

**CAMPBELL COUNTY HEALTH**  
**GOVERNING BOARD POLICY AND PROCEDURE**

**SUBJECT:** FINANCIAL ASSISTANCE POLICY

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

This policy does not apply to patients with sufficient 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

**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 Compensation 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:
  - 1. 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,
  - 2. Serious impairment to bodily functions, or
  - 3. Serious dysfunction of any bodily organ or part;Or with respect to a pregnant woman who is having contractions,
  - 1. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
  - 2. That transfer may pose a threat to the health or safety of the woman or the unborn child”
- D. Medically Necessary Care – Most procedures offered by Campbell County Health are considered medically necessary, except for elective procedures.

**PROCEDURE:**

A. WHAT IS COVERED

- 1. To be eligible for financial assistance patients or patient’s guarantor will have exhausted all other payment options including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties.

2. All Campbell County Health 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.
3. Campbell County Health will only extend Financial Assistance to cases deemed as medically necessary. Elective services, such as Cosmetic cases and cases listed on Exhibit I will not be considered for Financial Assistance. Campbell County Health reserves the right to withhold financial assistance at its discretion for non-emergency services.
4. Services offered by other providers, not billing through Campbell County Health are not eligible for financial assistance (i.e. independent physicians, transportation, hotel, etc.)

**B. IDENTIFYING THOSE IN NEED**

1. Campbell County Health will communicate to its customers the availability of financial assistance through the following methods:
  - a. Campbell County Health will have conspicuous public displays that inform guarantors about the Financial Assistance Program. The following information will also be available on Campbell County Health's website.
    1. Financial Assistance is available under Campbell County Health'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, Plain-Language Summary of this Financial Assistance Policy, and the Financial Assistance Application.
  - b. Campbell County Health will make available a paper copy of the Plain-Language Summary of this Financial Assistance Policy, upon request, to all patients as part of the intake and/or discharge process.
  - c. Campbell County Health will include the following information on all billing statements:
    1. Financial assistance is available under Campbell County Health's Financial Assistance Policy.
    2. The telephone number of a Campbell County Health 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 is available.
  - d. 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 upon request and without charge by mail, by calling the Patient Financial Department.
  - e. Campbell County Health 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.

- f. If any population with limited English proficiency comprises more than 5% of the population in Campbell County Health's community or more than 1,000 individuals, then all communication methods described in this policy will be followed in the primary language of that population.
2. Points of services to identify potential patients that maybe eligibility for Financial Assistance may include:
  - 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 Financial Services. Acceptable methods of submission are:
  - a. Mail – "Attention: Financial Assistance", PO Box 3011, Gillette, WY 82717
  - b. In-Person Delivery – Patient Financial Services, 900 W 8<sup>th</sup> Street, Gillette, WY 82716
  - c. Fax – "Attention: Financial Assistance", (307) 688-1420
2. Campbell County Health 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 Financial Services by calling (307) 688-2690 or by visiting 900 W 8<sup>th</sup> Street, Gillette, WY 82716.
4. Patients who apply for Financial Assistance from Campbell County Health agree to assist in

#### D. ELIGIBILITY

1. Campbell County Health will utilize the Federal Poverty Guidelines to determine Financial Assistance eligibility based on the household yearly gross income. See Exhibit II for the current applicable Federal Poverty Guidelines. Exhibit II will be updated at least annually to maintain accuracy.
  - a. 100% Adjustment if gross income is at or below 200% of the Federal Poverty Guidelines
  - b. 75% Adjustment if gross income is 201% to 225% of the Federal Poverty Guidelines
  - c. 50% Adjustment if gross income is 226% to 250% of the Federal Poverty Guidelines
  - d. 25% Adjustment if gross income is 251% to 275% of the Federal Poverty Guidelines
2. Campbell County Health may gather appropriate information necessary to verify eligibility:
  - a. Current Year's Tax Return
  - b. Current Bank Statement
  - c. Proof of income, wages, SSI/SSD, work comp benefits, or unemployment benefits
  - d. Proof of child support
  - e. If unable to provide requested documents, a letter describing current financial situation will be required.
  - f. Any other information deemed necessary to render an appropriate determination of eligibility. This could include application for Medicaid Assistance, Social Security, or

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

- g. Any information given falsely or illegally acquired will disqualify the applicant from financial assistance.
3. Campbell County Health has a separate Billing and Collections Policy. The Billing and Collection Policy includes the actions Campbell County Health 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.
4. Financial assistance under this policy is available without regard to the patient's race, color, creed, religion, national origin, gender, gender identity, sexual orientation, age, marital status genetic information or disability.
5. Minor Children/Divorced Parents – for the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents are 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.
6. Campbell County Health 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 income. A charity care adjustment may be approved for these individuals by the CEO or CFO.

#### E. REVIEW

1. Applications are reviewed by the Patient Financial Counselors for completeness and eligibility.
2. All applications will be reviewed for approval by the Patient Financial Services Manager, or Revenue Cycle Director 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 or sent to collections during the previous 90 days. After this time period a new application must be submitted for consideration.
4. Accounts that have been turned over to third-party collection agencies within the last 90 days will be considered for Financial 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.

#### F. 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 Health 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 Health 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.
2. Patient is homeless and/or has received care from a homeless clinic.
3. Patient receives SNAP, CHIP or LIEAP Benefits.
4. Patient is deceased, without an estate.
5. Patient is mentally or physically incapacitated and has no one to act on his/her behalf.

#### G. APPROVALS

1. Patient Financial Counselors to \$750
2. Patient Financial Services Manager to \$5,000
3. Revenue Cycle Director to \$10,000
4. Chief Financial Officer over \$10,000

#### H. APPEALS

1. 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 the Chief Financial Officer have the final determination upon review all appeals.

#### I. AMOUNT GENERALLY BILLED (AGB) LIMIT

1. All patients are billed based on Gross Charges for the care received. When a patient is deemed eligible for financial assistance, Campbell County Health 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).
2. Campbell County Health 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.

Initiated: 12/10/96  
Revised: Andy Fitzgerald, 1/26/10  
Reviewed: Finance Committee, 1/20/12  
Revised: Missy Poloncic/Shawn Reznicek 06/30/16  
Approved: Board of Trustees, 1/26/12  
Revised: Shawn Reznicek/Nancy Holmquist 05/21/2018  
Revised: Amber Gruba/Yvonne Robinett 11/06/2019

**EXHIBIT I**  
**Excluded Procedures/Locations**

**Excluded Items:**

- Cosmetic Cases
- Durable Medical Equipment
- Hearing Aids
- Elective Services

**Excluded Locations:**

- Home Medical Resources (HMR)
- Audiology
- Legacy Living and Rehabilitation Center
- Behavioral Health OP (See sliding fee scale for this location)

**EXHIBIT II**  
**Income Guidelines**

<b>Discount %</b>	<b>100% Discount 200% of FPG</b>	<b>75% Discount 225% of FPG</b>	<b>50% Discount 250% of FPG</b>	<b>25% Discount 275% of FPG</b>
<b>Family Size</b>	<b>Maximum Income</b>	<b>Maximum Income</b>	<b>Maximum Income</b>	<b>Maximum Income</b>
1	\$24,280	\$27,315	\$30,350	\$33,385
2	\$32,920	\$37,035	\$41,150	\$41,150
3	\$41,560	\$46,755	\$51,950	\$51,950
4	\$50,200	\$56,475	\$62,750	\$62,750
5	\$58,840	\$66,195	\$73,550	\$73,550
6	\$67,480	\$75,915	\$84,350	\$84,350
7	\$76,120	\$85,635	\$95,150	\$95,150
8	\$84,760	\$95,355	\$105,950	\$116,545