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Applicability: Edgerton Hospital and Health Services

Financial Assistance Policy and Procedure

POLICY:

Edgerton Hospital and Health Services (EHHS) will provide financial assistance (total or partial discounts) for those patient/guarantor(s) who are uninsured, underinsured, and/or unable to pay for such services and are determined eligible to receive such care without regard to sex, race, color, sexual orientation, religious affiliation, creed, or national origin of the individual.

PURPOSE:

To identify those patient/guarantor(s) who may qualify for financial assistance prior to, during, or within 240 days of their first billing statement. A financial assistance application is to be completed in those cases where patient/guarantor(s) do not have insurance coverage or have a significant out-of pocket patient responsibility and are unable to make payment due to financial hardship. Applicants will be required to apply for Medicaid (and supply documentation of having done so) or supply proof of currently having insurance coverage. All available resources will be taken into consideration including Governmental and/or any other third party payments. The portion of a patient/guarantor(s) bill that is noncollectable, due to the patient/guarantor's inability to pay, will be eligible for financial assistance. Confidentiality of information and the dignity of individuals will be maintained for all who apply for financial assistance.

PROCEDURE:

The Registration Staff have the principal responsibility to notify all patient/guarantor(s) of EHHS' financial assistance policy. For all hospital patient/guarantor(s), effort to identify potential eligibility for financial assistance begins at the time of preadmission; all uninsured patient/guarantor(s) will receive a financial assistance application at the time of service. Although the decision to provide financial assistance for a patient may be made at any time in the billing and collection process, it is the policy of EHHS to determine eligibility as soon as possible. No patient eligible under this policy will be billed more than the amounts generally billed as calculated using the look-back method using Medicare, Medicaid and commercial payors. Information on the calculation and the Amounts Generally Billed (AGB) percentage can be obtained by contacting Patient Financial Services at (608)884-1666.

1. **Eligibility Requirements:** Financial assistance is generally determined by a sliding scale of total household income based on the Federal Poverty Level (FPL). The income of the people living in the home and number of family members is used to determine if you qualify for assistance. No person eligible for financial assistance under the Financial Assistance Policy (FAP) will be charged more for

emergency or other medically necessary care than (AGB) to individuals who have insurance covering their care.

2. **Where to Find:** To find the information about the (FAP) application process or get free copies of the FAP or FAP application form. To apply for Financial Assistants you may:
 - Download the information online at www.edgertonhospital.com
 - Request the information in writing by fax or mail to: Edgerton Hospital & Health Services Patient Financial Services, 11101 N. Sherman Rd. Edgerton, WI 53534, fax number (608) 884-1626.
 - Request information by calling Edgerton Hospital & Health Services Patient Financial Services Department at (608)884-1666.
3. **Availability of Translations:** The Financial Assistance Policy, application form, and the plain language summary can be offered in English and Spanish. Edgerton Hospital and Health Services may elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreter by request. For information about translation services, please call (608)884-1666.
4. **How to Apply:** The Application process involves filling out the financial assistance form and submitting the form along with the supporting documentation to Edgerton Hospital & Health Service for processing. You may also apply in person at the address listed below. Financial Assistance applications are to be submitted to the following office: Edgerton Hospital & Health Services, 11101 N. Sherman Rd. Edgerton, WI 53534

Availability of Financial Assistance

You may be able to get financial assistance if you do not have insurance, are under-insured, or if it would be financial hardship to pay in full expected out of pocket expenses for services. Financial Assistance does not apply for any services which are not deemed medically necessary.

THE FOLLOWING ITEMS WILL BE CONSIDERED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE SERVICES:

- The patient/guarantor(s) total household income.
 - Net worth and/or liquid assets.
 - Employment status and capacity for future earnings
 - Other living expenses and financial obligations relative to household/family size.
 - Eligibility for Health Care Insurance through employer
 - Eligibility for Medical Assistance or other Governmental or third party programs
 - Credit Scores <600.
1. The application for financial assistance may be initiated by the patient or any representative of the patient including hospital staff. The Self Pay representative will screen all patient/guarantor(s) that are uninsured, under-insured, or request financial assistance. Determinations will be made through the Patient Financial Services Department. The Revenue Cycle Manager has initial responsibility for approval on all accounts. The CFO approval is required for accounts over \$5,000.00 and any amount over \$10,000.00 must be approved by the Finance Committee. Applications will be accepted eight months from the date of the first billing statement. Unusual situations or individuals dissatisfied with a determination may appeal to administration in writing.
 2. To screen the patient/guarantor(s) for eligibility for the financial assistance the patient is contacted to discuss payment on the hospital account. At this point, preliminary financial information is obtained from the patient/guarantor(s) to allow the Self Pay representative to advise the patient on programs that may be available to meet their specific needs. Patient/guarantor(s) who appear to have sufficient resources to

meet their obligations are encouraged to make payment arrangements. Patient/guarantor(s) who do not appear to have sufficient resources are referred to the appropriate County Social Services Department for assistance in applying for any government programs.

3. Financial assistance does not apply to any services, or portion thereof, where a third party payer will make payment, or for administrative or courtesy write-offs. The hospital reserves the right to request a patient to apply for third party assistance prior to considering their application for financial assistance. The Social Services Department will assist any patient/guarantor(s) to apply for any governmental programs applicable to the situation.
4. Financial assistance is available to patient/guarantor(s) who receive emergency services, urgent services (as ordered by a physician), and any medically necessary services (as ordered by a physician).
5. Financial assistance does not apply for any services which are not deemed medically necessary by the patient/guarantor(s) physician. Some of the services that are NOT covered by financial assistance are:
 - Elective non-medically necessary procedures. Examples include but are not limited to plastic surgery and cataract procedures.
 - Swing Bed Care
 - Sleep Studies
 - Factors that will be used to establish financial assistance eligibility are listed above. All patient/guarantor(s) requesting financial assistance are required to complete a financial disclosure. For a patient/guarantor(s) to be eligible for financial assistance, their net liquid asset values can not exceed \$20,000 total.
6. The patient/guarantor(s) total household income shall include all sources of funds including Social Security, public assistance, unemployment, worker's compensation, veteran's benefits, child support, alimony, pensions, annuity payments, income estates and trusts, sale of property, insurance compensation benefits, wages, bonuses, and/or etc. The income total must include the income from **all** household members, regardless of relationship to the patient.
 - Annual income will be determined by using the lesser of:
 - The previous twelve month's income
 - The previous three month's income multiplied times four
 - Current monthly income multiplied times twelve modified by unusual events such as inability to work due to accident or illness, job termination, etc.
 - Income will be verified by means of the most pertinent documentation, i.e., pay check stubs, prior year W2/1099 forms etc., and/or by use of credit reporting agencies.. In the event no documentation is available, a signed statement of income must be provided by the patient, and must receive administrative approval.
 - In cases where patient/guarantor(s) qualify for financial assistance and other third party payments are available, the financial assistance determination will only apply to that portion of the bill for which the patient would be responsible.
 - In determining eligibility the patient/guarantor(s) other financial obligations may be considered.
7. Retroactive financial assistance will apply to those dates of service that were rendered less than 240 days from the date of the first billing statement. It is understood that extenuating circumstances and/or Qualifying Events may arise that require special consideration in approving financial assistance for

patient/guarantor(s) who do not meet the established criteria.

8. For accounts which have been assigned to outside collection agencies and are approved for financial assistance, the hospital will request such agencies to cancel and return accounts to the hospital, and to reverse any applicable detrimental credit information created against the patient/guarantor(s).
9. Patient/guarantor(s) who are eligible for a partial discount may set up payment arrangements with a Patient Financial Services staff member. The payment arrangement must follow the hospital's Payment Arrangement Policy.
10. Patient/guarantor(s) failing to respond to requests for financial information will have their credit score checked to determine if they qualify for financial assistance per credit score criteria noted below. The following patient groups are automatically considered as eligible for financial assistance for the balances of their accounts.
 - Patient/guarantor(s) who have no health care coverage.
 - Patient/guarantor(s) who have been declared bankrupt by a court of law (Chapter 7 bankruptcy) within the last 6 months, since this process would indicate this patient/guarantor(s) inability to pay their health care bill. All accounts will be considered in this situation regardless of age of account.
 - Families of deceased patient/guarantor(s) who do not file an estate in probate are assumed to have no assets available for payment of the medical bills. All accounts will be considered in this situation regardless of the age of the account.
 - Credit Score below 600.
11. *Financial assistance does not include Medicare patient/guarantor(s) whose deductible and coinsurance are covered by the Medicare Bad Debt program. The following sliding scale will be utilized to determine the amount of financial assistance provided:

Income as a Percentage of HHS Poverty Income Guidelines	Percentage of Charge to be Paid by Patient
Less than or equal to 175%	0%
Greater than 176% but less than or equal to 200%	20%
Greater than 201% but less than or equal to 225%	40%
Greater than 226% but less than or equal to 250%	60%
Greater than 251% but less than or equal to 275%	80%
Greater than 276%	100%

To be eligible under the community care plan, the applicants combined family income is not to exceed the hospital pre-established level based on Federal Poverty Level guidelines and the State of Wisconsin Uniform Fee System which is in existence at the time of application. *(See Attached guidelines)*

Patient/guarantor(s) may be notified, at any time during the billing and collection process of their potential

eligibility for the financial assistance. They may be notified verbally or in writing and will be documented within the EHHS' operating system.

The patient/guarantor(s) account will be adjusted following the Account Adjustments policy.

See Policy Stat for most current version. Printed copies may be out of date.

Attachments:

[CommunityCareIncomeGuidelines-337.pdf](#)
[Schedule of Providers-352.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Charles Roeder: CFO	pending
	Marcia Miller: Revenue Cycle Manager	01/2018

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