

Western Missouri Medical Center  
Policy and Procedure

Department: Patient Accounts

Page: 1 of 8

Number:

Title: Financial Assistance Policy

Effective

Date: January 1, 2018

Approved: \_\_\_\_\_

Director of Patient Accounts

**Purpose:**

Western Missouri Medical Center (WMMC) is committed to providing financial assistance to qualifying persons who need emergency or medically necessary care. To responsibly manage its resources and to provide the appropriate level of assistance to the greatest number of persons in financial need, WMMC establishes the following financial assistance policy (FAP).

**Policy:**

- A. WMMC delivers kind, high quality, affordable healthcare services. WMMC strives to ensure that an individual's financial condition does not prevent that person from seeking or receiving needed health care services. To this end, WMMC provides financial assistance to qualifying individuals for all emergency and medically necessary care that it provides.
- B. WMMC provides all of its services, without discrimination, regardless of race. We provide medically necessary services and emergency medical care regardless of an individual's ability to pay.

**C. Definitions:**

- 1. **Financial Assistance:** Providing emergency or medically necessary care without charge or at a discount. The term includes free or discounted health services provided to persons who meet WMMC's criteria under this FAP because they are unable to pay for all or a portion of the services.
- 2. **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 determining financial assistance.
- 3. **Family Income:** Family Income is determined by the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
  - a. Includes all wages, 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, alimony, child support, assistance from outside the household, and other miscellaneous sources, tax credits;
  - b. Non-cash benefits (such as food stamps and housing subsidies) is not included;
  - c. Determined on a before-tax basis;

- d. If a person lives with a family, includes the income of all family members.
- 4. **Uninsured:** The patient has no level of insurance or third-party assistance to help meet his/her payment obligations.
- 5. **Gross Charges:** The total charges at WMMC's full established rates for the provision of patient care services before deductions from revenue are applied.
- 6. **Medically Indigent:** Patient's whom WMMC has determined are unable to pay some or all of their medical bills because their medical bills exceed a certain percentage of their family income or assets (for example, due to catastrophic costs or conditions), even though they have income or assets that otherwise exceed the generally applicable eligibility requirements under our FAP.
- 7. **Primary Service Area:** The primary service area of WMMC is defined in WMMC's strategic Plan. The zip codes included in WMMC's primary service area are: 64093 (Warrensburg), 65336 (Knob Noster), 64040 (Holden), 64037 (Higginsville), 64020 (Concordia), 64733 (Chilhowee), 64019 (Centerview), 64061 (Kingsville), 64761 (Leeton), 65305 (Whiteman Air Force Base).
- 8. **Emergency Medical Condition:**
  - (A) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) 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; or
    - (2) serious impairment to bodily functions; or
    - (3) serious dysfunction of any bodily organ or part; or
  - (B) for a pregnant woman who is having contractions –
    - (1) 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.
- 9. **Extraordinary Collection Actions:** May include, but are not limited to, filing a civil lawsuit; requesting issuance of a bank or wage garnishment; attaching non-exempt property; filing liens on primary residences; reporting to credit agencies; and taking other lawful collection action (e.g., Hearing in Aid of Execution).
- 10. **Medically Necessary:** Non-elective healthcare services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

**SCOPE:**

This policy applies to all emergency and medically necessary care that WMMC provides. Patient Financial Services (e.g., Patient Access and Patient Accounts Departments) are responsible for this policy's implementation and enforcement.

**Procedure:**

**A. Eligibility for Financial Assistance**

1. In general, a qualifying patient with family income that does not exceed 250% of the FPG, and who meets the other criteria set forth in this FAP, is eligible to receive financial assistance for emergency and medical necessary care.
2. A qualifying patient who is medically indigent, and who meets the other criteria set forth in this FAP, is eligible to receive financial assistance for emergency and medical necessary care.
3. A “qualifying patient” is an individual who (i) submits a fully completed and signed application form with all required documentation to WMMC; (ii) fully cooperates with WMMC and its staff; and (iii) is not excluded under FAP, Procedure Section B.
4. To be eligible for financial assistance based on FPG, a qualifying patient must be uninsured and also ineligible for any government healthcare benefit program.
5. To receive financial assistance qualifying patients cannot have any third-party insurance coverage.
6. On a case-by-case basis, WMMC will determine, in its sole discretion, whether a patient is eligible for financial assistance based on the qualifying criteria in this FAP. However, WMMC will apply the FAP consistently.
7. Even if a person has previously qualified under our FAP, he/she must reapply for financial assistance for any emergency or medically necessary care that is provided for a new encounter, i.e., encounters that are not on sequential dates of service. If a patient is reapplying for financial assistance, and it is within 3 months of the initial application, the pay stubs and bank statements can be used from the initial application. If the subsequent application is within the same tax year, the initial tax return may be used.

#### **B. Exclusions**

The following individuals are not eligible for financial assistance:

1. Patients who are dependent students and their parents’ income/resources exceed the established standards for income and resources.
2. Patients, who appear to qualify for Medicaid, but refuse to cooperate in making an application or who refuse to follow through with the application.
3. Patients seeking elective procedures, e.g., cosmetic surgery.
4. Patients who do not live in the primary service area of WMMC as discussed above.
5. Patients who are not U.S. Citizens.

#### **C. Services Eligible For Financial Assistance**

1. Charges for the following healthcare services at WMMC are eligible for financial assistance:
  - a. Services to screen and stabilize any emergency or medically necessary care in an emergency room setting;
  - b. Services to screen and stabilize any emergency or medically necessary care in a non-emergency room setting; and
  - c. Any other medically necessary care.
2. Emergency and medically necessary care provided at the hospital facility and any of the hospital owned clinics.

#### **D. How to Apply For Financial Assistance**

1. Individuals may apply for financial assistance, free of charge, by submitting an application form, and the required documentation. This form includes instructions on how to complete the application and the required documentation.

2. Individuals can obtain copies of the FAP, FAP application form and instructions by:
  - a. Visiting WMMC's Patient Access areas, or by meeting with a Financial Counselor.
  - b. Calling Patient Account Department (660-262-7350) to have the materials mailed to you.
  - c. Visiting WMMC's website and downloading and printing them at wmmc.com.
3. Completed forms and required documentation should be sent to: WMMC, Attn: Patient Accounts 403 Burkarth Road, Warrensburg Missouri 64093.
4. You may visit with one of our Financial Counselors, or a representative of our Patient Accounts department. Our Financial Counselors are located at the hospital's main entrance, and in the Patient Accounting department located in the lower level of the Innes II Medical Office Building. To speak to someone on the telephone about this policy or the application process, please call 660-262-7350.
5. Financial Counselors will review all completed and signed application forms that contain the required documentation and make the initial determination of eligibility. The initial determination will be sent to the Patient Accounts Director for final approval.
6. Within 30 days of our receipt of a completed application (including all required documentation), WMMC will notify the applicant of its determination.

#### **E. Matters We Consider When You Apply for Financial Assistance**

1. WMMC determines financial assistance by an individual assessment of financial need; and eligibility determinations will include:
  - a. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information (including documents) relevant to determine financial need.
  - b. Reasonable efforts by WMMC to explore appropriate alternative sources of payment and coverage from public and private payment programs. We also will assist patients with applying for such programs.
  - c. An assessment of the patient's available assets and income, and all other financial resources available to the patient.
2. To see a complete list of information and documents we require, please see the application form and instructional materials. We do not deny financial assistance due to an applicant's failure to provide information or documentation that we have not specified in the FAP or the application.

**F. Amounts Charged to Eligible Patients**

Financial Assistance. The amount of charges, if any, for services eligible for financial assistance will be made on a sliding scale, in accordance with financial need, as determined by reference to Federal Poverty Guidelines (FPG). We will consider the FPG in effect at the time of the determination. For Family Incomes between 0% and 250% of FPG, the financial assistance discount is applied to gross charges.

Hospital Services:

<b>Income as Percent of FPG</b>	<b>Patient Responsibility Minimum</b>	<b>Percent of Discount applied to Patient Responsibility</b>
0% - 250%	0.00	100%

Clinic Services:

<b>Income as Percent of FPG</b>	<b>Patient Responsibility Primary Care/Specialty Svcs</b>	<b>Percent of Discount applied to Patient Responsibility *remaining balance discount</b>
0% - 250%	\$25.00/\$50.00	100%

1. Once WMMC determines a patient is eligible for a 100% discount, the patient will receive statements reflecting any remaining balances. The basis for the maximum amounts that WMMC will charge patients qualifying for financial assistance is as follows:
  - a. Hospital Accounts - all charges will be written-off at a 100% discount.
  - b. Clinic Accounts – all charges will be written-off at a 100% discount, in excess of \$25 primary care co-pay and \$50 specialty care co-pay.
  - c.
2. Payments: Any payments made before a financial assistance determination is made, will be applied to the oldest account first that is not in Bad debt status. Refunds will not be issued on payments already made.
3. Extraordinary Circumstances. WMMC reserves the right to grant financial assistance in extraordinary circumstances (e.g., terminal illness) to patients even if they do not meet the guidelines set forth above.
4. Additional Sources of Assistance. WMMC contracts with Human ARC to screen for Medicaid eligibility and to help individuals’ complete Medicaid applications. The Human ARC representative is located in the hospital’s Patient Access department.

## **G. Communication of the Financial Assistance Program Within the Community**

1. Upon admission or before discharge, we provide oral and written information regarding our FAP.
2. WMMC widely publicizes this FAP, application form, and plain language summary in our community by various means, which may include, but are not limited to, posting it in a printable version on WMMC's website at [www.wmmc.com](http://www.wmmc.com), and by posting conspicuous notices in various waiting rooms, Patient Access areas, WMMC's Patient Accounts office, and at other public places as WMMC may elect.
3. WMMC also make the FAP, application and summary available upon request, free of charge, through the mail or picking up copies at WMMC (in the Emergency Department or our Patient Assess areas). See Section IV.D 3 and 4 for contact information to request by mail. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by WMMC.

## **H. Collection Action**

1. In the event of non-payment, WMMC will take collection efforts to obtain payment, which includes: sending billing statements or letters; making telephone calls; and/or sending your account to an authorized party, *i.e.*, collection agency. To decide what we will do, WMMC considers a patient's good faith effort to apply for a governmental program or for our financial assistance. We also consider a patient's good faith effort to comply with any payment agreement(s) with WMMC.
2. During all discussions, we make "reasonable efforts" to determine if an individual qualifies for financial assistance by requiring our staff to orally inform individuals of our FAP. During the 120-day period post discharge, WMMC also includes a written summary of its FAP on the back of each of its billing statements.
3. For patients who qualify for financial assistance and are cooperating in good faith to resolve their discounted hospital bills, WMMC may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all internal collection efforts.
4. For at least 120 days from the date of the first post-discharge billing statement, WMMC will refrain from using any Extraordinary Collection Actions (ECA). Also, prior to using any ECA, WMMC makes reasonable efforts to determine whether the patient is eligible under this FAP. Reasonable efforts also include each of the following:
  - a. Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by WMMC.
  - b. Documenting that WMMC has offered or has attempted to offer the patient the opportunity to apply for financial assistance and that the patient has not complied with WMMC's application requirements.
  - c. Sending letters requesting specific information in the event we receive an incomplete application.
5. We intend to take any ECA earlier than the 240<sup>th</sup> day after the first post-discharge billing statement, WMMC (or its authorized party) will send a written notice to the patient at least 30 days prior to such actions informing him/her of the potential ECA if they do not submit an application for financial assistance, or pay the amount due by the notice's deadline.

6. Prior to the expiration of 240-days from WMMC provides its first post-discharge billing statement, WMMC will process completed application forms. The applicant should return the completed application form and the required documentation with ten (30) days of his/her receipt.
7. The Patient Accounts Director will determine whether WMMC has made “reasonable efforts” before WMMC uses any ECA.

#### **I. Non-Discrimination**

1. General. WMMC grants financial assistance based on an individualized determination of financial need, and we do not take into account age, gender, race, social or sexual orientation or religious affiliation.
2. Emergencies. We provide care on a non-discriminatory basis to individuals for emergency medical conditions regardless of their ability to pay.

#### **J. Regulatory Requirements**

1. WMMC will comply with all other federal, state, and local laws, rules, and regulations that may apply to its activities conducted pursuant to this FAP.

## **II. REFERENCES**

I.R.S. Code § 501(r)(5)