

Plain-Language Summary of Financial Assistance Policy

Wyoming Medical Center will provide emergency and medically necessary healthcare services for free or at discounted rates to certain patients who are uninsured or have limited insurance available. Patients eligible for discounted charges must have household incomes under 200% up to 275% of the Federal Poverty Guidelines. Financial assistance may also be available in other limited circumstances, depending on the size of the patient's medical bills and if the patient meets certain other criteria for eligibility.

Patients may apply for financial assistance by completing a **Financial Assistance Application**. Copies of the **Financial Assistance Application**, as well as Wyoming Medical Centers **Financial Assistance Policy and Billing and Collection Policy**, are available at <https://wyomingmedicalcenter.org>. Copies of the Application and these policies may also be requested by mail, by calling 307-577-2421 or may obtain free copies in person at the Patient Financial Services Office at:

Patient Financial Services, 167 South Conwell, Casper Wy 82601 or Patient Access 1233 E 2nd Street, Casper, Wy 82601 .

Completed Financial Assistance Applications and required supporting materials may be submitted by:

Delivered directly to Patient Financial Services at 167 South Conwell, Casper Wy 82601

Mailed to Wyoming Medical Center, Attn: Patient Financial Services 167 South Conwell, Casper Wy 82601

Anyone seeking any additional information or needing assistance in completing the Application may call one of Wyoming Medical Centers Certified Financial Counselors at 307-577-2421.

A qualified patient for financial assistance under Wyoming Medical Centers Financial Assistance Policy will not be charged more than the amounts generally billed by the Hospital for the same services to individuals who have insurance covering the same care.

Wyoming Medical Center
WHMG Wyoming Medical Health Group
Financial Assistance Policy/Procedure
Patient Financial Services Policy 10
Revised March 2017

Approval:

Financial Assistance Committee: May 2016

Board of Trustees: May 2016

WMC Board : May 2016

Natrona County Commissioners: June 2016

Purpose:

Wyoming Medical Center prides itself in being a responsible member of this community. Our commitment to improving the health of our community means ensuring that everyone has access to quality medical care.

Our Financial Assistance Program is available to assist with the financial needs of those who have limited ability to pay for emergent and medically necessary services. See Exhibit A for Wyoming Medical Centers Emergency Medical Care Policy.

Upon the request of the patient, it is the policy of Wyoming Medical Center to consider a financial assistance adjustment if it has been determined that all other avenues have been exhausted, the balance of the account(s) is equal to or greater than \$300.00, and the patient states they have no other means of making payment on the account. Financial Assistance discounts are granted at the discretion of Wyoming Medical Center upon consideration of the following guidelines:

Financial Assistance discounts are available to an eligible person requiring emergent and medically necessary treatment, but who is determined by Wyoming Medical Center to be unable to pay for hospital services. Eligibility for financial assistance shall be extended to a person whose households gross income as defined by the Federal Government income is 200% or less than the most current year's Federal Poverty guidelines. A person whose income is greater than 200% of the most current year's Federal Poverty guidelines, but 275% or less of the guidelines may be eligible for a partial discount on gross billed charges. See Exhibit B Federal Poverty Level Guidelines for 2017.

If an applicant is deemed eligible for financial assistance they will not be charged more than amounts generally billed (AGB) to individuals with insurance covering that same care. The AGB is calculated annually based on actual claim reimbursement from all payers excluding Medicaid and Self Pay.

A financial assistance adjustment may be considered only after a careful review of the patient's accounts and a determination has been made that there is no means of their own available. A Financial Assistance Application (Attachment #1) may be completed in person with the assistance of Patient Financial Services, or it may be sent by mail. Patient Financial Services may also qualify applicants through a presumptive method. Presumptive determinations for patients are made on the following. Applicants who are receiving care from a homeless clinic or living in designated low income housing may receive a 100% discount.

The patient will be given 120 days from the date of the first post-discharge billing statement to complete the application before extraordinary collections practices will take place. This does not include turning an account to collections. The applicant must complete the application thoroughly and provide any and all information requested that pertain to his/her situation. In the event the application is not returned in 120 days the account will continue to process with the collection agency. If the application is incomplete or contains false information the applicant will be given an additional 10 days to provide requested information. Financial Counselors are available to assist with the application Monday through Fridays 8 to 5pm at (307)577-2421 or in person at Patient Financial Services located at 167 South Conwell Casper, Wyoming 82601. The application must be returned to Patient Financial Services.

An applicant may only apply to this program once per account unless they encounter a catastrophic situation which changes the household gross income as defined by the Federal Government.

A catastrophic situation is defined as one or more of the following:

The applicant and/or spouse is unable to work within the foreseeable future due to a medical condition as verified by a physician and income levels have decreased by 50 percent as verified by tax returns and/or pay stubs. Applicants must be out of work a minimum of 90 days.

The applicant and/or spouse has developed a terminal illness as verified by a physician and

income levels have decreased by 50 percent as verified by tax returns and/or pay stubs.

The applicant and/or spouse has died and income levels have decreased by 50 percent as verified tax returns and/or pay stubs.

The Financial Assistance Application shall be completed in full, including the patient's name, address, telephone number, occupation, employer, and names of spouse and legal dependents. Legal dependents shall be identified as such, based on whether or not they are claimed as dependents on the most recent income tax return. Also included shall be the gross family income for the most recent month, as well as the last twelve months. The income reported must include all wage earners in the household. Patients who are claimed as dependents on another individual's income tax returns must report income of the other individual(s) as well as their own. Verification of earnings must be provided by submitting requested forms, which may include some or all of the following: income tax returns, pay stubs, unemployment compensation forms, or letters from employers. If the patient indicates that no income has been earned, a copy of a letter from the Social Security Department or the unemployment compensation will be requested. Also, we will request a copy of the letter, verifying that benefits under Public Assistance Programs, including Medicare and Medicaid, are denied. If the patient has not yet applied for Public Aid, he or she is expected to do so. If the patient returns the application without sufficient proof of income, or if other information has not been provided, he or she shall be contacted by telephone or mail within 48 hours of receipt of the application. Approval may be denied for failure to complete an application.

Wyoming Medical Center recognizes the fact that there may be instances in which a patient's income exceeds the previously mentioned guidelines, but the patient's expenses also exceed his or her income, thereby rendering them incapable of accepting any additional financial burdens. A financial assistance adjustment may also be approved for these individuals.

Upon review of the Financial Assistance Application, Patient Financial Services will request the completion of a financial questionnaire Exhibit E. The same household gross income as defined by the Federal government outlined previously shall be included for the entire household. Expenses information should also be documented on the Financial Assistance Application. Wyoming Medical Center reserves the right to request copies of any bills and/or bank statements. Upon completion of the questionnaire, eligibility will be determined by comparing total household income and total household expenses.

Upon completion of one or both of the above-mentioned applications/questionnaires, Patient Financial Services will determine eligibility. Patient Financial Services will notify the patient of the outcome within 48 business hours.

If the patient receives a partial adjustment, the amount owed by the patient shall be indicated in the appropriate location on the determination letter from Patient Financial Services. Also, indicated on the form shall be 100% approvals or denials. In cases of partial adjustments or denials, the patient will be responsible for payment arrangements within 30 days from the date the signed form is sent to the patient. Thereafter, routine collection procedures shall be followed in good faith before extreme collection efforts are made. This includes statements, letters and phone calls. In the case of a partial adjustment the applicant will only be responsible for the Amount Generally Billed (AGB).

The patient may appeal the denial of their application to the Wyoming Medical Center Financial Assistance Committee once at the regular quarterly meeting of the committee. Such request for appeal must be submitted to Patient Financial Services in writing within thirty (30) days from the date of determination who will forward the request to the committee for hearing at the next regularly scheduled meeting. The determination of the appeal by the committee will be final and notice of the final determination will be made to the applicant by mail. Denials for applications received outside the stated time limits, submitting a false application or due to any other restriction of the policy may not be appealed.

Excluded Applicants:

- Illegal Aliens

Financial Assistance applications are valid for 180 days from date of determination and retroactive 240 days from the date of the first statement after the claim has been processed for payment.

Copies of the Billing & Collection policies, EMTALA and the Emergency Medical Care Policy can be obtained via the WMC website <https://wyomingmedicalcenter.org> . Patients may also request free copies of the Application and these policies by mail, by calling (307) 577-2421 or may obtain free copies in person at the Patient Financial Services office at:

Patient Financial Services
167 South Conwell
Casper, Wyoming 82601

Please see Exhibit C for a list of all physicians' practices that follow the same Financial Assistance Policy. You may have other physicians not on this list. Please check with them directly to see if they apply the same policy.

The Financial Assistance Policy will be maintained by the Director of Patient Financial Services and reviewed quarterly for updated physicians and annually for the AGB and Federal Poverty guidelines.

Exhibit A

Emergency Medical Care Policy

Wyoming Medical Center will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they qualify for financial assistance from Wyoming Medical Center. Wyoming Medical Center will provide the care for emergency medical conditions that the hospital is required to provide under Title 42, Chapter IV, Subchapter G of the Code of Federal Regulations (or any successor regulations). Wyoming Medical Center prohibits engaging in any action that discourages individuals from seeking emergency medical care at Wyoming Medical Center.”

Exhibit B

Federal Poverty Guidelines

Reviewed: 02/15/2017

Next Review: 01/31/2018

Family Size	Federal Poverty Guidelines (FPG)	0% through 200% of FPG	201% through 225% of FPG	226% through 250% of FPG	251% through 275% of FPG	Greater than 275% of FPG
		100% Discount	75% Discount	50%Discount	25%Discount	0% Discount on Income Alone
1	\$11,880	\$23,760	\$26,730	\$29,700	\$32,670	\$35,640
2	\$16,020	\$32,040	\$36,045	\$40,005	\$44,055	\$48,060
3	\$20,160	\$40,320	\$45,360	\$50,400	\$55,440	\$60,480
4	\$24,300	\$48,600	\$54,675	\$60,750	\$66,825	\$72,900
5	\$28,440	\$56,880	\$63,990	\$71,100	\$78,210	\$85,320
6	\$32,580	\$65,160	\$73,305	\$81,450	\$89,595	\$97,740
7	\$36,730	\$73,460	\$82,643	\$91,825	\$101,008	\$110,190
8	\$40,890	\$80,780	\$92,003	\$102,225	\$112,448	\$122,670

*For family units of more than 8 members, add \$4160 per additional member

Exhibit C
Reviewed: 05/01/2016
Next Review: 07/01/2016

You may have other physicians not on this list. Please check with them directly to see if they apply the same policy.

The Financial Assistance Policy is followed by the following practices.

Wyoming Medical Center

Wyoming Health Medical Groups

Sage Primary Care

Mesa Primary Care

Casper Pulmonary

Wyoming Nephrology

Advantage Ortho and Neurosurgery

Wyoming Endocrine & Diabetes

Intensivist Services of Wyoming

Pediatric Hospitalist Services

Mesa Immediate Care

Outpatient Radiology of Casper

Exhibit D

Patient Name _____

Account Numbers _____

Return By _____

<i>Applicant's Full Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>No. in Household</i>
<i>Co. Applicant's Full Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>No. in Household</i>
<i>Mailing Address</i>	<i>City</i>	<i>State, Zip</i>	<i>Telephone/Cell No.</i>
<i>Employer</i>	<i>Position</i>	<i>No. of Years</i>	<i>Gross Wages Per Month</i>
<i>Employer's Street Address</i>	<i>City</i>	<i>State, Zip</i>	<i>Telephone No.</i>
<i>Co-Applicant Employer</i>	<i>Position</i>	<i>No. of Years</i>	<i>Gross Wages per Month</i>
<i>Other Sources of Income (Including Pensions, Food Stamps, Child Support, etc.)</i>	<i>Amount Per Month</i>		
Assets	Amount	Liabilities	Amount
<i>Cash</i>			
<i>Investments (describe)</i>			
<i>Home (Current Value)</i>		<i>Home Mortgage/Rent</i>	
<i>Other Real Estate</i>			
<i>Automobiles (Year/Make/Model)</i>	<i>Amount Owed</i>	<i>Monthly Payment Amount</i>	
<i>Automobiles continued</i>	<i>Amount Owed</i>	<i>Monthly Payment Amount</i>	
<i>Other (Describe)</i>		<i>Other Debt (Describe)</i>	

Please attach a copy of your most recent federal tax return, or letter of non-filing from the IRS, and pay stubs, social security, unemployment or workers compensation letter. You may be required to apply for Medicaid assistance before your request for financial assistance can be approved.

I certify that the information in this application is true and complete. In the event I receive financial assistance from Wyoming Medical Center, I will keep it completely confidential. If I breach this confidentiality I understand that it may result in restoration of full charges.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

If you need further assistance please call _____ at _____

***This application is used for Wyoming Medical Center, Wyoming Medical Health Group, Wyoming Brain and Spine, Advantage Orthopedics and Casper Surgical Center.

***Separate providers are under no obligation to honor or accept the outcome of this application.

Exhibit E

Date: _____

Financial Assistance Additional Application/Questionnaire

Applicant: _____

Co-Applicant: _____

Please provide this additional information to Wyoming Medical Center for consideration under our Financial Assistance:

- Wage check stubs, tax returns, and statement from employer
- Disability, sick pay or social security income
- Unemployment, settlement or pension income
- Public Aid income, child support
- Food stamps or heat assistance benefits
- Student loans and/or grants income
- Rental or self-employment income
- Life insurance value
- Other:

Were you offered health insurance through your employer? Your employer might be contacted to verify this information.

If yes, did you accept or decline?

If you declined, please state the reason. You may also be required to provide evidence of the cost of this insurance.

Please return this requested information within 21 days. Should you need further assistance please call

Patient Financial Service at (307)577-2421 or visit with a Financial Counselor in person at

Patient Financial Services
167 S. Conwell
Casper Wy 82601