

<b>APPLIES TO:</b>	<b>JOHNSON COUNTY MEMORIAL HOSPITAL</b>
<b>DEPARTMENT:</b>	<b>COLLECTIONS DEPARTMENT</b>
<b>PROCEDURE NO:</b>	
<b>SUBJECT:</b>	<b>FINANCIAL ASSISTANCE POLICY</b>
<b>EFFECTIVE DATE:</b>	<b>06/01/13</b>
<b>REVIEW DATE: 03/17/15;01/01/18;08/19;09/19;12/19; 1/2020;12/2021;11/2022;1/2024</b>	<b>REVISION DATES:1/2020;12/2021;11/2022;1/2024</b>
<b>OTHER BOOKS: Facility Wide</b>	
<b>ADMINISTRATOR'S INITIALS:</b>	

**MISSION**

Johnson County Healthcare Center (JCHC) is committed to meeting the health and wellness needs of our community through all stages of life.

**POLICY**

This policy only applies to Johnson County, Wyoming residents receiving services provided at Johnson County Memorial Hospital (JCMH) and the Family Medical Center (FMC).

JCHC (applies to Johnson County Memorial Hospital and the Family Medical Center in this policy) is committed to providing financial assistance to persons who have healthcare needs and are uninsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. JCHC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. JCHC will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

This written policy:

- Includes eligibility criteria for financial assistance – free and discounted care,
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy,
- Describes the method by which patients may apply for financial assistance,
- Describes how the hospital and clinic will widely publicize the policy within the community served by the hospital and clinic,
- Limits the amounts that the hospital and clinic will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital and clinic for commercially insured or Medicare patients.

Financial assistance is not considered a substitute for personal responsibility. Patients are expected to cooperate with JCHC’s procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources, responsibility and to allow JCHC to provide the appropriate level of assistance to the greatest number of persons in need that live in Johnson County, Wyoming, the Board of Trustees establishes the following guidelines for the provision of financial assistance.

**DEFINITIONS**

For the purpose of this policy, the terms below are defined as follows:

**Financial assistance:** Healthcare services that have been or will be provided but are never expected to result in cash inflows. Financial assistance results from a provider's policy to provide healthcare services free or at a reduced rate to individuals who meet the established criteria.

**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 the provision of financial assistance.

A **family** is **defined** by the United States **Census Bureau** for statistical purposes as "a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one **family**."

**Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes 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;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

**Patient:** Person receiving services, guarantor signing for financial responsibility or the person supporting or acting on patient's behalf.

**Students:** Individuals who are enrolled full-time in an accredited college or university and are receiving at least twelve (12) credit hours a semester.

**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

**Gross Charges:** The total charges at the organization's full-established rates for the provision of patient care services before deductions from revenue are applied.

**Emergency medical conditions:** Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd). Emergency Medical Treatment & Labor Act (**EMTALA**)

**Medically necessary:** As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

## **PROCEDURES**

### **1. Services Eligible Under this Policy.**

For purposes of this policy, "financial assistance" refers to healthcare services provided by JCMH and FMC with a reduced charge or without charge. The following healthcare services are eligible for financial assistance:

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;

- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Medically necessary services, evaluated on a case-by-case basis at JCHC's discretion.

## 2. Amount Generally Billed for Financial Assistance Policy.

Calculation of Amounts Generally Billed The "Amount Generally Billed" or "AGB" is the amount the Hospital generally bills to insured patients. The Hospital determines its AGB utilizing the method detailed below. The Hospital utilizes the look-back method to establish its AGB and AGB Percentage. The AGB is the Hospital's gross charges multiplied by the AGB Percentage. Patients may obtain the Hospital's most current AGB Percentage and a description of the calculation in writing free of charge by visiting the Hospital's patient financial services office or the Hospital Business Office at 497 West Lott Street, Buffalo, WY 82834, by calling either (307) 684-5521 or via email at [mjespersen@jchealthcare.com](mailto:mjespersen@jchealthcare.com) or by visiting <https://www.jchealthcare.com/about/financial-information/> The Hospital calculates its AGB Percentage on an annual basis. For purposes of this policy, each new AGB Percentage will be implemented within 120 days of the 12 month period used by the Hospital to calculate the AGB Percentage.

## 3. Eligibility for Financial Assistance.

- Eligibility for financial assistance will be considered for those individuals who are
  - uninsured, underinsured, ineligible for any government health care benefit program and/or Gladys Worf Trust, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy;
  - have a terminal illness and who has no financial resources or sources of income;
  - have a disabling illness or injury that will prevent him/her from working and who has limited or no financial resources or sources of income; and/or
  - have special circumstances surrounding tragedies or other catastrophic events.
- The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
- Financial assistance is generally determined by a sliding scale of total household income based on the *Federal Poverty Level (FPL)*. If your household income is:
  - at or below 100% of the Federal Poverty Guidelines, 100% of the account balance may be written off,
  - between 101% and 200%, 75% of the account balance may be written off,
  - between 201% - 250%, 50% of the account balance may be written off, and
  - between 251% - 275%, 25% of the account balance may be written off.
- Patients with only Social Security or Disability Income may apply for financial assistance yearly with proof of annual income. Financial assistance will be based on the sliding scale above.

## 4. Presumptive Eligibility

The Hospital reserves the right to provide financial assistance even though an application has not been submitted for the applicable care or if an application is incomplete. The Hospital may utilize previous financial assistance applications, or rely on external sources and/or other program enrollment resources in case of patients lacking documentation that supports eligibility or individual circumstance. At its sole discretion, when a patient is unable to provide necessary documentation to support an eligibility determination, Johnson County Hospital District may provide free or discounted services under this Program when:

1. Patient is homeless.
2. Patient is referred from a free clinic.
3. Patient is eligible for other state or local assistance programs that are unfunded.

4. Patient is deceased, without a spouse, and no estate has been filed with the court system within 12 months of expiration or at the time it can be determined patient does not have assets requiring the filing of an estate.
5. Patient receives a bankruptcy determination within the six months immediately preceding the application date if applicant is looking for consideration on any active account not discharged as a part of the bankruptcy determination.
6. Patient valid address is considered low income or subsidized housing and patient authorizes the applicable housing authority to validate income and/or net worth directly to the hospital.
7. Based on financial assistance application submitted to the hospital within the prior 12 months.

If the patient has not received the maximum possible level of financial assistance under presumptive eligibility, the Hospital will:

- Notify the patient regarding the basis for the presumptive financial assistance;
- Notify the patient as to how to apply for potentially more financial assistance;
- Give the patient a reasonable amount of time to apply for more generous assistance before initiating financial assistance application; and
- If the individual submits a completed application seeking additional financial assistance during the later of the Application Period or the response time set forth in the notice, process the application in accordance with this policy.

## **5. Method by Which Patients May Apply for Financial Assistance.**

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may:

- Include an application process, in which the patient, the patient's guarantor or supporting person/persons are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need (such as but not limited to tax returns, bank statements, proof of assets, etc.);
- Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring, tax and property records, etc.);
- Include reasonable efforts by JCHC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to provide information for patients to apply for such programs;
- Take into account the patient's available assets, and all other financial resources available to the patient; and
- Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
- Patients will be asked to certify all information provided is true. If any information is determined to be false or the patient fails to cooperate with any alternative source of payment all discounts afforded to the patient may be revoked, making the patient or patient's guarantor responsible for the full charges for services rendered.

The determination of the need for financial assistance may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated after each subsequent time of service if the last financial evaluation was completed more than three (3) months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

Each financial assistance application will be reviewed and signed off by the Financial Assistance Committee. If financial assistance eligibility is determined and the financial assistance adjustment is applied to the patient's account, JCHC Hospital Business Officer Manager, Collection Manager or designee will review each collective batch of accounts and adjustments and then sign off on

the top of the batch page indicating review and approval. A summary sheet of the monthly financial assistance write-off totals will be forwarded to the administrator for notification and review. These actions will suffice that all requirements under this policy have been met.

Requests for financial assistance shall be processed promptly and JCHC shall notify the patient or applicant in writing within 30 days of receipt of a completed application and list the reason for the denial, if applicable.

All patient payments received before the account was deemed eligible for financial assistance will be refunded for that episode of care.

### **Complete Applications**

To be considered "complete" a financial assistance application must provide all information requested on the form and in the instructions to the form.

The Hospital will not consider an application incomplete or deny financial assistance based upon the failure to provide any information that was not requested in the application or accompanying instructions. The Hospital may take into account in its determination (and in determining whether the patient's application is complete) information provided by the patient other than in the application.

For questions and/or assistance with filling out a financial assistance application, the patient may contact patient financial services (i) by phone at either (307) 684-6270, (ii) by e-mail (upon patient election) by e-mailing [mjespersen@jchealthcare.com](mailto:mjespersen@jchealthcare.com), or (iii) in person at the Hospital.

If a patient submits a completed financial assistance application during the Application Period and the Hospital determines that the patient may be eligible for participation in Medicaid, the Hospital will notify the patient in writing of such potential eligibility and request that the patient take steps necessary to enroll in such program. In such circumstances the Hospital will delay the processing of the patient's financial assistance application until the patient's application for Medicaid is completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit an application within thirty (30) days of the Hospital's request, the Hospital will process the completed financial assistance application and financial assistance will be denied due to the failure to meet the eligibility criteria set forth herein.

### **Incomplete Applications**

Incomplete applications will not be processed by the Hospital. If a patient submits an incomplete application, the Hospital will suspend financial assistance application and provide the patient with written notice setting forth the additional information or documentation required to complete the application. The written notice will include the contact information (telephone number, and physical location of the office) of patient financial assistance. The notice will provide the patient with at least 14 days to provide the required information; provided, however, that if the patient submits a completed application prior to the end of the Application Period, the Hospital will accept and process the application as complete.

## **6. Eligibility Criteria and Amounts Charged to Patients.**

Once a patient has been determined by JCHC to be eligible for financial assistance, that patient shall not be responsible for future bills for that date of service, based on undiscounted gross charges. If a patient is determined to be eligible to receive financial assistance, then the charges will be reduced as per the JCHC sliding scale herein attached. Patients must reapply every ninety (90) days for financial assistance.

## **7. Financial Assistance for Students**

- Students are not eligible for the Financial Assistance set forth in this Policy. Instead, Students with at least 12 credit hours a semester, may apply for an interest-free, \$50 per month payment plan for four years or until they graduate, whichever occurs first. If a patient's spouse or significant other is a student, the patient is only eligible for the student Financial Assistance program as described in this section.
- The patient will be required to provide verification of current enrollment from the institution before a student payment plan will be initiated. The patient must provide this verification for each semester he or she is in school.
- Each semester, letters will be sent to patients who have failed to provide verification of their enrollment in school. These patients will be given a three-week period to return the required documentation. If this paperwork is not received by the end of that three-week period, the student payment plan will become void, and the patient will be responsible for the full balance due.
- The student repayment plan will remain in effect for three months following graduation. At that time, the patient is responsible for payment in full, setting up a standard payment plan or applying for Financial Assistance.

## **8. Communication of the Financial Assistance Program to Patients and Within the Community.**

Notification about financial assistance available from JCHC, which shall include a contact number, shall be disseminated by JCHC by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms. JCHC also shall publish and widely publicize a summary of this policy on the facility website. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by JCHC, which is English. Referral of patients for financial assistance may be made by any member of the JCHC staff or medical staff, including physicians, nurses, social workers, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

## **9. Relationship to Collection Policies and Collection Actions.**

JCHC management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for financial assistance from JCHC, and a patient's good faith effort to comply with his or her payment agreements with JCHC. JCHC will not impose extraordinary collections actions ("ECAs") such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this policy.

- *Reasonable efforts shall include:*
  - Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the hospital;
  - Documentation that JCHC has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
  - Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

### **A. No Application Submitted**

1. If a patient has not submitted a financial assistance application, the Hospital has taken

"reasonable efforts" so long as it:

- Does not take ECAs against the patient for at least 120 days from the date the Hospital provides the patient with the first post-discharge bill for care; and
  - Provides at least thirty (30) days' written notice to the patient that:
    - o Notifies the patient of the availability of financial assistance;
    - o Identifies the ECA(s) the Hospital intends to initiate against the patient, and
    - o States a deadline after which ECAs may be initiated that is no earlier than 30 days after the date the notice is provided to the patient; and
  - Provides a plain language summary of the financial assistance policy with the aforementioned notice; and
  - Makes a reasonable effort to orally notify the patient about the potential availability of financial assistance at least 30 days prior to initiating ECAs against the patient describing how the individual may obtain assistance with the financial assistance application process.
2. If the patient has been granted financial assistance based on a presumptive eligibility determination, the Hospital has provided the patient with the notice required in the financial assistance policy.

### ***B. Incomplete Applications***

1. If a patient submits an incomplete financial assistance application during the Application Period, "reasonable efforts" will have been satisfied if the Hospital:
- Provides the patient with a written notice setting forth the additional information or documentation required to complete the application. The written notice shall include the contact information (telephone number, and physical location of the office) of the Hospital department that can provide a financial assistance application and assistance with the application process. The notice shall provide the patient with at least 14 days to provide the required information; and
  - Suspends ECAs that have been taken against the patient, if any, for not less than the response period allotted in the notice.
2. If the patient fails to submit the requested information within the allotted time period, ECAs may resume; provided, however, that if the patient submits the requested information during the Application Period, the Hospital must suspend ECAs and make a determination on the application.

### ***C. Completed Applications***

If a patient submits a completed financial assistance application, "reasonable efforts" will have been made if the Hospital does the following:

1. Suspends all ECAs taken against the individual, if any;
2. Makes a determination as to eligibility for financial assistance as set forth in the financial assistance policy; and
3. Provides the patient with a written notice either (i) setting forth the financial assistance for which the patient is eligible or (ii) denying the application. The notice must include the basis for the determination.

If the Hospital has requested that the patient apply for Medicaid, the Hospital will suspend any ECAs it has taken against the patient until the patient's Medicaid application has been processed or the patient's financial assistance application is denied due to the failure to timely apply for Medicaid coverage.

If a patient is eligible for financial assistance that is free care,

1. Provide the patient with a written notice of the determination;
2. Provide the patient with a refund for any amount the patient has paid (unless such amount is less than \$5); and
3. Take reasonable measures to reverse any ECAs taken against the patient.

If a patient is eligible for financial assistance other than free care, the Hospital will:

1. Provide the patient with a revised bill setting forth: (i) the amount the patient owes for care provided after financial assistance, (ii) how the revised amount was determined; and (iii) either the AGB for the care provided or instructions on how the patient can obtain information regarding the AGB for the care provided;
2. Provide the patient with a refund for any amount the patient has paid in excess of the amount owed to the Hospital (unless such amount is less than \$5); and
3. Take reasonable measures to reverse any ECAs taken against the patient.

## **10. Regulatory Requirements.**

In implementing this Policy, JCHC management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

## **11. EMERGENCY MEDICAL CARE**

Emergency medical treatment will be provided without regard to ability to pay and regardless whether the patient qualifies for financial assistance under the financial assistance policy. The Hospital will not take any action that may interfere with the provision of emergency medical treatment, for example, by demanding payment prior to receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care in the emergency department. Emergency medical treatment will be provided in accordance with Hospital policies governing and implementing the Emergency Medical Treatment and Active Labor Act.

## **12. Providers Covered Under This Policy.**

Care provided by the Hospital and Hospital-employed physicians and practitioners is covered by this policy. Appendix A for a list of the covered providers. Care provided by independent community physicians and other independent service providers is not subject to this policy. Patients should contact these other providers to determine whether care is eligible for financial assistance.

Patients may obtain a current list of providers who are subject to this policy at no charge by visiting our website at <https://www.jchealthcare.com/about/financial-information/>.