

CAMPBELL COUNTY MEMORIAL HOSPITAL
GOVERNING BOARD POLICY AND PROCEDURE

SUBJECT: FINANCIAL ASSISTANCE POLICY

POLICY: Campbell County Memorial Hospital has established a fund to offer financial assistance to eligible persons who cannot afford to pay for care.

DEFINITIONS:

- A. Amounts Generally Billed - The average amount billed to an individual who has insurance covering their emergency medical care and other medically necessary care. This “ABG limit” is calculated as explained in this policy.
- B. 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 and any other income including, but not limited to Self-Employment, Unemployment, Worker’s Comp and Royalties.
- C. 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:
 - a. 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,
 - b. Serious impairment to bodily functions, or
 - c. Serious dysfunction of any bodily organ or part;Or with respect to a pregnant woman who is having contractions,
 - a. that there is inadequate time to effect 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”
- D. Medically Necessary Care – All procedures offered by the Hospital are considered medically necessary, except for elective procedures.
- E. Net Assets – Any personal or recreational vehicle(s) that do not have a business purpose. Recreational vehicles include, but are not limited to, motor homes, all-terrain vehicles, snowmobiles, motorcycles, boats and jet skis.

PROCEDURE:

A. WHAT IS COVERED

All Hospital charges related to emergency medical conditions and other medically necessary care are eligible for financial assistance. The financial assistance discount will apply to the individual responsibility after any insurance payments and adjustments. See Exhibit I for further information about those providers/services that are eligible for the financial assistance under this policy. Exhibit I will be updated at least quarterly to maintain accuracy.

B. IDENTIFYING THOSE IN NEED

1. Campbell County Memorial Hospital will communicate to its customers the availability of financial assistance through the following methods:

- a. Hospital will have conspicuous public displays that inform guarantors about the Financial Assistance Program. Such displays will be located in the emergency room and all admissions areas that include the following information,
 - 1. Financial Assistance is available under Hospital's Financial Assistance Policy
 - 2. Information about how or where to obtain information about the Financial Assistance Policy and application process.
 - 3. Information about how or where to obtain copies of this Financial Assistance Policy, a Plain-Language Summary of this Financial Assistance Policy, and the Financial Assistance Application.
- b. Hospital will make available a paper copy of the Plain-Language Summary of this Financial Assistance Policy to all patients as part of the intake and/or discharge process.
- c. Hospital will include the following information on all billing statements:
 - 1. Financial assistance is available under Hospital's Financial Assistance Policy.
 - 2. The telephone number of a Hospital office or department that can provide information about the Financial Assistance Policy and process.
 - 3. The direct website address (URL) on which this Financial Assistance Policy, the Plain-Language of this Financial Assistance Policy and the Financial Assistance Application are available.The written notice on billing statements will be conspicuously placed and of sufficient size to be clearly readable.
- d. This Financial Assistance Policy, the Plain-Language Summary of this Financial Assistance Policy and the Financial Assistance Application will be available at all times on Hospital's website,
- e. Paper copies of this Financial Assistance Policy, the Plain-Language Summary of this Financial Assistance Policy and the Financial Assistance Application will be made available up request and without charge by mail, in Hospital's emergency room and in all admissions areas. See Exhibit II
- f. Hospital will take reasonable efforts to notify and inform community members about this Financial Assistance Policy in a manner that is reasonably calculated to reach those individuals who are most likely to need financial assistance.
- g. 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 in this policy will also be followed in the primary language of that population.

2. Points of services to identify potential eligibility for Hospital Assistance

- a. Pre-Admission
- b. Registration/Admission
- c. During a Hospital Stay
- d. During Bill Review
- e. Post Billing Follow Up

C. HOW TO APPLY

1. Completed Financial Assistance applications and required documentation can be submitted to Patient Accounting. Acceptable methods of submission are:
 - a. Mail – “Attention: Financial Assistance”, PO Box 3011, Gillette, WY 82717
 - b. In-Person Delivery – Patient Accounting, 501 S Burma, Gillette, WY 82718
 - c. Fax – “Attention: Financial Assistance”, (307) 688-1420
2. Campbell County Memorial Hospital will accept a Financial Assistance Application for a specific instance of medical care for 240 days after the first post-discharge billing statement is sent to an individual.
3. An individual who has questions about Financial Assistance or would like help with the application process can contact Patient Accounting at Campbell County Memorial Hospital by calling (307) 688-1404 or by visiting 501 S Burma, Gillette, WY 82718.

D. ELIGIBILITY

1. Campbell County Memorial Hospital will utilize the Federal Poverty Guidelines to determine Hospital Assistance eligibility based on the household yearly gross income. See Exhibit III for the currently applicable Federal Poverty Guidelines. Exhibit III will be updated at least annually to maintain accuracy.
2. To be eligible to receive uncompensated care, the patient must have been a Campbell County resident for a continuous twelve-month period. Proof of residency must be provided upon request.
3. Customers receiving healthcare services at Campbell County Memorial Hospital that are not available in surrounding counties within Wyoming will be considered on a case by case basis. All accounts that are written off under this criterion must be approved by the CFO or the CEO regardless of amount.
4. If yearly gross income of the household is at or below 133% of the Federal Poverty Guidelines, 100% of the account balance after insurance and adjustments will be written off.
5. If yearly gross income of the household is between 134% and 150% of the Federal Poverty Guidelines, 75% of the hospital balance after insurance and adjustments will be written off.
6. If yearly gross income of the household is between 151% and 185% of the Federal Poverty Guidelines, 50% of the hospital balance after insurance and adjustments will be written off.
7. Hospital will only extend Hospital Assistance to cases deemed as medically necessary. Cosmetic cases will not be extended Financial Assistance.
8. Hospital may gather appropriate information necessary to verify eligibility:
 - a. Current Year’s Tax Return
 - b. Current Bank Statement
 - c. Credit Report
 - d. Any other information deemed necessary to render an appropriate determination of eligibility. This should include application for Medicaid Assistance, Social Security, or

any other information demonstrating that the patient/guarantor has exhausted other sources for hospital benefits.

- e. Any information given falsely or illegally acquired will disqualify the applicant from financial assistance.

9. **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 financial assistance. Copies of the Billing and Collection Policy are available to the public through all of the same methods by which this Financial Assistance Policy are available, as stated within this policy.

E. REVIEW

1. Applications are reviewed by the Collection Coordinator for completeness and eligibility.
2. All applications will be reviewed for approval by the Collections Coordinator, the Patient Accounting Manager or CFO as determined by the amount of write off outlined in Item H in this policy.
3. The period of approval is for a 3-month period after approval and will cover any prior accounts not previously covered by Financial Assistance. After this time period a new application must be submitted for consideration.
4. Accounts that have been turned over to third-party collection will be considered for Hospital Assistance. These accounts will be returned as uncollectible from the collection agency with no further collection activity. If necessary the credit reporting activity will also be removed by the collection agency. The account will be written off to financial assistance.

F. CATASTROPHIC GUIDELINES

1. Applicants with income levels above the Federal Poverty Guidelines, with hospital self-pay balances of 40% above yearly gross income plus net assets may be considered for Hospital Assistance.
2. Applicants with yearly gross income over \$100,000.00 will not be eligible for catastrophic assistance.
3. If the income/asset test is met, the applicant's self-pay balance will be reduced by 90%, leaving the remaining 10% for the applicant or guarantor's financial responsibility. A monthly payment plan will be determined from the financial information provided in the application. The monthly payment will not be set at a lower dollar amount than the hospital minimum payment. The guarantor will be required to make the monthly payment according to Hospital's credit terms based on the balance.

G. PRESUMPTIVE ELIGIBILITY

Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances (presumptive eligibility). In the following situations, Campbell County Memorial Hospital will grant a 100% reduction from charges without requiring the patient to complete a financial assistance application. Staff shall internally document any and all recommendations to provide a presumptive financial assistance discount from patient and other sources such as physicians, community groups, internal/external social services or financial counseling personnel:

1. Patient is currently eligible for Medicaid, but was not eligible on a prior date of service, Campbell County Memorial Hospital staff, or their agent, will rely on the financial assistance determination process from Medicaid, and not require the patient to complete a financial assistance application.
1. Patient is homeless and/or has received care from a homeless clinic.
2. Patient is deceased, without an estate.
3. Patient is mentally or physically incapacitated and has no one to act on his/her behalf.

H. APPROVALS

1. Collection Coordinator to \$750
2. Patient Accounting Manager to \$5,000
3. Executive Vice President greater than \$5,000

I. AMOUNT GENERALLY BILLED (AGB) LIMIT

1. If an individual qualifies for a financial assistance discount that is less than 100%, Hospital will provide the guarantor 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.
2. 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 amount generally billed to individuals who have insurance covering such care (the AGB limit). Hospital will calculate this AGB limit for a patient using the Look-back Method and including Medicare and Commercial payers. The AGB limit will be calculated annually using a 12 month period. See Exhibit IV for the AGB limit currently in effect.
3. Hospital may require co-payment for a non-emergency procedure prior to receiving the care. However, in no instance will this pre-payment be more than the AGB limit.

Initiated: 12/10/96
Revised: Andy Fitzgerald, 1/26/10
Reviewed: Finance Committee, 1/20/12

Revised: Missy Polonic/Shawn Reznicek 06/30/16
Approved: Board of Trustees, 1/26/12