

TITLE: Financial Assistance Policy (FAP)**NUMBER:** BOARD-FN-4**Page 1 of 5****ORIGINATOR:** Chief Financial Officer**POLICY APPLIES TO:** Entire Facility**APPROVED BY:****REVISION DATE:** May 26, 2016_____
President, Board of Trustees**EFFECTIVE DATE:** July 1, 1995

Date: _____

POLICY REFERENCE:

POLICY

Cheyenne Regional Medical Center is committed to excellence in providing high quality health care services while serving the diverse needs of those living within its service area. Cheyenne Regional provides non-elective patient care regardless of ability to pay or insurance coverage status. Whenever possible, a determination of whether a patient qualifies for Financial Assistance will be initiated prior to or at the time of admission by the Cheyenne Regional Patient Financial Services Department.

PURPOSE

Cheyenne Regional believes that medically necessary health care services should be accessible to all, regardless of age, gender, geographic location, cultural background, physical mobility or ability to pay. Cheyenne Regional is committed to providing health care services and acknowledges that in some cases the patient will not be financially able to pay for the services received.

This policy describes Financial Assistance eligibility requirements and approval process. Generally, eligibility for Financial Assistance is determined by comparing the patient's income to the Federal Poverty Level Income Guidelines as established by the Department of Health and Human Services. These guidelines are published annually and Cheyenne Regional will update its policy each year, accordingly.

PROCEDURE

Eligibility Requirements:

1. A Financial Assistance application may be initiated by the patient, a Cheyenne Regional staff member, an outsource agency, a Cheyenne Regional community partner, a physician or an interested party on behalf of the patient. Patients demonstrating and/or communicating a need for assistance will be evaluated according to this policy.
2. Patients who may be eligible for Financial Assistance shall be identified as early as possible in the patient care cycle. Information regarding eligibility and the Financial Assistance application process can be obtained from the Patient Financial Services

TITLE: Financial Assistance Program (FAP)**NUMBER:** BOARD-FN-4**Page 2 of 5**

Department located at either East Campus (2600 East 18th Street Cheyenne, WY 82001) or West Campus (214 East 23rd Street Cheyenne, WY 82001), by calling 307-633-3000 or available on the CRMC website at <http://cheyenneregional.org/billing-and-insurance/>.

3. During the application process, all requests related to eligibility will be referred to the Patient Financial Services Department.
4. Cheyenne Regional will generally provide Financial Assistance only after all other means of financial support are exhausted from available payment sources, including but not limited to: Medicaid.
5. Outstanding balances that are owed by the patient as a result of a deductible, coinsurance or where the insurance benefits have been exhausted, may qualify for Financial Assistance if the patient meets the eligibility requirements. In such cases, the determination of benefit will be based upon the patient liability and not the total charges.
6. Financial Assistance determination is based on the patient's status at the date of service. Application for Financial Assistance determination is generally required:
 - a. Every twelve (12) months for Laramie County residents
 - b. Every six (6) months for all other Wyoming residents
 - c. Case by case for all other applicants
 - d. Cheyenne Regional reserves the right to reevaluate the patient application at any time.
7. At the time of eligibility determination, designated personnel will examine the patient's account files for any other outstanding obligations. Only those obligations with a date of service that is less than one year prior to the approval date will be in the analysis for patient responsibility.
8. All application information, such as financial statements, will be maintained in accordance with the Health Information Portability and Accountability Act and the Cheyenne Regional Records Retention Policy.
9. Patients eligible for Financial Assistance will be informed of their determination, along with instructions to contact the Financial Counselor to arrange for any required payment of the outstanding balance, if any, after the Community Benefit discount has been applied. Patients whose applications have been denied will be sent a letter explaining the reason for the denial and a contact number should they wish to discuss the application further.

TITLE: Financial Assistance Program (FAP)**NUMBER:** BOARD-FN-4**Page 3 of 5**

10. Patients approved for Financial Assistance will be assessed a co-payment. For specific fee schedule, please see Co-Payment Guidelines.

Determination of Eligibility

Some or all of the following qualifying factors may be used to determine eligibility for Financial Assistance.

1. In order to be evaluated for Financial Assistance, it is the responsibility of the patient/guarantor:
 - to submit an application for qualification under any offered Federal or State medical benefit program (e.g.: Medicaid)
 - establish categorical ineligibility for such program or provide evidence of denial of coverage
 - to submit an application for coverage via a Health Insurance Exchange during the next applicable open enrollment period

For evaluation of Financial Assistance through Cheyenne Regional, the applicant has the responsibility to: submit an application, a picture ID, proof of income and assets. The application may include a Financial Statement that must be completed and signed by the patient (the patient may be required to have the Financial Statement notarized). Proof of income and assets includes:

- a. Yearly Income - (1) current paycheck stubs, social security benefits, disability and/or unemployment; (2) most recent federal income tax return; (3) W-2 issued by patient's employer; or (4) other evidence of income deemed acceptable by Cheyenne Regional.
- b. Assets – supporting documentation of value of house, vehicles, land, stocks, bonds, life insurance with cash value, trusts, IRAs, 401s and retirement benefits may be required.
- c. The above list is not exhaustive as circumstances vary from patient to patient and other information may be relevant in the determination process.
- d. Cheyenne Regional may accept outside agency/organization applications in lieu of Cheyenne Regional's application. In these cases, Cheyenne Regional will accept the Federal Poverty Level as it has been assigned by the outside agency/organization and use the effective date provided. In order to establish a catastrophic level of Financial Assistance, additional information may be required.

To provide a level of control and ensure compliance with the Financial Assistance policy, attempts will be made to obtain a completed and signed (patient) Financial Assistance Application.

TITLE: Financial Assistance Program (FAP)**NUMBER:** BOARD-FN-4**Page 4 of 5**

2. Levels of Financial Assistance:

- a. Full Financial Assistance A patient who has income falling at or below 100 percent (100%) of the Federal Poverty Level guidelines as established by the Department of Health and Human Services will qualify for free care after the applicable co-payment.
- b. Partial Financial Assistance. A patient who has income falling over 100 percent (100%) and up to 400 percent (400%) of the Federal Poverty Level guideline will qualify for a partial Financial Assistance discount. For specific qualification and discount levels, please see attached poverty guidelines.
- c. Special Circumstances Financial Assistance – A patient who is unable to provide documentation or who is unable to follow the application procedures may receive Full/Partial charity, with the approval of the Chief Financial Officer, or designee. The hospital must document the decision, including the reasons why the patient did not meet the regular criteria. Circumstances may include but are not limited to deceased with no estate, illness, homeless, transient and other domestic issues.
- d. Catastrophic Financial Assistance – A patient may qualify for a discount or an additional discount when their patient financial responsibility exceeds 30% of the household income and assets.

3. Financial Assistance discounts are not typically applicable to balances represented by:

- Cosmetic Surgeries
- Bariatric Surgeries
- Elective services or procedures which do not meet criteria for medically necessary, as determined by a physician or case manager

4. Services not covered by Medicaid because of patient coverage level may qualify for Financial Assistance. Not to include Medicaid and Kidcare (CHIP) co-payments. Financial Assistance will not be granted for Medicaid accounts where Emergency room visits have exceeded the maximum allowable visits per patient.

5. For patients to remain eligible for Financial Assistance, patient/guarantor must apply for and/or continue to pursue all benefits for which they are presently entitled to or may become entitled to, including Medicare, Medicaid, Social Security Disability, or any other state or Federal programs, until patient/guarantor are either approved or denied.

6. If patient/guarantor is denied benefits through any Federal or State program due to lack of cooperation, Financial Assistance may not be granted or may be revoked, and discounts will be reversed, resulting in all outstanding debts to Cheyenne Regional Medical Center becoming patient/guarantor responsibility.

TITLE: Financial Assistance Program (FAP)

NUMBER: BOARD-FN-4

Page 5 of 5

7. Patients that pursue reimbursement through a Third Party Liability (TPL) situation and obtain a financial award must report the amount of the award as income upon receipt, and the Financial Assistance application will be re-processed based on the new income amount.
8. Cheyenne Regional retains the right to require any patient to reapply if new information pertaining to any change in their income level becomes available that may change the patient's eligibility for Financial Assistance. Patients may also request to reapply if their income level reduces significantly or their family status changes.
9. Patients must apply for Financial Assistance within 120 days of the date of the first statement for service that would be the initial service date for consideration of the Financial Assistance benefit. Exceptions to this requirement are at the discretion of the CFO or designee, and would include situations of patient death or patient condition that prevents timely application.
10. Patients failing to submit an application after 120 days from the first statement for those services; after receiving three statements, a letter of notification of account being sent to bad debt, and telephone calls the account will be turned over to bad debt. 240 days the account can be eligible for extraordinary collection activities to include reporting to credit bureaus and legal actions.
11. Cheyenne Regional does not sell debts but utilizes a vendor to assist in debt collections for those accounts in a bad debt status.

Additional References: All forms and guidelines can be obtained from Patient Financial Services

1. Letter of instruction sent to patient explaining the Financial Assistance Application process
2. Financial Assistance Application
3. Financial Assistance Guidelines
4. Current year Poverty Level Guidelines (to be updated annually)

References:

Wyoming Statute 16-4-502

This Policy replaces the following deleted policies:

Policy Cross Reference: Hospital B-106 – Patient Accounting

Key Words: Medical Assistance, Financial Assistance, Poverty Level, Co-payment, Guidelines, Income Guidelines