

Wheatland Memorial Healthcare  
Policy & Procedures

<b>Title:</b> FINANCIAL ASSISTANCE POLICY		<b>Number:</b> PFS-700
<b>Effective Date:</b> 5/1/2023	<b>Approval Date:</b> 05/1/2025	
<b>Facility (Scope):</b> All Departments		

**PURPOSE:**

Wheatland Memorial Healthcare(WMH) mission and values encourage reaching out to people in the community we serve to provide care to all persons, including individuals and families with financial limitations. The purpose of the Financial Assistance Policy is to ensure that processes and procedures exist for identifying and assessing Wheatland Memorial Healthcare’s patients who qualify for a discount based upon their financial resources and ability to pay.

**POLICY:**

Wheatland Memorial healthcare is a not-for-profit, tax exempt entity with a charitable mission of providing emergency, medications, and medically necessary health care services to residents of wheatland Memorial healthcare service area regardless of their financial status and ability to pay. Wheatland Memorial Healthcare’s financial assistance program is not a substitute for personal responsibility. Patients are expected to cooperate with Wheatland Memorial Healthcare’s procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay. Wheatland Memorial Healthcare established the following provisions to manage financial resources in a responsible manner and to assist persons in need. This policy allows Wheatland Memorial Healthcare to determine eligibility for financial assistance for patients who meet the established eligibility criteria. This policy does not apply to patients with sufficient financial means who refuse to pay for the medical services rendered to them or to their family members. The Financial Assistance Program is intended to be the last payment resort after exhausting all other options including private coverage, federal, state and local medical assistance programs and other forms of assistance provided by third parties. The policy also identifies steps Wheatland Memorial Healthcare takes to communicate the availability of financial assistance. Any information gathered by Wheatland Memorial Healthcare during this process is subject to Wheatland Memorial Healthcare’s policies on protection of confidentiality information. Wheatland Memorial Healthcare provides both emergency treatment and medically necessary healthcare services without the regards to the patients ‘ability to pay for such care. Wheatland Memorial Healthcare makes an administrative determination that financial assistance is appropriate based on the patients ability to pay utilizing the Federal Poverty income guidelines that includes family income, size; and/or based on criteria demonstrating presumptive eligibility and the size of the medical bills.

**DEFINITIONS:**

1. Financial Assistance – Health care services that have or will be provided but are never expected to result in cash inflows. Financial Assistance results from a provider’s policy to provide health care services free or at a discount to individuals who meet the established criteria.
2. Family – Defined by the Census Bureau as a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service’s 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.
3. Family Income – Income is the total annual cash receipts before taxes from all sources which includes, but is not limited to, wages and salaries before deductions, net receipts from non-farm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensation, workers compensation benefits, veteran’s payments, public assistance payments, Supplemental Security Income (SSI), Social Security Disability Income, alimony, child support,

military allotments, private pensions, government pensions, annuity payments, college or university scholarships, grants, fellowships, dividends, interest, net rental income, net gambling or lottery winnings, assistance from outside the household and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

4. Federal Income Poverty Guidelines – The most recently published federal income poverty guidelines for a household, which shall be revised as they are published by the U.S. Government.
5. Legal Guardian – A recognized legal surrogate for the patient with regard to medical and financial decisions, who would be authorized under Montana law to receive confidential health care information on the patient. This includes parents who are legally responsible for their minor children, close family members who are recognized by the patient or Montana law as having the legal ability to act on the patient’s behalf regarding medical and/or financial decisions, or a legal guardian under Montana law.
6. Responsible Party – The patient or any individual legally obligated to pay for the patient’s debts for medical care, excluding third party payers. An adult patient living in the household other than a spouse – including an adult, unmarried child living at home – will be considered the “responsible party” for purposes of this policy, without regard to the income of the other relatives living in the household (except a spouse).
7. Third party payer – Any financial agent or entity, such as an insurance carrier, HMO, employee benefit plan, or government payer, with a legally enforceable obligation to pay for services billed to a patient by WMH. (Responsible parties, as defined herein, are not considered third party payers).
8. Underinsured – The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
9. Uninsured – The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

## **PRACTICE:**

### **A. Services Eligible under This Policy**

1. Emergency medical services provided in an emergency room setting, outpatient clinic services.
2. Services for a condition which, if not promptly treated would lead to an adverse change in the health status of an individual.
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
4. Medically necessary services, evaluated on a case-by-case basis at WMH’s discretion.

### **B. Application Process:**

1. All patients (or their legal guardians) desiring consideration for WMH’s Financial Assistance Program must apply for assistance in writing and must disclose financial information that WMH considers pertinent to the determination of the patient’s eligibility for financial assistance. Financial assistance is available only to cover charges billed to patients by WMH. If a patient qualifies under the presumptive financial eligibility criteria outlined in E below, no application in writing will be required to be furnished by the patient.
2. Patients (or their legal guardians) requesting financial assistance must authorize WMH to make inquiries of employers, for the purpose of verifying information WMH requires to determine eligibility for financial assistance.
3. The completed Financial Assistance Application must be accompanied by legible and accurate photocopies of any of the following documents as needed for purposes of verifying eligibility:
  - a. Complete IRS tax returns for the most recently completed calendar year of all responsible parties.
  - b. Payroll check stubs and/or other documentation of monthly income sources reflecting income of all responsible parties for at least the three months prior to the application.

4. If an application has been made for Financial Assistance at another healthcare facility, WMH will accept a copy of the documentation from the other facility if there is sufficient information to verify eligibility.
5. Income will be annualized, when appropriate, based upon documentation provided.
6. Confidentiality of information will be maintained for all who seek and/or receive assistance as required by WMH policy and federal and state law. Copies of the supporting documents will be kept with the application form.
7. WMH may request additional documentation and/or information that is needed to verify eligibility for assistance to complete the processing of the application. WMH may only base eligibility for your financial assistance program on income and family size only.

### **C. Eligibility Criteria**

1. Financial assistance under this policy is available without regard to the patient's race, creed, color, national origin, age, disability, handicap status, health care condition or marital status, or other federally protected class.
2. Patient care which is not medically necessary, including elective, cosmetic or other care deemed to be generally non-reimbursable by traditional insurance carriers and governmental payers shall not be considered eligible for financial assistance.
3. Minor children/Divorced parents – For the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents will be required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information from the other parent, information from responsible parties residing in the same household of the minor child will be used to make the determination.
4. Financial assistance provided by WMH under this policy is secondary to all other third parties and financial resources available to the patient. This includes, but is not limited to:
  - a. Group or individual medical insurance plans
  - b. Employee benefit plans
  - c. Worker's Compensation plans
  - d. Medicaid, State of County Medical programs
  - e. Other state, federal, or medical programs
  - f. Third parties adjudged to be legally liable for a patient's medical expenses.
    - a. (e.g., auto accidents or personal injury claims).
    - b. Any other persons or entities who have a legal responsibility to pay for the medical service.
    - c. Crime Victims eligible for the Victim's Compensation Program
    - g. Medical care costs covered by government programs of other countries.
5. To the extent that charges for medically necessary services provided by WMH are not paid by third-party coverage, a 100% financial assistance reduction may be provided to cover WMH's charges for patients who satisfy the following conditions:
  - a. Family income is at or less than the 200% Federal Income Poverty Guidelines, adjusted for family size.
6. Partial financial assistance may be provided if the following conditions are met:
  - a. For family income is between 200% and 400% of the Federal Income Poverty Guidelines as adjusted for family size.
7. Partial assistance will be determined as a percentage of the amount owed to WMH based upon where the applicant falls on the Federal Income Poverty Guidelines between 200% and 400% of income.

8. Applicants who do not otherwise qualify for financial assistance under this policy or who qualify for a lower level of assistance than they feel they need, may request assistance at higher level than otherwise established in this policy. WMH will consider the following circumstances and other similar circumstances in evaluation of that request:
  - a. Catastrophic medical debt will be defined as medical debt which is greater than 25% of the annual income of the patient's family. All WMH debt more than the 25% would be adjusted off to financial assistance.
9. Furthermore, other circumstances may compellingly show that full payment of outstanding medical expenses could cause serious social and financial hardship to the patient or the household. These circumstances may warrant that an exceptional financial assistance reduction be considered.

#### **D. Eligibility Determination**

1. When considering a financial assistance application, WMH may request the patient first pursue other sources of payment, including but not limited to Medicaid, county or state medical assistance, crime victims, Supplemental Social Security Income or Disability Income (SSI or SSDI), or other third-party payers as appropriate.
2. The instructions required to complete the Financial Assistance Application will be furnished to patients, their legal guardians, or any persons authorized to act on behalf of the patient. WMH will provide personnel to assist patients/legal guardians in understanding the criteria for eligibility and how to fill out the application.
3. The patient and/or responsible party will be given twenty (20) business days from receipt of an application to complete and return the Financial Assistance Application. Special circumstances may warrant an extension of the twenty (20) business days allocated to complete the Financial Assistance Application.
4. Financial assistance may be determined at the time of application or will occur within 45 days after a completed application has been submitted. Approved applications are good for 6 months from the date of submittal at which time applicants will need to reapply.
5. If WMH determines that any material documentation or information submitted is untrue or falsified, the application will be denied. WMH will not reconsider an application if it determines that the applicant has intentionally misrepresented material information related to eligibility criteria or documentation.

#### **E. Presumptive Financial Assistance Eligibility**

There are instances when a patient may appear eligible for Financial Assistance but there is no financial assistance form on file due to lack of supporting documentation. Often there is adequate information provided by the patient or through other sources which could provide sufficient evidence to provide the patient with Financial Assistance. If WMH uses outside agencies in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential discount amounts due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs.
2. Homeless or 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. Low income/subsidized housing is provided as a valid address.
7. Patient is deceased with no known estate.
8. Energy assistance program.

## **F. Communication of the Financial Assistance Policy to Patients and the Public**

Notification about Financial Assistance availability from WMH, which shall include a contact number, shall be disseminated by WMH by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, urgent care centers, admitting and registration departments, and patient financial services offices that are located on the facility campus, and at other public places as WMH may elect. Information shall also be included on facility websites and in the Conditions of Admission form. Such information shall be provided in the primary languages spoken by the population serviced by WMH. Referral of patients for Financial Assistance may be made by any member of the WMH staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, Chaplin's, and religious sponsors. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

This policy will be made available to government and not-for-profit social service agencies that request it. Information on the program's availability and how to apply, as well as educational materials about the program will be available to patients through the admission process. As soon as a patient indicates that he/she may not be financially able to pay for services, he/she will be referred to a Patient Financial Representative to be considered for eligibility for the Financial Assistance Program. WMH will provide personal assistance in understanding the program and applying for assistance to any patient/legal guardian who requests assistance.

## **G. Notification**

WMH will notify the patient, patient's legal guardian, and/or responsible party in writing of the final determination within forty-five (45) calendar days of WMH's receipt and determination of completed application. The notification will include a determination of the amount for which the patient and/or responsible party will be financially accountable. Denials will be written and include instructions for appeal or reconsideration.

## **H. Appeals**

1. The patient and/or responsible party may appeal a denial of eligibility for financial assistance by providing additional information to the Finance Department within 14 calendar days of receipt of notification of denial. All appeals will be reviewed by the Director of Finance and/or CEO for a final determination. If the final determination affirms the previous denial of financial assistance, written notification will be sent to patient, legal guardian and/or responsible party.
2. If an appeal is filed within 14 calendar days of final determination, any collection efforts will be suspended pending the outcome of the appeals process.

## **I. Collection Agency Accounts**

Accounts assigned to an outside collection agency or attorney will not be eligible for financial assistance. However, in unusual situations where a patient's circumstances have changed after an account is assigned to an outside collection agency or attorney, WMH will consider exceptions to this provision of this policy. The Patient Financial Services Manager, Director of Finance and/or CEO has the authority to grant exceptions.

## **J. Policy Administration**

This policy shall be supervised by the Manager of Patient Financial Services and Director of Finance who shall be responsible for administrating the program and assuring that determinations for financial assistance meet the requirements of this policy. The Patient Financial Representative Manager shall direct the Patient Financial Representatives to notify the patient and/or responsible party of the final determination.

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**ATTACHED/APPLIED/REFERENCED:**

None

***Responsible Department(s)/Supervisor:***

All Departments

***Action:***

Knowledge of enforcement of and adherence to policy

**ADDITIONAL POLICY INFORMATION:**

<b>Type:</b> Business Office	<b>Owner:</b> Roxanne Berg
<b>Replaces:</b>	
<b>Other required review/approval(s) (name, title, date):</b> WMH Board 04/20/2023	