under duress or through the use of coercive practices, Hospital will consider the application incomplete.

Approval of the request will be granted or denied by the Hospital Business Office Manager by the end of the month the completed application is received or within fifteen working days, whichever is later. In addition, approval will also be given by one of the following: CliniCare Business Office Manager, Director of Finance, or Administrator.

Hospital will accept a Healing Hands application for a specific instance of medical care for 240 days after the first post-discharge billing statement is sent to an individual.

If an individual qualifies for Healing Hands assistance, such qualification will apply to all emergency medical care and other medically necessary care received after January 31st by the individual during that calendar year and until January 31 of the following calendar year.

If a patient does not qualify for Healing Hands assistance, a letter must be sent indicating that they have not qualified according to hospital guidelines and explaining the basis for the denial.

If an individual qualifies for a Healing Hands discount that is less than 100%, Hospital will provide the individual with an updated billing statement that indicates the remaining amount the individual owes, how that amount was determined, and how the individual can obtain information about their AGB limit.

An individual who qualifies for a Healing Hands discount will not be required to pay more for emergency medical conditions and other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (the "AGB limit"). Hospital will calculate this AGB limit for a patient using the Prospective Method. Under the Prospective Method, the AGB limit will be calculated using the billing and coding process Hospital would use if the individual were a Medicare fee-for-service beneficiary. Hospital will use the currently applicable Medicare rates provided by the Centers for Medicare & Medicaid Services to determine this amount. See attachment C for the AGB limit currently in effect.

Hospital may require payment for a non-emergency medical procedure prior to receiving the care. However, in no instance will this pre-payment be more than the AGB limit for the care.

Hospital has a separate Billing and Collections Policy. The Billing and Collections Policy includes the actions Hospital may take in the event of nonpayment of the remaining liability owed by an individual who has qualified for Healing Hands financial assistance. Copies of the Billing and Collections Policy are available to the public through all the same methods by which this financial assistance policy is available, as stated within this policy you may contact Janet Johnson, the Business Office Manager at Pembina County Memorial Hospital, by calling (701) 265-6332 for assistance.

The Business Office Manager at Hospital will provide information about this financial assistance policy to anybody who requests it. The Business Office Manager is in the Business Office, near the north entrance, at 301 Mountain Street East, Cavalier, ND 58220 and is available by phone at (701) 265-6332.

Janet Johnson, Hospital Business Office Manager at 301 Mountain Street East Cavalier, ND will provide assistance with the Healing Hands application process to anybody who requests it. Janet Johnson (Hospital Office Manager) may be contacted at 301 Mountain Street East, Cavalier, ND 58220 or via phone at 701-265-6332.

Hospital will inform the public about the availability of Healing Hands financial assistance through the following methods:

- Hospital has conspicuous public displays that inform patients about Healing Hands financial assistance program. Such displays shall be located in the emergency room and all admissions areas. These displays shall include the following information.
    - Financial assistance is available under Hospital's Healing Hands Assistance policy.
    - Information about how or where to obtain information about the Healing Hands financial assistance policy and application process.
    - Information about how or where to obtain copies of the Healing Hands financial assistance policy, a plain language summary of this Healing Hands financial assistance policy, and the Healing Hands application.

- Hospital offers a paper copy of the plain language summary of this Healing Hands financial assistance policy to all patients as part of the intake and/or discharge process.

- Hospital includes the following information on all billing statements.
    - Financial assistance is available under Hospital's Healing Hands policy.
    - The telephone number of Hospital office or department that can provide information about the Healing Hands assistance policy and process.
    - The direct web site address (URL) on which this Healing Hands policy, a plain language summary of this Healing Hands Financial Assistance policy, and the Healing Hands application are available.

  The written notice on billing statements will be conspicuously placed and of sufficient size to be clearly readable.

- This Healing Hands assistance policy, a plain language summary of this Healing Hands policy, and the financial assistance application are always available on Hospital's website.

- Paper copies of this Healing Hands policy, a plain language summary of this Healing Hands policy, and the Healing Hands application are made available upon request and without charge. These paper copies are available by mail, in Hospital's emergency room, and in all admissions areas.

- Hospital will take reasonable efforts to notify and inform community members about this Healing Hands financial assistance policy in a manner that is reasonably calculated to reach those individuals who are most likely to need financial assistance.

- If any population with limited English proficiency comprises more than 5% of the population in Hospital's community or more than 1,000 individuals, then all communication methods described here will also be followed in the primary language of that population.

Effective Date: 1-21-2026
Form: Healing Hands Application

**Attachment A**

Federal Poverty Guidelines ("FPG) are published annually in the Federal Register by the U.S. Department of Health and Human Services. This information is available online at http://aspe.hhs.gov.

This table is applicable for calendar year 2026:

| **2026 Sliding Fee Schedule** | | | | | | |
|---|---|---|---|---|---|---|
| For Medical Patient Pays | $25 Nominal Charge | $35 Nominal Charge | | $40 Nominal Charge | | Full Payment for Services Rendered * |
| For Nurse Patient Pays | $3 Nominal Charge | $4 Nominal Charge | | $5 Nominal Charge | | Full Payment for Services Rendered * |
| For Mental Health Patient Pays | $25 Nominal Charge or $5 for group | $35 Nominal Charge or $10 for group | | $40 Nominal Charge or $15 for group | | Full Payment for Services Rendered * |
| **Family Size** | **Less Than/ Equal To** | **Greater Than** | **Less Than/ Equal To** | **Greater Than** | **Less Than/ Equal To** | **Greater Than** |
| 1 | $15,960 | $15,960 | $23,940 | $23,940 | $31,920 | $31,920 |
| 2 | $21,640 | $21,640 | $32,460 | $32,460 | $43,280 | $43,280 |
| 3 | $27,320 | $27,320 | $40,980 | $40,980 | $54,640 | $54,640 |
| 4 | $33,000 | $33,000 | $49,500 | $49,500 | $66,000 | $66,000 |
| 5 | $38,680 | $38,680 | $58,020 | $58,020 | $77,360 | $77,360 |
| 6 | $44,360 | $44,360 | $66,540 | $66,540 | $88,720 | $88,720 |
| 7 | $50,040 | $50,040 | $75,060 | $75,060 | $100,080 | $100,080 |
| 8 | $55,720 | $55,720 | $83,580 | $83,580 | $111,440 | $111,440 |
| Each Additional Family Member | $5,680 | $5,680 | $8,520 | $8,520 | $11,360 | $11,360 |
| **Financial Aid Discount** | **100%** | **70%** | | **40%** | | **0%** |
| **Patient Share** | **0%** | **30%** | | **60%** | | **100%** |

*$40 Minimum Payment at Time of Service – if no slide and balance will be billed (Can be waived in hardship cases)

Last updated: November 4, 2026

Updated by: Janet Johnson, Business Office Manager

Approved by: Taylor Brown, CFO

**Attachment B**

**Providers That Operate Within Pembina County Memorial Hospital**

Medical service expenses for a patient can generally be categorized as either hospital fees or provider fees. All hospital fees for emergency medical care and other medically necessary care are eligible for financial assistance under this policy except for accounts referred to a collection agency. However, not all provider fees are eligible for financial assistance under this policy. Those not covered by this policy include referral or professional charges generated by Altru Health systems, Sanford, Mayo Clinic, and Rochester Clinic. Professional and technical charges incurred by Wedgewood Manor, Country Estates, or Cavalier Ambulance are also excluded.

The following information is provided to assist the public in understanding which provider fees are eligible for financial assistance under this policy. If this information is unclear, you may contact Janet Johnson, Business Office Manager at Pembina County Memorial Hospital, by calling 701-265-6332 for assistance.

Pembina County Memorial Hospital defines a “provider” as a physician or similarly credentialed individual. Providers do not include nurses or technicians.

**Attachment C**

**Amounts Generally Billed Calculation**

An individual who qualifies for financial assistance will not be required to pay more for emergency medical conditions and other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (the "AGB limit").

Hospital will calculate this AGB limit for a patient using the Prospective Method. Under the Prospective Method, the AGB limit is calculated using the billing and coding process Hospital would use if the individual were a Medicare fee-for-service beneficiary. As defined by the IRS, Medicare fee-for-service means health insurance available under Medicare Part A and Part B of Title XVIII of the Social Security Act.

Hospital's Medicare rates currently in effect are:

- Hospital Bed for inpatient care under Medicare Part A = $2,717.00 per day
- Swing Bed for inpatient care under Medicare Part A = $2,514.00 per day
- Hospital outpatient care under Medicare Part B = 60% of gross charges