Cheyenne Regional Medical Center

Policy and Procedure Manual

Financial Assistance Policy (FAP)

Policy #:	7.01.004
Chapter:	Leadership
Effective Date:	07/01/1995
Date Revised:	09/24/2026

Scope of Responsibility:

Entire Facility

POLICY

Cheyenne Regional Medical Center and Cheyenne Regional Medical Group 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.

Cheyenne Regional believes that emergent and/or medically necessary health care services should be accessible to all, regardless of age, gender, religion, 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 at the time of service to the Federal Poverty Level Income Guidelines as established by the Department of Health and Human Services that may qualify a patient for free or discounted care. These guidelines are published annually, and Cheyenne Regional will update the metrics, accordingly.

DEFINITIONS

A. **Modified Adjusted Gross Income (MAGI)** – MAGI has two principal components: income counting and household composition. First, MAGI counts income according to federal tax law. Second, MAGI rules determine household composition and family size. Cheyenne Regional then compares the income and household size to the Federal Poverty Level (FPL) to determine eligibility for the financial assistance program.

B. **Amounts Generally Billed** – the amounts generally billed (AGB) for emergency or other medically necessary care to individuals who have insurance covering such care after discounts have been applied per the individual's insurance contract. Cheyenne Regional calculates the AGB pursuant to the look back method, as described by Treasury Regulation Section §1.501(r) 5. The look back method is based on actual past claims paid to the hospital facility by Medicare Fee for Service along

with all private health insurers paying claims to the hospital facility. The amounts billed for emergency and other medically necessary medical services to those eligible for financial assistance will not be more than the AGB to individuals with insurance covering such care. The AGB percentage will be reviewed and updated annually by the 120th day after the 12-month period the hospital facility used in calculating the AGB percentage, which is July 1st for Cheyenne Regional.

C. **AGB percentage** –a percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for financial assistance. Finance will provide the AGB percentage annually. You may request a free copy of the AGB percentage from Patient Financial Services at the number listed below or print a free copy from CRMC website.

D. **Discount** – a reduction from the full or gross charges for services rendered.

E. **Extraordinary Collection Actions (ECAs)** – actions taken by a hospital facility against an individual related to obtaining payment for a bill for care and services provided that may require a legal or judicial process, involve selling an individual's debt to another party or involve reporting adverse information about an individual to consumer reporting agencies or credit bureaus.

F. **Gross Charges** – the total charges for care and services provided, as listed on the hospital's charge master, before any applicable discounts are applied.

G. **Medically Necessary** – any service or procedure reasonably determined by the patient's treating provider to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life. The physical, mental, cognitive, or developmental effects cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available. It may also include a course of treatment that includes mere observation or no treatment at all.

H. **Area of Service –** Laramie County, Wyoming or medically transferred to Cheyenne Regional for medically necessary care

I. **Federal Poverty Guidelines** – a measure of income published annually by the U.S. Department of Health and Human Services. *See* https:// hhs.gov/ for the current guidelines.

J. **Third-Party Liability Claims** – any claim a patient may have against another individual, insurer, or entity responsible for covering the patient's cost of medical services.

K. **Application Period** – the look back period of a submitted complete application 240 days back to the first patient billing statement.

L. **Approval Period** – Financial Assistance can be approved 240 days back from the application submission date and up to 180 days from approval date.

M. **Period of Care** –Refers to the comprehensive healthcare services a patient receives for a specific length of time for their health condition or event over a defined period of time.

SCOPE

This policy applies to Cheyenne Regional Medical Center and Cheyenne Regional Medical Group. Cheyenne Regional Medical Center and Cheyenne Regional Medical Group will collectively be referred to as Cheyenne Regional throughout this policy.

This policy applies to residents of the area of service as defined above as well as those patients medically transferred to Cheyenne Regional Medical Center.

This policy does not apply to services that are not deemed emergent and/or medically necessary by the patient's treating provider or non-covered services. It typically will not apply to balances resulting (1) from cosmetic services; (2) from bariatric services; (3) patients leaving against medical advice or left without being seen by a healthcare provider, and (4) pregnancy-related treatment for patients who are eligible for Presumptive Programs for pregnant woman through Medicaid; (This list is not exhaustive)

A list of Cheyenne Regional employed providers covered under the Financial Assistance policy is maintained in Appendix A or maybe obtained, free of charge from: (1) from the front desks at the emergency department within each Hospital Facility; (2) by calling the telephone number set forth in this Policy; (3) by sending a written request to the address set forth in this Policy; or (4) by visiting http://cheyenneregional.org/billing-and-insurance/. Cheyenne Regional will update Appendix A quarterly without updating the policy and submitting it to the Board of Trustees for approval.

PROCEDURE

A. Compliance with EMTALA and HIPAA:

1. EMTALA: Cheyenne Regional will not delay the provision of a medical screening exam (MSE), stabilizing treatment, or appropriate transfer, or otherwise engage in any activities that would discourage an individual from seeking emergency medical care, in order to inquire about the individual's method of payment or insurance status. The Hospital will not seek, request, direct

an individual to seek, or allow a health plan coordinator to request prior authorization for services before the individual has received a MSE and initiation of stabilizing treatment as required by EMTALA (See Policy 7.01.034 Emergency Medical Treatment and Active Labor Act).

HIPAA: 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.

B. Financial Assistance Program:

1. Requesting and/or free receiving information. Applicants may receive information regarding eligibility and the Financial Assistance application process from a Financial Navigator at:
   a. Admissions located at West Campus (214 East 23rd Street Cheyenne, WY 82001)
   b. Call 307-996-4793
   c. Visiting Cheyenne Regional website at http://cheyenneregional.org/billing-and-insurance/.
   d. Contact information for Financial Assistance on each statement to the patient.
   e. Accessing MyChart
2. The application for financial assistance in English or Spanish may be obtained by:
   a. Downloaded free of charge at http://cheyenneregional.org/billing-and-insurance/.
   b. Mailed free of charge to applicants upon their request by contacting the Financial Navigator Department at the addresses or phone number listed above.
   c. Applicants may also request free paper copies of the application, policy, and plain language statement from the staff at front desk of the emergency department, front desk of the admissions department, or any Cheyenne Regional Medical Group clinics in English or Spanish for significant limited English proficiency (LEP) populations.
3. In addition to the financial assistance application, Cheyenne Regional also posts the following on its website:
   a. Cheyenne Regional policies regarding EMTALA (7.01.034), Payment Plans (15.04.008) and Self-pay Discounts (15.04.002).
   b. the plain language summary of the financial assistance policy, and
   c. Community Health Needs Assessment (CHNA)

d. contact information for Cheyenne Regional Financial Navigator.

4. Cheyenne Regional communicates with community programs whose target populations are likely to qualify for Cheyenne Regional financial assistance to educate the community about Cheyenne Regional's financial assistance program.
5. Cheyenne Regional notifies and informs patients of the financial assistance program by:
   a. Sending self-pay patients at check-in, a notification link to initiate a financial assistance application.
   b. Asking at each registration if the patient would like to meet with a Financial Navigator
   c. Making available a free paper copy of the plain language summary of the financial assistance policy in the emergency room or admission areas;
   d. Including a conspicuous statement on all billing statements that includes the availability of financial assistance, how to reach a financial navigator, and how to request copies of documents required to apply for financial assistance;
   e. Setting up conspicuous public displays that are noticeable in size and placed in the emergency and admissions departments.
6. The Administrator of Aging Services, in consultation with the CFO or their designee, will establish department protocols for whether financial assistance is applicable for charges stemming from Home Health Services, hospice room and board at the Davis Hospice Center or hospice room and board provided in the main hospital setting on a case-by-case basis.

C. Presumptive Eligibility

1. Cheyenne Regional strives to identify patients who may be eligible for financial assistance as early as possible in the patient care cycle. Whenever possible, Cheyenne Regional Financial Navigator Department will determine whether a patient qualifies for financial assistance prior to or at the time of admission.
2. Indigent/Homeless will be reviewed/screened based on a questionnaire for presumptive eligibility and if documentation is unattainable will be assigned as their verbal income or unable to obtain a verbal income will be assigned an FPL of 99%.
3. No outside/external vender, organization, or information is used for presumptive eligibility.

D. Submitting an application:

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. An application will not be completed unless the required supporting documents listed below have been received.
    a. Cheyenne Regional will make its own determination of eligibility for financial assistance based on this policy and may require additional documents to determine eligibility if receiving an outside agency's financial assistance application.
    b. Cheyenne Regional determines an applicant's financial assistance eligibility based on the applicant's financial status on the date of application.
    c. In very limited situations and approved by Patient Access Director or higher, at Cheyenne Regional's discretion, it may rely on the applicant's oral representations as to his or her income to decide about his or her eligibility.
2. In order to be evaluated for financial assistance, it is the responsibility of the applicant to:
    a. Complete a screening to determine qualifications under any offered Federal or State medical benefit program or other health insurance program (e.g. Medicaid, Social Security, COBRA, Social Security Disability, and/or health insurance exchange during any enrollment type periods)
        i. Individuals that are eligible will be required to apply for Federal or state medical benefits prior to Financial Assistance being awarded.
    b. Submit financial assistance application to:
        i. Initial applications can be submitted through Cheyenne Regional MyChart and upload supporting documentation at, https://mychart.crmcwy.org/MyChart/
        ii. Financial Navigator Department located at Admissions or Financial Navigators at West Campus (214 East 23rd Street Cheyenne, WY 82001)
        iii. Email application and supporting documentation to Financial.Assistance@crmcwy.org
    c. Provide Required Supporting Documentation.
        i. An applicant must provide information about his or her household size. Household size includes all members of the immediate family and other dependents in the

household as defined by healthcare.gov/income-and-household-information/household-size (located https://www.healthcare.gov/income-and-household-information/household-size/)

ii. An applicant must provide proof of residency, which may include copies of utility bills, mortgage statements, lease agreements, and/or housing assessments dated within the last 30 days of the application.

iii. An applicant must provide proof of income, which may include:

a) Copies of the applicant's paycheck stubs from the 90 days prior to the submission of the application,

b) Copies of the applicant's most recent social security award letter,

c) Copies of the statements from the applicant's disability and/or unemployment benefits,

d) A filed tax return, if submitted within the last 12 months

e) A copy of the W-2, 1099, or Schedule K1 if received for all employers within the last 12 months

f) Copies of 90 days of bank statements and cash applications (e.g. Venmo, PayPal, Zelle), and reloadable bank cards

g) Copies of most recent statements describing supplemental security income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rental properties, royalties, income from estates, trusts, educational assistance, alimony and child support,

h) If the applicant does not have any of the listed documents to prove household income, he or she may call the Cheyenne Regional Financial Navigator office and discuss other evidence that the applicant may provide to demonstrate eligibility. At Cheyenne Regional's discretion, it may require a notarized letter stating how the applicant is financially surviving.

i) The above list is not exhaustive as circumstances vary for each applicant.

j) In order to establish a catastrophic level of Financial Assistance, additional information may be required.

E. Timing of application:

1. Application Period – the look back period of a submitted complete application 240 days back to the first patient billing statement.
    a. During the application process, all requests related to eligibility will be referred to the Financial Navigator Department.
    b. Exceptions to this requirement are at the discretion of the CFO or his/her designee and likely include situations of a surviving spouse or patient condition that prevents timely application.
2. Approval Period – Financial Assistance can be approved 240 days back from the application submission date and up to 180 days in the future from the approval date based on financial need.
3. Completed Application – An application; either paper or electronic, is complete when the required information and required supporting documents are received from the above list.
4. Incomplete Applications - If an applicant submits an incomplete financial assistance application, within the application period, Cheyenne Regional will:
    a. Financial Navigator will provide the applicant with a written notice that describes the missing information and/or documentation required by this policy upon initial review;
    b. Incomplete applications will remain open for 30 days after initial submission.
    c. An additional letter will be sent 10 days prior to closing the case informing the individual of any outstanding documentation required.
5. Notification of Determinations:
    a. 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: Medicare, Medicaid, Marketplace Health Insurance, Social Security Disability, Cobra, or any other state or Federal programs
        i. 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/eligible for
        ii. 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 maybe reversed, resulting in all outstanding debts to Cheyenne Regional becoming patient/guarantor responsibility.

iii. Cheyenne Regional retains the right to require any applicant to reapply if new information pertaining to any change in his or her income level becomes available that may change his or her eligibility for Financial Assistance. Applicants may also request to reapply if their income level or family status changes.

b. Cheyenne Regional Financial Navigator department will notify applicants of their eligibility determination in a timely manner.

c. If an applicant is eligible, Cheyenne Regional will immediately arrange for payment of the outstanding balance, if any, after the applicable discount has been applied.

d. Cheyenne Regional offers payment plans on an individual basis pursuant to Cheyenne Regional Policy 15.04.008.

e. If an applicant is ineligible, Cheyenne Regional will issue a letter to the applicant explaining the reason for the denial and listing a contact number for the Financial Navigator office.

F. An Application for Financial Assistance is generally required:

1. Every six (6) months or until the next open enrollment effectuation date, whichever is sooner, for residents of the area of service;
2. Cheyenne Regional may presumptively assume the applicant qualifies for the same level of financial assistance that he or she qualified for in his or her prior applications renewed within 3 months of the previous expired application. This may require updated documentation.
3. Cheyenne Regional notifies the patient that his or her original eligibility determination will be valid based on the prescribed status and if the patient has another change in financial status within the approved time period that the patient may re-apply for more generous.
4. The Revenue Cycle Administrator or his/her designee will approve residents outside the area of service on a case-by-case basis;
5. If a resident outside the area of service requires continued and medically necessary care, the patient must provide a letter from his or her physician that explains the necessity of care in Laramie County and unavailability of care in the patient's home county or state. The Revenue Cycle Administrator or his/her designee will make the eligibility determination.

6. Cheyenne Regional reserves the right to reevaluate an application at any time.

G. Services not covered by the patients' healthcare plan may qualify for Financial Assistance, but copayments, deductibles, and coinsurance will not be reduced or adjusted under financial assistance.

H. Services not covered by specific or specialized Medicaid programs may qualify for Financial Assistance. Specialized programs may include but not limited to:

1. Breast and Cervical Cancer Screening,
2. Colorectal Cancer Screening,
3. Behavioral Health Screening

I. Determination of Eligibility

1. Eligibility criteria:
    a. Cheyenne Regional will use proof of income and the application to assess the applicant's eligibility.
    b. Cheyenne Regional will determine the applicant's FPL and eligibility using a Modified Adjusted Gross Income (MAGI) approach. In instances where a substantial financial resource is available that is not otherwise counted as income according to the MAGI, such as certain unearned income not reported on taxes, approval of financial assistance for assets up to $50,000 per household will be approved/denied by the Patient Access Director and up to $75,000 per household will be approved/denied by the Revenue Cycle Administrator and anything over will be at the discretion of the CFO or his/her designee.
        i. If assets exceed the cost of care, a single case agreement may include a financial assistance discount relative to their FPL.

J. Approved Financial Assistance Adjustment Amounts:

1. Financial Assistance Discounted Adjustment is based on FPL:

CRMC/CRMG FINANCIAL ASSISTANCE PROGRAM			
	A/B/C	**H**	**M**
FPL	0-199%	200-299%	300-399%
CRMC Services	100% Adjustment of Gross Charges	75% Adjustment of Gross Charges	70% Adjustment of Gross Charges
CRMG Services	100% Adjustment of Gross Charges	75% Adjustment of Gross Charges	70% Adjustment of Gross Charges

2. Catastrophic Financial Assistance – An applicant may qualify for a discount or an additional discount when his or her patient financial responsibility exceeds 30% of the household income but no less than $1,000. At the time of the eligibility determination, Cheyenne Regional will examine the applicant's potential outstanding medical accounts on file for financial obligation related to the period of care. Copayment, coinsurance, or deductible will not count according to payer contracts.

    a. If an applicant qualifies for financial assistance, the financial assistance discount will be taken prior to being awarded Catastrophic Financial Assistance.

3. For those applicants within income requirements of this policy and within the service area or medically transferred, initial determination will be made by the Financial Navigators. If a patient is deemed eligible and has already made payments to Cheyenne Regional for the period of care, Cheyenne Regional will issue a refund or apply the credit to the outstanding balance of the patient if the payments were in excess of the approved financial assistance rate or established amount for the period of care for which the applicant seeks financial assistance.

K. Third Party Liability and duty to supplement application:

1. In instances of Third-Party Liability (TPL) or Worker's Compensation (WC), Cheyenne Regional will not apply financial assistance until there is sufficient evidence of patient responsibility. A letter of settlement is required from the third-party insurance or an attorney. Cheyenne Regional will consider workers' compensation claims similarly.

2. Patients obtaining a financial award through a TPL situation must report the amount of the award as income to Cheyenne Regional. A new Financial Assistance application/screening will be re-processed based on the new income amount.
3. A patient that has expired, without a spouse will be reviewed by the Call Center depending upon probate/estate and following regulatory requirements. If the expired patient was married, the Financial Navigators will work with the spouse and process according to the above guidelines.

L. Collection Activity:

1. Cheyenne Regional Medical Center will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether an applicant is eligible for financial assistance under this policy.
2. Reasonable efforts shall include:
   a. Validating that the patient owes the unpaid bills and that all communicated sources of third-party payment have been identified and billed by Cheyenne Regional.
   b. Offering or attempting to offer the patient the opportunity to apply for financial assistance pursuant to this policy and documenting if the patient has not complied with the Cheyenne Regional's application requirements.
   c. Sending through mail or electronically, three billing statements and at least one written notice of the ECAs that Cheyenne Regional intends to use if the patient does not complete a financial assistance application or pay his or her outstanding balance within the appropriate time span. This notice will also state a deadline for when ECAs may be initiated that is no earlier than 30 days after the notice was sent.
   d. ECA's may include actions such as:
      i. Reporting to consumer credit reporting agencies/credit bureaus
      ii. Wage garnishments
      iii. Leins on primary residences, or
      iv. Other legal actions

M. Additional References:

1. Letter of instruction sent to patients explaining the Financial Assistance Application process

2. Financial Assistance Application
3. Financial Assistance Guidelines
4. Amounts Generally Billed
5. Current year Poverty Level Guidelines (to be updated annually)
6. Provider list
7. Plain Language Summary
8. Community Health Needs Assessment (CHNA)

References: 26 U.S. Code § 501(r) and Wyoming Statute sections 18-8-806 and 16-4-502

Policy Cross Reference: 7.01.016 Patient Accounting, 7.01.034 EMTALA – Emergency Medical Treatment and Active Labor Act

This policy replaces the following policy:

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

Originator: Chief Financial Officer
Signatures:
President, Board of Trustees: September 2026