



POLICY TITLE: Financial Assistance Policy	REFERENCE: (If other policies to reference)
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DEPARTMENT: Patient Financial Services	OF: 8
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APPROVED BY: Toby Stults, CFO; Tracy Hess, Revenue Cycle Director	REVISED: 6/1/20
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TITLE: *Financial Assistance Policy*

I. Purpose:

WCDH is dedicated to providing quality healthcare to all patients regardless of age, sex, race, religion, national origin and/or ability to pay. WCDH assures completion of a financial assistance evaluation at the earliest possible point in the registration/billing process for all patients unable to meet their financial obligation once all other options for reimbursement have been exhausted.

II. Policy:

1. Uninsured or underinsured patients who are unable to pay for hospital services are Charity Patients. Charity care represents health care services that have been or will be provided but are not expected to result in cash flows. The criteria for charity consideration eligibility will be based upon income (as compared with poverty levels established on an annual basis by the United States Department of Health and Human Services), household size, assets, liabilities, estimated medical bill or other extenuating circumstances.
2. Patients eligible for financial assistance consideration will receive medically necessary services on an uncompensated or reduced level based upon a determination of financial need in accordance with this policy. If only a portion of the bill qualifies for write off, the patient will be responsible for paying the remaining balance.
3. Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with WCDH's procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual 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.

4. Upon approval for financial assistance consideration, write-offs will be processed promptly in accordance with procedures and state statutes and regulations.
5. Patients who are able, but unwilling, to pay for hospital services are considered bad debts. Patients who are considered bad debts are referred to outside agencies for collection unless eligible for adjustment under another WCDH policy.
6. If a patient qualifies for AHCCCS or a state Medicaid program (“AHCCCS/Medicaid”) after a bill is incurred with WCDH, a bill (or portion thereof) incurred prior to such qualification but which is not covered by AHCCCS/Medicaid solely because of a delay in qualification for AHCCCS/Medicaid will be eligible for a charity write-off. Any bill incurred while the patient was ineligible for AHCCCS/Medicaid due to spend down requirements or excess income is not eligible for a charity write-off unless otherwise eligible under Section II.A above. A patient who fails to fully cooperate with the Medicaid eligibility process will not be eligible for Financial assistance.
7. Financial assistance may be granted subject to the following approval limits:
 - Up to \$5,000 – CFO
 - Over \$5,000 – CEO and CFO
8. The CFO will be responsible for monitoring the appropriateness of financial assistance charges, patient days, and allowances.

III. Definitions

Charity Care

- Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services for free or at a discount to individuals who meet the established criteria.

Family

- Using the Census Bureau definition. A group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be



considered a dependent for purposes of the provision of financial assistance.

Family Income

- Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
 - Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, assistance from outside the household, and other miscellaneous sources;
 - Noncash benefits (such as food stamps and housing subsidies) do not count;
 - Determined on a before-tax basis;
 - Excludes capital gains or losses; and
 - If a person lives with a family, include the income of all family members (Non-relatives, such as housemates, do not count).

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.

Medically Necessary

- As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Financially Indigent

- A financially indigent patient is defined as a person who is uninsured or underinsured and household income is at or below 400% of the federal poverty level.
- Underinsured patients - patients with some form of third-party payer coverage for health care services but such coverage is insufficient to pay the current bill
- Uninsured patients -patients with no third-party payer coverage for health care services. WCDH will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for charity care as a financially indigent patient. The poverty income guidelines are published in the Federal Register in February of each year and for purposes of this policy will become effective the first day of the month, following the month of



publication.

- In no event will WCDH establish eligibility criteria for financially indigent patients which incorporate an income level for charity care lower than that required for counties under any state indigent health care acts. WCDH may, however, adjust the upper limit eligibility criteria based on the financial resources of the hospital and as necessary to meet the charity care needs of the community.

Medically Indigent

- A medically indigent patient is defined as a person whose medical or hospital bills, after payment by third-party payers exceed a specified percentage of the person's annual gross income as set forth in this policy and who is unable to pay the remaining balance.
- To become eligible for charity care as a medically indigent patient, the amount owed by the patient on ALL MEDICAL bills after payment by third-party payers must exceed ten percent of the patient's annual gross income and the patient must be unable to pay the remaining bill. The hospital may consider other factors, many of which require committee assessment, when determining patient's ability to pay.
- A determination of a patient's ability to pay the remainder of the bill will be based on whether the patient reasonably can be expected to pay the account in full thru the loan program or twelve- month period if paid directly to the hospital.
- Declined assistance will not prevent a reassessment of the patient's ability to pay at a later date. Reassessment, for outstanding balances still active and not classified as bad debt, will be allowed based on new/changed factors and/or income.

IV. Procedure/Intervention(s):

1. How to Apply for Financial Assistance/Financial assistance:
 - When there is a self-pay balance due estimated for which the patient has indicated they have limited or no means to pay, a request for Financial assistance is initiated, and the patient will be referred to the Business Office to be screened. The screening process will be identified as early as possible in the billing cycle. The screening process includes, but is not limited to:
 - Completion of an application requesting financial assistance.
 - Income documentation, such as recent paystubs, bank statement, W-2, or signed attestation from employer verifying gross monthly income.
 - Proof of denial from AHCCCS/Medicaid, CACP, & all other governmental programs for which the patient may be eligible.
 - State or Federal issued Photo I.D.
2. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to



Federal Poverty Levels (FPL) in effect at the time of the determination.

3. Approval levels for the Financial assistance program will be approved by the CFO or CEO, based on the FPL Guidelines as well as a review of the requested financial documentation.
4. Documentation showing the patient's qualification Financial assistance is kept in the Business Office. All documentation will be retained in accordance with WCDH's Record Retention Policy.
5. In the event, the applicant is denied, the patient will be advised of payment plan guidelines available.
6. Patients meeting the following criteria will be automatically eligible for Financial assistance:
 - The individual must be uninsured.
 - Family income must be at 400% or less of the Federal Poverty Level (FPL).
 - The services provided must not be eligible for discount under the Colorado Indigent Care Program (CICP).

IV. Relationship to Collection Policies

WCDH management has developed policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies). These take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from WCDH, and a patient's good faith effort to comply with his or her payment agreements with WCDH.

For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, WCDH may offer extended payment plans, and will not send unpaid bills to outside collection agencies and will cease all collection efforts. WCDH will continue to send monthly statements showing updated balances and may elect to have a third- party vendor assist with standard follow-up, payment reminders and monthly statements. WCDH will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this financial assistance policy. Reasonable efforts will include:

- Validating that the patient owes the unpaid bills and that of all sources of third-party payments have been identified and billed by the hospital
- Documentation that WCDH has or has attempted to offer the patient the opportunity to apply for financial assistance pursuant to this policy and the



patient has not complied with the hospital’s application requirements.

- Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

Financial assistance information will be made available and readily accessible to the public at all registration areas and on the WCDH website.

V. Additional Information: (this chart represents 400% of the FPL)

WCDH CHARITY GUIDELINES*	HOUSEHOLD SIZE
\$51,040	1
\$68,960	2
\$86,880	3
\$104,800	4
\$122,720	5
\$140,640	6
\$158,560	7
\$176,480	8
\$194,400	9
\$230,240	10
\$230,240	11
\$248,160	12
\$266,080	13
\$284,000	14
\$301,920	15

***Based on 400% of 2020 Federal Poverty Guidelines. The guidelines are to be automatically updated annually to 400% of Federal Poverty Guidelines, as in effect at the time of the financial assistance evaluation. Additional ability to pay criteria is used in the CICIP Ability to Pay Scale. This is used when evaluating eligibility for the program.**



Amounts Charged to Patients Eligible for Financial Assistance

Services eligible under this policy will be made available to the patient, in accordance with financial need, as determined in reference to Federal Poverty Levels in effect at the time of the determination. Once a patient has been determined by WCDH to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges.

The basis for the amounts WCDH will charge patients qualifying for financial assistance is as follows:

- Patients with an annual household income at or below 200% of the FPL or approved under Presumptive Eligibility will receive a 100% discount.
- Patients with an annual household income between 201% and 250% of the FPL will receive a 80% discount.
- Patients with an annual household income between 251% and 300% of the FPL will receive a 60% discount
- Patients with an annual household income between 301 and 350 % of the FPL will receive a 40% discount

INCOME LEVEL*	DISCOUNT PERCENTAGE
200% or below	100%
250%	80%
300%	60%
350%	40%
400%	20%

***WCDH Financial assistance Discount Scale**



Providers Included in the WCDH Financial Assistance Policy

Dr Monte Uyemura
Dr Lindsey Paulson
Dr Samantha Poupore
Dr Robert Lloyd
Sue Krautkramer, PA-C
Nick McDuffee, PA-C
Dr David Reed
Donna Roberts, NP-C
Dr Michael Welch
Dr Susan Kasza
Richard Hammack, NP
Dr John Wolz
Dr James Schiefen
Dr Oralee Eckberg
Dr Lynn Voss
Dr William Kramer
Dr Dirk Dolebeare
Dr Michael Sone
Dr Doug Peller
Dr Khashaiar Charepoo

Providers not included in the WCDH Financial Assistance Policy

Dr Michael Shedd
Dr James Yakel
Dr Alix Keenan
Dr Rai Kakkar
Dr Stephen Pehler
Cheyenne Radiology Group
Pathology Services