

POLICY and PROCEDURE

TITLE: Financial Assistance Policy	
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CEO: Rex Walk, Interim CEO	
Facility: Memorial Hospital of Carbon County	

TITLE: *Financial Assistance Policy*

I. Purpose/Expected Outcome: The purpose of this program is to provide free or discounted care to those who have limited or no means to pay for their medically necessary healthcare services. This policy may not provide coverage for some elective procedures. The policy includes patients deemed uninsured or underinsured. The Memorial Hospital of Carbon County Financial Assistance program is committed to advocating for patients when they are unable to pay in full for their care. This program includes assisting patients and/or guarantors with potential eligibility for public or private coverage.

Definitions:

Amounts Generally Billed- This refers to the maximum amount Memorial Hospital of Carbon County (MHCC) will bill and/or collect from a patient eligible for financial assistance under this policy.

Emergency Medical Care – treatment of an emergency medical condition as 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, or that there is inadequate time to affect a safe transfer to another hospital before delivery, or that transfer may pose a threat to the health or safety of the woman or the unborn child.

Federal Poverty Guidelines (FPG) –A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels (FPL) are used to determine eligibility for certain programs and benefits such as health insurance and/or financial assistance.

Household Yearly Gross Income – the estimated total income of an individual and all working adults who reside with them. Estimated total income is calculated using the most recent year to date paystubs, Social Security/Disability income, child support, retirement/401k cash outs and any other income included, but not limited to Self-Employed, Unemployment, Worker’s Compensation and Royalties.

Medically Necessary Care – Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Underinsured-A patient that has third party healthcare insurance, however, the coverage is inadequate for their healthcare needs in such a way that the costs for care are a significant financial burden.

Uninsured-A patient that does not have coverage for healthcare services by a third party such as Medicare, Medicaid, Workers Compensation, or a group health insurance company.

II. Policy

Non-Discrimination of Services:

In compliance with all EMTALA (Emergency Medical Treatment & Labor Act) rules and regulations, Memorial Hospital of Carbon County will provide Emergent medical services regardless of a patient’s ability to pay. MHCC will provide emergency medical screening examinations and stabilizing treatments to patients regardless of their ability to pay.

Memorial Hospital of Carbon County will offer financial assistance to patients unable to pay for their services. MHCC will base program eligibility on family size and income and will not discriminate based upon the individuals’ ability to pay. MHCC does not discriminate against any one individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Measures to Widely Publicize the Financial Assistance Policy:

To serve the community, Memorial Hospital of Carbon County takes measures to widely publicize the availability of financial assistance. Patients and members of the public may obtain copies of the financial assistance policy, the application and a plain language summary of the financial assistance policy, free of charge:

- On the website, at www.imhcc.com
- By phone, call 307-324-8280
- In person, at any registration desk and the customer service office at 2221 W Elm St. Rawlins, WY 82301
- By mail, in writing “Attention: Financial Assistance,” PO Box 460 Rawlins, WY 82301

Financial Assistance Eligibility:

Eligible individuals include patients who do not have insurance (Uninsured) or patients who have insurance but are underinsured. Patients must cooperate with any insurance claim submission, referral procedures, authorization requirements, and exhaust their insurance or potential private, federal, state, and local insurance coverage (including Marketplace) before becoming eligible for financial assistance. Financial assistance eligibility is based on an application and supporting documentation which are used to validate the patient's financial status. MHCC's financial assistance discount is based on the applicant's income and the Federal Poverty Guidelines. Assets may also be considered at management discretion.

Other factors affecting eligibility are as follows:

- The financial assistance discount will apply to the individual responsibility after any insurance payments and adjustments.
- Healthcare services must be deemed medically necessary. Services listed on Exhibit I will not be considered for Financial Assistance.
- Services offered by other providers, not billed through Memorial Hospital of Carbon County are not eligible for financial assistance (i.e., independent physicians, transportation, hotel, etc.)

III. Procedure

The following guidelines will be followed:

Application Process: The patient/guarantor must complete a Financial Assistance application in its entirety. By signing the application, applicants attest the submitted information provides a complete and accurate financial position, and authorizes MHCC to confirm all information disclosed on the application form. Providing incomplete or false information on an application will result in an automatic denial of assistance.

- ***Completed:*** Financial Assistance applications and required documentation can be submitted to Patient Financial Services. Acceptable methods of submission are:
 - Mail – “Attention: Financial Assistance,” PO Box 460 Rawlins, WY 82301
 - In-Person Delivery – Patient Financial Services, 2221 W Elm St. Rawlins, WY 82301
- ***Income Verification:*** Applicants must provide the following:
 - Most recent Year's Tax Return

- Three most recent pay stubs
- Three months of Bank Statement(s), for each deposit account (checking and savings)
- Proof of income, wages, SSI/SSD, workers' compensation benefits, or unemployment benefits
- Proof of child support

- Memorial Hospital of Carbon County will accept a Financial Assistance Application for up to 240 days after services are rendered. An application is good for the following 6 months after application is received.
- An individual who has questions about Financial Assistance or would like help with the application process can contact our Financial Counselor at 307-324-8294.

Income Criteria: Using US Department of Health and Human Services Federal Poverty level (FPL) guidelines, discounts will be based on income and family size only; MHCC uses the definitions provided by the United States Census Bureau for both.

- Household is defined as: a group of two or more people residing in the same household, weather related or not. If you do not share in expenses (such as roommates) a letter must be provided by the roommate with an explanation of living situation.
- Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Discounts: Applicants with incomes at or below 200% of the FPL will receive a full 100% discount (free care). Those with incomes above 200% of poverty, and at or below 275% of the FPL, will be charged according to the sliding fee schedule seen in Exhibit II. The sliding fee schedule will be updated annually with the latest Federal Poverty Level guidelines.

Exceptions:

- **Minor Children/Divorced Parents** – for the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents is required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information for all responsible parties, information from responsible parties residing in the same household of the minor child/children are used to make the determination.

- **Patients who are aged 18 to 26** who are students in High School or College, must include parent's income when determining financial need, if claimed as a dependent by either parent.
- **Catastrophic Circumstances** – Memorial Hospital of Carbon County recognizes the fact that there may be instances in which a patient's income exceeds the previously mentioned guidelines, but the patient's expenses also exceed his or her ability to afford care. A charity care adjustment may be approved for these individuals by MHCC Administration.

Application Determination and Approval:

- Applications are reviewed by the Patient Financial Counselors for completeness and eligibility. A timely determination will be provided to the applicant, in writing.
- Written notification will include the percentage of discount the applicant is awarded, or, if applicable, the reason for denial.
- If the application is approved for less than the 100% discount or denied, the remaining account balance will be billed per the MHCC Billing and Collection Policy.
- If approved, financial assistance is effective for the 6-month period.
- MHCC reserves the right to require a patient to re-apply at any time.

Presumptive Eligibility: Charges may be adjusted to provide for a financial discount of 100% of billed charges when there are no insurance benefits and the patient established financial need by satisfying one of the following categories of presumptive eligibility criteria.

- Current Medicaid eligible, but not on date of service or for non-covered service
- The Patient is homeless and/or has received care from a homeless clinic.
- The Patient receives SNAP (Supplemental Nutritional Assistance Program) or CHIP (Children's Health Insurance Program)
- Section 8 Housing
- The Patient is deceased, without an estate.
- Guarantor debt is discharged through Chapter 7 bankruptcy.
- Patient is mentally or physically incapacitated and has no one to act on his/her behalf.

Appeals:

- The patient and/or responsible party may appeal a denial of Financial Assistance by providing additional information, in writing, to the Director of Revenue Cycle within 14 days of receiving a notification of denial. The Director of Revenue Cycle and/or a member of Administration will have final determination upon review of all appeals.

Billing and Collections: Memorial Hospital of Carbon County has a separate Billing and Collections Policy. The Billing and Collection Policy includes the actions MHCC may take in the event of nonpayment of the remaining liability owed by an individual who has qualified or been denied financial assistance. Copies of the Billing and Collection Policy are available to the public.

- Any patient who qualifies for the MHCC Financial Assistance Program will be subject to the same facility collection process as other patients, but only for the percentage that was not adjusted off as part of the program.

IV. Additional Information:

Exhibit I

Excluded Procedures/Locations

- Pain Clinic
- Home Health

Excluded Items:

- Durable Medical Equipment
- Services offered at a discounted cash price
- Services deemed not medically necessary
- Motor Vehicle Accidents
- Hospitalist fees

Exhibit II

Financial Assistance Income Guidelines

0-200% above FPG (Federal Poverty Guideline)	100% Financial Assistance
201-250% above FPG (Federal Poverty Guideline)	75% Financial Assistance
251-275% above FPG (Federal Poverty Guideline)	50% Financial Assistance

Federal Poverty Guidelines are based on the Federal Register by the U.S. Department of Health and Human Services.

X. Appendix

SERVICES/PROVIDERS NOT COVERED UNDER THIS POLICY:

Adam Crawford, CRNA	Holistic Pain Management	178001031
Adam Fieber, CRNA	Holistic Pain Management	1093243784
Mary Phillips, APRN	Holistic Pain Management	1639263650

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SERVICES/PROVIDERS NOT COVERED UNDER THIS POLICY AND BILLED SEPARATELY:

Chad Cooper, MD	Gastroenterology and Associates
Oleg Ivanov, MD	WY Cardiopulmonary Services
John Pickerell, MD	WY Cardiopulmonary Services
Adrian Fluture, MD	WY Cardiopulmonary Services
Robert Novik, MD	WY Cardiopulmonary Services
Allan Wicks, MD	WY Cardiopulmonary Services
Rakesh Ponnappureddy, MD	WY Cardiopulmonary Services
Gary Idlechick, MD	WY Cardiopulmonary Services
Michael Wilkinson, DPM	The Foot Doctor
Scott Bennion, MD	Central Wyoming Skin Center
Brandon Bennion, DNP	Central Wyoming Skin Center
Harold Pierce, MD	Urology Clinic
Daniel Wandsneider, DO	Rural Family Physicians
Matthew Rice, MD	Rural Family Physicians
Shana Eaglefeathers, DO	Rural Family Physicians
Austin Dinkel, DO	Rural Family Physicians

Cardiac Echo LLC

Ivinson Women's Health Clinic

* Providers not covered are subject to periodic change. Please contact Memorial Hospital of Carbon County if you have questions on your provider or services being covered.*