

Winneshiek Medical Center Organization	Patient Financial Assistance Program --Administration of Financial Assistance	Effective: June 2014 Revised/Reviewed: May 2015 May 2016
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Policy

It is the practice of Winneshiek Medical Center (WMC) to offer financial assistance to patients who are unable to pay their medical bills due to difficult financial situations.

Procedure

Based on the information provided by the person(s) seeking financial assistance, a Financial Counselor, the Director of Finance, or Chief Financial Officer will review individual cases and make a determination of financial assistance.

WMC determines the need for financial assistance by reviewing the particular services requested and/or received, insurance coverage, or other sources of payment, a person’s historical financial profile and current financial situation. This method allows for a fair and accurate way to assist patients who are experiencing financial hardship. Partial and/or full financial assistance will be granted based on the individual’s ability to pay the bill and applies to all emergency and other medically necessary care provided by WMC, based on an examining provider’s determination.

Eligible individuals include patients who do not have insurance and patients who have insurance, but are underinsured. Patients must cooperate with any insurance claim submission and exhaust their insurance or potential insurance coverage before becoming eligible for financial assistance.

We commit resources, both human and financial; to care for those in need within the communities we serve. Without financial stewardship there can be no service to our mission. In providing health care to those in need, WMC must determine the most urgent needs and set priorities to implement programs to meet special needs of people within their respective communities.

Measures to Publicize WMCs Financial Assistance Policy

WMC is committed to offering financial assistance to eligible patients who do not have the ability to pay for their medical services in whole or in part. In order to accomplish this charitable goal, WMC will widely publicize this Policy in the communities it serves by the following methods:

- Posting on WMC’s website, www.winmedical.org , which includes the ability to download a copy of the Policy free of charge
- Posting in public areas at WMC
- Distributing by financial counselors in paper form upon request free of charge
- Providing notice on billing statements

Definitions

- **Financial Assistance** is the cost of providing free or discounted care to individuals who cannot afford to pay, and for which WMC ultimately does not expect payment. WMC may determine inability to pay before or after medically necessary services are provided. This is also referred to as **Charity Care**.
 - Examples of patient account balances that may qualify for financial assistance may include:
 - An individual’s co-payments or deductible after a primary obligor has satisfied its obligation.
 - Indigent patient who is unable to pay for the services provided.

- Patient is denied coverage by the State of Iowa Medicaid program where the applicant is impoverished but above the county income guidelines.
 - An account from a collection agency or an attorney, including legal.
 - Patient that expires, leaving no assets or estate.
- **Bad debt** is the cost of providing care to persons who are able but unwilling to pay all or some portion of the medical bills for which they are responsible.
 - **Winneshiek Medical Center** includes patient services provided in a hospital setting, in a clinical setting in Decorah, Iowa, Ossian, Iowa, and Mabel, Minnesota; home health and hospice services; Emergency Department services; anesthesia services; and Rehabilitation and Sports Medicine Outreach in Ossian, Calmar, Postville, and Spring Grove.
 - **Notification Period**—period in which WMC must notify a patient about WMC’s financial assistance program. It begins on the date of service and ends on the 120th day after WMC provides the first billing statement.
 - **Application Period**—period in which WMC will accept and process financial assistance applications. It begins on the date of service and end on the 240th day after WMC provides the patient with their first billing statement.

Eligibility Criteria Considered

Financial assistance information can be found in the Patient Financial Services (PFS) brochure (see sample in Attachment A) prominently displayed in registration and patient waiting areas. This brochure explains WMC’s Financial Assistance Program and factors affecting eligibility, which include:

- Income - Assuming that other financial resources are not identified as viable funding sources, the Federal Poverty Income Guidelines will be used in determining the amount of write-off. The Federal Poverty guidelines are updated annually each January.
 - The minimum criteria for full (100 percent) write-off will be 100 percent of the most recent Federal Poverty Income Guidelines.
 - Minimum criteria for partial write offs will be to grant patients earning between 101 and 300 percent of the Federal Poverty Income Guidelines a discount based on a sliding scale (see Attachment B).
- Personal, family, or household income. All people living in a household are to be considered a unit, and income from each adult member of the household should be considered.
- Evaluation of the patient’s income, savings, checking, investment assets, and overall financial position. To include liquid assets, which includes cash on hand, savings, stocks, bonds, cash value of life insurance and the market value of non-homestead and personal property.
- Size of the patient’s family.
- Assessment of the patient’s real and personal property assets, to include a home or mobile home and the land used in connection with it. Vehicles should be listed including type, make and year.
- Evaluation of the patient’s monthly expenses, including living expenses, medical expenses, and other expenses
- Any special circumstances that the patient would like WMC to consider.
- Eligibility is contingent upon patient cooperation with the application process, including Medicaid or Medical Assistance application completion where applicable, and submission of all information that WMC deems necessary in order to determine the level of any financial assistance that may be considered.

Factors Not Considered

The following factors will not be considered when making a recommendation for financial assistance and/or in granting funds: Bad debt, contractual allowances, perceived underpayments for operations, public programs, cases paid through a charitable contribution, professional courtesy discounts, community service or outreach programs, or employment status. In other words, these monetary sources have no bearing on the patient's eligibility.

Identification

There are a number of ways a patient can be identified and evaluated for financial assistance prior to, during, or following care. Following is a non-exhaustive list of examples for identification:

- Patients or their representatives may request financial assistance.
- WMC employees may refer patients to a financial counselor.
- Collection agencies may refer patients back to WMC.
- The WMC Business Office may identify financial need through conversations with patients regarding billing and payment option.
- Any provider or caregiver may refer patients.
- Local government agencies may refer patients.

Application

Prior to a patient's discharge, WMC will distribute a summary of WMC's Patient Financial Assistance Program to each patient. Patients who want to apply for financial assistance or who have been identified as potentially eligible for financial assistance will be informed of the application process either before receiving services or after the billing and collection process has begun. The application process may be waived or suspended due to medical necessity, including timing and urgency of care. Patients or their representative can obtain a financial assistance application in person through our financial counselors and at our main registration desk, by mail by calling Patient Financial Services at 844-617-6990 (toll-free), or downloading and printing the application at no charge from our website at: <http://www.winmedical.org/wp-content/uploads/2012/02/BO-BILL-0005-Financial-Assistance-Application.pdf>

- All patient/guarantors who receive a financial statement application (see sample in Attachment C) must complete and return the application within ten (10) working days (unless the patient calls with a legitimate reason to extend the deadline), along with the following documents that serve as the minimum information necessary to process an application for assistance. WMC reserves the right to request additional documentation before finalizing a request for assistance:
 - Proof of household income (pay stubs most recent three months) if applicable
 - Copies of all bank statements for the past three months
 - Social Security Benefit Statement, if applicable
 - W-2 forms or unemployment statement for the most recent year
 - Copy of the two most recent federal income tax return, including all schedules of patient, spouse or any person who claims the patient as a tax dependent
 - For self-employed applicants (including farmers and small business owners), WMC will use the gross income from the previous year's federal tax return. Depreciation is not a factor in determining eligibility.
 - Full disclosure of claims and/or income from personal injury and/or accident related claims
- The Financial Counselor will review all returned financial statement applications for completeness. A patient's request will be deemed complete after WMC receives a completed financial assistance application and receipt of all other required documentation, including current pay stubs, income tax statements, and banking statements, if applicable. WMC will

notify the patient about the decision within a reasonable time after submitting a completed financial assistance request.

- The Financial Counselor will use the write-off authorization guidelines for WMC and present the financial statement application to the Director of Finance or Chief Financial Officer for consideration.
- Once a decision has been made for post-service financial assistance, a letter (see sample in Attachment D) is sent to each applicant advising them of the decision. Notification for pre-service financial assistance requests will be sent if time permits.
- For recurring patients, a new financial statement must be filled out every six months to keep the information current. This does not mean the patient will receive continuing financial assistance funds for six months or for all services rendered during the time frame.
- Requests for financial assistance exceeding \$10,000 are reviewed by WMC's Chief Financial Officer. Balances below that threshold may be evaluated by the Director of Finance.
- Patients from beyond WMC's service area may require referral by a physician for unique WMC services.
- Delivery of financial assistance does not obligate WMC to provide continuing care unless the services and support are unique to our organization. Patients may be required to re-apply for financial assistance at least every 180 days.
- WMC makes every reasonable attempt to collect from insurance companies and other third party payers. Financial hardship and charity care adjustments may be considered for those patients whose income and assets will not allow full payment within a reasonable time. Factors that are considered include the patient's residency and the availability of care outside WMC. Assistance may consist of:
 - Full adjustment of the self-pay balance
 - Partial adjustment of the self-pay balance
 - Offer the patient other payment options
- WMC reserves the right to reverse financial assistance adjustments and pursue appropriate reimbursement or collections. This may occur as a result of a variety of reasons, such as newly discovered information such as insurance coverage or pursuit of a personal injury claim related to the services in question.

Basis for Calculating the Amounts Charged to Patients

- The amount that a patient is expected to pay and the amount of financial assistance offered depends on the patient's insurance coverage and income and assets as set forth in the eligibility section of this Policy. The Federal Income Poverty Guidelines will be used in determining the amount of the write-off and the amount charged to patients, if any, after an adjustment.
- Amounts charged for emergency and medically necessary medical services to patients eligible for Financial Assistance will not be more than the amount generally billed to individuals with insurance covering such care.
- WMC will use the Look-back Method for determining amounts generally billed (AGB). WMC will calculate the AGB percentage annually at the end of each fiscal year by reviewing the amount allowed by all payers on all services provided by WMC. The AGB percentage will be implemented by 120 days from the last day used in the 12-month look-back calculation period.
- The AGB percentage will be applied only to the amount the patient is personally responsible for paying after deductions, discounts and insurance have been applied.

Reasons for Denial

WMC may deny a request for financial assistance for a variety of reasons including, but not limited to:

- Sufficient income
- Sufficient asset level

- Patient is uncooperative or unresponsive to reasonable efforts to work with the patient
- Incomplete Financial Assistance Application despite reasonable efforts to work with the patient
- Pending insurance or liability claim
- Withholding insurance payment and/or insurance settlement funds, including insurance payments sent to the patient to cover services provided by WMC, and personal injury and/or accident related claims

Emergency Services

WMC's policy is to provide emergency care to stabilize patients, regardless of their ability to pay. Following medical evaluation, non-emergent patients requiring financial assistance consideration should be reviewed and approved before additional services are provided.

Equal Opportunity

- WMC is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service or any other classification protected by federal, state or local laws.
- The following factors will not impact nor be considered when an application is reviewed for financial assistance: bad debt, contractual allowances, perceived underpayments for operations, public programs, cases paid through a charitable contribution, professional courtesy discounts, community service or outreach programs, or employment status.

Indigent Care

Emergency room patients who cannot pay their bills may be classified as "charity" if they do not have a job, mailing address, residence, or insurance. Consideration must also be given to classifying emergency room only patients as charity if they do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of their care.

Governmental Assistance

In determining whether an individual qualifies for financial assistance, other county or governmental assistance programs will be considered. Many applicants are not aware that they may be eligible for public and/or private health insurance programs.

- WMC staff will help the individual determine eligibility for governmental or other assistance, as appropriate. All avenues for possible funding must be exhausted prior to a patient being eligible for financial assistance.
- Persons who are eligible for programs (such as State-sponsored Medicaid) but who were not covered at the time that medical services were provided may be granted financial assistance, provided that the patient now applies for government assistance.
- The existence of the Health Insurance Exchange should be used as a resource to determine eligibility.

Training

In recognition that some patients express their financial concerns directly to their treating providers (i.e. doctors, nurses, etc.), WMC shall train their staff responsible for admissions, billing, and providing direct patient treatment, about having the patient meet with our financial counselors and/or inform the patient of the existence of WMC's Financial Assistance Policy and how a patient may obtain more information about the Financial Assistance Policy or submit an application for financial assistance.

Collection Activity

- WMC will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. Collection activity will proceed based on a separate Collection Policy.
- If a collection agency identifies a patient as meeting WMC’s financial assistance eligibility criteria, the patient’s account may be considered for financial assistance. Collection activity will be suspended on these accounts and WMC will review the financial assistance application. If the entire account balance is adjusted, the agency will be notified and the account returned to WMC. If a partial adjustment occurs, the patient fails to cooperate with the financial assistance process, or if the patient is not eligible for financial assistance, collection activity will resume.
- If a Financial Assistance application is incomplete and received from patient during the application period, WMC will:
 - Suspend extraordinary collections actions when received
 - Provide a written notice to patient describing additional information needed
 - Provide a written notice describing extraordinary collections actions may be initiated or resumed if the patient does not complete their application by a deadline that is no earlier than the later of 30 days from the written notice or the last day of the application period.
- If a Financial Assistance application is complete and returned during the application period, WMC will:
 - Provide a billing statement indicating the amount owed
 - Refund any excess payments made by the patient
 - Take all reasonable available measures to reverse any extraordinary collections

Confidentiality

WMC staff will uphold the confidentiality and individual dignity of each patient. WMC will meet all HIPAA requirements for handling personal health information.

This policy will be reviewed annually by the Board of Trustees.

References

Patient Financial Services Brochure
Patient Financial Assistance Federal Poverty Guidelines
Patient Financial Assistance Program Application
Sample Financial Assistance Notification Letter

Administrative Signature

Chief Medical Officer

Associate Provider